oebb
Oregon Educators Benefit Board

Enrollment Guide
2021-22 Plan Year

Enrollment Required
Starting August 15th
OEBBenroll.com

Action Required
Do You Need to Login? YES!

Who

Everyone eligible for OEBB benefits must log in, even if you decline coverage.

What/Where

1. Log in to **OEBBenroll.com** to make your plan selections or to decline coverage for 2021-22.

2. Look for specific plan cost information from your employer.

When

During YOUR Open Enrollment Period – Start Date August 15 OEBB's Open Enrollment is August 15 to September 15, 2021. Some employers use different end dates. **Confirm YOUR deadline with your employer.**

Why

1. If you don't, you probably won't have coverage for 2021-22. Your current medical, dental and vision elections will NOT roll over into 2021-22. So unless your employer defaults you into a plan, you won't have coverage.

2. Open Enrollment is the one time per year you can make changes without a major life event. Mid-year changes are only allowed if you experience a Qualified Status Change (QSC) event (e.g., marriage, birth or adoption of a child, divorce). Let your employer know anytime you experience a QSC, even during Open Enrollment.

More information about QSC events can be found on the OEBB website at: **www.oregon.gov/OHA/OEBB/Pages/QSC-Matrix.aspx**

3. It's your health and your paycheck! You should control what coverage you have. If your employer does enroll you in a default plan, you may not like what you get! Don't leave your choices to someone else.

How/ Need Help?

Many people just log in and follow the onscreen instructions, but if you need more help, you can find detailed instructions at: **www.oregon.gov/OHA/OEBB/Guides/MyOEBB-Enrollment-Guide.pdf**

What's Inside

Getting **Started**

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2021-22 Plan Year Highlights

Effective October 1, 2021

All our current medical, dental and vision plans will still be available, plus we have some new plans and improvements!

Medical

- **New medical plan – Kaiser Permanente Medical Plan 2B:** A $1,200 deductible medical and pharmacy plan is now available through Kaiser Permanente.
- **Enhancements for Kaiser Permanente members**: Kaiser members will have access to virtual care options for physical therapy and obstetrics.
- **Enhancements for Moda Health members:**
  - For plans 1-5, you'll have a lower copay for generic specialty prescriptions and enhanced disease management support.
  - Need an x-ray or other imaging? Moda360 health navigators can help members find lower-cost options.
  - New coverage for virtual physical therapy visits.
- **Moda360:** If you enroll in both a Moda Health medical plan and a Delta Dental dental plan, your providers will have access to both your medical and dental records to help better coordinate your care.
- **Gender-confirming facial surgery:** All OEBB medical plans will cover gender-confirming facial surgery for members undergoing reassignment surgery. *This benefit is currently available on our Kaiser medical plans, and will be added to all OEBB Moda medical plans October 1, 2021.*

Looking Ahead to January 1, 2022

Do you have a disabled dependent? If they aren't currently eligible for OEBB coverage, a new law may allow you to add them to your plan effective January 1, 2022. **Learn more**

Dental

- **New dental plan – Delta Dental Exclusive PPO Incentive Plan:** The Exclusive PPO Incentive Dental Plan only covers in-network providers, but it has a higher annual benefit maximum – and benefits get better and better over time if you visit your dentist at least once a year.
- **Enhanced coverage for Kaiser Permanente members:** Kaiser Permanente members will no longer have a copay for preventative dental visits.
- **Enhanced coverage for Willamette Dental Group Members:** No copay for your new patient appointment if you have never seen a Willamette Dental Group provider.

Vision

Enhanced coverage for VSP members: VSP will cover vision therapy services used to treat conditions such as eye misalignment and dimness of vision.

Employee Assistance Program (EAP)

You get more with the Employee Assistance Program (EAP): If your employer has purchased the EAP benefit for you, you and your family members will now have access to six free counselling sessions per issue PLUS four digital health coaching sessions.

What's NOT changing:

- OEBB is still offering all 2020-21 plans, we've just added a couple new options too!
- OEBB/PEBB double-coverage surcharge continues. (See page 10 for details.)
- Optional life insurance plans still offer guaranteed issue coverage for new hires, and limited annual coverage increases without medical questions. (See page 54 for details.)

Definitions for Benefit Terms

ACA Maximum Cost Share This is the maximum amount you will pay out-of-pocket for in-network medical and prescription services combined, including Additional Cost Tier (ACT) copayments.

Additional Cost Tier (ACT) Services in this tier require an additional copayment of $100 or $500. These copayments do not apply toward the deductible or the annual medical out-of-pocket maximum and are in addition to any other applicable copayment or coinsurance you must pay under your specific medical plan benefits. These copayments do apply toward the annual ACA Maximum Cost Share.

Balance Billing When out-of-network providers bill you for the difference between your maximum plan allowance and their billed charges. In-network providers don't do this.

COBRA This acronym stands for the Consolidated Omnibus Budget Reconciliation Act, which is the federal law requiring employers to allow for continued coverage through a group health plan after losing eligibility in the group, on a self-pay basis.

Coinsurance The percentage of eligible health care expenses you pay after you meet any required annual deductible.

Constant Dental Plan In contrast to Incentive Dental Plans, benefits remain constant regardless of how often an individual visits the dentist.

Coordinated Care Moda medical plans allow each covered individual the option to participate in coordinated care by choosing and using a PCP 360. Participating individuals receive a lower individual deductible, a lower individual out-of-pocket maximum, and lower costs for office visits, specialist visits and alternative care visits (compared to those enrolled in a Moda medical plan who do not choose and use a PCP 360 and therefore receive the non-coordinated care benefit).

Copayments (copay) The fixed dollar amount you pay for certain services.

Deductible The amount you must pay each year before your plan begins to pay for covered health care expenses you use.

Dependent An individual who qualifies for OEBB benefits based on their relationship to someone else as opposed to their own employment status (e.g., a spouse, domestic partner, child, step-child, etc.).

Early Retiree An individual who retires before the age of 65. In order to be eligible for OEBB benefits, an early retiree must not be eligible for Medicare and must be eligible to receive a service retirement allowance under PERS or a retirement benefit plan or system offered by an OEBB-participating employer.

Employer Contribution The amount your employer pays toward your benefits package or health insurance premium. This is sometimes referred to as your "cap."

Exclusive PPO Dental Plans These plans have no out-of-network benefit. Under these plans, services performed outside the Delta Dental PPO network are not covered except for a dental emergency.

Formulary A list showing which prescription drugs are covered by a health insurance plan and which coverage tier they fall under (e.g., generic, preferred, non-preferred).

Incentive Dental Plans (Delta Dental Premier Plans 1 & 5 and Exclusive PPO Incentive Plan) Benefits start at 70 percent for your first plan year of coverage. Thereafter, benefit payments increase by 10 percent each plan year (up to a maximum of 100 percent) provided the individual has visited the dentist at least once during the previous plan year. Failure to do so will cause a 10 percent reduction in benefit payments the following plan year, although payment will never fall below 70 percent.

Definitions for Benefit Terms

In-Network Provider A provider or facility contracted with a health plan to provide services at a negotiated discount.

Maximum Benefit The total amount payable by a plan per plan year.

Maximum Plan Allowance (MPA) The maximum amount a plan will pay toward the cost of a service.

Medicare Eligible A person who currently meets the requirements to receive Medicare benefits, either due to disability or age (65 or older).

Non-Coordinated Care Moda medical plans allow each covered individual the option to participate in coordinated care by choosing and using a PCP 360. If an individual enrolled in a Moda medical plan does not choose and use a PCP 360, they receive the "non-coordinated care" benefit which includes a higher individual deductible, a higher individual out-of-pocket maximum, and higher costs for office visits, specialist visits and alternative care visits (compared to those who choose coordinated care).

Out-of-Network Provider A provider who does not have a contract with the health plan. Note: Some plans will not cover services performed by out-of-network providers. Choose plans and providers carefully.

Out-of-Pocket Maximum The most you will pay for services in a year before your plan begins paying 100% of eligible expenses. Note: Monthly insurance premiums are not included in this and must continue to be paid even after the Out-of-Pocket Maximum has been met.

PCP 360 (applies only to Moda medical plans) A PCP 360 is a high-quality provider who has contracted with Moda Health to deliver full-circle care, coordinating with other providers as needed. Each individual covered on a Moda medical plan has the option to participate in coordinated care and receive enhanced benefits by choosing and using a PCP 360. Use Moda Health's online "Find Care" tool to learn which providers are "PCP 360" providers.

Pre-authorization (or Prior Authorization) An insurance plan requirement that covered services be approved by the plan prior to the date of service.

Preventive Care Measures taken for disease prevention, as compared to disease treatment.

Primary Care Provider Also referred to as General Practitioner, provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions not limited by cause, organ system, or diagnosis.

Qualified Status Change (QSC) A life event that allows a member to change their plan elections outside the annual Open Enrollment period. For a full listing of all the Qualified Status Changes, please visit our website for our full matrix: **www.oregon.gov/OHA/OEBB/pages/QSC-matrix.aspx**

Self-Pay Early Retiree (SPER) An Early Retiree who does not receive any contribution from their previous employer and pays their full premium directly to OEBB.

Out-of-Area Dependents

Information on covering dependents who do not live with you, by carrier:

Kaiser Permanente
Kaiser Medical Plans, Vision and Dental Plans (Kaiser Permanente Facilities)
Kaiser Permanente provides access to urgent and emergency care outside of the Kaiser Permanente network. Your out-of-area benefit also covers routine, continuing, and follow-up care for dependent children residing outside of the Kaiser Permanente NW service area. With this benefit, you pay 20 percent co-insurance of the actual fee charged for the service the provider, facility, or vendor provided (cost share subject to deductible on Medical Plan 3). Limited to ten office visits, ten lab and X-ray (excluding specialty scans), and ten prescription drug fills per year. You can find more information at **my.kp.org/oebb**.

Moda Health/Delta Dental
Moda Medical Plans (Connexus Network)
If a dependent lives outside the Connexus network area, the OEBB employee must update the dependent's address in the MyOEBB system prior to the dependent seeking services. The dependent will be enrolled in an out-of-area status beginning the 1st day of the month following notification.

See Page 26 for out-of-area coordinated care and PCP 360 options.

Members are encouraged to use providers in the Moda Health Travel Network (First Health) to avoid balance billing for amounts above the maximum plan allowance. Moda Health will extend plan benefits for treatment of an illness or injury, preventive healthcare (including routine physicals and immunizations) and maternity services, as if the care were rendered by in-network physicians or providers. Fees charged by non-Travel Network out-of-area providers of care will be reimbursed at the maximum plan allowance for those services and members may be balance billed for any additional charges.

To locate a medical/dental Travel Network provider call the Moda Health Navigator Team at 866-923-0409. To locate a dental provider outside of Oregon, call Delta Dental Customer Service at 866-923-0410.

Moda Vision Plans
Vision members can see any licensed vision provider, but benefit dollars will go further if you utilize an in-network provider.

Moda/Delta Dental Premier Plans (Delta Dental Premier Network)
Members enrolled in a Delta Dental Plan 1, 5 or 6, should see a Premier network dentist, to avoid balance billing for amounts above the maximum plan allowance.

Moda/Delta Dental Exclusive PPO Plans (Delta Dental PPO Network)
Members enrolled in the Delta Dental Exclusive PPO plan or Delta Dental Exclusive PPO incentive plan must use a Delta Dental PPO provider (providers available nationwide) or they will receive no benefit. To locate a Delta Dental provider, call the Delta Dental Customer Service Team at 866-923-0410.

To locate a Delta Dental provider, use Find Care to search for an in-network Premier or PPO provider or call the Delta Dental Customer Service Team at 866-923-0410.

VSP
VSP Vision Plans (VSP Choice Network)
Members can find VSP Choice providers nationwide. Search for a provider at **vsp.com**.

Willamette Dental Group
Willamette Dental Plan (Willamette Dental Group Facilities)
Members can access care at any one of the over 50 Willamette Dental Group offices located throughout Oregon, Washington and Idaho. Dependents residing outside of the Willamette Dental Group service area will not have coverage for any dental care with a non-Willamette Dental Group provider, unless they have a dental emergency. Non-emergent services will only be covered when performed by a Willamette Dental Group provider.

Early Retiree Information

An "Early Retiree" is an individual who retires before the age of 65. In order to be eligible for OEBB benefits, an early retiree must not be eligible for Medicare and must be eligible to receive a service retirement allowance under PERS or a retirement benefit plan or system offered by an OEBB-participating employer.

Enrollment Changes Allowable during Open Enrollment

As an Early Retiree during Open Enrollment you can:

- Continue or Change (as allowed per the QSC Matrix) your medical, dental and/or vision enrollment
- Continue or Decrease any optional coverages enrolled in, such as life or AD&D
- Drop eligible dependents from any or all coverages
- Waive, Decline or Cancel any coverages

As a Reminder:

- Any coverage waived, declined or canceled cannot be added back unless you are doing so because of gaining other OEBB coverage
- Any eligible dependent removed from coverage cannot be added back unless the dependent experiences a Qualified Status Change (QSC) event that would allow the enrollment in coverage. Contact your benefits administrator within 31 days of the qualifying event.

Becoming Eligible for Medicare during the Plan Year

If you or an eligible enrolled dependent becomes eligible for Medicare, OEBB coverage will end the last day of the month prior to the Medicare eligibility effective date.

- If the Early Retiree gains Medicare eligibility, any eligible dependents currently enrolled may continue OEBB coverage until they no longer meet eligibility or become eligible for Medicare.
- The only exception to this rule is: if the Early Retiree or eligible dependent gains Medicare eligibility due to End Stage Renal Disease (ESRD), OEBB coverage can be continued for up to 30 months beyond Medicare eligibility.

The OEBB system will end coverage for Medicare eligibility gained due to turning age 65. **It is your responsibility to notify your employer if you become eligible for Medicare prior to age 65 due to a disability.** Failure to report this information could cause denial of your medical claims.

Medicare Enrollment Resources

You can enroll in Medicare up to three months in advance. The Senior Health Insurance Benefits Assistance (SHIBA) Program was created to assist with Medicare and Medicare plan selection questions. The SHIBA website **(shiba.oregon.gov)** is full of helpful Medicare information and certified counselors are available by phone at **1.800.722.4134.**

Additional Resources for Early Retirees can be found online at: **www.oregon.gov/oha/OEBB/Pages/Retiree-Guide.aspx**

Avoid These Common Mistakes

1. **Know YOUR monthly cost for coverage.** The MyOEBB system shows the full premium cost, but most employers contribute toward that, so the amount you pay may be different. Get your specific plan option costs from your employer.

2. **Make sure your doctors/providers are in-network for the plans you select.** Some plans have limited networks and no out-of-network coverage. Be sure your plan will cover services where you want to receive them.

3. **Double-check your dependents have the right coverage.** Each dependent needs to be added to each plan (medical, dental, vision, etc.) if you want them to be covered.

4. **Make sure everyone you cover meets one of the definitions of an eligible dependent.** Grandchildren are only eligible for OEBB coverage when the eligible employee is the court-ordered legal guardian or adoptive parent of the grandchild. Definitions of eligible dependents, including child, spouse and eligible domestic partner, can be found on the OEBB website at: **www.oregon.gov/oha/OEBB/Pages/Eligibility.aspx**

5. **Before you decline dental for yourself or a dependent, recognize a 12-month wait will apply** if you choose to add dental coverage at a future Open Enrollment.

6. **Don't wait until the last minute!** OEBB and insurance carrier offices are closed on weekends and holidays and may not be available to help you during these times. Decide early, enroll early.

Double-Coverage Surcharge

The Oregon state legislature requires a surcharge on OEBB/PEBB double-coverage.

- Only pertains to OEBB/OEBB, PEBB/PEBB and OEBB/PEBB subscriber double medical coverage
- Only charged to ACTIVE employees (no Early Retirees or COBRA)
- Only charged to full-time employees (not part-time)
- One $5 surcharge per month (even if double-covering more than one dependent)
- Mainly affects spouse/partners double covered
- Children are not included unless they are also an OEBB or PEBB subscriber (if their job makes them eligible for OEBB/PEBB benefits)

Who You Gonna Call?

A quick guide to "Who Does What" with your benefits

oebb

888.469.6322
OEBBinfo.com

moda HEALTH

866.923.0409
modahealth.com/oebb

KAISER PERMANENTE®

866.223.2375
my.kp.org/oebb

Willamette Dental Group

855.433.6825
willamettedental.com/oebb

vsp Vision Care

800.877.7195
vsp.com

TheStandard

866.756.8115
standard.com/mybenefits/oebb

RBH Reliant Behavioral Health | An IBH Company

866.750.1327
ibhsolutions.com

unum

800.227.4165
w3.unum.com/enroll/oebb

OEBB stands for the Oregon Educators Benefit Board, but we also serve cities, counties and local governments along with educators, so we just go by "OEBB" (pronounced OH-ebb). The OEBB Board decides which insurance plans and benefits are offered to participating employers. OEBB holds the legal contracts with the carriers, collects premiums from employers and passes them along to the carriers.

Contact OEBB if you need help: logging into or navigating the MyOEBB enrollment system (OEBBenroll.com), clarifying rules, verifying enrollments, understanding your benefits or wellness program options.

The Carriers are the insurance companies that pay your providers for some or all of your healthcare services, as agreed to in their OEBB contract.

Contact the carrier if you need help: estimating your portion of the cost for a procedure, understanding how a claim was paid, finding an in-network provider, completing their online health assessment or getting a new ID card.

Your Employer knows the most about your specific plan options and your monthly cost for coverage. Each employer decides which OEBB plans to offer their employees, and they negotiate different financial contributions to their employee benefit packages. They also may set their own enrollment deadlines or have their own policies apart from OEBB.

Contact your employer if you need to: make a change to your benefits due to a life event (like getting married or having a baby), determine your monthly cost for coverage, plan for retirement, understand or correct your payroll deductions.

Your Providers are the professionals (doctors, dentists, specialists, etc.) who provide your healthcare, examine and diagnose illnesses and prescribe treatments.

Contact your provider if you need to: make an appointment, estimate the total cost of a procedure, pay your portion (copay or coinsurance) for a service, get advice regarding symptoms or results of lab tests.

OEBB provides a variety of resources to make it easier to **Focus on You.**

Visit **OEBBwellness.com** to learn more

Medical/Rx **Benefits**

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KAISER PERMANENTE®

Care centered around you

Care at Kaiser Permanente isn't one-size-fits-all. Our physician-led teams work together to help make sure the care you get is tailored to your needs. Your care team is all part of the same network, making it easier to share information, see your health history, and deliver high-quality, personalized care – when and where you need it.

Your healthy place should reflect who you are

We believe your story, background, and values are as important as your health history. To help deliver care that's sensitive to your culture, ethnicity, and lifestyle, we:

- Hire doctors and staff who speak more than one language
- Offer phone interpretation services in more than 150 languages
- Improved health outcomes among diverse populations for conditions like high blood pressure, diabetes, and colon cancer*

Get coordinated care with the help of your electronic health record

Share your health history and any concerns with your personal doctor.

Your doctor coordinates your care, so you don't have to worry about where to go or who to call next.

Future care teams have a full picture of your health history – without you having to repeat your story.

With your health records in hand, your care team knows your needs in the moment and reminds you to schedule checkups and tests. Plus, you can view your records 24/7.

*Kaiser Permanente improved blood pressure control in our Black/African-American members with hypertension, raised colorectal cancer screening rates in our Hispanic/Latino members, and improved blood sugar control in our members with diabetes. Self-reported race and ethnicity data are captured in Kaiser Permanente HealthConnect®, and HEDIS® measures are updated quarterly in the interregional CORE Datamart.

KAISER PERMANENTE®

Empowered by a connected system

The ways people work, play, and stay in touch with others are always changing, but one thing is constant – their need for quality care. That's why we're always adapting to help make sure you can get care in a way that's convenient for you.

Where you are

When you're at home or on the go, talk to your team of caregivers by email, video, and phone.[1,2]

When you want

Get trusted care advice 24/7 from a Kaiser Permanente medical professional.

At your fingertips

Use the Kaiser Permanente app to fill prescriptions for delivery or same-day pickup.[2,3,4]

In one location

Get it all done in one stop – doctors, labs, and pharmacy are all conveniently located under one roof at most facilities.

Telehealth is covered at no additional cost[5]

Telehealth isn't an add-on at Kaiser Permanente – it's been part of how we deliver care for years. That's why it was easier for our members to connect virtually with their doctors and care teams from the start of the pandemic. While patients nationwide saw their doctors less often in 2020, our members had 15 million more care encounters.[6]

[1]When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state.

[2]These features are available when you get care from Kaiser Permanente facilities.

[3]To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.

[4]Available on most prescription orders; additional fees may apply.

[5]High deductible health plans may require a copay or coinsurance for phone appointments and video visits.

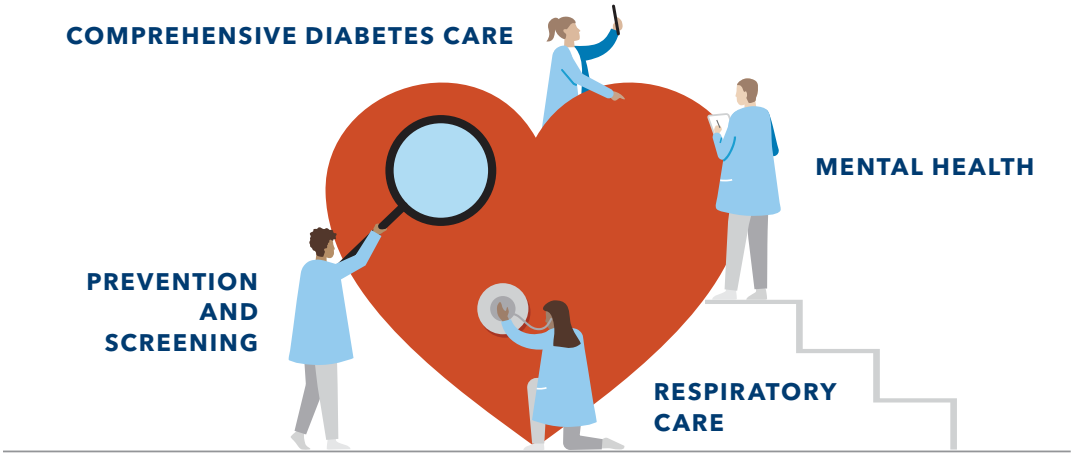
[6]Kaiser Permanente Telehealth Insights Dashboard.

KAISER PERMANENTE®

Industry-leading clinical quality

We're known for catching problems early with preventive care. But if your health needs serious attention, our specialty care has you covered.

In 2020, Kaiser Permanente led the nation as the top performer in 34 effectiveness-of-care measures.*



Specialty care when you need it

No matter your needs – mental health, maternity, cancer care, heart health, and more – you'll have access to highly trained doctors, the latest technology, and evidence-based care to help you recover quickly.

A comprehensive approach to care

With one of the largest multispecialty medical groups in the country, we can help connect you with the right specialist who can create a personalized plan for your care. To learn how our specialists work together in a connected system, visit **kp.org/specialtycare**.

Support for ongoing conditions

If you have a condition like diabetes or heart disease, you're automatically enrolled in a disease management program for personal coaching and support. With a well-rounded approach backed by proven best practices and advanced technology, we'll help you get the care you need to continue living life to the fullest.

*Kaiser Permanente 2020 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2020 and is used with the permission of NCQA. Quality Compass 2020 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality.

KAISER PERMANENTE®

Convenient ways to get what you need

You've got more ways to get care than ever before, so it can be easier to stay on top of your health.

In-person care

Visit your doctor for routine care or when you're not feeling well. We offer same-day, next-day, after-hours, and weekend services at many of our locations.[1] Get a lab test and pick up prescriptions in the same trip – many services are often under one roof.

Video or phone appointment

Schedule a face-to-face video visit or phone appointment with your care team and any specialists you've been referred to.[2,3]

Email

Message your Kaiser Permanente doctor's office with nonurgent questions and get a reply usually within 2 business days.

Prescription delivery

Order prescription refills with our app or at kp.org and get them delivered to your home.[3,4,5]

24/7 advice

Get on-demand support with 24/7 care advice by phone.

E-visit

Use our online symptom checker to get personalized care advice within a few hours.

Care away from home

You're covered for urgent and emergency care anywhere in the world. You can also get urgent care at a MinuteClinic (in select CVS and Target stores) or Concentra urgent care center when you're outside a Kaiser Permanente area.

[1]In the case of a pandemic, some facilities may be closed or offer limited hours and services.

[2]When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state.

[3]These features are available when you get care from Kaiser Permanente facilities.

[4]To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.

[5]Available on most prescription orders; additional fees may apply.

KAISER PERMANENTE®

Making the most of your membership

Good health goes beyond the doctor's office. Find your healthy place by exploring some of the convenient options available to members.[1] Many of these resources are available at no additional cost.

Kaiser Permanente app

Manage your health 24/7 – schedule appointments, email your doctor's office with nonurgent questions, order prescription refills, see most test results, read your doctor's notes, and more.[2,3]

Acupuncture, massage therapy, chiropractic care

Get discounts on alternative care from providers belonging to the CHP Group network. Visit **chpgroup.com** to learn more and find a provider.

Reduced rates on gym memberships

Stay active by joining a local fitness center, plus enjoy thousands of digital workout videos.

Healthy lifestyle programs

Connect to your health with online programs to help you lose weight, quit smoking, reduce stress, and more.

Wellness coaching

Get help reaching your health goals by working one-on-one with a wellness coach by phone.

More ways to help improve your total health[4]

Calm

Use meditation and mindfulness to help build mental resilience, reduce stress, and improve your sleep.

myStrength

Set mental health goals, track progress, and get support managing depression, anxiety, and more.

CLASSPASS

Choose from thousands of on-demand workout videos and get reduced rates on livestream and in-person classes.

[1]These services aren't covered under your health plan benefits and aren't subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice.

[2]These features are available when you get care from Kaiser Permanente facilities.

[3]To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.

[4]Only available to Kaiser Permanente members with medical coverage; myStrength® is a wholly owned subsidiary of Livongo Health, Inc.

Medical/Rx Benefits

KAISER PERMANENTE®

2021–2022 medical plan benefits	Plan 1	Plan 2A (formerly Plan 2)	NEW: Plan 2B	Plan 3
Plan year deductible	None	$800/individual[1] $2,400/family[2]	$1,200/individual[1] $3,600/family[2]	$1,600/individual[1] $3,200/family[2]
Out-of-pocket maximum per plan year	$1,500/individual[1] $3,000/family[2]	$4,000/individual[1] $12,000/family[2]	$4,500/individual[1] $13,500/family[2]	$6,550/individual[1] $13,100/family[2]
Preventive care services	$0	$0	$0	$0
Prenatal care	$0	$0	$0	$0
Well-baby routine visits	$0	$0	$0	$0
Preventive tests	$0	$0	$0	$0
Office visit copay	$20	$25	$30	20% after deductible
Specialist copay	$30	$35	$40	20% after deductible
Virtual care	$0	$0	$0	0% after deductible
Outpatient surgery	$75	20% after deductible	20% after deductible	20% after deductible
Emergency room copay	$100	20% after deductible	20% after deductible	20% after deductible
Hospital inpatient care	$100 per day, up to $500 per admission max	20% after deductible	20% after deductible	20% after deductible
Lab/X-ray/diagnostics	$20	$25	$30	20% after deductible
Prescription: Mail-order pharmacy is available at 2 copays for a 90-day supply	$5 generic $25 formulary brand $45 nonformulary brand 25% up to $100 specialty	$5 generic $25 formulary brand $45 nonformulary brand 25% up to $100 specialty	$5 generic $25 formulary brand $45 nonformulary brand 25% up to $100 specialty	20% after deductible
Self-referred alternative care: chiropractic, naturopathy, and acupuncture	$20 $2,000 combined annual benefit maximum applies to alternative care services	$25 $2,000 combined annual benefit maximum applies to alternative care services	$30 $2,000 combined annual benefit maximum applies to alternative care services	20% after deductible $2,000 combined annual benefit maximum applies to alternative care services

[1]For subscriber only coverage per year.

[2]For a family of 2 or more members per year.

This is not a contract. This benefit summary does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details of your benefit coverage, exclusions and limitations, claims review, and adjudication procedures, please see your *Member Handbook,* also known as the *Evidence of Coverage (EOC),* or call Member Services. In the case of a conflict between this summary and the *EOC,* the *EOC* will prevail.

moda HEALTH

High-quality, affordable coverage at a ***great value***.

For more than 10 years, Moda Health and Delta Dental of Oregon have provided OEBB members like you with integrated, whole health plans with robust programs and services. Our plans include nearby providers who work together to keep you and your family well.

As a Moda member, you'll find:

- A wide choice of quality providers in Oregon, SW Washington, Idaho and Northern California
- Robust benefits that cover the care you need
- Medical, pharmacy, vision and dental benefits from one health partner
- Team-based, coordinated care that's centered on you
- Support to help you every step of the way

As your health partner, we offer all of this and more — and we're excited to help you start on a journey to be better.

Better benefit choices and better care

You only need to make two choices:

1. Which plan design works best for your family
2. Whether you and your family members want to coordinate your care to receive enhanced benefits

Our plans

Each of our plans have different deductibles and copays and come with our largest network — Connexus. Connexus is a statewide network of contracted providers and hospitals. Staying within network will save you money.

You'll also enjoy:

- Access to more than 80 hospitals & 26,000 providers in Oregon, Washington and Idaho
- In-network and out-of-network benefits

Coordinated care

Each plan comes with a coordinated-care option and a non-coordinated care option for you and each of your family members.

If you and/or your family members choose coordinated care, you must choose and use a PCP 360, a primary care provider who has agreed to be accountable for your health. Each covered family member can choose if they want coordinated care, and if so, their own PCP 360. Regardless, none of you will need a referral to see a specialist.

Choosing coordinated care means that you will receive *enhanced benefits* like:

- A lower deductible
- A lower out-of-pocket maximum
- Lower cost for office visits, specialist visits and alternative care visits

Whether or not you choose coordinated care, you will pay the same premium, share the same Connexus Network of providers and never need referrals.

You can also participate in coordinated care at any time during the year. You will receive the enhanced coordinated care benefits the first of the month you make that choice with Moda.

moda HEALTH

How to choose a *PCP 360*

Members can choose their PCP 360 in one of two ways:

Call your Moda 360 Health Navigators at **866-923-0409** or email them at **OEBBquestions@modahealth.com**. You can also message them instantly through your member dashboard

Log in to your member dashbooard at **modahealth.com/oebb**

You and each of your covered family members can pick the same PCP 360 or a different one — it's up to you.

You can also find a directory of in-network PCP 360s on the member dashboard under Find Care or by contacting the Health Navigator team for help.

PCP 360 providers on Find Care will have a PCP 360 icon badge shown here.

If you and/or your family are already participating in coordinated care and have already selected a PCP 360, you will stay on the coordinated care benefit level and do not have re-select a PCP 360. If you are on coordinated care and are changing Moda plans, you will also stay on coordinated care benefit level and do not have to re-select a PCP 360.

New members enrolling in a Moda plan will receive a welcome packet and their ID card separately with instructions to create their member dashboard to choose their PCP 360 or call the Health Navigator team.

moda HEALTH

With Moda 360, the world of healthcare revolves ***around you***

Healthcare can be complicated. That's why we created Moda 360 — your own enhanced member support team.

Here's how it works

Every time you call Moda Health, you will be connected with a Moda 360 Health Navigator. The Health Navigator will not only answer any questions you may have, but will also serve as your guide to connect you with the care, resources and programs that will work best for you.

Moda 360 Health Navigators can help you with:

- Access to personalized support for many chronic conditions
- Coordination with your PCP
- Access to CirrusMD, a 24/7, nationwide telehealth option
- Access to Meru Health, a digital app that provides behavioral health support
- Personalized app-based solution to help with diabetes. The solution is member-specific and supports diabetes management towards better overall health.

Specialized behavioral health support

Now you can get therapy on your smartphone through our partner, **Meru Health**. Completely confidential, this online program provides 12 weeks of treatment program to help with depression, anxiety and burnout.

The program offers:

- Confidential access to a personal, licensed therapist and psychiatrist
- 12 weeks of empowering content
- Anonymous peer support
- A biofeedback device to increase focus and manage stress
- Mindfulness practices for balancing mood and energy
- Habit-changing activities for sleep, nutrition and more that you can access any time and anywhere

Meru Health's program is available to qualified Moda Health members 18 or older located in Oregon, Washington or Idaho. Meru Health will bill the initial evaluation call at the same cost-share (subject to any deductible) as your in-network virtual care visit for mental health. They accept FSA/HSA accounts to cover the cost of the initial copay. The initial evaluation call is the standard mental health cost sharing (which may be subject to the deductible). After that, the program is available at zero cost.

To sign up, go to **modahealth.com/meru**

Meru Health

Medical/Rx Benefits

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moda HEALTH

Text a doctor

Enjoy fast and private access to a dedicated doctor in under a minute! Use the CirrusMD app for any health question or advice. Whether you have a question about COVID-19, need an inhaler prescription, have a runny nose, etc., doctors are available 24/7 to help with **no member cost-share.**

With the CirrusMD app, all you need is Internet access to:

- Ask an urgent or general health question
- Message, share photos or video chat
- Get peace of mind, even at 2 a.m.
- Come back to conversations or follow up as often as you'd like

To start using CirrusMD, download the app and register with your date of birth and ZIP code. Open the app and start chatting with a doctor, just like you'd text with a friend.

For more details, go to cirrusmd.com/modahealth

CIRRUS MD

moda HEALTH

Let a Health Navigator *be your guide*

Moda 360 Health Navigators understand the healthcare system. They also know about your benefits and how they work, as well as all the programs, services and tools available to you.

You can contact a Health Navigator if you need help with:

Scheduling support

A Health Navigator can help you find in-network providers and specialists. They can also help you with setting up appointments.

Care programs

We have many resources that help members with certain conditions or concerns. A Health Navigator can help connect you to programs that are just right for you.

Prior authorization

Some medical services require prior approval. A Health Navigator can assist you and your provider during this process and help with any questions you may have.

Selecting a PCP 360

A PCP 360 is a primary care provider who has agreed to partner with you and be accountable for your health. They deliver full-circle care and coordinate with other providers as needed. A Health Navigator can help you find and select a PCP 360 to receive the following enhanced benefits:

- Lower individual deductible
- Lower out-of-pocket maximum
- Lower cost for office visits, specialist visits and alternative care visits

Claims and provider billing support

Questions about a claim or a bill you received from your provider? A Health Navigator will answer your questions and can even work with your provider to resolve issues.

moda HEALTH

NEW!

Better together – Moda 360 integrates medical and dental care

Let a Moda 360 Health Navigator be your guide for both medical and dental care.

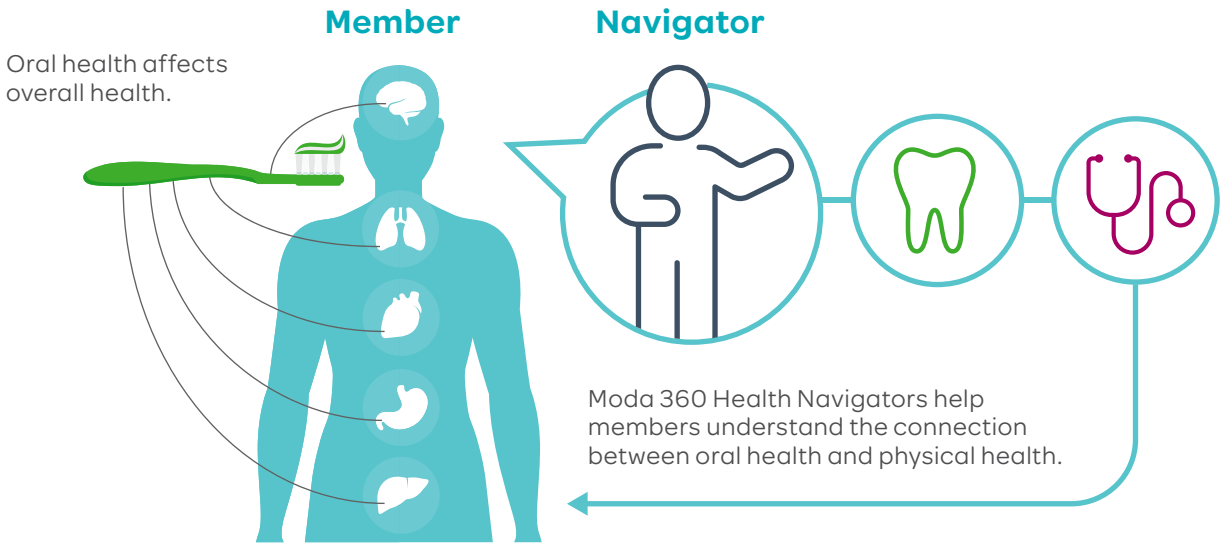
Why are medical and dental better together?

Our oral health affects our overall health. In fact, gum disease has been connected with:

- Diabetes
- Coronary heart disease (plaque buildup on the walls of the arteries that supply blood to the heart)
- Cerebrovascular disease (conditions that affect the flow of blood to the brain)

With Moda 360 integrated medical and dental care, you get integrated disease management, education, and everything you need to take good care of your whole body.

Members with a Moda Health medical plan and a Delta Dental plan will now have medical and dental integration. This means a Health Navigator will help you with any questions you may have and connect you to the medical and dental programs, services and tools that will work best for you.

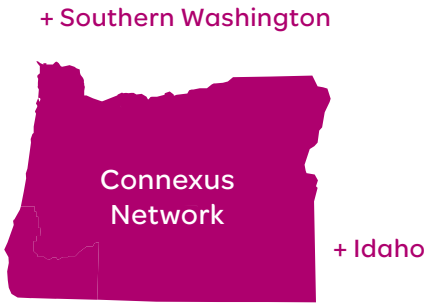


Oral health = ***Total health***

moda HEALTH

A network that ***protects*** you

Health happens, whether at home or on the road. We want to make sure you stay covered, no matter where you go. So we've made it easy for you to find in-network coverage.



All plans use the Connexus Network

Each medical plan comes with our Connexus provider network. Within the Connexus Network, members have access to more than 30,000 providers, 80 hospitals and 64,000 pharmacies across Oregon, Idaho, Southern Washington and Northern California. These providers offer quality care and services to Moda Health members at an agreed-upon cost.

In- and out-of-network care

It's important to remember you may pay more for services from out-of-network providers than from in-network providers. Out-of-network providers may also bill you for the difference between your maximum plan allowance and their billed charges. This is known as "balance billing." In-network providers don't do this. See our plan summaries or your Member Handbook to learn more about in-network and out-of-network benefits and costs.

How coordinated care works for out-of-area members

Dependents (for example: college students) who live part-time out of the Connexus Network service area must use their chosen PCP 360 when home to continue receiving enhanced benefits. Please update the out-of-area address in the myOEBB system. That way, they can access our travel network to get in-network benefits for services they receive away from home. They will receive benefits at the "not my chosen PCP 360" level when they get care from a primary care provider that is not their chosen PCP 360.

Retiree members, members with COBRA and dependents who live full-time outside of the Connexus Network service area are not eligible for coordinated care and enhanced benefits.

Connect with care across the state

When you want a broad selection of providers across Oregon, SW Washington, Idaho, Northern California, the Connexus Network has you covered. You'll find in-network doctors and specialists just about everywhere.

Is your provider in network?

Find out by visiting modahealth.com and choosing Find Care, Moda's online provider directory. Simply select the applicable network option and look for providers near you.

Travel with peace of mind

When you hit the road, care is never far. While traveling outside the network service area, you can use the First Health Travel Network for urgent and emergent care to receive the in-network benefit level. Traveling for the purpose of seeking care will not be covered at the in-network benefit level and may be subject to balance billing.

moda HEALTH

Be a better saver with an ***HSA***

Our health savings account (HSA)-compliant, high-deductible health plans (HDHP) give you flexibility and choice. You have the freedom to choose any financial institution for your HSA.

Plans 6 and 7 with the HSA option

You can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by your health plan. HSA members enjoy a number of tax advantages, including:

- Contributions made on a tax-advantaged basis
- Unused funds carried over from year to year, growing tax-deferred
- Tax-free withdrawal of funds to pay for qualified medical expenses

Eligibility

To be eligible to participate in an HSA plan, you must:

- Be covered by a qualified high-deductible health plan
- Not be covered under another non-HSA-compliant medical plan (including your spouse's plan)
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else's tax return

Prescriptions

Your pharmacy benefit is covered under the medical portion of Plans 6 and 7. The plans include value-tier medications that waive your annual deductible. Just present your ID card at a participating pharmacy to use this benefit.

Medical/Rx Benefits

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moda HEALTH

2021–22 Medical plan benefit table	Medical Plan 1 Connexus Network[5]	
	Coordinated care	Non-coordinated care
	in-network, you pay	in-network, you pay
Plan-year costs		
Deductible per person / family	**$400** / $1,500	**$500** / $1,500
Out-of-pocket max per person	**$2,850**	**$3,250**
Out-of-pocket max per family	$9,750	$9,750
Maximum cost share per person (includes OOP and ACT)	$7,900	$7,900
Maximum cost share per family (includes OOP and ACT)	$15,800	$15,800
Preventive care		
Incentive care office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)	**$15 copay[1,7]**	**20%**
Periodic health exams, routine women's exams, annual obesity screening, immunizations[3]	$0[1]	$0[1]
Professional services		
Primary care office visits	**$20 copay[1,3]**	**20%**
Primary care office visits with a provider other than your chosen PCP 360	$40 copay[1]	N/A
Specialist office visits	**$40 copay[1]**	**20%**
Mental health office visits	$20 copay[1]	$20 copay[1]
Chemical dependency services	$20 copay[1]	$20 copay[1]
Virtual care (CirrusMD telehealth)	$0[1]	$0[1]
Alternative care services		
Acupuncture/chiropractic manipulation(subject to a combined 12 visit maximum per plan year)[6]	**$20 copay[1]**	**20%**
Maternity care		
Physician or midwife services and hospital stay	20%	20%
Outpatient and hospital services		
Inpatient care and outpatient hospital/facility care	20%	20%
Skilled nursing facility care (60 days per plan year)	20%	20%
Surgery	20%	20%
ACT 100: Sleep studies, specified imaging (MRI, CT, PET), upper endoscopy, spinal injections, viscosupplementation, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea		$100 copay + 20%
ACT 500: Spine surgery, knee and hip replacement, knee and shoulder arthroscopy, uncomplicated hernia repair	$500 copay + 20%	$500 copay + 20%
Gastric bypass (Roux-en-Y)[4]	$500 copay + 20%	$500 copay + 20%
Emergency care		
Urgent care visit	**$40 copay[1]**	**20%**
Emergency room (copay waived if admitted)	$100 copay + 20%	$100 copay + 20%
Ambulance	20%	20%
Other covered services		
Hearing aids and bone-anchored hearing aids — $4,000 max/48 months for members 26 and older	10%	10%
Physical, occupational and speech therapy (including physical therapy performed in conjunction with alternative care) — *Inpatient limitations: 30 days per plan year/60 days for spinal or head injury. Outpatient limitations: 30 sessions per plan year/up to 60 sessions for spinal or head injury.*	20%	20%
Outpatient diagnostic lab and X-ray	20%	20%
Durable medical equipment	20%	20%

Medical/Rx Benefits

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Out-of-network, you pay[2]	Medical Plan 2 Connexus Network[5]		Out-of-network, you pay[2]
	Coordinated care	Non-coordinated care	
	in-network, you pay	in-network, you pay	
$800 / $2,400	**$800** / $2,700	**$900** / $2,700	$1,600 / $4,800
$6,000	**$3,850**	**$4,250**	$8,000
$18,000	$12,750	$12,750	$24,000
N/A	$7,900	$7,900	N/A
N/A	$15,800	$15,800	N/A
N/A	**$15 copay**[1,7]	**20%**	N/A
50%	$0[1]	$0[1]	50%
50%	**$20 copay**[1,3]	**20%**	50%
50%	$40 copay[1]	N/A	50%
50%	**$40 copay**[1]	**20%**	50%
50%	$20 copay[1]	$20 copay[1]	50%
50%	$20 copay[1]	$20 copay[1]	50%
N/A	$0[1]	$0[1]	N/A
50%	**$20 copay**[1]	**20%**	50%
50%	20%	20%	50%
50%	20%	20%	50%
50%	20%	20%	50%
50%	20%	20%	50%
$100 copay + 50%	$100 copay + 20%	$100 copay + 20%	$100 copay + 50%
$500 copay + 50%	$500 copay + 20%	$500 copay + 20%	$500 copay + 50%
Not covered	$500 copay + 20%	$500 copay + 20%	Not covered
20%	**$40 copay**[1]	**20%**	20%
$100 copay + 20%	$100 copay + 20%	$100 copay + 20%	$100 copay + 20%
20%	20%	20%	20%
50%	10%	10%	50%
50%	20%	20%	50%
			50%
50%	20%	20%	50%

highlight = enhanced benefits

1 Deductible waived. All amounts reflect member responsibility.

2 Out-of-network coinsurance based on MPA for these services.

3 To receive the copay benefit, members must see their chosen PCP 360.

4 This benefit is available to subscriber and spouse/ partners and dependents age 18 and older. Members must use an approved Moda Health Center of Excellence. Benefit is subject to a reference price of $20,000 for the facility charge. Travel benefits are available for services that are subject to reference pricing. Please see your handbook for more details.

5 If enrolled in a Moda medical plan, each covered individual must choose and use a PCP 360 with Moda for that individual to receive the enhanced "coordinated" benefit shown in the far left column under that plan when using a provider in the Connexus network. If an individual has not selected a PCP 360 with Moda, they will receive the "non-coordinated" benefit shown in the center column if using a provider in the Connexus network. Any services by a provider outside the Connexus network will be paid at the "out-of-network" level (far right column under that plan) regardless of whether the individual has selected a PCP 360 with Moda or not.

6 For all other services (eg. Labs, diagnostics, specified imaging (MRI, CT,PET), office visits, etc) will be subject to the appropriate benefit level listed for each services provided.

7 Members must see their chosen PCP 360 or any in-network specialist to receive the copay benefit.

Medical copays (excluding ACT), coinsurance and deductibles apply to the medical out-of-pocket maximum.

Medical out-of-pocket, ACT copays, Rx copays and Rx coinsurance apply to the maximum cost share.

For limitations and exclusions, visit modahealth.com/ oebb/members and refer to your Member Handbook.

Medical/Rx Benefits

moda HEALTH

2021–22 Medical plan benefit table	Medical Plan 3 Connexus Network[5]	
	Coordinated care	Non-coordinated care
	in-network, you pay	in-network, you pay
Plan-year costs		
Deductible per person / family	**$1,200** / $3,900	**$1,300** / $3,900
Out-of-pocket max per person	**$4,850**	**$5,250**
Out-of-pocket max per family	$15,750	$15,750
Maximum cost share per person (includes OOP and ACT)	$7,900	$7,900
Maximum cost share per family (includes OOP and ACT)	$15,800	$15,800
Preventive care		
Incentive care office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)	**$20 copay[1,7]**	**25%**
Periodic health exams, routine women's exams, annual obesity screening, immunizations[3]	$0[1]	$0[1]
Professional services		
Primary care office visits	**$25 copay[1,3]**	**25%**
Primary care office visits with a provider other than your chosen PCP 360	$50 copay[1]	N/A
Specialist office visits	**$50 copay[1]**	**25%**
Mental health office visits	$25 copay[1]	$25 copay[1]
Chemical dependency services	$25 copay[1]	$25 copay[1]
Virtual care (CirrusMD telehealth)	$0[1]	$0[1]
Alternative care services		
Acupuncture/chiropractic manipulation (subject to a combined 12 visit maximum per plan year)[6]	**$25 copay[1]**	**25%**
Maternity care		
Physician or midwife services and hospital stay	25%	25%
Outpatient and hospital services		
Inpatient care and outpatient hospital/facility care	25%	25%
Skilled nursing facility care (60 days per plan year)	25%	25%
Surgery	25%	25%
ACT 100: Sleep studies, specified imaging (MRI, CT, PET), upper endoscopy, spinal injections, viscosupplementation, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea	$100 copay + 25%	$100 copay + 25%
ACT 500: Spine surgery, knee and hip replacement, knee and shoulder arthroscopy, uncomplicated hernia repair	$500 copay + 25%	$500 copay + 25%
Gastric bypass (Roux-en-Y)[4]	$500 copay + 25%	$500 copay + 25%
Emergency care		
Urgent care visit	**$50 copay[1]**	**25%**
Emergency room (copay waived if admitted)	$100 copay + 25%	$100 copay + 25%
Ambulance	25%	25%
Other covered services		
Hearing aids and bone-anchored hearing aids — $4,000 max/48 months for members 26 and older	10%	10%
Physical, occupational and speech therapy (including physical therapy performed in conjunction with alternative care) — *Inpatient limitations: 30 days per plan year/60 days for spinal or head injury. Outpatient limitations: 30 sessions per plan year/up to 60 sessions for spinal or head injury.*	25%	25%
Outpatient diagnostic lab and X-ray	25%	25%
Durable medical equipment	25%	25%

Medical/Rx Benefits

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Out-of-network, you pay[2]	Medical Plan 4 Connexus Network[5]		Out-of-network, you pay[2]
	Coordinated care	Non-coordinated care	
	in-network, you pay	in-network, you pay	
$2,400 / $7,200	**$1,600** / $5,100	**$1,700** / $5,100	$3,200 / $9,600
$10,000	**$6,700**	**$7,100**	$13,700
$27,400	$15,800	$15,800	$27,400
N/A	$7,900	$7,900	N/A
N/A	$15,800	$15,800	N/A
N/A	**$20 copay**[1]	**25%**	N/A
50%	$0[1]	$0[1]	50%
50%	**$25 copay**[1,3]	**25%**	50%
50%	$50 copay[1]	N/A	50%
50%	**$50 copay**[1]	**25%**	50%
50%	$25 copay[1]	$25 copay[1]	50%
50%	$25 copay[1]	$25 copay[1]	50%
N/A	$0[1]	$0[1]	N/A
50%	**$25 copay**[1]	**25%**	50%
50%	25%	25%	50%
50%	25%	25%	50%
50%	25%	25%	50%
50%	25%	25%	50%
$100 copay + 50%	$100 copay + 25%	$100 copay + 25%	$100 copay + 50%
$500 copay + 50%	$500 copay + 25%	$500 copay + 25%	$500 copay + 50%
Not covered	$500 copay + 25%	$500 copay + 25%	Not covered
25%	**$50 copay**[1]	**25%**	25%
$100 copay + 25%	$100 copay + 25%	$100 copay + 25%	$100 copay + 25%
25%	25%	25%	25%
50%	10%	10%	50%
50%	25%	25%	50%
50%	25%	25%	50%
50%	25%	25%	50%

highlight = enhanced benefits

1 Deductible waived. All amounts reflect member responsibility.

2 Out-of-network coinsurance based on MPA for these services.

3 To receive the copay benefit, members must see their chosen PCP 360.

4 This benefit is available to subscriber and spouse/partners and dependents age 18 and older. Members must use an approved Moda Health Center of Excellence. Benefit is subject to a reference price of $20,000 for the facility charge. Travel benefits are available for services that are subject to reference pricing. Please see your handbook for more details.

5 If enrolled in a Moda medical plan, each covered individual must choose and use a PCP 360 with Moda for that individual to receive the enhanced "coordinated" benefit shown in the far left column under that plan when using a provider in the Connexus network. If an individual has not selected a PCP 360 with Moda, they will receive the "non-coordinated" benefit shown in the center column if using a provider in the Connexus network. Any services by a provider outside the Connexus network will be paid at the "out-of-network" level (far right column under that plan) regardless of whether the individual has selected a PCP 360 with Moda or not.

6 For all other services (eg. Labs, diagnostics, specified imaging (MRI, CT,PET), office visits, etc) will be subject to the appropriate benefit level listed for each services provided.

7 Members must see their chosen PCP 360 or any in-network specialist to receive the copay benefit.

Medical copays (excluding ACT), coinsurance and deductibles apply to the medical out-of-pocket maximum.

Medical out-of-pocket, ACT copays, Rx copays and Rx coinsurance apply to the maximum cost share.

For limitations and exclusions, visit modahealth.com/oebb/members and refer to your Member Handbook.

Medical/Rx Benefits

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2021–22 Medical plan benefit table

	Medical Plan 5 Connexus Network[5]	
	Coordinated care	Non-coordinated care
	in-network, you pay	in-network, you pay
Plan-year costs		
Deductible per person / family	**$2,000** / $6,300	**$2,100** / $6,300
Out-of-pocket max per person	**$6,800**	**$7,200**
Out-of-pocket max per family	$15,800	$15,800
Maximum cost share per person (includes OOP and ACT)	$7,900	$7,900
Maximum cost share per family (includes OOP and ACT)	$15,800	$15,800
Preventive care		
Incentive care office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)	**$25 copay[1,7]**	**25%**
Periodic health exams, routine women's exams, annual obesity screening, immunizations[3]	$0[1]	$0[1]
Professional services		
Primary care office visits	**$30 copay[1,3]**	**25%**
Primary care office visits with a provider other than your chosen PCP 360	$50 copay[1]	N/A
Specialist office visits	**$50 copay[1]**	**25%**
Mental health office visits	$30 copay[1]	$30 copay[1]
Chemical dependency services	$30 copay[1]	$30 copay[1]
Virtual care (CirrusMD telehealth)	$0[1]	$0[1]
Alternative care services		
Acupuncture/chiropractic manipulation (subject to a combined 12 visit maximum per plan year)[6]	**$30 copay[1]**	**25%**
Maternity care		
Physician or midwife services and hospital stay	25%	25%
Outpatient and hospital services		
Inpatient care and outpatient hospital/facility care	25%	25%
Skilled nursing facility care (60 days per plan year)	25%	25%
Surgery	25%	25%
ACT 100: Sleep studies, specified imaging (MRI, CT, PET), upper endoscopy, spinal injections, viscosupplementation, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea	$100 copay + 25%	$100 copay + 25%
ACT 500: Spine surgery, knee and hip replacement, knee and shoulder arthroscopy, uncomplicated hernia repair	$500 copay + 25%	$500 copay + 25%
Gastric bypass (Roux-en-Y)[4]	$500 copay + 25%	$500 copay + 25%
Emergency care		
Urgent care visit	**$50 copay[1]**	**25%**
Emergency room (copay waived if admitted)	$100 copay + 25%	$100 copay + 25%
Ambulance	25%	25%
Other covered services		
Hearing aids and bone-anchored hearing aids — $4,000 max/48 months for members 26 and older	10%	10%
Physical, occupational and speech therapy (including physical therapy performed in conjunction with alternative care) — *Inpatient limitations: 30 days per plan year/60 days for spinal or head injury. Outpatient limitations: 30 sessions per plan year/up to 60 sessions for spinal or head injury.*	25%	25%
Outpatient diagnostic lab and X-ray	25%	25%
Durable medical equipment	25%	25%

Medical/Rx Benefits

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Out-of-network, you pay[2]
$4,000 / $12,600
$13,700
$27,400
N/A
N/A
N/A
50%
50%
50%
50%
50%
50%
N/A
50%
50%
50%
50%
50%
$100 copay + 50%
$500 copay + 50%
Not covered
25%
$100 copay + 25%
25%
50%
50%
50%
50%

highlight = enhanced benefits

1 Deductible waived. All amounts reflect member responsibility.

2 Out-of-network coinsurance based on MPA for these services.

3 To receive the copay benefit, members must see their chosen PCP 360.

4 This benefit is available to subscriber and spouse/partners and dependents age 18 and older. Members must use an approved Moda Health Center of Excellence. Benefit is subject to a reference price of $20,000 for the facility charge. Travel benefits are available for services that are subject to reference pricing. Please see your handbook for more details.

5 If enrolled in a Moda medical plan, each covered individual must choose and use a PCP 360 with Moda for that individual to receive the enhanced "coordinated" benefit shown in the far left column under that plan when using a provider in the Connexus network. If an individual has not selected a PCP 360 with Moda, they will receive the "non-coordinated" benefit shown in the center column if using a provider in the Connexus network. Any services by a provider outside the Connexus network will be paid at the "out-of-network" level (far right column under that plan) regardless of whether the individual has selected a PCP 360 with Moda or not.

6 For all other services (eg. Labs, diagnostics, specified imaging (MRI, CT,PET), office visits, etc) will be subject to the appropriate benefit level listed for each services provided.

7 Members must see their chosen PCP 360 or any in-network specialist to receive the copay benefit.

Medical copays (excluding ACT), coinsurance and deductibles apply to the medical out-of-pocket maximum.

Medical out-of-pocket, ACT copays, Rx copays and Rx coinsurance apply to the maximum cost share.

For limitations and exclusions, visit modahealth.com/oebb/members and refer to your Member Handbook.

Medical/Rx Benefits

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moda HEALTH

2021–22 Medical HDHP plan benefit table	Medical Plan 6 Connexus Network HDHP HSA Compliant[9]		
	Coordinated care	Non-coordinated care	Out-of-network, you pay[2]
	in-network, you pay	in-network, you pay	
Plan-year costs			
Subscriber-only plan deductible[3]	**$1,600**	**$1,700**	$3,200
Family plan deductible[4]	$3,400	$3,400	$6,400
Individual out-of-pocket max	**$6,400**	**$6,750**	$13,100
Family plan out-of-pocket max[4]	$13,500	$13,500	$26,200
Preventive care			
Incentive care office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)	**15%[11]**	**20%**	N/A
Periodic health exams, routine women's exams, annual obesity screening, immunizations	$0[1]	$0[1]	50%
Professional services			
Primary care office visits	**15%**	**20%**	50%
Primary care office visits with a provider other than your chosen PCP 360	**15%**	N/A	50%
Specialist office visits	**15%**	**20%**	50%
Mental health office visits	**15%**	**20%**	50%
Chemical dependency services	**15%**	**20%**	50%
Virtual care (CirrusMD telehealth)	$0[1]	$0[1]	N/A
Alternative care services			
Acupuncture/chiropractic manipulation (subject to a combined 12 visit maximum per plan year)[8]	**20%**	**25%**	50%
Maternity care			
Physician or midwife services and hospital stay	**20%**	**25%**	50%
Outpatient and hospital services			
Inpatient care and outpatient hospital/facility care	**20%**	**25%**	50%
Skilled nursing facility care (60 days per plan year)	**20%**	**25%**	50%
Surgery	**20%**	**25%**	50%
Sleep studies, specified imaging (MRI, CT, PET), upper endoscopy, spinal injections, viscosupplementation, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea	**20%**	**25%**	50%
Spine surgery, knee and hip replacement,[5] knee and shoulder arthroscopy, uncomplicated hernia repair	**20%**	**25%**	50%
Gastric bypass (Roux-en-Y)[6]	**$500 copay + 20%**	**$500 copay + 25%**	Not covered
Emergency care			
Urgent care visit	**15%**	**20%**	25%
Emergency room	**20%**	**25%**	See Plan Handbook
Ambulance	**20%**	**25%**	See Plan Handbook
Other covered services			
Hearing aids and bone-anchored hearing aids — $4,000 max/48 months for members 26 and older	**20%**	**25%**	50%
Physical, occupational and speech therapy (including physical therapy performed in conjunction with alternative care) — *Inpatient limitations: 30 days per plan year/60 days for spinal or head injury. Outpatient limitations: 30 sessions per plan year/up to 60 sessions for spinal or head injury.*	**20%**	**25%**	50%
Outpatient diagnostic lab and X-ray	**20%**	**25%**	50%
Durable medical equipment	**20%**	**25%**	50%
Major medical prescription coverage[7]	**20%**	**25%**	25%
Value tier	$4 per 31 day supply[1]	$4 per 31 day supply[1]	$4 per 31 day supply[1]

Medical/Rx Benefits

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Medical Plan 7 Connexus Network HDHP HSA Compliant[9]		
Coordinated care	Non-coordinated care	Out-of-network, you pay[2]
in-network, you pay	in-network, you pay	
$2,000	**$2,100**	$4,000
$4,200	$4,200	$8,000
$6,500	**$6,750**	$13,300
$13,500	$13,500	$26,600
20%[7]	**25%**	N/A
$0[1]	$0[1]	50%
20%	**25%**	50%
20%	N/A	50%
20%	**25%**	50%
20%	**25%**	50%
20%	**25%**	50%
$0[1]	$0[1]	N/A
20%	**25%**	50%
20%	**25%**	50%
20%	**25%**	50%
20%	**25%**	50%
20%	25%	50%
20%	**25%**	50%
20%	**25%**	50%
$500 copay + 20%	**$500 copay + 25%**	Not covered
20%	**25%**	See Plan Handbook
20%	**25%**	See Plan Handbook
20%	**25%**	See Plan Handbook
20%	**25%**	50%
20%	**25%**	50%
20%	**25%**	50%
20%	**25%**	50%
$4 per 31 day supply[1]	$4 per 31 day supply[1]	$4 per 31 day supply[1]

highlight = enhanced benefits

1 *Deductible waived. All amounts reflect member responsibility.*

2 *Out-of-network coinsurance based on MPA for these services.*

3 *Individual deductible applies only if employee is enrolling in the plan with no other family members.*

4 *Family deductible and out-of-pocket maximum can be met by one or more family members. This deductible must be met before benefits will be paid. Deductible and copayments apply toward the plan-year out-of-pocket maximum.*

5 *Benefit is subject to a reference price of $25,000 on Connexus and applies to the facility charge. Travel benefits are available for services that are subject to reference pricing. Please see your handbook for more details.*

6 *This benefit is available to subscriber and spouse/partners and dependents age 18 and older. Members must use an approved Moda Health Center of Excellence. Benefit is subject to a reference price of $20,000 for the facility charge.*

7 *A formulary exception must be approved for high-cost generics and non-preferred brand prescription medication.*

8 *For all other services (eg. Labs, diagnostics, specified imaging (MRI, CT,PET), office visits, etc) will be subject to the appropriate benefit level listed for each services provided.*

9 *If enrolled in a Moda medical plan, each covered individual must choose and use a PCP 360 with Moda for that individual to receive the enhanced "coordinated" benefit shown in the far left column under that plan when using a provider in the Connexus network. If an individual has not selected a PCP 360 with Moda, they will receive the "non-coordinated" benefit shown in the center column if using a provider in the Connexus network. Any services by a provider outside the Connexus network will be paid at the "out-of-network" level (far right column under that plan) regardless of whether the individual has selected a PCP 360 with Moda or not.*

10 *To receive the lower coinsurance benefit, members must see their chosen PCP 360.*

11 *Members must see their chosen PCP 360 or any in-network specialist to receive the lower coinsurance benefit.*

For limitations and exclusions, visit modahealth.com/oebb/members and refer to your Member Handbook.

Expect ***quality*** pharmacy benefits

Quality prescription coverage is right at the heart of a great plan. We're here to support your pharmacy needs, every step of the way.

Access medications your way

As the administrator of the Oregon Prescription Drug Program (OPDP), we take pride in actively managing your pharmacy benefits. We provide quality, comprehensive coverage that reflects the most current industry standards.

Through the prescription program, you can access a high-performance formulary (a list of prescription drugs) with options under the value, select generic and preferred tiers. Each tier has a copay or coinsurance amount set by the plan.

Pharmacy plan savings

There are a few ways to save on prescription drug costs. Use your 90-day mail-order benefit through Postal Prescription Services (PPS). You can receive significant savings by using the mail-order benefit.

You can fill a 90-day prescription for value, select generic, preferred medications at many participating pharmacies.

To find an in-network pharmacy and check drug prices, log in to your Member Dashboard, and choose Find Care.

Value-tier medications

Value medications include commonly prescribed products used to treat chronic medical conditions and preserve health. They are identified — based on the latest clinical information and medical literature — as being safe, effective, cost-preferred treatment options.

The Moda Health OEBB value tier includes products for the following health issues:

- Asthma
- Heart, cholesterol, high blood pressure
- Diabetes
- Osteoporosis
- Depression

A list of medications included under the value tier can be found on the pharmacy tab at: modahealth.com/oebb

Ardon Health specialty pharmacy services

Ardon Health is the specialty pharmacy for OEBB members. Ardon, based in Portland, Oregon, provides free delivery of specialty medications to a patient's home or physician's office. Ardon Health provides specialty medications for conditions including Crohn's disease, hepatitis C, multiple sclerosis, rheumatoid arthritis and more. You can learn about Ardon Health at ardonhealth.com. You can also call Ardon Customer Service toll-free at 855-425-4085. TTY users, please call 711.

Medical/Rx Benefits

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moda HEALTH

Pharmacy benefits

	Medical Plans 1-5[4]	Medical Plans 6-7[5, 6]	
	Coordinated and non-coordinated care	Coordinated care	Non-Coordinated care
Value	$4 per 31-day supply[1]	$4 per 31-day supply*	$4 per 31-day supply*
Select generic	$12 per 31-day supply[1]	20%	25%
Preferred[2,3]	25% up to $75 per 31-day supply[1]	20%	25%
Non-preferred brand[3]	50% up to $175 per 31-day supply[1]	20%	25%
Mail			
Value	$8 per 90-day supply		
Select generic	$24 per 90-day supply	20%	25%
Preferred[2,3]	25% up to $150 per 90-day supply	20%	25%
Non-preferred brand[3]	50% up to $450 per 90-day supply	20%	25%
Specialty			
Generic	$12 per 31 day supply or $36 for 90-day supply when allowed.	20%	25%
Preferred[2,3]	25% up to $200 per 31 day supply or $400 for 90-day supply when allowed.	20%	25%
Non-preferred brand[3]	50% up to $500 per 31 day supply or $1,000 for 90-day supply when allowed.	20%	25%

**Deductible waived. All amounts reflect member responsibility.*

1 A 90-day supply for value, select generic, preferred, and non-preferred medications is available at retail pharmacies for three times the 31-day copay.

2 This benefit level includes select generic medications that have been identified as having no more favorable outcomes from a clinical perspective than other cost-effective generics.

3 Copay maximum is per prescription. A formulary exception must be approved for high-cost generics and non-preferred brand prescription medication.

4 Pharmacy expenses accrue towards the maximum cost share.

5 Pharmacy expenses accrue towards the out-of-pocket maximum.

6 You must meet your individual or family deductible first before any pharmacy expenses are paid.

For limitations and exclusions, visit modahealth.com/oebb/members and refer to your Member Handbook.

Dental Benefits

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Oregon Educators Benefit Board

12-Month Waiting Period

If You Delay Enrolling in Dental Coverage

If you or a dependent don't enroll in dental coverage when initially eligible, then choose to enroll during an Open Enrollment period, you or your dependent will be considered a "late enrollee."

You or your dependent will be subject to a **12-month waiting period** on all dental plans. This means **only diagnostic and preventive care will be covered** for the first 12 months of coverage.

Dental Benefits

KAISER PERMANENTE®

We believe in total health, beginning with high-quality dental and oral care. That's why every member gets a personalized prevention and treatment plan. And that's why dental preventive care is at the core of our philosophy.

Our philosophy of care

Integrated approach

Our dentists collaborate with your doctors, providing integrated care, which helps you rest easy, knowing we are looking out for your total health.

Your dental team has access to your health history, so the team can alert you to important health screenings or tests you may need.

Quality

We have been independently recognized for more than 30 years by the Accreditation Association for Ambulatory Health Care (AAAHC) as a leader in providing high-quality, patient-centered, comprehensive care.* This means our Dental Program has met rigorous national standards. Currently we are the only dental practice in the Pacific Northwest with AAAHC accreditation.

Urgent and emergency care

Emergency dental conditions include severe swelling or infection, severe traumatic injury to teeth, bleeding that doesn't stop, and extreme pain. If you need emergency care, please call the Appointment Center any time, any day.

Getting convenient care

Hours are Monday through Saturday, 7 a.m. to 6 p.m.

Valley River Dental Office in Eugene is closed on Wednesdays.

Dental Appointment Center: **1-800-813-2000**

TTY: **711**

For more information visit .

*Continuously accredited by the Accreditation Association for Ambulatory Health Care (AAAHC) since 1990. Kaiser Permanente Dental is the only AAAHC-accredited dental home in the Northwest, and the third in the nation to achieve dental home accreditation. aaahc.org

Dental Benefits

KAISER PERMANENTE®

2021–2022 dental plan benefits	Dental Plan[1]
Dental office visit copay[2]	$20
NEW: Preventive care office visit copay	$0
Deductible	None
Plan year maximum	$4,000
Oral exams, X-rays, cleaning (prophylaxis), fluoride treatments, and space maintainers	$0
Routine fillings, inlays, and stainless steel crowns[3,4,5]	$0
Simple tooth extractions[5]	$0
Surgical tooth extractions, including diagnosis and evaluation[5]	$50
Diagnosis, evaluation, and treatment of gum disease including scaling and root planing[5]	$0
Root canal and related therapy including diagnosis and evaluation[3]	$50
Gold or porcelain crowns and onlays[5]	$250
Full and partial dentures, relines, rebases[5]	$100
Bridge retainers and pontics[5]	$250
Orthodontic treatment[5]	$2,500 copay + $20 per visit
Implants	50% (limit of 4 per lifetime)

[1]Services must be provided by a contracted Kaiser Permanente provider in order for benefits to be payable. See your *Member Handbook,* also known as the *Evidence of Coverage (EOC),* for details.
[2]Office visit copay applies at each visit, in addition to any plan copays for services, except for preventive services, for which you will pay a $0 office copay.
[3]Posterior fillings paid to amalgam fee.
[4]Fillings are covered at 100% for amalgam fillings on back teeth and composite tooth color fillings on front (smile line) teeth. Patients can request composite fillings for back teeth and pay additional fees. Contact Kaiser Permanente directly for fee information.
[5]Benefit is subject to a 12-month benefit waiting period for late enrollees.
This is not a contract. This benefit summary does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details of your benefit coverage, exclusions and limitations, claims review, and adjudication procedures, please see your *Member Handbook,* also known as the *Evidence of Coverage (EOC),* or call Member Services. In the case of a conflict between this summary and the *EOC,* the *EOC* will prevail.

To learn more about Kaiser Permanente, visit **kp.org.**

Dental Benefits

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Willamette Dental Group

For more than 50 years, Willamette Dental Group has proudly partnered with public employers throughout the Pacific Northwest, offering high quality dental care and outstanding insurance coverage to more than 450,000 patients.

Our evidence-based, proactive treatment approach to dental care focuses on what matters most: providing quality, individualized care to each patient that educates for the future rather than only solving the immediate issue at hand.

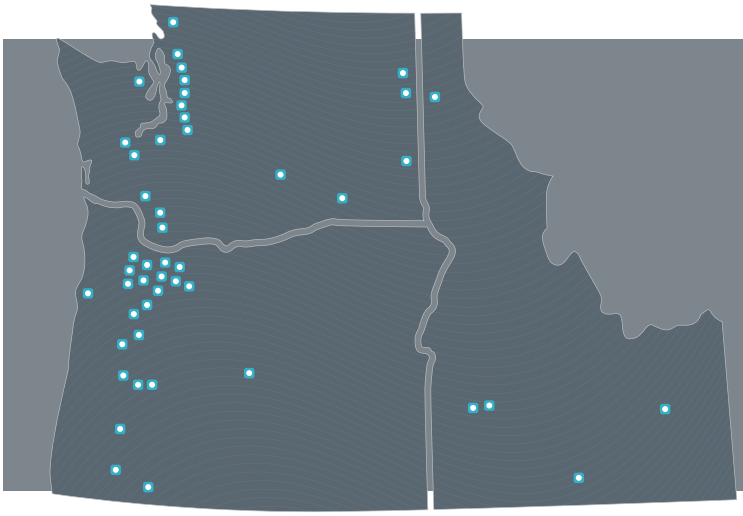
QUICK FACTS

- No annual maximum[1], no deductibles
- Services covered at predictable, low copays
- Affordable orthodontic coverage for adults and children
- OEBB patient satisfaction averages over 96%
- Most offices open 7 AM to 6 PM Mon - Fri with Saturday appointments available
- No premium or copay changes for 2021 / 2022 plan year

START YOUR PARTNERSHIP WITH US TODAY!

Practicing daily oral hygiene at home, and partnering with your dentist keeps your body healthier. Our dentists are here for you. For current and new Willamette Dental plan members, we're eager to start our partnership with you. ***So much so that we're waiving the office visit copay for your new patient appointment if you haven't come in to see us yet.***

CONVENIENT DENTAL OFFICE LOCATIONS



Locations Include:

- Albany, OR
- Bend, OR
- Boise, ID
- Corvallis, OR
- Eugene, OR
- Grants Pass, OR
- Lincoln City, OR
- Medford, OR
- Meridian, ID
- Portland Metro (11 locations)
- Richland, WA
- Roseburg, OR
- Salem, OR (2 locations)
- Springfield, OR (2 locations)
- Vancouver, WA (2 locations)

Learn more about providers and locations at willamettedental.com/oebb

045-OR91(5/21) Underwritten by Willamette Dental Insurance, Inc.

Willamette Dental Group

WILLAMETTE DENTAL GROUP PLAN BENEFIT SUMMARY

To receive the excellent benefits of the Willamette Dental plan, member must use a Willamette Dental Group provider at one of our conveniently located Willamette Dental offices.

This is a summary. Refer to the Certificate of Coverage for a complete description of benefits, exclusions, and limitations.

COVERED BENEFITS	COPAYS
Annual Maximum	No Annual Maximum[1]
Deductible	No Deductible
General or Orthodontic Office Visit	You Pay $20 per Visit[2]
DIAGNOSTIC & PREVENTIVE SERVICES	
Routine & Emergency Exams	Covered with the Office Visit Copay
X-rays	Covered with the Office Visit Copay
Teeth Cleaning	Covered with the Office Visit Copay
Fluoride Treatment	Covered with the Office Visit Copay
Sealants (per Tooth)	Covered with the Office Visit Copay
Head and Neck Cancer Screening	Covered with the Office Visit Copay
Oral Hygiene Instruction	Covered with the Office Visit Copay
Periodontal Charting	Covered with the Office Visit Copay
Periodontal Evaluation	Covered with the Office Visit Copay
RESTORATIVE DENTISTRY[3]	
Fillings	Covered with the Office Visit Copay
Porcelain-Metal Crown	You Pay a $250 Copay[4]
PROSTHODONTICS[3]	
Complete Upper or Lower Denture	You Pay a $100 Copay[4]
Bridge (per Tooth)	You Pay a $250 Copay[4]
ENDODONTICS & PERIODONTICS[3]	
Root Canal Therapy	You Pay a $50 Copay
Osseous Surgery (per Quadrant)	Covered with the Office Visit Copay
Root Planing (per Quadrant)	Covered with the Office Visit Copay
ORAL SURGERY[3]	
Routine Extraction (Single Tooth)	Covered with the Office Visit Copay
Surgical Extraction	You Pay a $50 Copay
ORTHODONTIA TREATMENT[3]	
Pre-Orthodontia Treatment	You Pay a $150 Copay[3]
Comprehensive Orthodontia Treatment	You Pay a $2,500 Copay
DENTAL IMPLANTS[3]	
Dental Implant Surgery	Implant benefit maximum of $1,500 per calendar year
MISCELLANEOUS[3]	
Occlusal Guard	Covered with the Office Visit Copay
Athletic Mouth Guard	You Pay a $100 Copay
Local Anesthesia	Covered with the Office Visit Copay
Dental Lab Fees	Covered with the Office Visit Copay
Nitrous Oxide	You Pay a $15 Copay
Specialty Office Visit	You Pay $20 per Visit[2]
Out of Area Emergency Care Reimbursement	You pay charges in excess of $100

[1]Benefits for implant surgery have a benefit maximum. [2]An office visit copayment applies at each visit, in addition to any copayments for services. [3]Benefit is subject to a 12-month waiting period for members who previously waived dental coverage. [4]Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit. [5]Copay credited towards the Comprehensive Orthodontia Treatment copay if patient accepts treatment plan.

DELTA DENTAL®

Quality coverage for your ***smile***

With Delta Dental of Oregon plans, you'll have access to Delta Dental, the nation's largest dental networks.

Dental benefit highlights

Our Delta Dental of Oregon plans connect you with great benefits and quality in-network dentists. You can count on:

- Freedom to choose a dentist
- Contracted-fee savings from participating dentists
- Savings from in-network dentists
- Cleanings every six months
- Predetermination of benefits if requested in a pretreatment plan
- No claim forms
- Superior customer service

Our dental plans also include useful online tools, resources and special programs for those of you who may need extra attention for your pearly whites.

Better together — Moda 360 integrates medical and dental care

Now, when you have both Moda Health and Delta Dental, your Moda 360 Health Navigator team has got you covered for both your medical and dental care needs.

Why are medical and dental better together?

Our oral health affects our overall health. In fact, gum disease has been connected with:

- Diabetes
- Coronary heart disease (plaque buildup on the walls of the arteries that supply blood to the heart)
- Cerebrovascular disease (conditions that affect the flow of blood to the brain)

With Moda 360 integrated medical and dental care, you get integrated disease management, education, and everything you need to take good care of your whole body.

Members with a Moda Health medical plan and a Delta Dental plan will now have medical and dental integration. This means a Health Navigator will help you with any questions you may have and connect you to the medical and dental programs, services and tools that will work best for you.

Dental Benefits

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DELTA DENTAL®

Delta Dental networks go where you go

Each Delta Dental of Oregon plan comes with a Delta Dental network. It includes thousands of dentists across the state and country.

In-network dentists agree to accept our contracted fees as full payment. They also don't balance bill — the difference between what we pay and the dentist's fees. This can help you save on out-of-pocket costs. If you see providers outside the network, you may pay more for care.

Delta Dental Premier® Network

This is the largest dental network in Oregon and nationwide. It includes more than 2,400 providers in Oregon and over 156,000 Delta Dental Premier Dentists nationwide. To have access to our Premier Network, you will want to select Dental Plan 1, 5 or 6.

Delta Dental PPO℠ Network

This is one of the largest preferred provider organization (PPO) dental networks in Oregon and across the country. It includes more than 1,300 participating providers in Oregon and offers access to over 112,000 Delta Dental PPO dentists nationwide. These providers have agreed to lower contracted rates, which means more savings for you. In order to access the PPO network savings, you will want to select one of the two Exclusive PPO plans.

Exclusive PPO plan options

The Exclusive PPO plan options use the Delta Dental PPO Network. It is important to keep in mind that the Exclusive PPO plans do not pay for services provided by a Premier or non-contracted dentist.

New this year, Delta Dental has added an incentive level dental plan that uses the same PPO network as the Exclusive PPO plan. It is called our Exclusive PPO - Incentive Plan.

Dental tools

You can use our dental tools to manage your dental health easily, in one online location. Use dental tools to:

- Find a dentist
- Schedule appointments
- View benefits and claims
- Find out your risk for cavities and gum disease
- View articles about dental health topics

DELTA DENTAL®

Health through Oral Wellness®

Our Health through Oral Wellness (HtOW) program offers extra benefits to members who have a greater risk for oral diseases. The program uses a clinical oral health assessment to find out your risk of tooth decay, gum disease and oral cancer. Based on your risk score, you may qualify for additional cleanings, fluoride treatments, sealants and periodontal maintenance.

See if you qualify:

1. Visit **modahealth.com/oebb** to learn more about the program and take a free oral health risk self-assessment. You can choose to share your results with your dentist to start the conversation.
2. Talk to your dentist about the program. If they're not registered, ask them to call our toll-free Health through Oral Wellness provider line at 844-663-4433. Once registered, they can perform an oral health risk exam and let you know if you qualify.

Members can see which providers are currently participating in the HtOW program by looking for a green badge in Find Care.

Dental Benefits

DELTA DENTAL®

2021–22 Dental plan benefit table

NEW!

	Plan 1[2]	Plan 5[2]	Plan 6[3]	Exclusive PPO - Incentive Plan[3,4]	Exclusive PPO[3,4]
Network	Premier			PPO	PPO
	In-network, you pay			In-network, you pay	In-network, you pay
Plan-year costs					
Deductible	$50	$50	$50	$50	$50
Benefit maximum	$2,200	$1,700	$1,200	$2,300	$1,500
Preventive and diagnostic services[1]					
Exam and prophylaxis/cleanings (once every six months)	30% - 0%[2]	30% - 0%[2]	0%	0%	0%
Bitewing X-rays (once every 12 months)	30% - 0%[2]	30% - 0%[2]	0%	0%	0%
Topical fluoride application (ages 18 and under)	30% - 0%[2]	30% - 0%[2]	0%	0%	0%
Sealants and space maintainers	30% - 0%[2]	30% - 0%[2]	0%	0%	0%
Restorative services					
Fillings (posterior teeth paid to composite)	30% - 0%[2]	30% - 0%[2]	20%	30 - 0%[2]	10%
Inlays (composite reimbursement fee)	30% - 0%[2]	30% - 0%[2]	20%	30 - 0%[2]	10%
Oral surgery and extractions	30% - 0%[2]	30% - 0%[2]	20%	30 - 0%[2]	10%
Endodontics and periodontics	30% - 0%[2]	30% - 0%[2]	20%	30 - 0%[2]	10%
Major restorative services					
Gold or porcelain crowns	30% - 0%[2]	30%	50%	30 - 0%[2]	20%
Implants	30% - 0%[2]	50%	50%	30 - 0%[2]	20%
Onlays	30% - 0%[2]	30%	50%	30 - 0%[2]	20%
Prosthodontics services					
Dentures and partial dentures	30% - 0%[2]	50%	50%	30 - 0%[2]	20%
Bridges	30% - 0%[2]	50%	50%	30 - 0%[2]	20%
Other services					
Nitrous Oxide	50%	50%	50%	50%	50%
Occlusal guards (night guards[5] and athletic mouthguards)	50%	50%	50%	50%	50%
Orthodontic services[1,6]					
Lifetime maximum — $1,800	20%	20%	N/A	20%	20%

1 Deductible waived.

2 Under this incentive plan, benefits start at 70 percent for your first plan year of coverage. Thereafter, benefit payments increase by 10 percent each plan year (up to a maximum benefit of 100 percent) provided the individual has visited the dentist at least once during the previous plan year. Failure to do so will cause a 10 percent reduction in benefit payment the following plan year, although payment will never fall below 70 percent.

3 Moving from a constant benefit plan (6 or Exclusive PPO) to an incentive benefit plan (1 or 5) will cause the benefit level to start at 70 percent.

4 This plan has no out-of-network benefit. Services performed outside the Delta Dental PPO network are not covered unless for a dental emergency. Covered emergencies consist of problem focused exam, palliative treatment and X-rays. All other services are considered non-covered.

5 $250 maximum, once every five years.

6 Orthodontic services do not apply toward the plan-year benefit maximum.

For limitations and exclusions, visit modahealth.com/oebb/members and refer to your Member Handbook.

Vision Benefits

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moda HEALTH

Bringing it all into *focus*

Seeing is believing when it comes to better health. These vision plans ensure that you can focus on feeling your best.

2021–22 Vision plan benefit table

	Opal	Pearl	Quartz
Benefit maximum	$600	$400	$250
	What you pay		
Eye examinations (including refraction) *Frequency: Once per plan year*	0%[1]		
Lenses[2] *Frequency: Contacts (including disposable contacts) or one pair of lenses per plan year*	0%[1]		
Frames *Frequency: One pair per plan year for members under 17 years old. One pair every two plan years for members 17 and older.*	0%[1]		

1 Subject to benefit maximum.
2 Includes single vision, bifocal, trifocal or contacts.

Limitations and exclusions

- Vision exam and hardware benefits are all subject to the plan-year benefit maximum.
- Percentages shown reflect what members pay for covered vision exam, frames and lenses.
- Noncovered, excluded services are the member's responsibility and do not apply toward the plan-year maximum.

For more limitations and exclusions, visit **modahealth.com/oebb/members** and refer to your Member Handbook.

Vision Benefits

KAISER PERMANENTE®

At Vision Essentials by Kaiser Permanente, we see eye care differently. Healthy sight is more than glasses and contact lenses. Our optometrists and ophthalmologists provide comprehensive eye care, including routine eye exams, to help keep your vision sharp and your eyes healthy.

Integrated care

Through our electronic health record system, all your care providers can see a comprehensive picture of your health and act as part of a team to help you make better health care decisions.

Providers will notify you of gaps in your health care and help you schedule preventive appointments, including vaccinations, physicals, and important eye health screenings.

Convenience

We have clinic locations from Salem to Longview, most located in medical offices. To schedule an exam, order contact lenses, or find a location near you, visit **kp2020.org** or call **1-800-813-2000** (TTY **711**).

Getting care in Lane County

Members in Lane County can get routine eye exams at Oregon Eye Associates or PeaceHealth Eye Care and Optical Shop.

To make an appointment, please contact:

Oregon Eye Associates: **541-484-3937** or **1-800-426-3937**

PeaceHealth Eye Care and Optical Shop: **458-205-6257**

Vision Benefits

KAISER PERMANENTE®

2021–2022 vision plan benefits – every 12 consecutive months	Vision Plan*
Routine eye exam	See medical plan summary
Hardware allowance: frames, lenses, and contact lenses $100 of your annual $250 allowance may be used toward nonprescription sunglasses and/or digital eyestrain glasses.	$250
Additional benefits	
50/50 Protection Plan	Included
Second pair of complete glasses	Save 30%

Want to talk? We're here to help.

Kaiser Permanente Member Services can answer your questions – like where to get care or what options are included. Call **1-800-813-2000** (TTY **711**), Monday through Friday, 7 a.m. to 6 p.m.

To learn more about Kaiser Permanente, visit **kp.org**.

*Must be enrolled in a Kaiser Permanente medical plan to enroll in the Kaiser Permanente vision plan.
This is not a contract. This benefit summary does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details of your benefit coverage, exclusions and limitations, claims review, and adjudication procedures, please see your *Member Handbook,* also known as the *Evidence of Coverage (EOC),* or call Member Services. In the case of a conflict between this summary and the *EOC,* the *EOC* will prevail.

Vision Benefits

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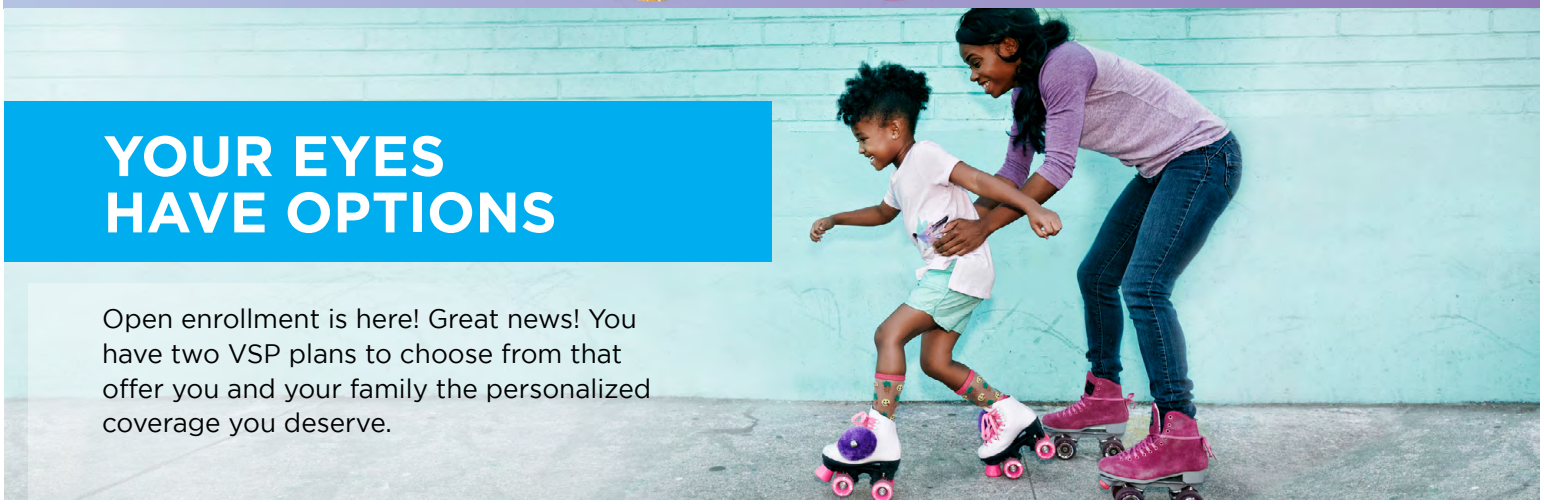

YOUR EYES HAVE OPTIONS

Open enrollment is here! Great news! You have two VSP plans to choose from that offer you and your family the personalized coverage you deserve.

The choice is yours—stick with the VSP® Choice Plan or choose to enroll in the VSP® Choice Plus Plan and get even more coverage.

VSP Vision Care | oebb

GET THE BASICS WITH THE VSP CHOICE PLAN

You get access to a huge network of exceptional eye doctors and the coverage you expect at low out-of-pocket costs:

- Annual WellVision Exam®
- Glasses or contacts
- LightCare
- Special offers and savings
- Vision Therapy

UPGRADE TO THE VSP CHOICE PLUS PLAN TO PERSONALIZE YOUR VISION COVERAGE

You and your eyes are unique and your coverage should be too. When you upgrade your plan, you'll get all the above basics, plus a whole lot more.

CREATE YOUR ACCOUNT ON VSP.COM*

Log in to confirm in-network locations. Contact us at **800.877.7195**.

eyeconic®

Get contacts, glasses and sunglasses using your vision benefits on eyeconic.com®—the VSP preferred online retailer.

HERE'S A LOOK AT THE VSP CHOICE PLUS PLAN

- **LightCare**
  Increased allowance for non-prescription sunglasses
- **Increased Frame Allowance**
  Covers more of your favorite designer frames
- **Anti-glare Coating**
  Reduce glare and combat reflection
- **Progressive Lenses**
  See clearly at any distance
- **Vision Therapy**
  Fully covered evaluation and 75% off approved therapy sessions

Check your member benefit summary for plan details.

*VSP is for Moda and Providence members only.

Vision Benefits

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VSP Choice Plus Plan **VSP Provider Network:** VSP Choice

Benefit	Description	Copay
Your Coverage with a VSP Choice Network Provider		
WellVision® Exam	• Focuses on your eyes and overall wellness • Check to see if your Costco doctor is a participating provider before making an appointment. • Every 12 months	$10
Prescription Glasses		$20
Frame	• $350 featured frame brands allowance • $300 frame allowance • 20% savings on the amount over your allowance • Frame allowance is equivalent to $165 Costco® / Wal-Mart® based on Costco® / Wal-Mart® pricing • Every 12 months	Included in Prescription Glasses
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children • Every 12 months	Included in Prescription Glasses
Lens Enhancements	• Impact-resistant lenses • Scratch-resistant lenses and UV coating • Anti-glare coatings • Standard progressive lenses • Premium/Custom progressive lenses • Average savings of 30% on other lens enhancements • Every 12 months	$0 $0 $15 $0 $15
Contacts (instead of glasses)	• $300 allowance for contacts • Contact lens exam (fitting and evaluation) • 15% savings on contact lens exam services • Every 12 months	Up to $60
LightCare	• $300 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts • Every 12 months	$20

VSP Choice Plan® **VSP Provider Network:** VSP Choice

Benefit	Description	Copay
Your Coverage with a VSP Choice Network Provider		
WellVision Exam	• Focuses on your eyes and overall wellness • Check to see if your Costco doctor is a participating provider before making an appointment. • Every 12 months	$10
Prescription Glasses		$20
Frame	• $200 featured frame brands allowance • $150 frame allowance • 20% savings on the amount over your allowance • Frame allowance is equivalent to $80 Costco / Wal-Mart based on Costco / Wal-Mart pricing • Every 12 months	Included in Prescription Glasses
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children • Every 12 months	Included in Prescription Glasses
Lens Enhancements	• Scratch-resistant lenses and UV coating • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements • Every 12 months	$0 $0 $95 – $105 $150 – $175
Contacts (instead of glasses)	• $150 allowance for contacts • Contact lens exam (fitting and evaluation) • 15% savings on contact lens exam services • Every 12 months	Up to $60
LightCare	• $150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts • Every 12 months	$20

Diabetic Eyecare Plus Program℠	• Retinal screening for members with diabetes • Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. • As needed	$0 $20 per exam
Vision Therapy	• Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. • As needed	$20
Extra Savings	**Glasses and Sunglasses** • Additional $50 to spend on featured frame brands. Go to **vsp.com/framebrands** for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP Choice Network provider within 12 months of your last WellVision Exam.	
	Retinal Screening • No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam	
	Laser Vision Correction • Average 15% off the price or 5% off the promotional price; discounts only available from contracted facilities	

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Optional **Benefits**

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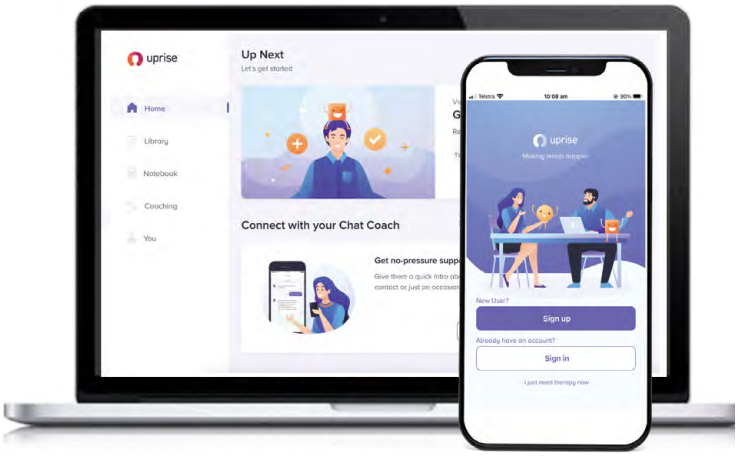
Digital EAP with Behavioral Health Coaching

Reliant Behavioral Health

OEBB offers Digital Employee Assistance Program (EAP) benefits with Behavioral Health Coaching through Integrated Behavioral Health (IBH). This is a free benefit to you if your employer offers this program. EAP helps you privately solve problems that may interfere with your work, family and life in general. EAP services are FREE to you, your dependents and all household members. EAP services are always confidential and provided by experts.

The Digital EAP and Behavioral Health Coaching Program is designed to help reduce stress and keep you healthy.

- Bite-sized training from your desktop or mobile app
- Skills training to develop your resilience, stress management, and mental fitness
- Take the assessment and check your wellbeing score
- Get your own personalized recommendations
- Up to 4 sessions with a coach via phone or asynchronous chat



Confidential Counseling

- 24-hour Crisis Help
- In-Person, Video, or Phone Counseling Sessions
- TESS Chatbot
- Peer Support Groups
- Online Consultations

Work-Life Balance Resources

- Child / Eldercare Referral Services
- Discounted Legal Services
- Financial Guidance Services
- Discounted Mediation Services
- Online Legal Forms
- Identity Theft Recovery Assistance

If your employer has selected this OEBB benefit, you can access services online at **ibhsolutions.com/members** or by calling the EAP at 866-750-1327. Your access code is OEBB.

RBH Reliant Behavioral Health | An IBH Company

Life and AD&D Insurance

Visit The Standard's OEBB microsite at **standard.com/mybenefits/oebb/** to access product information, a needs estimator and our Decision Support Tool, which can help you assess your specific coverage needs.

Optional Life Insurance

Eligible employees may elect Optional Life coverage in units of $10,000, to a maximum of $500,000. Dependent coverage is available for a spouse/domestic partner in units of $10,000, to a maximum of $500,000 and for eligible children in units of $2,000, to a maximum of $10,000. Optional Dependent Life coverage cannot exceed 100% of the Employee Optional Life coverage.

The guaranteed issue amount for employee coverage elected when first eligible is $200,000. Any amount requested in excess of the Guarantee Issue amount will be subject to medical underwriting approval. For members who have already elected Optional Life coverage, you may increase coverage by $20,000 during the annual enrollment period (not to exceed the Guarantee Issue amount) without providing evidence of insurability. The Guaranteed Issue amount for spouse/partner coverage when first eligible is $30,000. Any amount requested in excess of the guarantee issue amount will be subject to medical underwriting approval.

For your convenience, Life insurance from The Standard also includes helpful life planning and travel assistance tools.

- **The Life Services Toolkit*** is a resource that can help employees and their beneficiaries deal with the loss of a loved one or plan for the future. Employees can access an online portal for estate planning, funeral arrangement, identity theft prevention, financial planning and health and wellness resources. Services for beneficiaries include grief and loss support, financial counseling and legal services.

- **Travel Assistance*** is available to covered employees and their family members when traveling more than 100 miles from home or internationally for up to 180 days. In addition to travel planning, this service includes assistance with lost credit card replacement, passport replacement, legal and medical resources, medical evacuation and repatriation.

Optional Life Brochure:
www.standard.com/eforms/10391d_646595.pdf

AD&D – Accidental Death and Dismemberment Insurance

By participating in the group Optional AD&D insurance plan through OEBB, your employer offers you an excellent opportunity to help protect your loved ones. With Optional AD&D coverage, you, your dependents or your beneficiaries as applicable may receive an AD&D insurance benefit in the event of death and dismemberment as a result of a covered accident. You may elect coverage for yourself or elect coverage for yourself and your spouse/domestic partner and/or eligible children.

- **Employee** in units of $10,000, up to a maximum of $500,000

- **Spouse/domestic partner** in units of $10,000, up to a maximum of $500,000 (not to exceed the amount of the employee's coverage)

- **Children** in units of $2,000, up to a maximum of $10,000 (not to exceed the amount of the employee's coverage)

Optional AD&D Brochure:
https://www.standard.com/eforms/4241_646595.pdf

**The Life Services Toolkit is provided through an arrangement with Morneau Shepell, which is not affiliated with The Standard. Travel Assistance is provided through an arrangement with UnitedHealthcare Global, which is not affiliated with The Standard. These services are not insurance products and may be subject to limitations or exclusions.*

Disability Insurance

Disability Insurance
Short Term Disability (STD) and Long Term Disability (LTD) insurance are designed to pay a benefit to you in the event you cannot work because of a covered illness, injury or pregnancy. These benefits replace a portion of your income, thus helping you meet your financial commitments in your time of need. Check with your employer for enrollment availability.

Short Term Disability
STD insurance is designed to pay a weekly benefit to you in the event you cannot work because of a covered non-occupational illness or injury. This benefit is an income replacement insurance. The weekly benefit amount, calendar day waiting period, and benefit duration will depend upon the plan selected by your employer.

Note: If you enroll after you first became eligible or with a qualifying mid-year change event, you will be subject to a late enrollment penalty. This means that if you file a claim for any condition other than an accidental injury during the first 12 months your coverage is effective, STD benefits will not become payable until after you have been continuously disabled for 60 days and remain disabled.

Short Term Disability Brochure:
www.standard.com/eforms/10388d_646595.pdf

Long Term Disability
LTD insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit is an income replacement insurance. The monthly benefit amount and calendar day waiting period will depend upon the plan selected by your employer.

Long Term Disability Brochure:
www.standard.com/eforms/10386d_646595.pdf

Long Term Care Insurance

Unum
OEBB offers **Long Term Care Insurance** through Unum as a valuable benefit option for participating employers to offer OEBB members. Long Term Care is the type of care you may need if you couldn't independently perform the basic activities of daily living: bathing, dressing, using the toilet, transferring from one location to another, continence and eating, or if you suffered severe cognitive impairment from a condition such as Alzheimer's disease. If this situation were to occur, this coverage could help pay for a home health aide, an assisted living facility or a private nursing home.

Please confirm with your employer whether this benefit is available to you and, if so, how to access it. Learn more at: **w3.unum.com/enroll/OEBB**

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How to contact OEBB

Call OEBB at **888.469.6322**
Monday-Friday, 8 a.m-5 p.m

During Open Enrollment **Aug. 15-Sept. 15, 2021**
Monday-Friday, 7 a.m-6 p.m

Email OEBB at **OEBB.benefits@state.or.us**

Easy to find OEBB web pages

OEBBinfo.com Explore the OEBB home page

OEBBenroll.com Enroll in OEBB benefits

OEBBreminders.com Sign up for text or email reminders

OEBBwebinars.com Register for upcoming webinars

OEBBondemand.com Find all kinds of on-demand resources, such as educational videos, presentation slides and carrier supplemental handouts.

Alternate Formats
You can get this document in other languages, large print, braille, or a format you prefer. Contact OEBB at **888.469.6322**