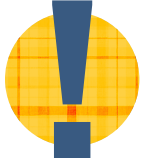




2023-24 Enrollment Guide

Enrollment Required Starting August 15th



ACTION REQUIRED

DO YOU NEED TO LOGIN? YES!

WHO

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

WHAT/WHERE

1. Log in to [OEBCenroll.com](https://oebbenroll.com) to make your plan selections or to decline coverage for 2023-24.
2. Look for specific plan cost information from your employer.

WHEN

During YOUR Open Enrollment Period - Start Date August 15

OEBC's Open Enrollment is August 15 to September 15, 2023.

WHY

1. **If you don't, you probably won't have coverage for 2023-24.**
Your current medical, dental, and vision elections will NOT roll over into 2023-24. 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.

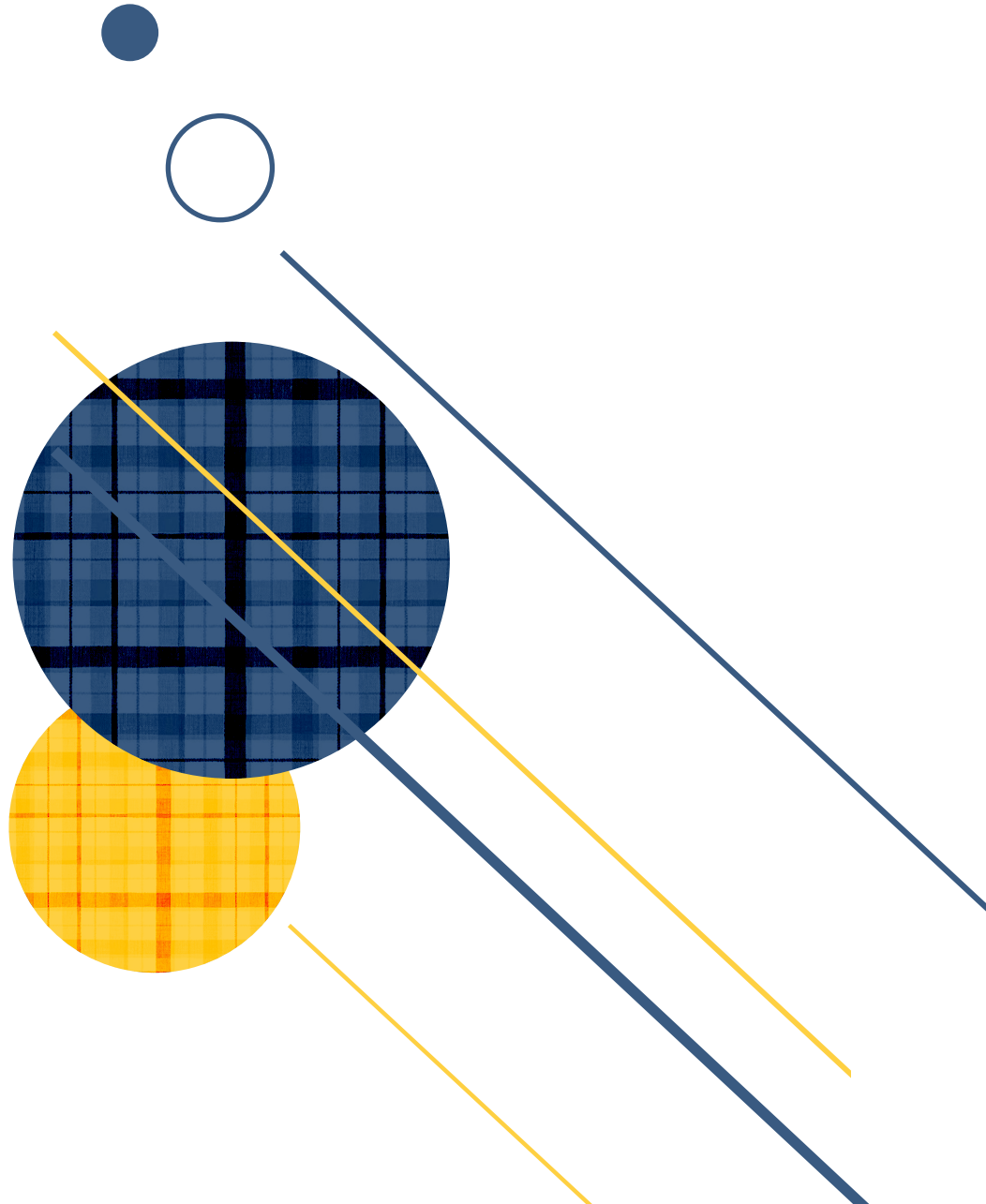
More information about QSC events can be found on the OEBC website at:

oregon.gov/OHA/OEBC/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 oregon.gov/oha/OEBB/Pages/Eligibility.aspx

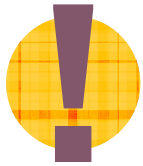


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Getting Started



AVOID THESE COMMON MISTAKES

- ✓ **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.
- ✓ **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.
- ✓ **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.
- ✓ **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 their court-ordered legal guardian or adoptive parent. Definitions of eligible dependents, including child, spouse, and eligible domestic partner, can be found on the OEBB website at: oregon.gov/oha/OEBB/Pages/Eligibility.aspx
- ✓ **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.
- ✓ **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 OEGB/PEGB double-coverage.

- Only pertains to OEGB/OEGB, PEGB/PEGB and OEGB/PEGB 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 OEGB or PEGB subscriber (if their job makes them eligible for OEGB/PEGB benefits)

WHAT'S NEW FOR 2023-24

The Board has worked hard to offer enhancements to our benefits plans while keeping the plans affordable. We're pleased to share the following improvements to our benefits plans for 2023-24!

Moda Health Medical Plans

- **New diabetes care program:** Virta will now be available to help you and your covered dependents with type 2 diabetes. The program is focused on reversal and prevention. Participants receive personalized food plans and support from medical providers, professional coaches, and digital health tools at no cost. Eligible members will receive an invite.
- **New interpreter services.** You and your provider can request an interpreter for in-person or virtual medical appointments. This service is available at no cost to you.

Kaiser Permanente Medical Plans

- **Reduced insulin costs.** Your out-of-pocket insulin costs will be capped at \$35 for a 30-day supply. (The limit was previously \$75.)
- **Updated colon cancer screenings.** Additional types of colon cancer screenings will be considered preventive and covered at 100%.
- **Expanded e-visit services.** Receive virtual care for more conditions, such as COVID, anxiety, and depression. You can also receive virtual physical therapy.
- **Maternity@Home now available.** Meet with your provider for prenatal and postnatal visits via video. An at-home maternity toolkit includes a fetal doppler to detect the baby's heart rate, a blood pressure monitor, and a weight scale. Readings are sent directly to your electronic health record. (Office visits are still required for lab work, vaccinations, and ultrasounds.)
- **KP@Home now available.** Receive hospital-level acute care and clinical services at home for certain conditions. If you qualify, you'll be connected to a care team that will set up in-home, video, and phone visits. The team will also monitor your vital signs 24/7.

Good News!

OEBB will continue to offer the same medical, dental, and vision plans in 2023-24. Check with your employer to see what options are available to you!

(Kaiser Permanente Medical Plans continued)

- **Virtual cardiac rehabilitation now available.** Recover from cardiac issues at home with virtual monitoring by your care team. You'll receive a wearable fitness tracker and a phone app that track your heart rate and steps.
- **Expanded naturopathy benefits.** The plan will provide naturopathy coverage for dependents who are out of area. Naturopathy doctors generally treat certain conditions without drugs. Instead, they recommend changes to diet and/or exercise and might suggest other natural remedies. Find **in-network providers**.

VSP Vision Plans

- **Services now covered every plan year.** Receive an eye exam, lenses, frames, or contacts once per plan year instead of every 12 months. This change will make it easier to keep track of services received each year. Plan coverage stays the same.

Online plan comparison tool

	Kaiser Medical Plan 1 In-Network	Kaiser Medical Plan 1A Out-of-Network	Kaiser Medical Plan 2A Out-of-Network	Kaiser Medical Plan 2B In-Network	Kaiser Medical Plan 2B Out-of-Network	Kaiser Medical Plan 3 PDA Option In-Network
Medical Network	Kaiser Permanente Facilities	Kaiser Permanente Facilities	Kaiser Permanente Facilities	Kaiser Permanente Facilities	Kaiser Permanente Facilities	Kaiser Permanente Facilities
Deductibles & Out-of-Pocket Maximums						
Deductible per person	None	N/A	\$800	N/A	\$1,200	N/A
Maximum deductible per family	None	N/A	\$2,400	N/A	\$3,600	N/A
Out-of-pocket (OOOP) maximum per person	\$1,500	N/A	\$4,000	N/A	\$4,500	N/A
Out-of-pocket (OOOP) maximum per family	\$3,000	N/A	\$12,000	N/A	\$13,500	N/A

Want to see the medical, dental, and vision plans available to you side-by-side? Need to compare specific services by plan? This customizable and printer-friendly tool is for you!

Use it to easily compare and understand the differences between your plan options, including copays, deductibles, coinsurance, and the cost of covered services.

www.compareOEBBplans.com

Available now!

Explore Your Benefits

Learning about your OEBB benefits doesn't have to be boring!

Log on to this interactive learning tool to view videos, test your benefits knowledge, and earn wellness badges for smart wellbeing actions.

Best of all, your participation can earn a contribution to a charitable organization that supports education across Oregon.

www.OEBBExploreYourBenefits.com

Available August 2023

VISIT THE ONLINE VIRTUAL BENEFITS FAIR!

Everything you need to know about 2023–24 benefits can be found at OEGB's Virtual Benefits Fair. You will have the opportunity to:

- Learn about all of OEGB's benefit options
- Watch videos and review benefit summaries
- Connect directly with OEGB's vendor partners
- Enter to win a prize!

We're excited for you to explore. Enjoy!

What to Expect



Auditorium

Access on-demand presentations about your 2023–24 benefits



Vendor Partner Booths

Find education and resources about each vendor partner; connect with a vendor partner one-to-one



Benefit Enrollment Center

Understand what you need to do to enroll in OEGB's benefit plans



Wellness Center

Connect with OEGB's wellness resources so you can take care of your total self



Emotional Wellbeing Support Center

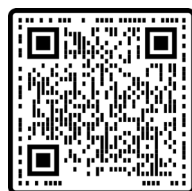
Get access to emotional wellbeing tools and resources when you need them most



Lobby

Use this entry point to find all the information you need about OEGB's benefits

Register today!



OUT-OF-AREA DEPENDENTS

Information on covering dependents who do not live with you:



Kaiser Permanente

Kaiser Permanente Medical Plans

Kaiser Permanente provides access to urgent and emergency care outside of the Kaiser Permanente network. Your Dependent 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 about this benefit by calling Membership Services at **800-813-2000**.

Kaiser Permanente Dental Plan

Dependents residing outside the service area can access emergency dental care from non-participating providers. Coverage for this benefit is limited to \$100 per incident. Non-emergency dental services will only be covered when they are provided by a Kaiser Permanente provider.

Kaiser Permanente Vision Plan

Non-emergency vision services will only be covered when they are provided by a Kaiser Permanente provider. Emergency vision services are covered under your Kaiser Permanente medical plan as described above.



Moda Health/Delta Dental

Moda Medical Plans

If a dependent lives outside the Connexus network area, the OEGB employee must update the dependent's address in the myOEGB system prior to the dependent seeking services. The dependent will be assigned Moda's national network, Aetna PPO through Aetna Signature Administrators,[®] except for dependents who live in Idaho or Alaska. New this year! Members who live in Idaho will use both the Connexus and the First Health networks. Members who live in Alaska will use the First Health Network.

See Page 31 for coordinated care and PCP 360 options.

To locate an in-network provider, call the Moda 360 Health Navigator team at **866-923-0409** or use FindCare and search by the applicable network (Aetna PPO through Aetna Signature Administrators,[®] Connexus, or First Health network).

Moda Vision Plans

Vision members can see any licensed provider but benefit dollars will go further if you use an in-network Moda provider, as Moda has discounted rates with in-network providers.

You can locate a Moda Vision provider by calling the Moda 360 Health Navigator Team at **866-923-0409** or use Find Care.

Delta Dental Premier Plans

Moda's Delta Dental Premier Network is the largest dental network in Oregon and is also available nationwide. Members enrolled in Delta Dental Plan 1, 5 or 6 should seek care from a Premier Network dentist to avoid balance billing for amounts above the maximum plan allowance.

Delta Dental Exclusive PPO Plans

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, use Find Care to search for an in-network Premier or PPO provider by network or call the Moda 360 Health Navigator Team at **866-923-0410**.



VSP

VSP Vision Plans

Members can find VSP Choice providers nationwide. Search for a provider at [vsp.com](https://www.vsp.com).



Willamette Dental Group

Willamette Dental Plan

Members can access care at any Willamette Dental Group office, nearly 50 office locations 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 OEGB 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 OEGB-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

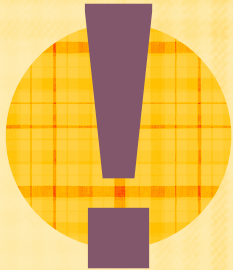
As a Reminder:

- Any coverage waived, declined, or canceled cannot be added back unless you are doing so because of gaining other OEGB 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, OEGB 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 OEGB coverage until they no longer meet eligibility or become eligible for Medicare.



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.

- 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.

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 **800-722-4134**.

Additional Resources for Early Retirees:

oregon.gov/oha/OEBB/Pages/Retiree-Guide.aspx

DEFINITIONS FOR BENEFIT TERMS

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.

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).

Copayment or Copay The fixed dollar amount you pay for certain services.

Deductible The amount you must pay each plan year before your insurance begins to pay for covered health care services you receive.

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

DEFINITIONS FOR BENEFIT TERMS



**We're
here to
help**

If you need help understanding these terms, call:

OEBB Member Services

888-4My-OEBB (888-469-6322)



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 the following plan year, although the benefit 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 better benefits by choosing and using a PCP 360. Use Moda Health’s online “FindCare” tool to learn which providers are “PCP 360” providers. Visit “FindCare” at modahealth.com/ProviderSearch/faces/webpages/home.xhtml.

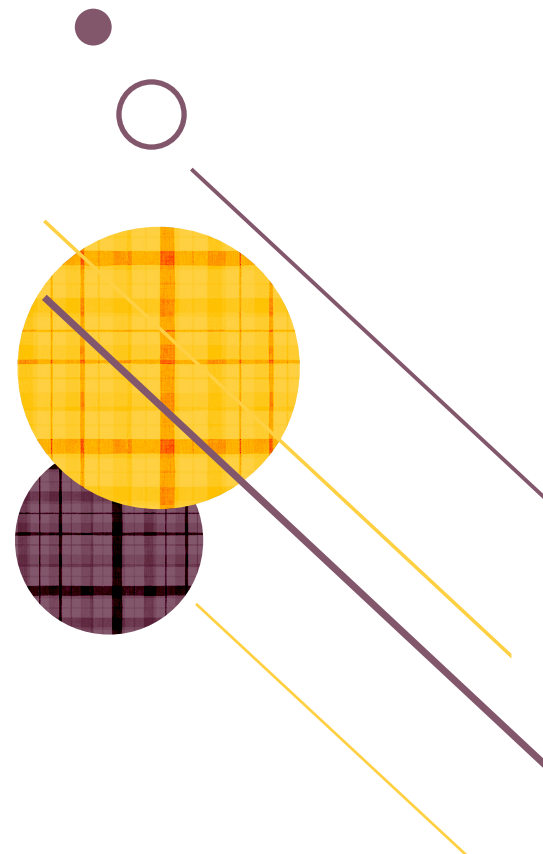
Pre-authorization (or Prior Authorization) An insurance plan requirement that covered services be approved by the plan prior to the date of service.

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: 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 OEBC.





888-469-6322
OEBBinfo.com



866-923-0409
modahealth.com/oebb



866-223-2375
mybenefits.kp.org/oebb



855-433-6825
willamettedental.com/oebb



800-877-7195
vsp.com

WHO YOU GONNA CALL?

A quick guide to “Who Does What” with your benefits

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 OEBC 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 OEBC.

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.

Focus on You

Many pieces of “you” create the full picture. OEBB offers a variety of wellness programs and services to help you keep the whole picture in balance. This includes health coaches, online and self-guided programs, webinars, and more—there’s something for everyone!

Physical Wellbeing

Take care of your body with resources to support good nutrition and exercise



Emotional Wellbeing

Maintain peace and balance in your life with support for your mental, emotional, and social wellbeing



Ongoing Health Conditions

Live your best life while managing an ongoing condition like diabetes, sleep apnea, arthritis, depression, and more



Financial Wellbeing

Get help with budgeting, reducing debt, improving your credit score, and preparing for your future



Need Help Now?

Get immediate help, 24/7

Visit [OEBBWellness.com](https://www.OEBBWellness.com) to learn more



Medical Benefits



Care centered around you

Care at Kaiser Permanente is tailored to your needs. The physician-led teams are 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.

Get coordinated care



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.



Connect with Kaiser

- In-person care
- 24/7 care advice
- Email, video, and phone options
- Kaiser Permanente app
- Telehealth (covered at no additional cost on most OEGB plans)

Visit kp.org/getcare for details.

Additional benefits

- Omada diabetes prevention program
- Alternative care (chiropractic, acupuncture, and naturopathic services) through The CHP Group network: chpgroup.com
- Gym discounts: kp.org/choosehealthy
- Healthy lifestyle programs: kp.org/healthylifestyles
- Wellness coaching: kp.org/wellnesscoach
- Mobile apps:
 - » Calm
 - » myStrength
 - » ginger

Find plan documents, enrollment materials, and other information about your benefits at mybenefits.kp.org/oebb



2023-2024 medical plan benefits	Plan 1		Plan 2B	Plan 3
Plan year deductible	None		\$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		\$4,500/individual ¹ \$13,500/family ²	\$6,550/individual ¹ \$13,100/family ²
Preventive care services	\$0		\$0	\$0
Prenatal care	\$0		\$0	\$0
Well-baby routine visits	\$0		\$0	\$0
Preventive tests	\$0		\$0	\$0
Primary care	\$20		\$30	20% after deductible
Specialty care	\$30		\$40	20% after deductible
Virtual care	\$0		\$0	0% after deductible
Outpatient surgery	\$75		20% after deductible	20% after deductible
Emergency room	\$100		20% after deductible	20% after deductible
Hospital inpatient care	\$100 per day, up to \$500 per admission max		20% after deductible	20% after deductible
Lab/X-ray/diagnostics	\$20		\$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	20% after deductible
Self-referred alternative care: chiropractic and acupuncture	\$20 20-visit limit for chiropractic 12-visit limit for acupuncture		\$30 20-visit limit for chiropractic 12-visit limit for acupuncture	20% after deductible 20-visit limit for chiropractic 12-visit limit for acupuncture

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.



High-quality, affordable coverage at a great value

Moda Health Plan, Inc. provides integrated, whole health plans with robust programs and services, including:

Robust network A wide choice of quality providers in Oregon, SW Washington, Idaho, and Northern California utilizing the Connexus Network

No referrals Referrals for specialists are not required for any of the Moda Health plans

All in one Medical, pharmacy, vision, and dental benefits by one health partner

Working together Team-based, coordinated care that's centered on you

Better benefit choices and better care

With Moda Health, you'll need to make two choices:

1. Which plan works best for you and your family
2. Whether you and your family members want to participate in Coordinated Care to receive the better benefits of:



A lower individual deductible



A lower individual out-of-pocket maximum



Lower cost for office visits, specialist visits, and alternative care visits



Coordinated care

Each plan comes with a 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" for your primary care services to receive the better benefits.

Each covered family member can choose if they want to participate in coordinated care, and if so, choose their own PCP 360. Whether or not you choose coordinated care, you will pay the same premium and share the same Connexus Network of providers and *referrals are not required.*

Moda 360

Every time you call Moda Health, you will be connected to the Moda 360 Health Navigator Team. The Health Navigator will help you:

- Schedule appointments
- Connect with care programs
- Assist with prior authorization
- Select a PCP 360
- Get support for claims and provider billing

Behavioral Health 360

The Behavioral Health 360 program gives you a whole new way to access mental health resources. This program includes dedicated Behavioral Health Champions to help you find the right mental health balance and support. The Behavioral Health Champion will help you:

- Help identify your needs
- Schedule appointments, assist with ensuring your provider is appropriate for your needs, and available
- Check-in after initial visit to ensure you feel your provider is a good fit
- Help access if you feel your treatment is working and follow-up as needed

Spring Health

Moda has partnered with Spring Health to give you access to telehealth services via phone, tablet, or computer that include:

- Mental health therapy
- Psychiatry
- Care navigation
- Digital cognitive behavioral therapy
- Visit benefits.springhealth.com/modahealth

Additional programs

- Meru Health: mobile mental health support
- CirrusMD - Text a doctor 24/7, and get private access to care. Visit cirrusmd.com/modahealth for more information
- Sword - A virtual physical therapy program for back, joint, and muscle pain that you can do from the comfort of your home or on the go. Visit enroll.swordhealth.com/oebb for more information
- Pre-D Program - The program is designed to help members who are at risk for developing type 2 diabetes. Visit modahealth.com/oebb/pre-d/ for more information

You can also access these additional resources by logging into Member Dashboard Account* at modahealth.com/memberdashboard

*Your Member Dashboard is a new personalized digital experience that puts the power of your health at your fingertips. Easy to use and accessible from anywhere, log in to connect to care and support that's tailored to your specific health needs.



2023-24 Medical plan benefit table	Medical Plan 1 Connexus Network		Medical Plan 2 Connexus Network	
	Coordinate your care for better benefits	With in-network, non-coordinated care, you pay	Coordinate your care for better benefits	With in-network, non-coordinated care, you pay
Plan-year costs				
Deductible per person / family	\$400 / \$1,500	\$500 / \$1,500	\$800 / \$2,700	\$900 / \$2,700
Out-of-pocket max per person ⁷	\$2,850	\$3,250	\$3,850	\$4,250
Out-of-pocket max per family ⁷	\$9,750		\$12,750	
Preventive care				
Incentive care office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)	\$15 copay ^{1,6}	20%	\$15 copay ^{1,6}	20%
Periodic health exams, routine women's exams, annual obesity screening, immunizations	\$0 ¹		\$0 ¹	
Professional services				
Primary care office visits	\$20 copay ^{1,2}	20%	\$20 copay ^{1,2}	20%
Primary care office visits with a provider other than your chosen PCP 360	\$40 copay ¹	N/A	\$40 copay ¹	N/A
Specialist office visits	\$40 copay ¹	20%	\$40 copay ¹	20%
Mental health office visits and Meru Health	\$20 copay ¹		\$20 copay ¹	
Chemical dependency services	\$20 copay ¹		\$20 copay ¹	
Virtual Care (CirrusMD telehealth)	\$0 copay ¹		\$0 copay ¹	
Alternative care services				
Acupuncture/chiropractic manipulation (subject to a combined 12 visit maximum per plan year) ⁵	\$20 copay ¹	20%	\$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%		\$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) ³	\$500 copay + 20%		\$500 copay + 20%	
Emergency care				
Urgent care visit	\$40 copay ¹	20%	\$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%	



2023-24 Medical plan benefit table	Medical Plan 3 Connexus Network		Medical Plan 4 Connexus Network	
	Coordinate your care for better benefits	With in-network, non-coordinated care, you pay	Coordinate your care for better benefits	With in-network, non-coordinated care, you pay
Plan-year costs				
Deductible per person / family	\$1,200 / \$3,900	\$1,300 / \$3,900	\$1,600 / \$5,100	\$1,600 / \$5,100
Out-of-pocket max per person ⁷	\$4,850	\$5,250	\$6,700	\$7,100
Out-of-pocket max per family ⁷	\$15,750		\$15,800	
Preventive care				
Incentive care office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)	\$20 copay ^{1,6}	25%	\$20 copay ^{1,6}	25%
Periodic health exams, routine women's exams, annual obesity screening, immunizations	\$0 ¹		\$0 ¹	
Professional services				
Primary care office visits	\$25 copay ^{1,2}	25%	\$25 copay ^{1,2}	25%
Primary care office visits with a provider other than your chosen PCP 360	\$50 copay ¹	N/A	\$50 copay ¹	N/A
Specialist office visits	\$50 copay ¹	25%	\$50 copay ¹	25%
Mental health office visits and Meru Health	\$25 copay ¹		\$25 copay ¹	
Chemical dependency services	\$25 copay ¹		\$25 copay ¹	
Virtual Care (CirrusMD telehealth)	\$0 copay ¹		\$0 copay ¹	
Alternative care services				
Acupuncture/chiropractic manipulation (subject to a combined 12 visit maximum per plan year) ⁵	\$25 copay ¹	25%	\$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) ³	\$500 copay + 25%		\$500 copay + 25%	
Emergency care				
Urgent care visit	\$50 copay ¹	25%	\$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%	



2023-24 Medical plan benefit table	Medical Plan 5 Connexus Network ⁵	
	Coordinate your care for better benefits	With in-network, non-coordinated care, you pay
Plan-year costs		
Deductible per person / family	\$2,000 / \$6,300	\$2,100 / \$6,300
Out-of-pocket max per person ⁷	\$6,800	\$7,200
Out-of-pocket max per family ⁷	\$15,800	
Preventive care		
Incentive care office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)	\$25 copay ^{1,6}	25%
Periodic health exams, routine women's exams, annual obesity screening, immunizations	\$0 ¹	
Professional services		
Primary care office visits	\$30 copay ^{1,2}	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 and Meru Health	\$30 copay ¹	
Chemical dependency services	\$30 copay ¹	
Virtual Care (CirrusMD telehealth)	\$0 copay ¹	
Alternative care services		
Acupuncture/chiropractic manipulation (subject to a combined 12 visit maximum per plan year) ⁵	\$30 copay ¹	25%
Maternity care		
Physician or midwife services and hospital stay	25%	
Outpatient and hospital services		
Inpatient care and outpatient hospital/facility care	25%	
Skilled nursing facility care (60 days per plan year)	25%	
Surgery	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%	
ACT 500: Spine surgery, knee and hip replacement, knee and shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 25%	
Gastric bypass (Roux-en-Y) ³	\$500 copay + 25%	
Emergency care		
Urgent care visit	\$50 copay ¹	25%
Emergency room (copay waived if admitted)	\$100 copay + 25%	
Ambulance	25%	
Other covered services		
Hearing aids and bone-anchored hearing aids – \$4,000 max/48 months for members 26 and older	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%	
Outpatient diagnostic lab and X-ray	25%	
Durable medical equipment	25%	

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

- ¹ Deductible waived. All amounts reflect member responsibility.
- ² To receive the copay benefit, members must see their chosen PCP 360.
- ³ 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. Travel benefits are available for services that are subject to reference pricing. Please see your handbook for more details.
- ⁴ 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 right 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 on the left if using an in-network provider.
- ⁵ 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.
- ⁶ Members must see their chosen PCP 360 or any in-network specialist to receive the copay benefit.
- ⁷ Medical copays, coinsurance, deductibles, ACT copays, and pharmacy expenses apply to the medical out of pocket maximum.

34 Medical Benefits

2023-24 Medical HDHP plan benefit table	Medical Plan 7 Connexus Network HDHP HSA Compliant ⁹	
	With in-network, non-coordinated care, you pay	Coordinate your care for better benefits
Plan-year costs		
Subscriber-only plan deductible ²	\$2,100	\$2,000
Family plan deductible ³	\$4,200	
Individual out-of-pocket max	\$6,750	\$6,500
Family plan out-of-pocket max ³	\$13,500	
Preventive care		
Incentive care office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)	25%	20% ¹¹
Periodic health exams, routine women's exams, annual obesity screening, immunizations	\$0 ¹	
Professional services		
Primary care office visits	25%	20%
Primary care office visits with a provider other than your chosen PCP 360	N/A	20%
Specialist office visits	25%	20%
Mental health office visits	25%	20%
Chemical dependency services	25%	20%
Virtual Care (CirrusMD telehealth)	\$0 copay	
Alternative care services		
Acupuncture/chiropractic manipulation (subject to a combined 12 visit maximum per plan year) ⁸	25%	20%
Maternity care		
Physician or midwife services and hospital stay	25%	20%
Outpatient and hospital services		
Inpatient care and outpatient hospital/facility care	25%	20%
Skilled nursing facility care (60 days per plan year)	25%	20%
Surgery	25%	20%
Sleep studies, specified imaging (MRI, CT, PET), upper endoscopy, spinal injections, viscosupplementation, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea	25%	20%
Spine surgery, knee and hip replacement, ⁵ knee and shoulder arthroscopy, uncomplicated hernia repair	25%	20%
Gastric bypass (Roux-en-Y) ⁴	\$500 copay + 25%	\$500 copay + 20%
Emergency care		
Urgent care visit	25%	
Emergency room	25%	20%
Ambulance	25%	20%
Other covered services		
Hearing aids and bone-anchored hearing aids — \$4,000 max/48 months for members 26 and older	25%	20%
Physical, occupational and speech therapy (including physical therapy performed in conjunction with alternative care) — <i>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.</i>	25%	20%
Outpatient diagnostic lab and X-ray	25%	20%
Durable medical equipment	25%	20%
Major medical prescription coverage ⁶	25%	20%
Value tier	\$4 per 31 day supply ¹	



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.

Plan 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 Plan 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.

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

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

You can receive significant savings by using the mail-order benefit.

You can fill a 90-day prescription for value, select generic, and 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 OEGB 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 OEGB members. Ardon Health provides free delivery of specialty medications for conditions including Crohn's disease, hepatitis C, multiple sclerosis, rheumatoid arthritis, and more. Go to ardonhealth.com or call Ardon Customer Service toll-free at 855-425-4085. TTY users, please call 711.



Pharmacy benefits

	Medical Plans 1-5 ⁴	Medical Plan 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%

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

*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.



Dental Benefits



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.



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.¹ 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.



Care from the comfort of your home

Members can take advantage of our virtual dentistry options, like email, phone visits, and video visits.^{2,3} Virtual dental visits let you talk to your care team about your dental symptoms and dental history and get advice for next steps – all without leaving your home.

¹ 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

² When members receive care from a Kaiser Permanente Dental provider; as appropriate and available.

³ Email capability is available for members with both Kaiser Permanente medical and dental coverage who are registered on kp.org. Video capability is currently available for orthodontic services.



2023-2024 dental plan benefits	Dental Plan ¹
Dental office visit copay ²	\$20
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, and 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](https://www.kp.org).

WILLAMETTE DENTAL ENROLLMENT BENEFITS



For more than 50 years, Willamette Dental has proudly partnered with public employers throughout the Pacific Northwest, offering high quality dental care and outstanding insurance coverage to more than 425,000 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 issues at hand.

QUICK FACTS



No annual maximum¹, no deductibles



9 out of 10 OEGB members highly recommend Willamette Dental



Services covered at predictable, low copays



Most offices open 7 a.m. to 5:30 p.m. Mon - Fri with Saturday appointments available



Affordable orthodontic coverage for adults and children

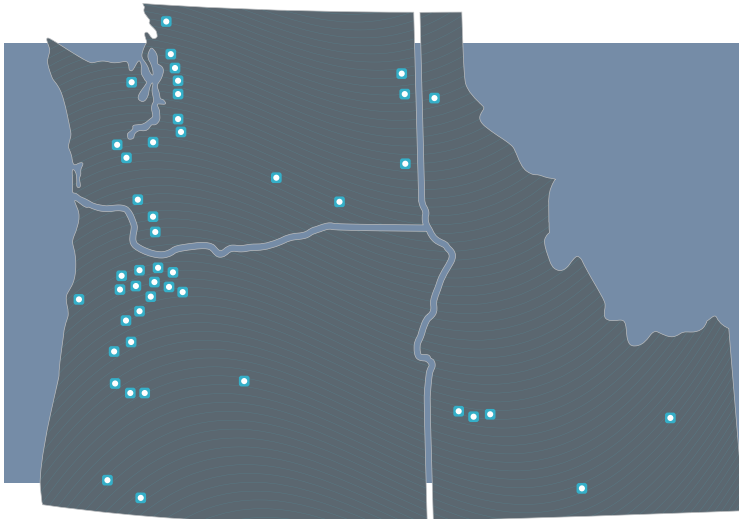


No copay changes for 2023 / 2024 plan year

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
- Nampa, ID
- Portland Metro (12 locations)
- Richland, WA
- Salem, OR (2 locations)
- Springfield, OR (2 locations)
- Vancouver, WA (2 locations)

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

019-OR91(5/23) Underwritten by Willamette Dental Insurance, Inc.



WILLAMETTE DENTAL PLAN BENEFIT SUMMARY

To receive the excellent benefits of the Willamette Dental plan, members must use a Willamette Dental 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 DENTISTRY³	
Fillings	Covered with the Office Visit Copay
Porcelain-Metal Crown	You Pay a \$250 Copay ⁴
PROSTHODONTICS³	
Complete Upper or Lower Denture	You Pay a \$100 Copay ⁴
Bridge (per Tooth)	You Pay a \$250 Copay ⁴
ENDODONTICS & PERIODONTICS³	
Root Canal Therapy - Anterior / Bicuspid / Molar	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 SURGERY³	
Routine Extraction (Single Tooth)	Covered with the Office Visit Copay
Surgical Extraction	You Pay a \$50 Copay
ORTHODONTIA TREATMENT³	
Pre-Orthodontia Treatment	You Pay a \$150 Copay ⁵
Comprehensive Orthodontia Treatment	You Pay a \$2,500 Copay
DENTAL IMPLANTS³	
Dental Implant Surgery	Implant benefit maximum of \$1,500 per calendar year
MISCELLANEOUS³	
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

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



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
- 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.

Oral health can improve overall health

With the combination of a medical plan from Moda Health and a dental plan from Delta Dental, you'll get coordinated care and service that can address and combat health issues that start in your mouth, such as:

- Diabetes
- Coronary heart disease
- Cerebrovascular disease

With Moda 360 integrated medical and dental care, you get integrated disease management, education, and everything you need to take care of yourself from head to toe.

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 2,200 providers in Oregon and over 154,000 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 PPOSM Network

This is one of the largest preferred provider organization (PPO) dental networks in Oregon and across the country. It includes more than 1,200 participating providers in Oregon and offers access to over 113,000 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 cover for services provided by a Premier or non-contracted dentist.

Preventive First:

With Preventive First, this program means preventive services do not accrue towards the annual benefit maximum. Leaving additional dollars for OEGB members to use towards basic and major services!

HEALTH THROUGH ORAL WELLNESS

When it comes to oral health, we know some people need more care than others. Delta Dental of Oregon's Health through Oral Wellness® 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.

With extra benefits and related care, you can:

- Take charge of your oral health
- Prevent oral health issues before they happen
- Access resources to manage your oral health
- Learn how to achieve and maintain better oral wellness

Ready to get started?

Follow these simple steps to 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.



2023-24 Dental plan benefit table	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
Out-of-network benefits included	✓	✓	✓	✗	✗
Preventive* and diagnostic services¹					
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%

Preventive costs will not accrue toward the benefit maximum.

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



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.

2023-24 Vision plan benefit table	Opal	Pearl	Quartz
Benefit maximum	\$600	\$400	\$250
	What you pay		
Eye examinations (including refraction) <i>Frequency: Once per plan year</i>		0% ¹	
Lenses ² <i>Frequency: Contacts (including disposable contacts) or one pair of lenses per plan year</i>		0% ¹	
Frames <i>Frequency: One pair per plan year for members under 17 years old. One pair every two plan years for members 17 and older.</i>		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 and refer to your Member Handbook.



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**).

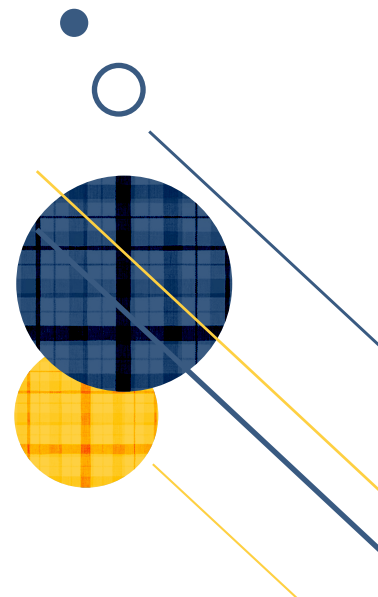
Getting care in Lane County

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





2023-2024 vision plan benefits*	Plan 1		Plan 2B	Plan 3
Vision exam	\$5		\$5	20% after deductible
Hardware allowance – once per plan year				
Frames, lenses, and contact lenses	\$250		\$250	\$250
Additional benefits				
50/50 Protection Plan	Members can return their damaged, broken, or chewed glasses purchased at Kaiser Permanente Vision Essentials, and we'll apply 50% of the original price paid to replace them.			
Second pair of complete glasses	Save 30% on a second complete set of eyeglasses. Choose from styles that are made for different purposes, like sports glasses, reading glasses, blue-blocking computer glasses, and safety glasses.			

Don't forget to make use of your hardware allowance

\$100 of OEBB members' \$250 hardware allowance may be used toward nonprescription sunglasses and/or digital eyestrain glasses.

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](https://www.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.



CREATE YOUR ACCOUNT ON VSP.COM*

Log in to confirm in-network locations. Contact us at **833-506-0376**.



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

Open enrollment is here! Enroll in VSP to take care of your eyes and overall health. With two VSP plans to choose from, you can show your eyes the love they deserve.

The choice is yours - stick with the VSP Choice Plan® or upgrade to the VSP® Choice Plus Plan to save more on frames or contacts.

GET THE BASICS WITH THE VSP CHOICE PLAN

You get access to quality eye care and eyewear all at low out-of-pocket costs:

- Annual WellVision Exam®
- Glasses or contacts
- VSP 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 to the VSP Choice Plus Plan, you'll get all the above basics, plus a whole lot more.

HERE'S A LOOK AT THE VSP CHOICE PLUS PLAN

- **VSP 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



Get the details. View your member benefit summary on the next page.



VSP Choice Plus Plan		VSP Provider Network: VSP Choice	
Benefit	Description	Copay	
VSP CHOICE PLUS PLAN Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Once per plan year 	\$10	
Prescription Glasses		\$20	
Frame	<ul style="list-style-type: none"> \$350 featured frame brands allowance \$300 frame allowance 20% savings on the amount over your allowance \$165 Walmart/Sam's Club/Costco frame allowance Once per plan year 	Included in Prescription Glasses	
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Once per plan year 	Included in Prescription Glasses	
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Impact-resistant lenses Scratch-resistant coating UV protection Premium progressive lenses Custom progressive lenses Anti-glare coating Average savings of 30% on other lens enhancements Once per plan year 	\$0 \$0 \$0 \$0 \$15 \$15 \$15	
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$300 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Once per plan year 	Up to \$60	
VSP LightCare	<ul style="list-style-type: none"> \$300 allowance to ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Once per plan year 	\$20	

VSP Choice Plan		VSP Provider Network: VSP Choice	
Benefit	Description	Copay	
VSP CHOICE PLAN Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Once per plan year 	\$10	
Prescription Glasses		\$20	
Frame	<ul style="list-style-type: none"> \$200 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Walmart/Sam's Club/Costco frame allowance Once per plan year 	Included in Prescription Glasses	
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Once per plan year 	Included in Prescription Glasses	
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Scratch-resistant coating UV protection Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Once per plan year 	\$0 \$0 \$0 \$95 - \$105 \$150 - \$175	
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Once per plan year 	Up to \$60	
VSP LightCare	<ul style="list-style-type: none"> \$150 allowance to ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Once per plan year 	\$20	

Essential Medical Eye Care	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more Coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 Per Exam Available As Needed	
Vision Therapy	<ul style="list-style-type: none"> You get a fully covered evaluation and 75% off approved therapy sessions up to \$750 annually. Sessions cover diagnosis and treatment of turned eye, eye teaming, lazy eye, eye focusing, and general eye movement ability. Check with your doctor to see if you qualify. 	\$20	
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> 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 provider within 12 months of your last Well Vision Exam. 		
	Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

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 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.

Log in to vsp.com to find an in-network provider based on your plan type.

CONTACT OEGB

Phone: **888-4My-OEBB** (888-469-6322)

During Open Enrollment (August 15-September 15):
Monday-Friday, 7 a.m.-6 p.m.

All other dates: Monday-Friday, 8 a.m.-5 p.m.

Email: **oebb.benefits@odhsosha.oregon.gov**

Online:

Explore OEGB benefits at **OEBBinfo.com**

Enroll in OEGB benefits at **OEBBEnroll.com**

Sign up for text or email reminders at **OEBBreminders.com**

Discover OEGB wellbeing programs and services at **OEBBwellness.com**

Alternative Formats

You can get this document in other languages, large print, braille, or a format you prefer. Contact OEGB at **888-469-6322**.

