## OEBB 2020-21 Open Enrollment Presentation

Moda Health

### Medical and Pharmacy

Moda Health

#### Plans and network options

- All Moda medical plans 1-7 will use the large Connexus network
  - Service area is statewide
  - Coordinated and non-coordinated-care options
- Retirees & COBRA members living outside of the Connexus service area use Moda's rental networks:
  - First Choice Health Network (FCH) for residents in Washington and Montana (excluding southwest Washington).
  - Endeavor Providence for residents of Alaska.
  - The Private HealthCare Systems (PHCS) is available to residents of all other states
- To search for in-network providers, you can use Moda's online provider directory Find Care or call Moda customer service

#### Moda medical plan

| Medical<br>Plan                  | Deductible  |                      | Out-of-pocket        |                      | Primary care      |                     | Specialist care   |                     | Urgent care       |                     |
|----------------------------------|-------------|----------------------|----------------------|----------------------|-------------------|---------------------|-------------------|---------------------|-------------------|---------------------|
|                                  | Coordinated | Non-<br>coordinated  | Coordinated          | Non-<br>coordinated  | Coordinated       | Non-<br>coordinated | Coordinated       | Non-<br>coordinated | Coordinated       | Non-<br>coordinated |
| Plan 1 <sup>2</sup>              | \$400       | \$500                | \$2,850              | \$3,250              | \$20 <sup>1</sup> | 20%                 | \$40 <sup>1</sup> | 20%                 | \$40 <sup>1</sup> | 20%                 |
| Plan 2 <sup>2</sup>              | \$800       | \$900                | \$3,850              | \$4,250              | \$20 <sup>1</sup> | 20%                 | \$40 <sup>1</sup> | 20%                 | \$40 <sup>1</sup> | 20%                 |
| Plan 3 <sup>2</sup>              | \$1,200     | \$1,300              | \$4,850              | \$5,250              | \$25 <sup>1</sup> | 25%                 | \$50 <sup>1</sup> | 25%                 | \$50 <sup>1</sup> | 25%                 |
| Plan 4 <sup>2</sup>              | \$1,600     | \$1,700              | \$6,700              | \$7,100              | \$25 <sup>1</sup> | 25%                 | \$50 <sup>1</sup> | 25%                 | \$50 <sup>1</sup> | 25%                 |
| Plan 5 <sup>2</sup>              | \$2,000     | \$2,100              | \$6,800              | \$7,200              | \$30 <sup>1</sup> | 25%                 | \$50 <sup>1</sup> | 25%                 | \$50 <sup>1</sup> | 25%                 |
| Plan 6 <sup>2</sup> HSA Optional | \$1,600²    | \$1,700²             | \$6,400 <sup>2</sup> | \$6,750 <sup>2</sup> | 15%               | 20%                 | 15%               | 20%                 | 15%               | 20%                 |
| Plan 7 <sup>2</sup> HSA Optional | \$2,000²    | \$2,100 <sup>2</sup> | \$6,500 <sup>2</sup> | \$6,750 <sup>2</sup> | 20%               | 25%                 | 20%               | 25%                 | 20%               | 25%                 |

<sup>&</sup>lt;sup>1</sup> Deductible waived

<sup>&</sup>lt;sup>2</sup> If enrolled in a Moda medical plan, each covered individual must choose a PCP 360 with Moda for that individual to receive the enhanced "coordinated" benefit under that plan when using a provider in the Connexus network. If an individual has not chosen a PCP 360 with Moda, they will receive the "non-coordinated" benefit shown in the right column if using a provider in the Connexus network

## How to participate in coordinated care and receive enhanced benefits

Choose a PCP 360 with Moda

A PCP 360 is a primary care provider who is willing to partner with you and provide high quality care with lower out-of-pocket costs

Each member of your family gets a choice

Each enrolled member can choose their own PCP 360 and whether or not they would like to participate in coordinated care

Use your PCP 360 for all of your primary care needs

No referrals required to see specialists

Choose a PCP 360 at any time during the year

Enhanced benefits are effective as of the first of the same month in which you make the selection

Premium is the same for coordinated care or non-coordinated care

Receive an enhanced benefit level when you choose coordinated care

#### How to choose a Moda PCP 360



Call Moda Customer Service 866-923-0409



Log in to your Member Dashboard

Each enrolled member can choose their own PCP 360

The subscriber of the plan may also choose a PCP 360 for all covered members, including their spouse and dependents, even if they are over the age 18

#### Member Open Enrollment Process

## Existing Coordinated Care Members

- If you 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 to re-select a PCP 360.
- If you are on coordinated care and are changing Moda plans, you will also stay on the coordinated care benefit level and do not have to re-select a PCP 360.

#### Existing Non-Coordinated Care Members

• If you are an existing member who would like to participate in coordinated care, you can login to your member dashboard or call customer service to choose a PCP 360 at any time.

#### **New Members**

 If you are a new member enrolling in a Moda plan, you will want to wait until you receive your welcome packet with your ID card to create your member dashboard to choose your PCP 360 by using the link you see here at <a href="https://www.modahealth.com/memberdashboard">https://www.modahealth.com/memberdashboard</a> or call customer service.

## High deductible health plans 6 and 7 overview

- High Deductible Health Plans (HDHPs) can be paired with a Health Savings Account (HSA), but members are not required to contribute to an HSA to be enrolled in plans 6 and 7
- Preventive services covered in full; all other services are subject to the deductible and coinsurance
  - This also includes any pharmacy expenses with the exception of any value-tier drugs
- Members covering one or more dependents must meet their family deductible first
- Deductible and coinsurance both accrue towards the member's out-of-pocket maximum

#### Incentive care benefits

 Members on coordinated care with chronic conditions such as asthma, heart conditions, cholesterol, high blood pressure and diabetes have an incentive care office visit benefit

| Medical                     | Incentive Care Office Visit |                 |  |  |  |
|-----------------------------|-----------------------------|-----------------|--|--|--|
| Plan                        | Coordinated                 | Non-Coordinated |  |  |  |
| Plan 1 <sup>2</sup>         | \$15 <sup>1</sup>           | 20%             |  |  |  |
| Plan 2 <sup>2</sup>         | \$15 <sup>1</sup>           | 20%             |  |  |  |
| Plan 3 <sup>2</sup>         | \$20 <sup>1</sup>           | 25%             |  |  |  |
| Plan 4 <sup>2</sup>         | \$20 <sup>1</sup>           | 25%             |  |  |  |
| Plan 5 <sup>2</sup>         | \$25 <sup>1</sup>           | 25%             |  |  |  |
| Plan 6 <sup>2</sup><br>HDHP | 15%                         | 20%             |  |  |  |
| Plan 7 <sup>2</sup><br>HDHP | 20%                         | 25%             |  |  |  |

<sup>&</sup>lt;sup>1</sup> Deductible waived

<sup>&</sup>lt;sup>2</sup> If enrolled in a Moda medical plan, each covered individual must choose a PCP 360 with Moda for that individual to receive the enhanced "coordinated" benefit under that plan when using a provider in the Connexus network. If an individual has not chosen a PCP 360 with Moda, they will receive the "non-coordinated" benefit shown in the right column if using a provider in the Connexus network

## Pharmacy benefits

|                       | Medical Plans 1-5                  | Medical Plans 6-7      |                                    |  |
|-----------------------|------------------------------------|------------------------|------------------------------------|--|
| Out-of-pocket maximum | Accrues towards maximum cost share | Accrues towards        | s out of pocket max                |  |
|                       |                                    | Coordinated care       | Non-Coordinated care               |  |
| Value                 | \$4 per 31-day supply              | \$4° per 31-day supply | \$4 <sup>*</sup> per 31-day supply |  |
| Select generic        | \$12 per 31-day supply             | 20%                    | 25%                                |  |
| Preferred Brand       | 25% up to \$75 per 31-day supply   | 20%                    | 25%                                |  |
| Non-preferred brand** | 50% up to \$175 per 31-day supply  | 20%                    | 25%                                |  |
| Mail                  |                                    |                        |                                    |  |
| Value                 | \$8 per 90-day supply              | \$8° per 90-day supply | \$8 <sup>*</sup> per 90-day supply |  |
| Select generic        | \$24 per 90-day supply             | 20%                    | 25%                                |  |
| Preferred Brand       | 25% up to \$150 per 90-day supply  | 20%                    | 25%                                |  |
| Non-preferred brand** | 50% up to \$450 per 90-day supply  | 20%                    | 25%                                |  |
| Specialty             |                                    |                        |                                    |  |
| Preferred brand       | 25% up to \$200 per 31-day supply  | 20%                    | 25%                                |  |
| Non-preferred brand** | 50% up to \$500 per 31-day supply  | 20%                    | 25%                                |  |

<sup>\*</sup> Deductible waived

<sup>\*\*</sup> A formulary exception must be approved for non-preferred brand prescription medication

#### Out-of-area coverage

#### College students

Dependents who live *part-time* outside of the Connexus Network service area (like college students) can still choose a PCP 360 for coordinated care and receive enhanced benefits

- Members must update the dependent's address in myOEBB for access to our travel network for in-network benefits away from home
- Primary care outside of the Connexus Network service area, from someone other than their designated PCP 360, will be at the "not my chosen PCP 360" level

#### Other members

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

#### Moda 360

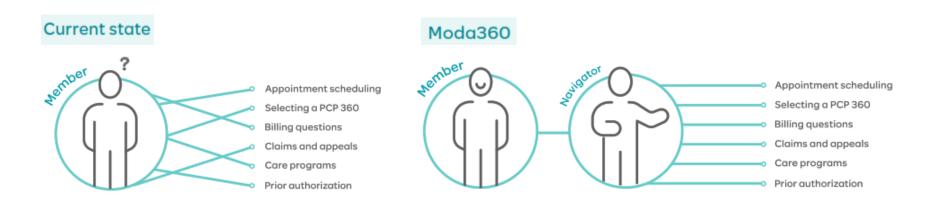
#### New!

An enhanced member support team known as Moda 360

- You will be connected with a Moda 360 health navigator when calling the Moda Health OEBB customer service number
- The navigator will assist you with any questions you may have, but will also serve as your guide to connect you with the care, resources and programs that best fit you and your family's needs
- This benefit will be available on all Moda medical plans 1 through 7 for both coordinated care and non-coordinated care benefit levels starting October 1, 2020

#### Moda 360

- Moda 360 is a dedicated team of navigators who help identify, coordinate and connect resources available to you and your family:
  - Personalized support for chronic conditions
  - Coordination with the member's PCP
  - Telemedicine expansion
  - Behavioral health



#### Moda 360 – telemedicine expansion



- New Telemedicine App
  - Allows members the ability to text/chat with a provider at no cost-sharing:
    - You have the ability convert your text to a call,
       video and even upload photos
    - Providers can also prescribe medication
  - Provides member convenience and flexibility
  - Provides access 24 hours a day, 7 days a week
    - Accessible in all 50 states



#### Moda 360 – behavioral health





Cognitive behavioral therapy delivered remotely



Clinical team of providers – therapists, psychiatrists



Digital application for metabolic tracking – nutrition, activity, calories

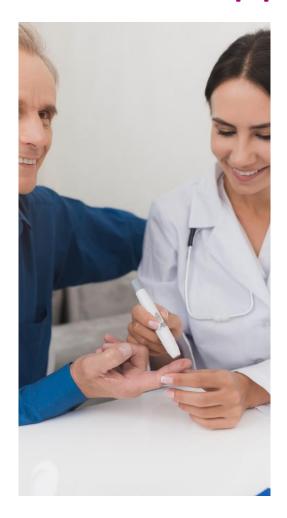


Exercise and reminders for care



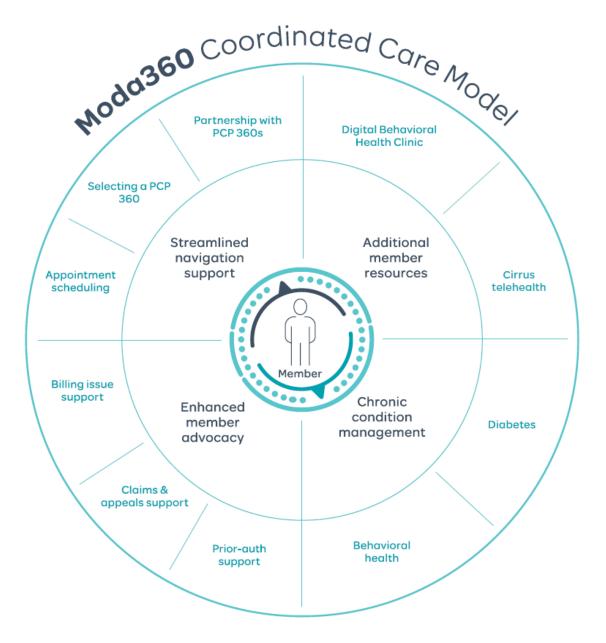
Moda 360 navigators support data exchange and care management between the member and PCP 360

#### Diabetes support



- A personalized approach to diabetes management
- Digital app-based solutions that provide support for diabetic members
- These solutions are to support member-specific diabetes management for better overall health

#### Moda 360



#### Other medical changes

#### Prior Authorization Changes (eviCore)

- Initial waiver visits are increasing from 6 to 12 visits for physical therapy, speech therapy and occupational therapy
- Prior authorizations will no longer be required for acupuncture and spinal manipulation. These services will now be limited to 12 combined visits per plan year.

#### Specialty Lite Program

- Allows 90-day fills for select specialty medications
- Cost-sharing will match the current mail-order benefit of 2 times the copay/coinsurance

#### Vision

Moda Health

### Vision plan options – no changes

| Vision Plan Options   | Opal  | Pearl | Quartz |  |  |
|---|-------|-------|--------|--|--|
| Benefit Maximum   | \$600 | \$250 |        |  |  |
| What members pay  |       |       |        |  |  |
| Eye examinations Frequency: Once per plan year  |       | 0%    |        |  |  |
| Lenses Frequency: Contacts or one pair of lenses per plan year  |       | 0%    |        |  |  |
| Frames Frequency: One pair per plan year for members under age 17; One pair per every two plan years for members age 17 and older | 0%    |       |        |  |  |

#### Vision – key things to remember

- You may see any licensed ophthalmologist, optometrist or optician
- Receive discounted rate from a Moda-contracted provider (use Find Care Moda's online provider directory)
- Benefits run on a plan year basis (Oct. 1 Sept. 30)
- Benefit maximum includes exam and hardware

#### **Dental**

Delta Dental

#### Delta Dental plans overview

- No plan changes
- We continue to offer Plans 1, 5, 6 and the Exclusive PPO
- Exclusive PPO
  - \$1,500 constant plan
  - Uses Delta Dental PPO Network
  - No out-of-network benefits; you <u>must</u> use a PPO provider on this plan
- Members on plans 1 or 5 incentive level will not decrease and will remain the same for the 2020-21 PY if they were unable to see a dental provider for the 2019-20 plan year

## Dental plan options

| Plan Options  | <b>Plan 1</b> (incentive) | <b>Plan 5</b><br>(incentive) | Plan 6     | Exclusive PPO |  |  |
|---|---------------------------|------------------------------|------------|---------------|--|--|
| Network   |                           | Delta Dental PPO             |            |               |  |  |
| Deductible  | \$50                      | \$50                         | \$50       | \$50          |  |  |
| Benefit Maximum   | \$2,200                   | \$1,700                      | \$1,200    | \$1,500       |  |  |
| In-network, members pay                                   |                           |                              |            |               |  |  |
| Preventive/diagnostic                                     | 30% - 0%                  | 30% - 0%                     | 0%         | 0%            |  |  |
| Restorative   | 30% - 0%                  | 30% - 0%                     | 20%        | 10%           |  |  |
| Major Restorative - Crowns/onlays                         | 30% - 0%                  | 30%                          | 50%        | 20%           |  |  |
| Prosthodontic<br>-Implants                                | 30% - 0%<br>30% - 0%      | 50%<br>50%                   | 50%<br>50% | 20%<br>20%    |  |  |
| Orthodontic<br>(Lifetime maximum - \$1,800)               | 20%                       | 20%                          | N/A        | 20%           |  |  |
| Occlusal guards (night guards* and athletic mouth guards) | 50%                       | 50%                          | 50%        | 50%           |  |  |
| Nitrous Oxide   | 50%                       | 50%                          | 50%        | 50%           |  |  |

#### **Delta Dental Networks**

- The Delta Dental Premier Network (Plans 1, 5 and 6) is the largest dental network in Oregon and nationwide
  - Over 2,400 providers in Oregon & over 156,000 providers nationwide
- The Exclusive PPO plan uses the Delta Dental PPO Network
  - Over 1,300 providers in Oregon and over 112,000 providers nationwide
  - You must use a Delta Dental PPO provider and there is no out-ofnetwork benefits for this plan

### Health through Oral Wellness® (HtOW)

- All OEBB members have access to the HtOW program
  - A patient-centered wellness program that helps you maintain better oral health through a risk assessment, education and additional evidence-based preventive care
- Providers participating in the program use an oral health assessment to find out your risk of tooth decay, gum disease and oral cancer
- You may qualify for the following services depending on your risk score:
  - Additional cleanings
  - Fluoride treatment
  - Sealants
  - Periodontal maintenance
  - Nutritional counseling
- To see which providers are participating in HtOW, there is a green badge shown in Find Care
- For more details on HtOW please see our website: <u>deltadentalor.com/oralwellness/members/</u>



#### Member Resources

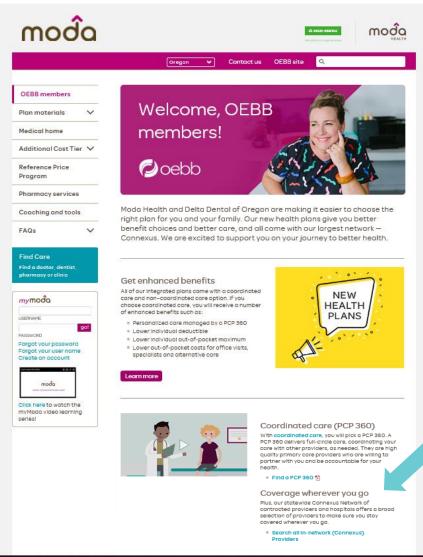
Moda Health/Delta Dental

#### modahealth.com/oebb

Want to learn more about health coaching?



Choosing your PCP 360? You'll need to log in to your Member Dashboard account and follow the instructions



Looking for a PCP 360?

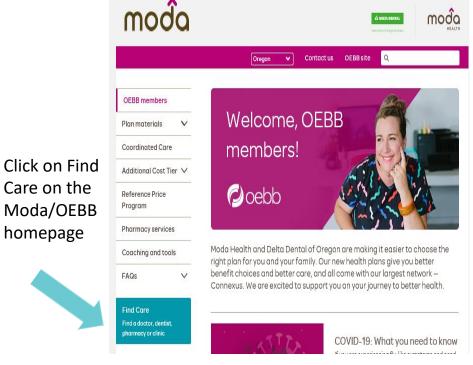
# Member Dashboard (myModa) – your personal website

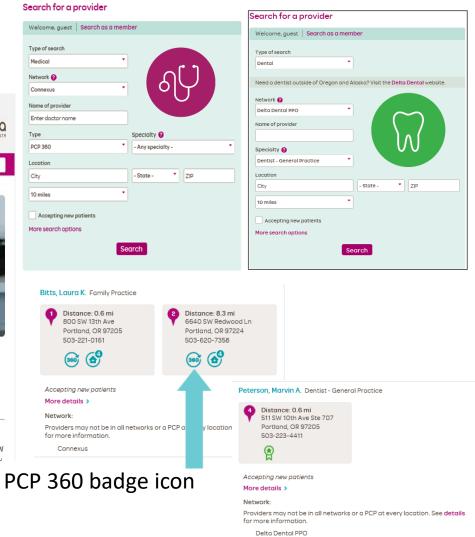
- See your benefits & Member Handbook
- Choose a PCP 360
- Check claims and review electronic explanations of benefits (EOB)s
- Download your member ID card
- Healthcare Cost Estimator tool
- Access member care resources
  - Health coaching
  - Prescription Price Check
  - Healthcare Cost Estimator

## Find Care – Moda's online provider

directory

Search for providers in your network





#### **Moda Customer Service**

Available Monday through Friday from 7:30 a.m. to 5:30 p.m Pacific time.

Medical/Vision 866-923-0409

Pharmacy 866-923-0411

Dental 866-923-0410

Or email Moda at <a href="mailto:OEBBquestions@modahealth.com">OEBBquestions@modahealth.com</a>