

2023



Choose a better experience
with your **health insurance**



Better value and a
better experience with
the flexibility you want

When you choose Moda Health and Delta Dental Plan of Oregon, you'll receive high-quality insurance, more freedom, expert guidance and curated wellness services, tools and programs.



Proven
with nearly 70 years of
offering insurance plans
in the Pacific Northwest

Plans that put *you first*



Your personal member support team

Rely on your **Moda 360 team**, who puts you at the center with care reminders, healthcare tips, advice and guidance through the confusing and sometimes stressful parts of healthcare.



A wide medical network, with 24/7 doctor access

Enjoy more choices and more access, including the **CirrusMD app**, so you can connect to a doctor in under a minute, anytime, anywhere, at no cost and **Meru Health**, which provides one-on-one health coaching for depression and lifestyle changes.



 **DELTA DENTAL**

One of the largest networks of dentists

Experience top-of-the-line dental care from one of the largest networks of dentists in Oregon and across the country.



Quality prescription benefits

Get comprehensive prescription drug coverage that reflects the most current industry standards, giving you flexibility and choice, with value, select generic, and preferred medication categories. Save with 90-day prescription mail-order and take advantage of Ardon Health, the mail-order specialty pharmacy exclusively for PEBB members with certain chronic conditions.



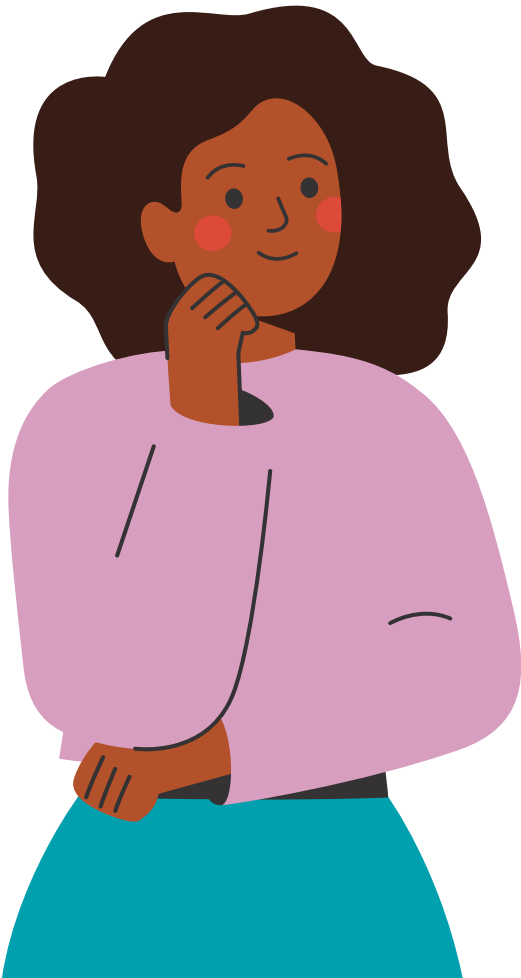
Choose a better experience.

Enroll in medical and/or dental today at pebbbenefits.oha.oregon.gov/

Make a *better choice*

Insurance can be confusing. We want to make the experience better for you by helping you understand your choices.

When selecting your plan, you want to know:



Is my provider a **PCP 360** provider?

Learn more on page 7.



Are my medications covered?

Look them up on the medication search page at modahealth.com/pebb/



Do I need a referral to see a specialist?

No referrals are needed for in-network specialist visits or alternative care, which means no need to get permission from your PCP or health plan to see these specialists!



My kids are attending college out-of-state, are they covered?

Yes! Moda Health insures your out-of-state dependents through Aetna PPO® through Aetna Signature Administrators®, except for members who live in Idaho and Alaska.

OOA dependents who live in Idaho will continue to the Synergy and First Health network.

OOA dependents who live in Alaska will continue to the First Health network.



Am I covered if I need medical assistance outside of Oregon?

Yes! Your plan includes travel network benefits.



Ready to choose?

Make your selection at pebbbenefits.oha.oregon.gov/



Flexible
and easy

better benefit choices,
better care and
a better network

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

Healthcare can be complicated. We're here to make it better for you by putting you in the center of everything we do. ***We do this with Moda 360 and PCP 360.***





Moda 360 Health Navigators can be your guide

Moda 360 Health Navigators understand the healthcare system, your benefits, and how everything works and can guide you through getting the best care.



Moda 360 Health Navigators can help you with:

- Signing up for a PCP 360 for coordinated care
- Scheduling appointment support
- Connection to care programs for chronic conditions
- Integrating your dental health into your overall health plan
- Understanding claims and billing



PCP 360 providers can coordinate your care

A PCP 360 is a primary care provider who has agreed to partner with you and be accountable for your health. They deliver full-circle care.



Choosing a PCP 360 provider means you will receive:

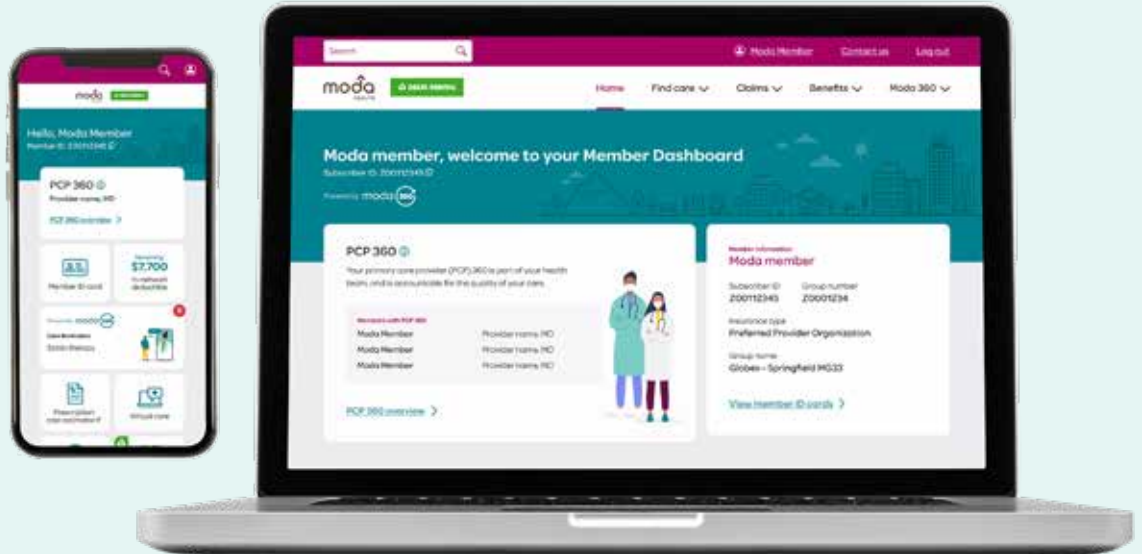
- Coordination with other providers as needed (let us make all the phone calls for you!)
- 24/7 medical advice by phone
- No referrals needed for specialists or alternative care
- Hospital coordination, if needed
- Wellness support and health education



To see if your provider is a PCP 360, head to modahealth.com/pcp360.

Member perks

Log in to your Member Dashboard to access health tools, member perks, and information about your account.



Message a Health Navigator instantly, with the **new chat feature**



Text a doctor, 24/7, and get private access to care in under a minute with **CirrusMD**, a nationwide telehealth option, at no member cost share

CIRRUS MD



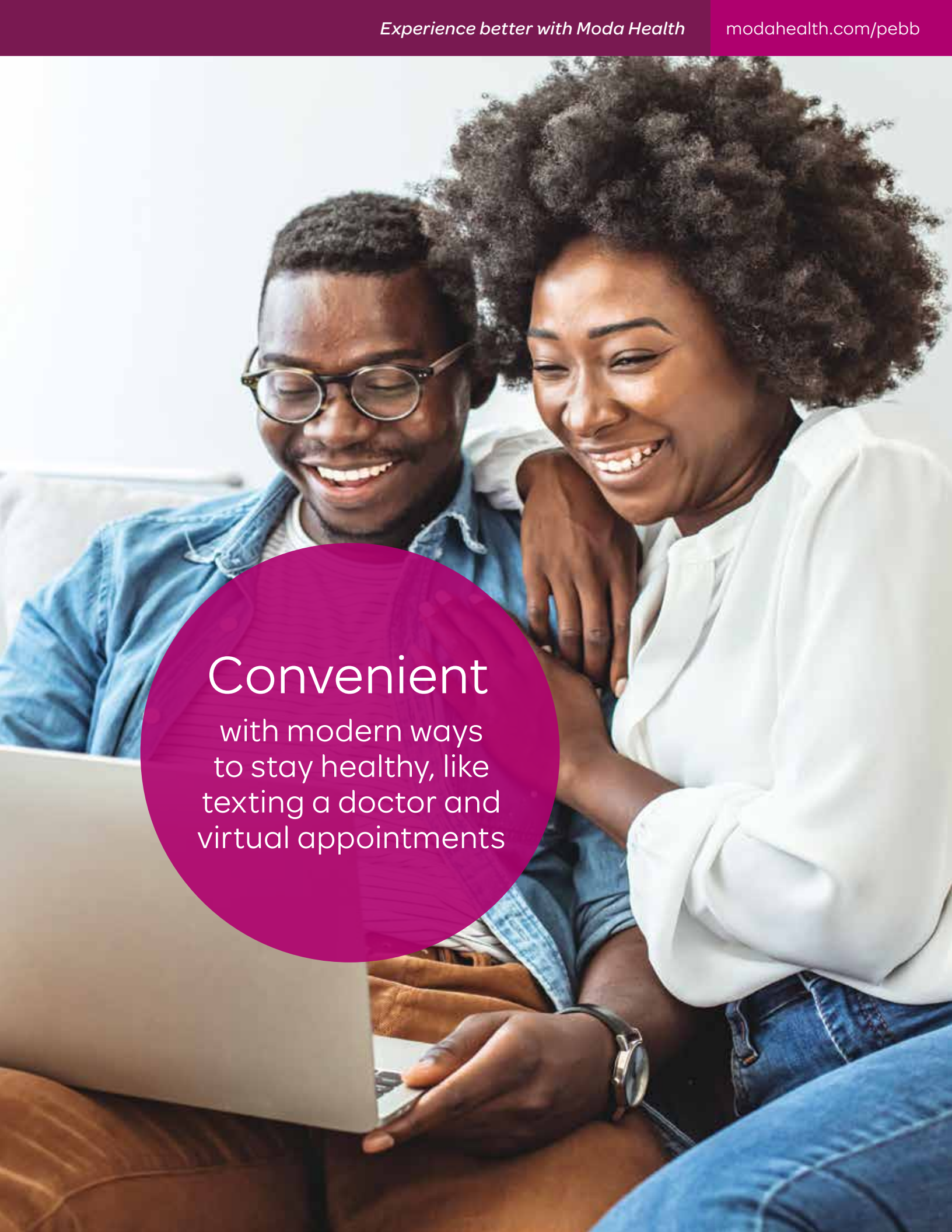
Get confidential support for depression, anxiety or burnout with **Meru Health**, a digital app that connects you to mental healthcare, at no member cost share after the initial consultation



Find your out-of-pocket cost for future care with the online **Healthcare Cost Estimator**



Stay fit and access special gym benefits with **Active&Fit Direct™**, available for a small monthly charge



Convenient
with modern ways
to stay healthy, like
texting a doctor and
virtual appointments



Ready to choose?

Make your selection at pebbbenefits.oha.oregon.gov

Quality coverage *for your smile*

When all you need is dental insurance, we've got you covered.

With our dental plans, you'll have access to Delta Dental, one of the nation's largest dental networks. That means you can choose from thousands of dentists across the state and the country. (See the full network on page 13)



Savings from in-network dentists



Cleanings twice per calendar year

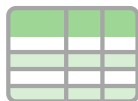


Superior customer service



Freedom to choose a dentist

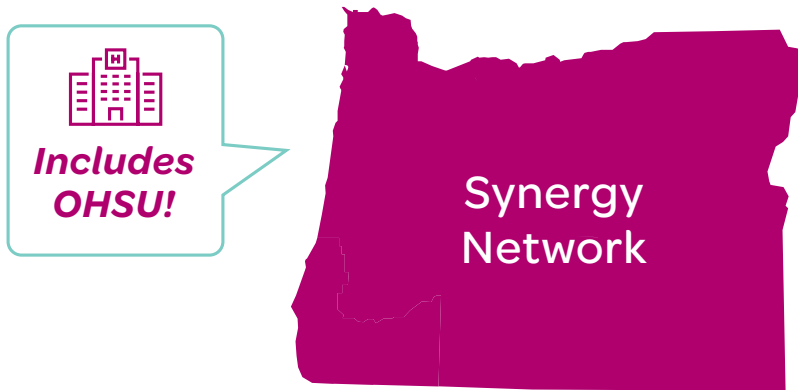
Our dental plans also include **useful online tools**, resources and special programs for those of you who may need extra attention for your pearly whites.



Review your dental plan
options on page 19

A network that *connects you to care*

For your medical care needs, we've carefully selected a community of primary care providers (PCP 360s), specialists and partner health systems, so you'll have better value and better care.



Getting care outside the network: If you live outside the Synergy Network or want peace of mind when traveling, our national network has you covered.

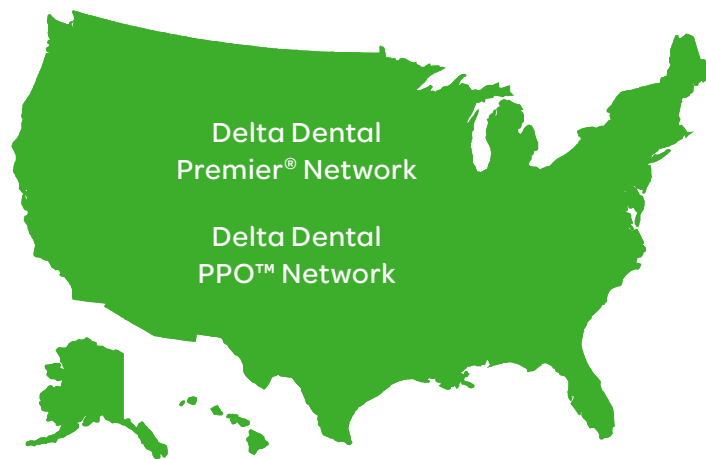
Here are some of our larger in-network hospital partners:



See if your doctor is in network at modahealth.com/findcare/synergy

Delta Dental networks *go where you go*

With thousands of dentists across the state and country, In-network dentists agree to accept our contracted fees as full payment, saving you out-of-pocket costs.



Delta Dental **PPO**™ Network

Potential savings in-network = **\$\$\$**

Choose from a large selection of dentists



Delta Dental **Premier**® Network

Potential savings in-network = **\$\$**

Get more choice with the largest dental network in Oregon



See if your dentist is in network at modahealth.com/pebb
click on Find Care > select your dental network

2023 Full time *Medical plan* benefit table

	In-network you pay	Out-of-network you pay
Plan-year costs		
Deductible per person ¹	\$250	\$500
Deductible per family ¹	\$750	\$1,500
Out-of-pocket max per person	\$1,500	\$4,000
Out-of-pocket max per family	\$4,500	\$12,000
Maximum cost share (per person), includes medical & pharmacy	\$6,850	N/A
Maximum cost share (per family), includes medical & pharmacy	\$13,700	N/A
Preventive care		
Periodic health exams, well-baby care, routine women’s exams, immunizations & hearing screenings	0%	30% after deductible
Prostate screening exam & colorectal cancer screenings (sigmoidoscopy, colonoscopy)	0%	30% after deductible
Professional services		
Primary care (PCP 360) ^{2,3} & specialist office visits	\$10/visit after deductible	30% after deductible
Chronic condition office visits	0%	30% after deductible
Inpatient physician services (including surgery and anesthesia)	0%	30% after deductible
Outpatient physician services (including surgery and anesthesia)	\$10/service after deductible	30% after deductible
Allergy shots, serums & injectable medications	\$10/service after deductible	30% after deductible
ACT 100: Bunionectomy, hammertoe surgery, Morton's neuroma, spinal injections for pain & upper GI endoscopy	\$100 ⁴ after deductible	\$100, then 30% ⁴ after deductible
ACT 500: Knee arthroscopy, knee/hip replacement & resurfacing, shoulder arthroscopy, sinus surgery, spine procedures, bariatric surgery ⁵	\$500 ⁴ after deductible	\$500, then 30% ⁴ after deductible
Mental health	\$10	30% after deductible
Chemical dependency treatment	0%	30% after deductible
Virtual Care (CirrusMD telehealth)	0%	N/A
Alternative care services		
Acupuncture/chiropractic/naturopathic visits ¹¹	\$10 after deductible	30% ⁶ after deductible
Massage therapy ¹¹	\$10/visit ^{4,9} after deductible	30% ¹⁰
Maternity care services		
Physician or midwife services	0%	40% after deductible
Hospital stay	\$50 per day, up to \$250 per admission after deductible	40% after deductible + \$500 copay ⁸
Hospital services		
Inpatient care, observation care, rehabilitative care (30 days per calendar year; 60 days head or spinal cord injuries), skilled nursing facility (180 days per calendar year)	\$50 per day, up to \$250 per admission after deductible	40% after deductible + \$500 copay ⁸
Bariatric surgery	\$50 per day, up to \$250 per admission after deductible	Not covered
Emergency care		
Urgent care visit	\$25/visit after deductible	\$25/visit after deductible
Emergency room (copay waived if admitted)	\$150/visit ⁴ after deductible	\$150/visit ⁴ after deductible
Ambulance	\$75/trip after deductible	\$75/trip after deductible
Other covered services		
Outpatient diagnostic lab & X-ray	0%	30% after deductible
Imaging services ⁷ (such as PET, CT, MRI)	\$100 ⁴ after deductible	\$100, then 30% ⁴ after deductible
Outpatient rehabilitative services (60 sessions per calendar year)	\$10/visit after deductible	30% after deductible
Outpatient surgery	\$10/service after deductible	40% after deductible + \$100 copay ⁸
Dialysis, infusion, chemotherapy & radiation therapy	\$10/service after deductible	30% after deductible
Durable medical equipment & supplies	15% after deductible	30% after deductible
Diabetic supplies & insulin	0%	0%



- 1 Additional deductible: \$100/individual, \$300/family applies for non-HEM participant.
- 2 Deductible waived on first 4 PCP visits in-plan, per calendar year.
- 3 To receive in-network benefits, members must see their chosen PCP 360.
- 4 Copayment does not apply to out-of-pocket maximums.
- 5 No benefit for out-of-network bariatric surgery.
- 6 Coinsurance does not apply to out-of-pocket maximums.
- 7 Copayments do not apply to services related to cancer diagnosis and treatment.
- 8 Copayment does not apply to the out-of-pocket max or deductible but does apply to the max cost share.
- 9 Copay applies when members see an in-network licensed massage therapist.
- 10 Members may be subject to balance billing; the difference between the maximum plan allowance and billed charges.
- 11 Spinal manipulations are limited to 20 visits per plan year. Acupuncture is limited to 12 visits per plan year. Massage Therapy is limited to \$1,000 per plan year.

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

2023 Part time *Medical plan* benefit table

	Synergy plan	
	In-network you pay	Out-of-network you pay
Plan-year costs		
Deductible per person ¹	\$500	\$1,000
Deductible per family ¹	\$1,500	\$3,000
Out-of-pocket max per person	\$2,500	\$6,000
Out-of-pocket max per family	\$7,500	\$18,000
Maximum cost share (per person), includes medical & pharmacy	\$6,850	N/A
Maximum cost share (per family), includes medical & pharmacy	\$13,700	N/A
Preventive care		
Periodic health exams, well-baby care, routine women’s exams, immunizations & hearing screenings	0%	50% after deductible
Prostate screening exam & colorectal cancer screenings (sigmoidoscopy, colonoscopy)	0%	50% after deductible
Professional services		
Primary care (PCP 360) ^{2,3} & specialist office visits	\$40/visit after deductible	50% after deductible
Chronic condition office visits	0%	50% after deductible
Inpatient physician services (including surgery & anesthesia)	\$40/visit after deductible	50% after deductible
Allergy shots, serums & injectable medications	\$15/service after deductible	50% after deductible
ACT 100: Bunionectomy, hammertoe surgery, Morton's neuroma, spinal injections for pain & upper GI endoscopy	\$100 ⁴ after deductible	\$100, then 50% ⁴ after deductible
ACT 500: Knee arthroscopy, knee/hip replacement & resurfacing, shoulder arthroscopy, sinus surgery, spine procedures, bariatric surgery ⁵	\$500 ⁴ after deductible	\$500, then 50% ⁴ after deductible
Mental health	\$40/visit	50% after deductible
Chemical dependency treatment	0%	50% after deductible
Virtual Care (CirrusMD telehealth)	0%	N/A
Alternative care services		
Acupuncture/chiropractic/naturopathic visits ¹¹	\$40/visit ⁴ after deductible	50% ⁶ after deductible
Massage therapy ¹¹	\$40/visit ^{4,9} after deductible	50% ¹⁰
Maternity care services		
Physician or midwife services	0%	50% after deductible
Hospital stay	\$500 per admission after deductible	50% after deductible + \$500 copay ⁸
Hospital services		
Inpatient care, observation care, rehabilitative care (30 days per calendar year; 60 days head or spinal cord injuries), skilled nursing facility (180 days per calendar year)	\$500 per admission after deductible	50% after deductible + \$500 copay ⁸
Bariatric surgery	\$500 per admission after deductible	Not covered
Emergency care		
Urgent care visit	\$30/visit after deductible	\$30/visit after deductible
Emergency room (copay waived if admitted)	\$150/visit ⁴ after deductible	\$150/visit ⁴ after deductible
Ambulance	\$75/trip after deductible	\$75/trip after deductible
Other covered services		
Outpatient diagnostic lab & X-ray	Quest – \$0 Other providers – 20% after deductible	50% after deductible
Imaging services ⁷ (such as PET, CT, MRI)	\$100, then 20% ⁴ after deductible	\$100, then 50% ⁴ after deductible
Outpatient rehabilitative services (60 sessions per calendar year)	\$40/visit after deductible ⁸	50% after deductible
Outpatient surgery	\$40/service after deductible ⁸	50% after deductible + \$100 copay ⁸
Dialysis, infusion, chemotherapy & radiation therapy	\$40/service after deductible ⁸	50% after deductible
Durable medical equipment & supplies	20% after deductible	50% after deductible
Diabetic supplies & insulin	0%	0%

2023 Full time *Pharmacy plan* benefit table

	Pharmacy plan		
	Retail	Mail order & preferred retail	Specialty ¹
Plan-year costs			
Deductible per person		\$50	
Deductible per family		\$150	
Out-of-pocket max per person		\$1,000	
Out-of-pocket max per family		\$3,000	
Prescription medications	For a 30-day supply ² , you pay	For a 90-day supply ² , you pay	For a 30-day supply ² , you pay
Value tier	\$0	\$0	N/A
Generic tier	\$10 after deductible	\$25 after deductible	\$10 after deductible
Brand tier	\$30 after deductible	\$75 after deductible	\$100 after deductible

When allowed, the copay for a specialty pharmacy 90-day supply is 2.5 times the copay for a 30-day supply.
When out of network, member pays any difference between the in-network rate and the billed amount.

2023 Part time *Pharmacy plan* benefit table

	Pharmacy plan		
	Retail	Mail order & preferred retail	Specialty
Plan-year costs			
Deductible per person		\$50	
Deductible per family		\$150	
Out-of-pocket max per person		\$1,000	
Out-of-pocket max per family		\$3,000	
Prescription medications	For a 30-day supply ¹ , you pay	For a 90-day supply ¹ , you pay	For a 30-day supply ¹ , you pay
Value tier	\$0	\$0	N/A
Generic tier	\$20 after deductible	\$50 after deductible	\$20 after deductible
Brand tier	\$50 after deductible	\$125 after deductible	\$100 after deductible

When out of network, member pays any difference between the in-network rate and the billed amount.

1 Additional deductible: \$100/individual, \$300/family applies for non-HEM participant.

2 Deductible waived on first 4 PCP visits in-plan, per calendar year.

3 To receive in-network benefits, members must see their chosen PCP 360.

4 Copayment does not apply to out-of-pocket maximums.

5 No benefit for out-of-network bariatric surgery.

6 Coinsurance does not apply to out-of-pocket maximums.

7 Copayments do not apply to services related to cancer diagnosis and treatment.

8 Copayment does not apply to the out-of-pocket maximums or deductible but does apply to the maximum cost share.

9 Copay applies when members sees an in-network licensed massage therapist.

10 Members may be subject to balance billing; the difference between the maximum plan allowance and billed charges.

11 Spinal manipulations are limited to 20 visits per plan year. Acupuncture is limited to 12 visits per plan year. Massage Therapy is limited to \$1,000 per plan year.

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

A young woman with long brown hair and freckles is smiling broadly, showing her teeth. She is wearing a blue sweater. In the background, a young man with curly brown hair is also smiling, looking out of a car window. The scene is set inside a car, with the interior and window visible.

Better value

Regular cleanings
don't count against
your annual
maximum benefit

2023 **Dental plan** benefit table

	Full-time Delta Dental PPO plan ¹		Full-time Delta Dental Premier plan ¹	Part-time Delta Dental Premier plan ¹
	In-network, you pay	Out-of-network, you pay	In-network, you pay	In-network, you pay
Plan-year costs				
Deductible per person	\$50		\$50	\$50
Deductible per family	\$150		\$150	N/A
Benefit maximum	\$1,750		\$1,750	\$1,250
Preventive* & diagnostic services				
Exam & prophylaxis/cleanings	0% no deductible	10%	0% no deductible	0%
X-rays	0% no deductible	10%	0% no deductible	0%
Fissure sealants	0% no deductible	10%	0% no deductible	0%
Basic services				
Restorative dentistry (treatment of tooth decay with composite)		30%	20%	50%
Oral surgery (surgical extractions & certain minor surgical procedures)	1st year – 20% ² 2nd year – 10% ² 3rd year – 0% ²	30%	20%	50%
Endodontic (pulp therapy & root canal filling)		30%	20%	50%
Periodontics (treatment of tissues supporting the teeth)		30%	20%	50%
Major services				
Implants	50%	50%	50%	N/A
Crowns	50%	50%	50%	50%
Cast restorations	50%	50%	50%	50%
Dentures & bridge work (construction or repair of fixed bridges, partials & complete dentures)	50%	50%	50%	50%
Nitrous Oxide	50%	50%	50%	50%
Occlusal guards ³	100% no deductible	100% no deductible	100% no deductible	100% no deductible
Orthodontic services				
NEW! Lifetime maximum - \$1,800	50%	50%	50%	N/A

*Preventive costs will not accrue toward the plan maximum.

¹ To find in-network providers, go to modahealth.com/pebb and choose Find Care.

² Benefit payments increase by 10% each plan year provided the individual has visited a Delta Dental PPO provider at least once during the previous plan year.

³ \$150 maximum, once every five years

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

Trusted with years of providing medical and dental plans to *PEBB members like you*



All in one

Medical, pharmacy and dental benefits by one health partner



Robust network

A wide choice of quality providers in Oregon, SW Washington and Idaho utilizing the Synergy Network

Ready to choose ***better health?***



Learn more about our plans at
modahealth.com/pebb



Enroll online at pebbplans.com

Questions? *We're here to help!*

PEBBcustomerservice@modahealth.com

Medical Health Navigator Team: 844-776-1593

Pharmacy Health Navigator Team: 844-776-1594

Dental Health Navigator Team (Members with Medical and Dental): 833-681-2117

Dental Customer Service (Members with Dental only): 844-827-7100

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call:

Medicare Customer Service,
877-299-9062 (TDD/TTY 711)

Medicaid Customer Service,
888-788-9821 (TDD/TTY 711)

Customer Service for all other plans,
888-217-2363 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint.

Please mail or fax it to:

Moda Partners, Inc.
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

If you need help filing a complaint, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

U.S. Department of Health
and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

Dave Nesseler-Cass coordinates our nondiscrimination work:

Dave Nesseler-Cass,
Chief Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجاناً. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

بولتے ہیں تو سانی (URDU) توجہ دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ 1-877-605-3229 (TTY: 711) پر کال کریں

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY: 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با (TTY: 711) 1-877-605-3229 تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意:日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229 (TTY、テレタイプライターをご利用の方は711)までお電話ください。

အကူအညီ: ဤကိစ္စ (ဗမာစကားပြော ဗမာအင်္ဂလိပ် စကားပြော) ဝါဒီတို့အား အခမဲ့ အကူအညီ ဝါဒီတို့အား အခမဲ့ အကူအညီ ပေးပါမည်။ 1-877-605-3229 (TTY: 711) နှင့် ခေါ်ဆိုပါ။

ໄປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totagia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti llocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

Questions?

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