Required Open Enrollment
October 1–31, 2023
www.PEBBinfo.com
PEBB is pleased to offer a comprehensive benefits program with the flexibility you need to choose solid coverage and protection at an affordable cost.

Use this guide to:

- Review your benefit options
- Understand how the plans work
- Learn about the tools and resources available with each plan
- Select the benefits that are best for you
- Click the buttons at the top of each page to access helpful benefit education tools

Questions?

The PEBB Benefits Team is here to help!

Phone: 503-373-1102 (language assistance is available)
Monday–Friday, 8 a.m.–5 p.m.
Hours are extended to 6 p.m. during Open Enrollment: Oct. 1–31, 2023

Email: pebb.benefits@odhssoha.oregon.gov

Health Engagement Model (HEM) Reminder!

If you want to participate in HEM for 2024, be sure to take your health assessment this year, Sept. 1–Oct. 31, 2023.

Learn more at https://www.oregon.gov/oha/PEBB/Pages/HEM.aspx
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Action Required! Do you need to complete Open Enrollment? YES!

Who
Everyone eligible for PEBB benefits must complete Open Enrollment, even if you decline or opt out of coverage.

What/Where
Log in to PEBBenroll.com to make your plan selections or to decline or opt out of coverage for 2024.

When
During Open Enrollment: October 1–31, 2023
Open Enrollment is the one time per year you can make changes without a major life event. The benefits you select will be effective Jan. 1–Dec. 31 of the following year.

Why
1. Open Enrollment is the one time per year you can:
   - Make changes to your benefit plans and coverage without a major life event. Midyear changes are only allowed if you experience a Qualified Status Change (QSC) event (e.g., marriage, birth or adoption of a child, divorce). Go to https://www.oregon.gov/oha/PEBB/docs/AppendixA-QSC.pdf for a full list of QSC events.
   - Review and update your:
     » Dependents
     » Tobacco usage status
     » Spouse’s/domestic partner’s other group coverage
     » Personal information

2. If you don’t complete Open Enrollment by Oct. 31, 2023:
   - Your current medical, dental, and vision coverage will continue, but your out-of-pocket costs will increase.
   - All PEBB surcharges will be automatically deducted from your paycheck throughout 2024. See Additional Member Costs and Incentives for more information.
   - You can’t participate in HEM, so you won’t receive the monthly incentive payment or lower deductible in 2024.
   - You will not be able to contribute to a flexible spending account.
For those who opt out and decline coverage

If you do not complete Open Enrollment for 2024:

• You’ll be put into “medical not enrolled” status. This is different from opting out. You will not receive the monthly opt out incentive if you do not complete Open Enrollment.

• You’ll have to send an appeal (subject to approval) if you want to enroll in a medical plan or choose to opt out again in the future.

If you declined all benefits in 2023 and do not complete Open Enrollment for 2024:

• You will continue with no benefits in 2024.

• You’ll have to send an appeal (subject to approval) if you want to enroll in core benefits in the future.

After Open Enrollment

Be sure to check your Benefit Summary carefully. Are you and your dependents enrolled in the benefits you want for next year? If you find an error, notify the PEBB Benefits Team during the correction periods noted below.

• Health Care and Dependent Care Flexible Spending Accounts (FSAs) corrections:
  » You must complete Open Enrollment between Oct. 1 – Oct. 31, 2023, to make changes to your FSA.
  » You can change your FSA selections and contribution amounts during the correction period only.
  » The FSA correction period is Nov. 1 through Dec. 8, 2023.

• Other enrollment corrections:
  » The correction period for other enrollments is Nov. 1, 2023, through Feb. 29, 2024.
  » Corrections made before Dec. 31, 2023, are effective Jan. 1, 2024.
  » Corrections made after Dec. 31, 2023, are effective the first of the month following the date your payroll office receives the correction request. For example:
    ▪ If your payroll office receives the correction in January, the change is effective Feb. 1.
    ▪ If your payroll office receives the correction in February, the change is effective March 1.

• Health Engagement Model (HEM) enrollment:
  » You cannot make corrections to HEM enrollment after Open Enrollment closes.

• Qualified Status Change (QSC):
  ▪ If you experience a QSC, go to http://www.oregon.gov/OHA/PEBB/Pages/forms.aspx and fill out the Midyear Change Form.
What’s New for 2024

The Board has worked hard to offer enhancements to your benefit plans while keeping the plans affordable. We’re pleased to share the following plan enhancements and changes for 2024. They’re effective on Jan. 1, 2024.

Medical plan changes

All Medical Plans

- **Offer new reimbursements for travel and lodging expenses.** PEBB vendors will now reimburse you for eligible travel, food, and lodging expenses. Plans will reimburse expenses for the patient and one adult companion to receive treatment far from home (up to $5,000 per year). These expenses include treatment when:
  - An in-network provider isn’t available within 50 miles of the patient’s home,
  - Covered services are not available in the patient’s state, and/or
  - Treatment is recommended from a center of excellence.

- **No longer cover over-the-counter (OTC) COVID-19 tests.**

Providence Health Plans

All Providence Health Plans

- Will require **prior authorization** if you need **more than 12 physical therapy visits** in a calendar year.

- Will cover **medications for sexual dysfunction**. Your copay/coinsurance costs will vary based on the formulary tier of the drug.

- Are expanding **facial electrolysis coverage** to include treatment for hirsutism for female members who are diagnosed with polycystic ovary syndrome (PCOS). (Hirsutism is abnormal hair growth on a person’s face.)

- Will cover **fertility drugs** with no annual maximum.

Providence Statewide Plan

- Includes a **new massage therapy benefit**. The plan will pay up to $1,000 per year for medically necessary massage therapy from a licensed provider. You’ll pay 15% after the deductible.

Providence Choice Plan

- **Will no longer require referrals for specialists.**
Moda Health Plans

- Will cover **medications for sexual dysfunction**. Your copay/coinsurance costs will vary based on the drug formulary tier.
- Are expanding **facial electrolysis coverage** to include treatment for hirsutism for female members who are diagnosed with polycystic ovary syndrome (PCOS). (Hirsutism is abnormal hair growth on a person’s face.)
- Will cover **fertility drugs** with no annual maximum. Medical fertility is covered at 100% up to a $25,000 annual maximum.
- Are introducing **a new type 2 diabetes care program: Virta**. Virta’s program is focused on reversal and prevention through personalized food plans and support from medical providers, professional coaches, and digital health tools at no cost.
- Are offering a **new way to access mental health care: Spring Health**. Use one of their counselors to receive mental health services virtually.

Kaiser Permanente Plans

- Will cover **fertility drugs** with no annual maximum.
- **Have increased the copay for emergency room visits**. You’ll pay a $150 copay for emergency room visits on the Traditional plans. You’ll pay $150 after the deductible on the Deductible plans.
- Have **expanded digital treatment options**. Members will have access to digital treatment options for maternity care at home, remote patient monitoring, and KP@Home (hospital care at home).

Want to participate in the Health Engagement Model (HEM) for 2024?

**Complete your health assessment** on your current PEBB medical plan’s website (even if you plan to change carriers in 2024) between **Sept. 1 and Oct. 31, 2023**. For more information about HEM go to: [https://www.oregon.gov/oha/PEBB/Pages/HEM.aspx](https://www.oregon.gov/oha/PEBB/Pages/HEM.aspx).

- [Kaiser Permanente’s Health Assessment](#)
- [Moda Health’s Health Assessment](#)
- [Providence’s Health Assessment](#)

Disability Plans

**The Standard Plans**

We’re aligning our disability plan offerings with the new state Paid Family Medical Leave program, Paid Leave Oregon, or a private equivalent Oregon Paid Family Medical Leave plan. This alignment means:

- **Short-Term Disability (STD)**: Costs for STD coverage will be significantly lower (by about 80%). This change was effective as of September 1, 2023.
- **Long-Term Disability (LTD)**: The cost for LTD coverage will increase slightly.
2024 premium costs

The Board has carefully designed the 2024 benefit plans to meet members’ needs while keeping your out-of-pocket costs as low as possible.

There are some changes to premium costs for 2024. In total across benefits and vendor partners, premium costs will not exceed the legislative 3.4% cap. Here’s what to expect for 2024:

- **Plans with increased costs:** All medical plans, Delta Dental plan, and long-term disability insurance
- **Plans for which costs will stay the same:** Willamette Dental Group dental plan, life insurance, and accidental death and dismemberment insurance plans
- **Plans with decreased costs:** Kaiser Permanente dental plan, VSP vision plans, and short-term disability insurance

Visit PEBBinfo.com for details about PEBB benefits.

What are premiums?

**Premiums** are the costs taken from your paycheck to pay for benefits.

Some benefit services are completely covered by the premium.

Some benefit services are only partly covered by the premium. When you use those services, you may be charged additional costs (such as copays and/or deductibles).

What’s NOT changing for 2024

- PEBB will continue to offer the same medical, dental, and vision plans for 2024.
- The PEBB double-coverage surcharge will continue to apply.
Benefits education tools
This year, we’re pleased to offer new ways to learn about your PEBB benefits!

Premium Estimator Tool – Reimagined!

It’s back! Check out our new and improved premium estimator.

• Determine monthly deductions for PEBB benefits
• Includes all PEBB benefits, from health care plans to spending accounts
• Includes tool tips, explaining why information is needed, how elections impact costs, and when surcharges apply
• Can be used during Open Enrollment or following a qualifying status change

Note: Part-time employees may pay more depending on hours worked. Contact your payroll office for a more accurate estimate.

Visit https://pebbpremiumestimator.com to see what you may pay each month.
Explore Your Benefits

Learning about your PEBB benefits doesn’t have to be boring. Log in to this interactive learning tool to view videos, test your benefits knowledge, and earn wellness badges for smart wellbeing actions.

Visit [https://pebbexploreyourbenefits.com](https://pebbexploreyourbenefits.com) to start learning about your benefits.

Online Plan Comparison Tool

Want to see your medical, dental, and vision plan options side by side? Need to compare specific services by plan? This 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.

Visit [https://comparepebbplans.com](https://comparepebbplans.com) to compare your healthcare plan options.
Virtual Benefits Fair

Back by popular demand — we’re offering a virtual benefits fair again this year! This online setting is available 24/7, so you can:

- Watch videos and download PDFs to learn about your benefit options.
- Explore resources available to PEBB members at no additional cost, like discounts on exercise equipment, mental health apps, legal or financial planning services, and more.
- Connect with vendor partners during scheduled times.
- Register to win a prize!

Go to [https://pebb.6connex.com/event/BenefitsFair2024](https://pebb.6connex.com/event/BenefitsFair2024) to visit the benefits fair.
Before You Enroll

Do your homework before enrolling for PEBB benefits. Consider your plan options, coverage, costs, and provider networks. Use the Enrollment Checklist to make sure you’ve covered everything.

Explore your plan options

PEBB offers a variety of medical plan options so you can choose the best fit for you and your family. Each plan works differently. Be sure to read the descriptions below to understand how the plans are different.

Healthcare Service Contractor (HCSC)

PEBB sponsors the Kaiser Permanente Traditional and Kaiser Permanente Deductible HCSC plans. These plans offer a high level of service and benefits with low out-of-pocket copayments. To get benefits, you must use the providers and facilities that are part of the plan. You select a primary care provider within Kaiser Permanente who guides your care.

If you seek care elsewhere, the plan may not pay or may pay a reduced amount. The Kaiser Permanente Traditional and Kaiser Permanente Deductible plans are available for those who live or work (at least 50 percent of the time) in the Kaiser Permanente service area. Contact Kaiser Permanente Member Services for the ZIP codes in the service area.

Coordinated Care Model

Medical home

PEBB offers Providence Choice as a medical home plan. A medical home is a clinic staffed by health care professionals who work together as a team. Led by your primary provider, this team coordinates all your health care, including referrals to outside providers or specialists when necessary. The team gives you connected health care by staying informed about and actively participating in all aspects of your care.

In the Providence Choice plan, you must choose your medical home and inform the plan of your selection before beginning services to ensure you have access to the full benefits of your plan. This includes having claims paid at the medical home benefit level and not the out-of-network level. You may select different medical homes for yourself and your dependents. Find a Providence Choice medical home at http://phppd.providence.org.

PCP 360 Plans

PEBB offers Moda Health Synergy as a coordinated care plan. A PCP 360 is a primary care provider who has been certified by the Oregon Patient-Centered Primary Care program. This means that a PCP 360 must meet certain quality standards and will be accountable for delivering high quality care that is centered on you.
In the Moda Health Synergy plan, you must choose your PCP 360 and inform the plan of your selection before beginning services to ensure you have access to in-network benefits for primary care services. If you do not select a PCP 360, all primary care services will be paid at the out-of-network benefit level. Referrals from your PCP 360 are not required to see a specialist. You may select a different PCP 360 for yourself and your dependents. Find a PCP 360 at http://www.modahealth.com/ProviderSearch/faces/webpages/home.xhtml.

Preferred Provider Organization (PPO) Plan
PEBB offers the Providence Statewide PPO plan in all parts of the state. PPO plans offer services and benefits at two coverage levels: preferred providers and non-preferred providers. You may use any doctors you wish. If you use doctors who are preferred (in-network), you pay less. If you use providers who are not preferred (out of network), you pay more. If you use providers who do not participate in the plan, the providers may bill you for amounts greater than allowed in the plan.

In the Providence Statewide PPO plan, you pay less for services if you use an in-network state-recognized patient centered primary care home (PCPCH). Your coinsurance rate for primary care services drops from 15% to 10% when you use a PCPCH.

Learn about your plan options
- Visit the PEBB website as your starting point for all things benefit related: pebbinfo.com
- Explore your benefits through an interactive benefits education tool: https://pebbexploreyourbenefits.com
- Understand out-of-area coverage: https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/me5571d_2024.pdf

Compare plans and estimate your costs
Use the tools below to determine which plan meets your and your family’s needs for costs and benefits.
- Compare premium rates
- Premium Estimator Tool
- Online Plan Comparison Tool
- Summary of Benefits
- ALEX—your virtual benefits counselor
Employee premium share for core benefits

You and your employer share the cost of the premium for core benefits (medical, dental, and vision coverage). The amount you pay depends on:

- Your agency or university employer
- The plan you choose
- Where you live
- Your work status (full-time or part-time)

Part-time employees may pay more depending on hours worked. Contact your payroll office for a more accurate estimate.

See 2024 Member Costs for more information.

Find in-network providers

Use the provider directories below to make sure your providers are in the plan’s network.

- **Providence Statewide and Providence Choice**: [http://phppd.providence.org](http://phppd.providence.org)
- **Kaiser Permanente Traditional and Deductible Plans**: [healthy.kaiserpermanente.org/care/doctors-locations](http://healthy.kaiserpermanente.org/care/doctors-locations)
- **Moda Synergy**: [http://www.modahealth.com/ProviderSearch/faces/webpages/home.xhtml](http://www.modahealth.com/ProviderSearch/faces/webpages/home.xhtml)
- **Kaiser Dental**: If you enroll in the Kaiser Dental plan, you must use Kaiser dental providers for all your dental care needs. There isn’t any out-of-area coverage, except when there’s a dental emergency. Check for providers at [healthy.kaiserpermanente.org/care/doctors-locations](http://healthy.kaiserpermanente.org/care/doctors-locations)
- **Willamette Dental Group**: If you enroll in the Willamette Dental plan, you must use Willamette Dental Group providers for all your dental care needs. There isn’t any out-of-area coverage, except when there’s a dental emergency. Wait times vary based on your location and provider choice. The Willamette Dental Member Services team will work with you to schedule the soonest available appointment.

Questions about Willamette Dental Group provider access and availability?

» Submit this form: [https://wdqlink.com/PEBBQs](https://wdqlink.com/PEBBQs)

» Call 855-433-6825, option 2, Monday-Friday 8 a.m. – 5 p.m.

» Review office locations and providers at: [https://locations.willamettedental.com](https://locations.willamettedental.com)
Specialist referrals
Find out how the plans handle referrals to specialists. Call the plan for more details.

Coordinated care plans:

- **Providence Choice**: You must choose a medical home before you begin services. You typically pay less for specialty services when you see a specialist referred by your primary care provider or medical home. You may select different medical homes for yourself and your dependents.

- **Kaiser Permanente**: All your care will be provided by Kaiser Permanente network providers unless you get a referral from your Kaiser Permanente provider (excludes emergencies).

- **Moda Synergy**: You will choose a “PCP 360” provider. This is a primary care provider who has agreed to be accountable for your health. Family members can pick the same PCP 360 or a different one.

Preferred Provider Organization (PPO) plan:

- **Providence Statewide PPO**: You may see any provider. However, you pay more when you see out-of-network providers, including specialists.
The Oregon state legislature requires PEBB to verify your dependents’ eligibility. This ensures only eligible dependents receive benefits, which helps keep health care costs down.

If you’re adding a dependent during Open Enrollment, PEBB will ask you to provide documents to verify their eligibility. You’ll receive the request in November after Open Enrollment closes. You must provide documents by the review deadline.

PEBB will send you a Dependent Eligibility Review packet. Please:

- Carefully review the documents in your packet, and
- Mail, email, or fax copies of the required proof by the review deadline.

You’ll receive an eligibility confirmation letter once PEBB completes the review.

Who’s an eligible dependent?

- **Spouse** — the person you married under any state or country law.
- **Domestic Partner by Affidavit** — the unmarried person of the same or opposite sex with whom you are in a partnership.
- **Child** — your biological child, adopted child, stepchild, or your partner’s child, according to your current or previous year federal 1040 tax form.
- **Grandchild by Affidavit** — the grandchild you’re covering (along with your child, the parent of your grandchild). Both the parent and grandchild must live with you. You must claim both as your IRS tax dependent. The parent cannot be married or have a domestic partner.
- **Child by Affidavit** — the child placed with you by court order (guardianship). The child lives with you and is claimed as your IRS tax dependent.
- **Disabled Dependent** — your adult (age 26 or older) disabled child who qualifies when:
  » A medical provider confirms the disability before age 26, AND
  » The dependent has not had a break in coverage.

The disabled dependent must also meet certain tax criteria. [Learn more](https://www.oregon.gov/oha/PEBB/Benefits/Domestic-Partner-FAQ.pdf).

Tax implications for domestic partner coverage

Covering a domestic partner and partner’s children has tax implications that lower your take-home pay: [https://www.oregon.gov/oha/PEBB/Benefits/Domestic-Partner-FAQ.pdf](https://www.oregon.gov/oha/PEBB/Benefits/Domestic-Partner-FAQ.pdf).
Eligibility verification

You’ll be required to provide documents to verify eligibility for each of your dependents. Your dependent eligibility packet will list the documents you need to send, such as:

- Marriage certificate or license
- Federal 1040 tax form
- PEBB Affidavit of Domestic Partnership, Grandchild by Affidavit, or Child by Affidavit of Dependency (this is the form you had notarized and gave to your payroll or human resource department)
- Government issued birth certificate

Are the documents I provide secure and private?

Keeping your information private and secure is very important. PEBB will destroy all copies of submitted documents following the review. Documents aren’t retained! That’s why it’s important you only provide copies.

Do I need to complete the dependent eligibility review if all my dependents are eligible?

Yes. PEBB is required to complete a review by law. You must verify and submit the requested documents by the review deadline.

What if I don’t complete the dependent eligibility review by the deadline?

Your dependent’s coverage will end, and you’ll need to fill out the appeal form. Submit it along with your previously requested eligibility documents to add dependents to benefits. You must do this within 60 days of the coverage end date.

I gave eligibility documents to my payroll or human resources office. Do I still need to submit them to PEBB?

Yes, you must submit your documents to PEBB even if you already gave them to payroll or human resources. If you fail to provide documents to PEBB during your review, your dependents’ coverage will end.

How often does PEBB conduct an eligibility review?

PEBB conducts a new eligibility review of members every 60 days.

Questions about dependent eligibility or the review process?

Contact the PEBB Dependent Eligibility team by:

- **Phone:** 503-378-2954
- **Email:** pebb.dependenteligibility@odhsoha.oregon.gov


For detailed information on the PEBB dependent eligibility review including definitions and eligibility rules, go to [https://www.oregon.gov/oha/PEBB/Pages/Dependent-Eligibility-Review.aspx](https://www.oregon.gov/oha/PEBB/Pages/Dependent-Eligibility-Review.aspx).
The Health Engagement Model (HEM) pays active employees an incentive to learn their health risks and take steps to reduce those risks when possible. When you participate in HEM:

- PEBB pays you a taxable incentive of $17.50 per month, and
- You keep your medical plan deductible low.

If you do not participate, you’ll have a higher medical plan deductible, and you won’t receive a monthly incentive.

**HEM supports you and your provider**

Participating in HEM helps you learn about your health risks so you can take action to reduce them in partnership with your medical provider.

**Three easy steps to participate in HEM**

1. Take your health assessment on your current PEBB medical plan’s website between Sept. 1 and Oct. 31, 2023: [https://www.oregon.gov/oha/PEBB/pages/HEM.aspx](https://www.oregon.gov/oha/PEBB/pages/HEM.aspx). Health assessments done outside of these dates will not be accepted. If you’re not currently enrolled in a PEBB medical plan, follow the instructions on the HEM page: [https://www.oregon.gov/oha/PEBB/Pages/HEM.aspx](https://www.oregon.gov/oha/PEBB/Pages/HEM.aspx).

2. Enroll in a PEBB medical plan for 2024 between Oct. 1 and Oct. 31, 2023. (Be sure to state you plan to participate in HEM.)

3. Complete two health actions during the plan year. You don’t have to report them. You just need to let us know you did them at Open Enrollment next year: [https://www.oregon.gov/oha/PEBB/pages/HEM.aspx](https://www.oregon.gov/oha/PEBB/pages/HEM.aspx).

**Important reminders**

- Spouses and domestic partners don’t participate in HEM. However, they still get the advantage of your low family deductible.
- Retiree, COBRA, and Self-Pay members are not eligible for HEM.
- Newly hired employees can take part in 2024 if they are enrolled and receive benefits by Oct. 1, 2023.
- **Don’t wait!** You need to log into your medical plan vendor’s website to access the health assessment. If you have password issues, you may need to wait to receive reset information. (For example, Kaiser Permanente can take up to 10 business days to assist you with your password.)

**Private and confidential**

PEBB and your medical plan are committed to the privacy and confidentiality of your protected health information (PHI). Your responses to the health-related questions in your health assessment are protected as PHI.
Frequently asked questions

What happens if I don't enroll?
If you don’t enroll during PEBB’s Open Enrollment (Oct. 1–31, 2023) and participate in HEM, you’ll have a higher medical plan deductible, and you won’t receive a monthly incentive.

Can I participate if my benefits start on Nov. 1, 2023?
No. Only currently active PEBB members with benefits starting Oct. 1, 2023, or earlier can participate in HEM.

Can I participate in HEM while on leave?
Yes. You can participate in HEM while you’re on a leave of absence. However, you must enroll and choose to participate in HEM between Oct. 1 and 31, 2023.

Which health assessment should I take?
You should take the health assessment with your current medical plan. (This is the plan you’re enrolled in for 2023.)
If you’re enrolling for a new medical plan for 2024, you should take the health assessment with your 2023 medical plan.
If you opted out or declined PEBB benefits in 2023, follow the instructions on the HEM page (https://www.oregon.gov/oha/PEBB/Pages/HEM.aspx) to participate.

Do I have to do a new health assessment each year?
Yes. You need to complete a new health assessment each year between Sept. 1 and Oct. 31, 2023 to qualify for HEM. This is an annual requirement, even if you took a health assessment last year.

What if I took my health assessment before or after the deadline?
PEBB will only accept health assessments completed between Sept. 1 and Oct. 31, 2023. If you completed yours before or after this period, it won’t count for HEM in 2024.

Do I need proof I completed the health assessment?
No. Once you’ve completed the assessment, you’ll receive a confirmation screen with your health score. We recommend printing that screen for your records.

What if I can’t remember my password?
To access the health assessment, you must log in to your medical plan vendor’s website.
Some of the medical plan vendors have an online password reset function, which will update your password immediately.
Kaiser Permanente requires you to answer the “challenge questions” you created when you set up your account. Answer the questions to reset your password online. You can request Kaiser mail you a letter with your password if you can’t remember the answers. This can take up to two weeks to get your password. Don’t wait until the last minute — go in now and check your password!
Meet ALEX

ALEX is your online benefits counselor. Use ALEX to find out the best plans for you and your family based on your personal needs.

How it works

- Go to www.myalex.com/pebb/2024
- Answer a few questions about your health care needs
- Choose how you want to review your options

Using ALEX generally takes less than 10 minutes, depending on how much guidance you choose.

See ALEX’s recommendation for the least expensive plan based on your needs.

Amount each plan would cost you out of your paycheck (your premium) + Cost of coverage you said you might use = Recommendation for the least expensive plan options for you

Keep in mind:

- Your information is private and confidential.
- You can use the tool on any device.
- You should talk to your family to get an estimate of all the medical care you might need this year.
- You need to go to www.PEBBenroll.com when you’re ready to enroll!
The following tables display the full cost of premiums for each core benefit plan.

- Your employer pays nearly all of the premium costs.
- As an active employee, you pay just a small percentage.
  
  » Learn more about cost sharing for core benefits.
  
  » You can also use the Premium Estimator Tool to calculate what you may pay each month.
  
  » Part-time employees may pay more depending on hours worked. Contact your payroll office for a more accurate estimate.

Note: All rates include 0.4% commission and 0.9% PEBB administration cost.

### Medical (cost shared by you and your employer)

<table>
<thead>
<tr>
<th>Plan</th>
<th>Employee only</th>
<th>Employee and spouse/domestic partner</th>
<th>Employee and children</th>
<th>Employee and family</th>
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<td>Kaiser Traditional¹</td>
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<td>$1,671.37</td>
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<tr>
<td>Moda Synergy²</td>
<td>$860.97</td>
<td>$1,721.94</td>
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<td>Providence Choice Part-time⁴</td>
<td>$690.60</td>
<td>$1,381.20</td>
<td>$1,174.02</td>
<td>$1,864.60</td>
</tr>
</tbody>
</table>

¹ Available to PEBB eligible full-time and part-time employees in plan service area. Includes Kaiser routine vision services.
² Available to PEBB eligible full-time and part-time employees in plan service area.
³ Available to PEBB eligible full-time and part-time employees.
⁴ Additional option available to eligible part-time employees in plan service area. Includes vision exam only.
⁵ Additional option available to eligible part-time employees in plan service area.
⁶ Additional option available to eligible part-time employees.
### Vision (cost shared by you and your employer)

<table>
<thead>
<tr>
<th>Plan</th>
<th>Employee only</th>
<th>Employee and spouse/domestic partner</th>
<th>Employee and children</th>
<th>Employee and family</th>
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</thead>
<tbody>
<tr>
<td>VSP Basic</td>
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<td>VSP Plus</td>
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<td>$41.92</td>
</tr>
</tbody>
</table>

### Dental (cost shared by you and your employer)

<table>
<thead>
<tr>
<th>Plan</th>
<th>Employee only</th>
<th>Employee and spouse/domestic partner</th>
<th>Employee and children</th>
<th>Employee and family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Permanente¹</td>
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<td>$128.81</td>
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</table>

¹ Available to PEBB eligible full-time and part-time employees in plan service area.

² Available to PEBB eligible full-time and part-time employees.

³ Available to PEBB eligible full-time and part-time employees; in plan facilities.

⁴ Additional option available to eligible part-time employees; in plan facilities.

⁵ Additional option available to eligible part-time employees in plan service area.

---

**VSP Cost of Coverage**

You pay a share of premium if you enroll in the VSP Basic. Your premium share is the same percentage rate as your medical coverage percentage, which includes opt out.

VSP Plus has better coverage for frames, coatings and progressive lenses. For this plan, you pay the employee premium share for the Basic plan plus the difference in premium cost between the Basic and Plus plans.
Core Benefits: Cost Sharing

Employee premium share for core benefits

You and your employer share the cost of the premium for core benefits. The amount you pay depends on:

- Your agency or university employer
- The plan you choose
- Where you live
- Your work status (full-time or part-time)

PEBB does not control the premium share. Contact your agency or university benefits office for information. Go to https://www.oregon.gov/oha/PEBB/Pages/Contact_Us.aspx and look under “Other contacts.”

State employees

Full-time employees:

- Premium share is 5% for the Providence Statewide or Kaiser Traditional plans
- Premium share is 1% for any other full-time plan

Part-time employees:

- Can enroll in full-time and part-time plans
- Premium share is 5% for the full-time or part-time Providence Statewide or Kaiser Traditional plans
- Premium share is 1% for any other full-time or part-time plan
- Pay any premium balance after your employer pays its premium share, based on the hours you work each month
- Your employer pays a flat premium subsidy for medical, based on your coverage tier, if you enroll in a part-time plan
- Contact your payroll office for a more accurate estimate

University employees

- Premium share is 3% or 5%

Local government employees

- Premium share could be different than state agencies or universities
- Contact your payroll or benefits office for more information
Additional Member Costs and Incentives

PEBB may charge a surcharge or fee depending on tobacco status or other coverage options available to you and your covered dependents. Additionally, there are some incentives available if you were to decline or opt out of coverage.

Note: Tobacco usage and coverage status changes are effective the first of the month after PEBB receives your change.

**Tobacco usage surcharge**

If you and/or your spouse/domestic partner are enrolled in a PEBB medical plan and use tobacco products, you’ll pay a monthly surcharge. The fee is deducted from your pay:

- $25/month for employee
- $25/month for spouse/domestic partner, or
- $50/month for both employee and spouse/domestic partner.

If you and your spouse/domestic partner opt out of PEBB medical coverage, you are not subject to the tobacco usage surcharge.

Tobacco usage status changes are effective the first of the month after PEBB receives your change.

**Double coverage surcharge**

The Oregon state legislature requires a surcharge for those who have double medical coverage through PEBB and OEBB. This means you’ll pay a monthly $5 surcharge if you’re an active full-time employee and:

- Someone in your family is covered as a member under their own PEBB or Oregon Educators Benefit Board (OEBB) medical plan, and
- That person is covered as a dependent (spouse, partner, or child) on your PEBB medical plan.

**Spouse/domestic partner waives other employer group coverage**

You will pay a $50 monthly fee if your spouse/domestic partner chooses to waive their own employer’s (not PEBB) group coverage.

You can submit a Midyear Change form if your spouse's/domestic partner’s coverage status changes during the plan year. You must send in the change request within 30 days of status change to your payroll or university benefits office.
Domestic partner coverage
Covering a domestic partner and partner’s children has tax implications that lower your take-home pay: https://www.oregon.gov/oha/PEBB/Benefits/Domestic-Partner-FAQ.pdf.

Opt out of PEBB medical plans
You can opt out of (not enroll in) a PEBB medical plan if you’re covered under another group medical plan. You’ll receive part of your employer’s premium contribution (“opt out incentive”) if you opt out.

The opt out incentive starts at $233 and is taxable. The amount you receive depends on your work status (full-time or part-time).


Consider opting out…if you have coverage through both PEBB and OEBB and want to avoid the double coverage surcharge.

You can still enroll in vision or dental even if you opt out of medical coverage.

Decline core benefits
If you decline core benefits, you choose not to take part in any PEBB benefit. You also decline your employer’s premium share for core benefits: https://www.oregon.gov/oha/PEBB/Documents/Opt-out-Decline.pdf.

Important!
You still must complete Open Enrollment, even if you opt out of medical or decline all benefits.
Medical Benefits

Providence Health Plan
Providence Health Plan is dedicated to providing equitable health care and meeting your unique needs by:

- Educating employees and providers
- Creating new programs to increase access
- Easing your way to finding the right provider

Medical plans include:

- Preventive services, in-network at no cost ($0 deductible)
- Virtual visits, in-network at no cost ($0 deductible)
- Access to the nationwide Cigna PPO network
- Wellness resources to help with chronic disease, stress, diet, exercise, sleep, and more
- Chiropractic manipulation, acupuncture, and massage therapy (Statewide plan: 15% coinsurance; Choice: $10 copay)

Additional benefits

- Prescription drug coverage
- Lower cost specialty drugs through Smart RxAssist
- Telehealth: See or talk to a provider in minutes, from your phone or computer
- 24/7 non-urgent medical care through ExpressCare
- Reach a registered nurse by phone 24/7 through ProvRN
- Access virtual and confidential behavioral health services through Behavioral Health Concierge
- Connect with a Personal Providence Pathfinder who is dedicated to helping you
- Virta for type 2 diabetes reversal, Omada for diabetes prevention, and Kaia Health for digital pain management

Learn More about Providence Health Plan Medical Plans

- Visit ProvidenceHealthPlan.com/PEBB for details about Providence or to find in-network providers.
- Go to ComparePEBBPlans.com to learn more about covered services and prescriptions.

Get the details!

- Watch this short video to learn about Providence’s 2024 medical plan details.
- Check out this video to see all the ways to get care through the Providence Health plans.

Wellness programs

Providence provides many programs to support your overall wellness. Visit the PEBB Wellness Guide for details.
Kaiser Permanente

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.

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, including preventive and specialty services
- 24/7 care advice
- Email, video, and phone options
- Phone interpretation services in more than 150 languages
- Kaiser Permanente app
- Telehealth (covered at no additional cost)

Additional benefits

- Support for ongoing conditions (diabetes, heart disease)
- Alternative care (chiropractic, acupuncture, and naturopathic services) through The CHP Group network: chpgroup.com
- Prescription delivery
- Gym discounts: kp.org/choosehealthy
- Healthy lifestyle programs: kp.org/healthylifestyles
- Wellness coaching: kp.org/wellnesscoach
- Mobile apps (kp.org/selfcareapps):
  » Calm
  » myStrength
  » Ginger

Learn More about Kaiser Permanente Medical Plans

- Visit my.kp.org/pebb/ for information about Kaiser.
- Find in-network providers here: kp.org/getcare.
- Go to ComparePEBBPlans.com to learn more about covered services and prescriptions.

Get the details!

Watch a short video to learn about Kaiser Permanente’s 2024 medical plan details.

Wellness programs

Kaiser Permanente provides many programs to support your overall wellness. Visit the PEBB Wellness Guide for details.
Moda Health

The Moda Synergy Health plan provides integrated, whole health plans with robust programs and services, including:

- **Large provider network:** A wide choice of quality primary providers in Oregon, SW Washington, and Idaho (including OHSU)
- **No referrals:** Specialist referrals are not required
- **Alternative care:** Pay a $10 copay for in-network alternative care (including massage therapy)
- **All in one solution:** Medical, pharmacy, and dental benefits by one health partner
- **Out-of-area dependent coverage:** Access to Moda’s national network
- **Personalized Member Dashboard:** Live chat with a Health Navigator, get personalized care reminders, and join specialized programs that meet your specific needs
- **A coordinated team:** Team-based, coordinated care that’s centered on you

**Coordinated care**

Each enrolled Moda member must choose a PCP 360 to receive in-network benefits for primary care services. For all other services, members may see any in-network Synergy provider.

A PCP 360 is a primary care provider (PCP) who has agreed to be accountable for your health and will coordinate with other providers as needed.

Visit modahealth.com/PEBB for details or to find a PCP 360 for yourself or another member on your plan. You can also go to the Summary of Benefits to compare medical plans options.

**Additional Benefits**

- Moda 360 Health Navigator
- Personalized Member Dashboard just for you: modahealth.com/memberdashboard
- Behavioral telehealth services: benefits.springhealth.com/modahealth
- Mobile mental health support: modahealth.com/meru
- 24/7 care advice via text a doctor: cirrusmd.com/modahealth
- Virtual physical therapy: meet.swordhealth.com/pebb
- Pharmacy benefits
Vision Benefits

VSP

VSP plans offer access to a huge provider network and low out-of-pocket costs, as well as:

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

Additional Plus Plan coverage

The Plus Plan includes the basics listed above and the following:

- Increased frame allowance
- Anti-glare coating
- Progressive lenses
- Retinal screening ($10 copay)

Learn More about VSP Vision Plans

- Visit vsp.com or call 800-877-7195 for details about VSP or to find in-network providers.
- Go to ComparePEBBPlans.com to learn more about covered services.

Important!

VSP is available to Moda and Providence members only. Members who enroll in a Kaiser medical plan are automatically enrolled in Kaiser vision coverage.

Kaiser Permanente

If you are enrolled in a Kaiser Permanente medical plan, your plan includes comprehensive eye care, including routine eye exams, to help keep your vision sharp and your eyes healthy. Care is provided through Vision Essentials by Kaiser Permanente.

Locations extend from Salem to Longview, mostly in medical offices.

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. Call to make an appointment:

- Oregon Eye Associates: 541-484-3937 or 800-426-3937
- PeaceHealth Eye Care and Optical Shop: 458-205-6257

Learn More about Kaiser Permanente Vision Coverage

- Visit kp2020.org to schedule an exam, order contact lenses, or find a location near you.
- Call 800-813-2000 (TTY 711).
- Go to ComparePEBBPlans.com to learn more about covered services.

Get the details!

Watch a short video to learn about Kaiser Permanente’s 2024 vision plan details.
Dental Benefits

Delta Dental of Oregon

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

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

- Freedom to choose a dentist
- Preventive services do not accrue towards your annual benefit maximum. This leaves additional dollars to use for basic and major services
- Access to our Health through Oral Wellness program for additional cleanings (if eligible)
- Savings from in-network dentists
- Cleanings twice per year
- Predetermination of benefits if requested in a pretreatment plan
- No claim forms
- Superior customer service

Delta Dental plans also include useful online tools, resources, and special programs for those who may need extra attention for your pearly whites.

Kaiser Permanente Dental

Kaiser is committed to total health, beginning with high-quality dental and oral care. That’s why every member gets a personalized prevention and treatment plan.

This plan is available in certain ZIP codes. There isn’t any out-of-area coverage, except when there’s a dental emergency.

Know what’s important

- Freedom to choose: Pick a dentist and hygienist in the Kaiser network and change at anytime
- Convenience: Choose to receive care at any of the 21 dental offices located in the service area. You can also take advantage of Kaiser’s no-cost virtual dentistry options
- Teamwork: Your dental care is an important part of your overall health. Kaiser dentists and doctors are part of the same system working together for and with you
- Philosophy of care: Kaiser follows a research-based approach in providing dental care. Kaiser emphasizes prevention care to help keep your teeth and gums healthy

Learn More about the Delta Dental Plans

- Visit modahealth.com/PEBB/dental for details about Delta Dental or to find in-network providers.
- Go to ComparePEBBPlans.com to learn more about covered services.

Get the details!
Watch a short video to learn about Delta Dental’s 2024 dental plan details.

Learn More about Kaiser Permanente Vision Coverage

- Visit kp.org/dental/nw to schedule an exam, order contact lenses, or find a location near you.
- Go to ComparePEBBPlans.com to learn more about covered services.

Get the details!
Watch a short video to learn more about covered services.
Willamette Dental Group offers dental care and insurance coverage to more than 425,000 patients in the Pacific Northwest. Their evidence-based, proactive treatment approach to dental care focuses on providing quality, individualized care, and education to each patient.

**Highlights**
- No annual maximum*, no deductibles
- Services covered at predictable, low copays
- Affordable orthodontic coverage for adults and children
- Most offices open 7 a.m. to 5:30 p.m. Mon – Fri with Saturday appointments available
- No copay changes for 2024

* Benefits for implant surgery have a benefit maximum.

**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)

**Important!** If you enroll in this plan, you must use Willamette Dental Group providers for all your dental care needs. There isn’t any out-of-area coverage, except when there’s a dental emergency. Wait times vary based on your location and provider choice. The Willamette Dental Member Services team will work with you to schedule the soonest available appointment.

Questions about access and availability?
- Submit this form: [https://wdglink.com/PEBBQs](https://wdglink.com/PEBBQs)
- Call 855-433-6825, option 2, Monday-Friday 8 a.m. – 5 p.m.
- Review office locations and providers at: [https://locations.willamettedental.com](https://locations.willamettedental.com)
Wellbeing Programs

Your journey, your health
Physical fitness, emotional health, and financial stability make up your total wellbeing. Find the support you need to achieve your health and wellbeing goals. Health coaches, online and self-guided programs, webinars, and more — there’s something for everyone!

Explore PEBB’s wellbeing resources for all of life’s adventures in the PEBB Wellness Guide. Click any health area below to see what’s available.

- **Physical Wellbeing**
  Take care of your body with resources to support good nutrition and physical activity.

- **Emotional Wellbeing**
  Maintain peace and balance in your life with support for your mental, emotional and social wellbeing.

- **Financial Wellbeing**
  Get help with budgeting, reducing debt, improving your credit score and preparing for your future.

- **Ongoing Health Conditions**
  Live your best life while managing an ongoing condition like diabetes, sleep apnea, arthritis, depression and more.

Visit [PEBBWellness.com](http://PEBBWellness.com) to learn more.
Employee Assistance Program (EAP)

PEBB partners with Canopy to provide the EAP. It’s a free and confidential benefit that can assist you and your eligible family members with any personal problems, large or small.

Counseling with an EAP professional
You receive 3–8 counseling sessions (varies by agency) face to face, over the phone, or virtually for concerns such as:

- Relationship conflict
- Conflict at work
- Depression
- Stress management
- Family relationships
- Anxiety
- Alcohol or drug abuse
- Grieving a loss
- Professional development

Additional benefits
- Resources for your life
- Legal consultations/mediation and online legal tools
- Financial coaching
- Identity theft
- Home ownership and housing support
- Coaching
- Wellbeing tools for fertility support, pet parent resources, and gym membership discounts
- Member site with innovative educational tools, chat for support, take self-assessments, view videos and webinars: my.canopywell.com (company name PEBB)

Oregon State University’s EAP
Contact the Employee Benefits Team to learn more about OSU’s EAP.

- **Phone:** 541-737-2805
- **Email:** employee.pebbsbenefits@oregonstate.edu
- **Web:** https://hr.oregonstate.edu/benefits/contact-us

Crisis counselors are available!
Phone 24/7/365: 800-433-2320
Text: 503-850-7721
Email: info@canopywell.com
Canopy is committed to creating a safe, inclusive, and equitable society for all.

Feel like no one understands your struggle?
Go to www.supportive.com/pebb to chat with others having similar experiences. It’s completely anonymous, on demand 24/7, and moderated by mental health support professionals. You and your family have unlimited access at no cost to you.
Life and AD&D Insurance

PEBB offers life and accidental death and dismemberment (AD&D) insurance options to help you protect your loved ones. These plans provide financial security if you die or are seriously harmed in an accident.

Basic life insurance

Basic coverage is automatically provided to you:

- Class 1 (all active employees of the Judicial Management Service): Coverage equals your annual salary, rounded to the next higher $1,000
- Class 2 (all other eligible employees): Coverage equals $10,000

Optional life insurance

Optional life insurance provides a lump sum payment to help protect your family in the event of your death.

Optional life insurance is available for you and your eligible dependents. You may purchase optional life insurance for your dependents even if you don’t purchase coverage for yourself.

<table>
<thead>
<tr>
<th>Coverage available</th>
<th>Guarantee issue amount*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee life</td>
<td>$20,000 increments, up to $600,000</td>
</tr>
<tr>
<td>Spouse/domestic partner life</td>
<td>$20,000 increments, up to $400,000</td>
</tr>
<tr>
<td>Child Life</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

*Only applies to new employees or when employees initially become eligible.

Optional Life Insurance Extras

When you purchase optional life insurance, you’ll have access to the following extra services:

- You can access the Life Services Toolkit* to help deal with the loss of a loved one or plan for the future.
- You can use Travel Assistance* when traveling more than 100 miles from home or internationally for help with lost credit cards, passport replacement, legal and medical resources, medical evacuation, and repatriation.

*The Life Services Toolkit is provided through Health Advocate. Travel Assistance is provided through Assist America. Neither is affiliated with The Standard. These services may be subject to limitations or exclusions.
Optional AD&D insurance

Optional AD&D insurance provides financial security if an accident takes your life or causes you serious harm.

Optional AD&D insurance is available for you and your eligible dependents. If you want to purchase coverage for your dependents, you must also purchase coverage for yourself.

<table>
<thead>
<tr>
<th>Type of optional AD&amp;D insurance</th>
<th>Coverage available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee AD&amp;D</td>
<td>$50,000 increments, up to $500,000</td>
</tr>
<tr>
<td>Spouse/domestic partner only AD&amp;D</td>
<td>50% of your AD&amp;D coverage amount</td>
</tr>
<tr>
<td>Child only AD&amp;D</td>
<td>15% of your AD&amp;D coverage amount for each child</td>
</tr>
</tbody>
</table>
| Spouse/domestic partner and child(ren) AD&D | • 40% of your AD&D coverage amount  
|                                  | • 15% of your AD&D coverage amount for each child       |

Cost of coverage

Employees are responsible for paying the full premium amount for optional life and AD&D insurance coverage. The policies pay for covered losses if you’re a PEBB-eligible member and your premium payments are current at the time of the loss.

For complete details and rates, visit:

- **Optional employee life coverage:** [www.oregon.gov/oha/pebb/Pages/Optional-Employee-Life.aspx](http://www.oregon.gov/oha/pebb/Pages/Optional-Employee-Life.aspx)
- **Optional spouse/domestic partner life coverage:** [www.oregon.gov/oha/pebb/Pages/Spouse-Partner-Life.aspx](http://www.oregon.gov/oha/pebb/Pages/Spouse-Partner-Life.aspx)
- **Optional child life coverage:** [www.oregon.gov/oha/pebb/Pages/Dependent-Life.aspx](http://www.oregon.gov/oha/pebb/Pages/Dependent-Life.aspx)
- **Optional AD&D coverage:** [www.oregon.gov/oha/pebb/Pages/ADD.aspx](http://www.oregon.gov/oha/pebb/Pages/ADD.aspx)
Optional Disability Insurance

Disability insurance can replace a portion of your paycheck if you can't work because of an illness, injury, or pregnancy. By enrolling in an optional PEBB disability plan, you can help further protect yourself and your lifestyle if you become disabled.

Short-Term Disability (STD)

If you become disabled and can’t work for a short time, STD pays you a portion of your salary. STD is for non-job-related disabilities, including illnesses, accidents, and injuries. You can also use STD to recover from surgery or take time off after childbirth.

STD benefit details

- 7-day waiting period
- Pays up to $1,662/week minus deductible income
- Duration of benefit:
  - 4 weeks if the disability is caused by a pre-existing condition (not applicable after the first 12 months of coverage)
  - 13 weeks if the disability is not caused by a pre-existing condition

Spotlight on Paid Leave Oregon (or an Equivalent Employer Plan)

Paid Leave Oregon is a state-sponsored benefit that allows you to take paid time off to care for yourself or loved ones during life’s important moments. (Your employer may offer an equivalent plan instead of Paid Leave Oregon.)

Paid Leave Oregon (or an equivalent employer plan) pays you every week while you’re on leave. The benefit you receive depends on how much you earned the year before. Some employees will get 100% of their wages.

Through Paid Leave Oregon (or an equivalent employer plan), you can take up to 12 weeks of paid leave in a 52-week period. You may be able to take up to two additional weeks (up to 14 total weeks) if you’re pregnant, gave birth, or have health needs because of childbirth.

Questions About Paid Leave Oregon?

Contact Paid Leave Oregon directly for more information.

Phone: 833-854-0166
Email: PaidLeave@Oregon.gov
Online: https://paidleave.oregon.gov

What is deductible income?

Deductible income means any other income you’re eligible to receive because of your disability.
Do you need more disability coverage on top of what Paid Leave Oregon (or an equivalent employer plan) provides?
The answer may be yes. Use this calculator to determine your short term disability needs. If you decide you need more coverage you can enroll in PEBB’s STD plan.

Do you already have both Paid Leave Oregon (or an equivalent employer plan) and a Short-Term Disability (STD) plan?
If you do it’s important to know how the plans work together.

- Your total benefit for both plans is based on your income.
- Paid Leave Oregon (or an equivalent employer plan):
  » You are not required to apply for benefits.
- Short-Term Disability (STD):
  » The Standard will reduce your STD benefit by the amount you are eligible to receive under Paid Leave Oregon (or an equivalent employer plan)
  » The Standard will pay your full STD benefit if you are not eligible for Paid Leave Oregon (or an equivalent employer plan)

Important: Even if you don’t apply for Paid Leave Oregon (or an equivalent employer plan), The Standard will reduce your STD benefit by the amount you are eligible to receive.

If you apply for Paid Leave Oregon (or an equivalent employer plan) and are denied, The Standard may still reduce your STD benefit depending on the reason for denial.

For more information about The Standard’s short-term disability plans call 800-842-1707.

Long-Term Disability (LTD)
If a disability prevents you from working for 90 days or longer, LTD pays a portion of your monthly pay. LTD can be used for a serious illness, injury, or accident, as well as mental health issues. You could receive LTD benefit payments for months or years.

LTD benefit details
- 90- or 180-day waiting period, depending on the plan you choose
- Pays up to $8,000/month minus deductible income, depending on the plan you choose
- Benefits could last until age 65 if you remain disabled

Cost of coverage
For complete details and rate information, visit:
- Short-term disability: [www.oregon.gov/oha/pebb/Pages/Short-Term-Disability.aspx](http://www.oregon.gov/oha/pebb/Pages/Short-Term-Disability.aspx)
- Long-term disability: [www.oregon.gov/oha/pebb/Pages/Long-Term-Disability.aspx](http://www.oregon.gov/oha/pebb/Pages/Long-Term-Disability.aspx)
Long-Term Care Insurance

Long-term care (LTC) insurance helps pay for the care you may need if you can’t independently perform at least two basic activities of daily living (ADLs). ADLs are:

- Dressing
- Bathing
- Toileting
- Transferring
- Eating
- Continence

The plan can help pay for living assistance and facilities. Covered facilities include nursing homes, assisted living, hospice, rehabilitation, and Alzheimer’s and residential care.

You’re eligible for a monthly benefit after you meet these conditions:

1. You become disabled;
2. You have met your elimination period; and
3. Your provider certifies that you’re unable to perform two or more ADLs for a period of at least 90 days.

Your provider will have to certify your eligibility every 12 months.

The amount of your monthly benefit will be based on the coverage options you chose, and the place of residence used for long term care.

Cost of coverage

Visit [https://unuminfo.com/pebb/enrollment.aspx](https://unuminfo.com/pebb/enrollment.aspx) for complete details and rate information.
Flexible Spending Accounts (FSAs) and commuter benefit accounts provide a great way to save money on your everyday expenses. You can pay for eligible health care, dependent care, or transportation expenses on a pretax basis through payroll deductions.

Account options

You have several FSA and commuter benefit account options.

<table>
<thead>
<tr>
<th>Type of Account</th>
<th>Description</th>
<th>Maximum Amount You Can Contribute</th>
</tr>
</thead>
</table>
| Health Care FSA     | • Use pretax payroll deductions to help cover eligible medical, dental, and vision expenses  
                      • Can be applied to expenses for you and your eligible tax dependents  
                      • “Use it or lose it” so unused funds are forfeited at the end of the plan year  
                      • Must enroll each year to participate | $3,050/year |
| Dependent Care FSA* | • Use pretax payroll deductions to help cover your eligible dependent care expenses  
                      • Includes child care for children up to age 13 and care for dependent elders  
                      • “Use it or lose it” so unused funds are forfeited at the end of the plan year  
                      • Must enroll each year to participate | $5,000/year if you're married and filing jointly  
                                                                                     | $2,500/year if you're single or married and filing separately |

*Subject to non-discrimination testing.

continued on next page
### Claims and reimbursement

FSAs and commuter benefit accounts are administered by ASIFlex. ASIFlex offers several easy ways to submit claims for reimbursement. You’ll receive reimbursement within three business days following receipt of a complete claim.

- **ASIFlex Card:** Contact ASIFlex and request a debit card that you can use to pay for eligible expenses. Keep your receipts. ASIFlex may ask for documentation to verify card transactions.

- **ASIFlex mobile app:** Download the ASIFlex Self Service and log in to your account. Submit your claim along with a picture of your Explanation of Benefits (EOB) via the app.

- **ASIFlex online:** Sign into your online account at [ASIFlex.com/ORPEBB](http://ASIFlex.com/ORPEBB) to submit a claim.

- **Toll-free fax or mail:** Download and complete a claim form. Submit it with your EOB or itemized receipt. Keep a copy for your records.

### Manage your account

Go to [ASIFlex.com/ORPEBB](http://ASIFlex.com/ORPEBB) to register your account. See your account statement and balance, submit claims, opt in for email or text alerts, and sign up for direct deposit.

### Contact ASIFlex Customer Service

**Phone:** 800-659-3035  
**Email:** asi@asiflex.com  
**Web:** ASIFlex.com/ORPEBB  
**Fax:** 877-879-9038  

For more program information, review the PEBB plan document or visit [ASIFlex.com/ORPEBB](http://ASIFlex.com/ORPEBB).
COBRA Member Information

COBRA members must complete Open Enrollment if:
- You’re enrolled in a medical plan
- You want to enroll in vision coverage through VSP without enrolling in a medical plan
- You want to enroll in a dental plan

COBRA members don’t need to complete Open Enrollment if:
- You’re enrolled in dental or vision only

If you’re enrolled in a medical plan for 2023 and don’t complete Open Enrollment, you’ll:
- Stay in your 2023 medical plan
- Pay $25 per month for tobacco use (regardless of actual use)
- Pay $50 per month for spouse/domestic partner coverage

How to enroll
- Review the health plan regions, premiums, and coverage.
- Fill out the COBRA enrollment form at https://www.oregon.gov/oha/PEBB/Pages/forms.aspx
- Mail or fax the form to BenefitHelp Solutions (BHS) by Oct. 31, 2023

Contact BenefitHelp Solutions (BHS)
Phone: 503-412-4257
Customer service toll free: 877-433-6079

Mail or fax forms to:
BenefitHelp Solutions (BHS)
PO Box 40548
Portland, OR 97240-0548
Fax: 888-393-2943

Contact PEBB
Contact PEBB Monday-Friday, 8 a.m.–6 p.m. during open enrollment by:
Phone: 503-373-1102
Email: pebb.benefits@odhsoha.oregon.gov
## COBRA monthly premium rates

As a COBRA participant, you’ll pay the full cost of coverage, as shown in the tables below.

*Note: All rates include 0.4% commission and 2.9% PEBB administration cost.*

### Medical

<table>
<thead>
<tr>
<th>Plan</th>
<th>Self only</th>
<th>Self and spouse/domestic partner</th>
<th>Self and children</th>
<th>Self and family</th>
<th>Children only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Traditional</td>
<td>$997.51</td>
<td>$1,995.02</td>
<td>$1,695.78</td>
<td>$2,693.29</td>
<td>$802.04</td>
</tr>
<tr>
<td>Kaiser Deductible</td>
<td>$864.40</td>
<td>$1,728.79</td>
<td>$1,469.47</td>
<td>$2,333.87</td>
<td>$699.54</td>
</tr>
<tr>
<td>Moda Synergy</td>
<td>$873.53</td>
<td>$1,747.07</td>
<td>$1,485.01</td>
<td>$2,358.55</td>
<td>$742.51</td>
</tr>
<tr>
<td>Providence Statewide</td>
<td>$970.60</td>
<td>$1,941.23</td>
<td>$1,650.03</td>
<td>$2,620.65</td>
<td>$825.03</td>
</tr>
<tr>
<td>Providence Choice</td>
<td>$864.63</td>
<td>$1,729.27</td>
<td>$1,469.88</td>
<td>$2,334.51</td>
<td>$734.94</td>
</tr>
<tr>
<td>Kaiser Traditional Part-time</td>
<td>$841.97</td>
<td>$1,683.95</td>
<td>$1,431.36</td>
<td>$2,273.33</td>
<td>$676.98</td>
</tr>
<tr>
<td>Kaiser Deductible Part-time</td>
<td>$710.38</td>
<td>$1,420.76</td>
<td>$1,207.65</td>
<td>$1,918.03</td>
<td>$614.29</td>
</tr>
<tr>
<td>Moda Synergy Part-time</td>
<td>$709.61</td>
<td>$1,419.22</td>
<td>$1,206.33</td>
<td>$1,915.95</td>
<td>$603.16</td>
</tr>
<tr>
<td>Providence Statewide Part-time</td>
<td>$788.46</td>
<td>$1,576.97</td>
<td>$1,340.40</td>
<td>$2,128.87</td>
<td>$670.18</td>
</tr>
<tr>
<td>Providence Choice Part-time</td>
<td>$700.68</td>
<td>$1,401.36</td>
<td>$1,191.16</td>
<td>$1,891.82</td>
<td>$595.56</td>
</tr>
</tbody>
</table>

1 Available to PEBB eligible participants in plan service area. Includes Kaiser routine vision services.

2 Available to PEBB eligible participants in plan service area.

3 Available to PEBB eligible participants.

4 Available to eligible participants in plan service area. Includes vision exam only.

5 Children only coverage is available only to COBRA and retiree participants.
## Vision

<table>
<thead>
<tr>
<th>Plan</th>
<th>Self only</th>
<th>Self and spouse/domestic partner</th>
<th>Self and children</th>
<th>Self and family</th>
<th>Children only</th>
</tr>
</thead>
<tbody>
<tr>
<td>VSP Basic</td>
<td>$8.50</td>
<td>$17.01</td>
<td>$14.47</td>
<td>$22.97</td>
<td>$7.23</td>
</tr>
<tr>
<td>VSP Plus</td>
<td>$15.82</td>
<td>$31.68</td>
<td>$26.91</td>
<td>$42.75</td>
<td>$13.45</td>
</tr>
</tbody>
</table>

## Dental

<table>
<thead>
<tr>
<th>Plan</th>
<th>Self only</th>
<th>Self and spouse/domestic partner</th>
<th>Self and children</th>
<th>Self and family</th>
<th>Children only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Permanente¹</td>
<td>$65.22</td>
<td>$130.46</td>
<td>$110.90</td>
<td>$176.13</td>
<td>$52.57</td>
</tr>
<tr>
<td>Delta Dental Premier²</td>
<td>$64.90</td>
<td>$129.81</td>
<td>$110.34</td>
<td>$175.26</td>
<td>$55.16</td>
</tr>
<tr>
<td>Delta Dental PPO²</td>
<td>$59.98</td>
<td>$119.94</td>
<td>$101.96</td>
<td>$161.95</td>
<td>$50.98</td>
</tr>
<tr>
<td>Willamette Dental Group³</td>
<td>$56.25</td>
<td>$112.52</td>
<td>$95.69</td>
<td>$151.95</td>
<td>$47.79</td>
</tr>
<tr>
<td>Delta Dental Premier Part-time²</td>
<td>$46.70</td>
<td>$93.43</td>
<td>$79.41</td>
<td>$126.12</td>
<td>$39.69</td>
</tr>
<tr>
<td>Kaiser Permanente Part-time¹</td>
<td>$48.65</td>
<td>$97.30</td>
<td>$82.71</td>
<td>$131.36</td>
<td>$39.16</td>
</tr>
</tbody>
</table>

1 Available to PEBB eligible participants in plan service area.
2 Available to PEBB eligible participants.
3 Available to PEBB eligible participants; in plan facilities.
4 Children only coverage is available only to COBRA and retiree participants.
Retiree Member Information

New retirees
Eligible retirees may enroll in full-time or part-time medical, dental, or vision plans.

Annual plan change period

<table>
<thead>
<tr>
<th>Medical Coverage</th>
<th>Dental / Vision Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you selected medical coverage your first year, you must actively enroll in a medical plan each year.</td>
<td>If you enrolled in dental or vision-only coverage in 2023, you don’t need to enroll again. Coverage will continue in 2024.</td>
</tr>
<tr>
<td>After your first year of retiree coverage, you can only add benefit plans or new family members if there is a Qualified Status Change (QSC).</td>
<td></td>
</tr>
<tr>
<td>If you experience a QSC, visit <a href="http://www.oregon.gov/OHA/PEBB/Pages/forms.aspx">http://www.oregon.gov/OHA/PEBB/Pages/forms.aspx</a> to fill out and submit a Midyear Change Form.</td>
<td></td>
</tr>
</tbody>
</table>

How to enroll
Review the health plan regions, premiums, and coverage. You have two ways to enroll:

- **Online**: Go to [www.PEBBenroll.com](http://www.PEBBenroll.com)
  - Select “Enroll Now”
  - Follow the instructions on each screen
  - Save and print the benefit statement provided at the end of the enrollment process

- **Form**: Fill out the Retiree Enrollment Form at [https://www.oregon.gov/oha/PEBB/Pages/forms.aspx](https://www.oregon.gov/oha/PEBB/Pages/forms.aspx)
  - Mail or fax the form to BenefitHelp Solutions (BHS) by Oct. 31, 2023

Contact BenefitHelp Solutions (BHS)

**Phone**: 503-412-4257

**Customer service toll free**: 877-433-6079

**Mail or fax forms to**:

BenefitHelp Solutions (BHS)

PO Box 40548

Portland, OR 97240-0548

Fax: 888-393-2943

Forgot your username or password?

- Go to [www.PEBBenroll.com](http://www.PEBBenroll.com)
- Click the red “Get it Now” button (upper left of the screen).
- Use your PEBB Benefit Number to reset your password.

Contact PEBB
Contact PEBB Monday-Friday, 8 a.m.-6 p.m. during open enrollment by:
Phone: 503-373-1102
Email: pebb.benefits@odhsoha.oregon.gov

Retiree monthly premium rates

As a retiree participant, you'll pay the full cost of coverage, as shown in the tables below.

Note: All rates include 0.4% commission and 1.5% PEBB administration cost.

Medical

<table>
<thead>
<tr>
<th>Plan</th>
<th>Retiree only</th>
<th>Retiree and spouse/domestic partner</th>
<th>Retiree and children</th>
<th>Retiree and family</th>
<th>Children only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Traditional</td>
<td>$983.94</td>
<td>$1,967.88</td>
<td>$1,672.71</td>
<td>$2,656.65</td>
<td>$791.13</td>
</tr>
<tr>
<td>Kaiser Deductible</td>
<td>$852.64</td>
<td>$1,705.27</td>
<td>$1,449.48</td>
<td>$2,302.12</td>
<td>$690.03</td>
</tr>
<tr>
<td>Moda Synergy</td>
<td>$861.65</td>
<td>$1,723.31</td>
<td>$1,464.81</td>
<td>$2,326.46</td>
<td>$732.41</td>
</tr>
<tr>
<td>Providence Statewide</td>
<td>$957.40</td>
<td>$1,914.83</td>
<td>$1,627.58</td>
<td>$2,585.00</td>
<td>$813.81</td>
</tr>
<tr>
<td>Providence Choice</td>
<td>$852.87</td>
<td>$1,705.75</td>
<td>$1,449.89</td>
<td>$2,302.75</td>
<td>$724.94</td>
</tr>
<tr>
<td>Kaiser Traditional Part-time</td>
<td>$830.52</td>
<td>$1,661.05</td>
<td>$1,411.90</td>
<td>$2,242.41</td>
<td>$667.78</td>
</tr>
<tr>
<td>Kaiser Deductible Part-time</td>
<td>$700.72</td>
<td>$1,401.43</td>
<td>$1,191.22</td>
<td>$1,891.94</td>
<td>$605.93</td>
</tr>
<tr>
<td>Moda Synergy Part-time</td>
<td>$699.96</td>
<td>$1,399.92</td>
<td>$1,189.93</td>
<td>$1,889.89</td>
<td>$594.96</td>
</tr>
<tr>
<td>Providence Statewide Part-time</td>
<td>$777.73</td>
<td>$1,555.52</td>
<td>$1,322.17</td>
<td>$2,099.91</td>
<td>$661.07</td>
</tr>
<tr>
<td>Providence Choice Part-time</td>
<td>$691.15</td>
<td>$1,382.30</td>
<td>$1,174.95</td>
<td>$1,866.09</td>
<td>$587.46</td>
</tr>
</tbody>
</table>

1 Available to PEBB eligible participants in plan service area. Includes Kaiser routine vision services.
2 Available to PEBB eligible participants in plan service area.
3 Available to PEBB eligible participants.
4 Available to eligible participants in plan service area. Includes vision exam only.
5 Children only coverage is available only to COBRA and retiree participants.
## Vision

<table>
<thead>
<tr>
<th>Plan</th>
<th>Retiree only</th>
<th>Retiree and spouse/domestic partner</th>
<th>Retiree and children</th>
<th>Retiree and family</th>
<th>Children only</th>
</tr>
</thead>
<tbody>
<tr>
<td>VSP Basic</td>
<td>$8.39</td>
<td>$16.79</td>
<td>$14.28</td>
<td>$22.66</td>
<td>$7.14</td>
</tr>
<tr>
<td>VSP Plus</td>
<td>$15.61</td>
<td>$31.25</td>
<td>$26.55</td>
<td>$42.17</td>
<td>$13.28</td>
</tr>
</tbody>
</table>

## Dental

<table>
<thead>
<tr>
<th>Plan</th>
<th>Retiree only</th>
<th>Retiree and spouse/domestic partner</th>
<th>Retiree and children</th>
<th>Retiree and family</th>
<th>Children only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Permanente&lt;sup&gt;1&lt;/sup&gt;</td>
<td>$64.34</td>
<td>$128.69</td>
<td>$109.40</td>
<td>$173.74</td>
<td>$51.86</td>
</tr>
<tr>
<td>Delta Dental Premier&lt;sup&gt;2&lt;/sup&gt;</td>
<td>$64.03</td>
<td>$128.05</td>
<td>$108.85</td>
<td>$172.88</td>
<td>$54.41</td>
</tr>
<tr>
<td>Delta Dental PPO&lt;sup&gt;3&lt;/sup&gt;</td>
<td>$59.16</td>
<td>$118.31</td>
<td>$100.58</td>
<td>$159.75</td>
<td>$50.29</td>
</tr>
<tr>
<td>Willamette Dental Group&lt;sup&gt;3&lt;/sup&gt;</td>
<td>$55.49</td>
<td>$110.99</td>
<td>$94.40</td>
<td>$149.89</td>
<td>$47.15</td>
</tr>
<tr>
<td>Delta Dental Premier Part-time&lt;sup&gt;2&lt;/sup&gt;</td>
<td>$46.07</td>
<td>$92.16</td>
<td>$78.34</td>
<td>$124.41</td>
<td>$39.16</td>
</tr>
<tr>
<td>Kaiser Permanente Part-time&lt;sup&gt;1&lt;/sup&gt;</td>
<td>$47.99</td>
<td>$95.98</td>
<td>$81.59</td>
<td>$129.57</td>
<td>$38.63</td>
</tr>
</tbody>
</table>

<sup>1</sup> Available to PEBB eligible participants in plan service area.

<sup>2</sup> Available to PEBB eligible participants.

<sup>3</sup> Available to PEBB eligible participants; in plan facilities.

<sup>4</sup> Children only coverage is available only to COBRA and retiree participants.
Self-Pay Member Information

Self-Pay members must complete Open Enrollment if:
- You want to enroll in a medical plan
- You enrolled in a medical plan and want to enroll in vision coverage
- You enrolled in a medical plan and want to enroll in dental coverage

If you’re enrolled in a medical plan for 2023 and don’t complete open enrollment, you’ll:
- Stay in your 2023 plans
- Pay $25 per month for tobacco-use (regardless of actual use)
- Pay $50 per month for spouse/domestic partner coverage

How to enroll
Review the health plan regions, premiums, and coverage. You have two ways to enroll:
- **Online:** Go to [www.PEBBenroll.com](http://www.PEBBenroll.com)
  » Select “Enroll Now”
  » Follow the instructions on each screen
  » Save and print the benefit statement provided at the end of the enrollment process
- **Form:** Fill out the Self-Pay Enrollment Form at [https://www.oregon.gov/oha/PEBB/Pages/forms.aspx](https://www.oregon.gov/oha/PEBB/Pages/forms.aspx)
  » Mail or fax the form to BenefitHelp Solutions (BHS) by Oct. 31, 2023

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  - Portland, OR 97240-0548
  - Fax: 888-393-2943

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Phone: 503-373-1102
Email: pebb.benefits@odhsoha.oregon.gov
## Self-Pay monthly premium rates

As a Self-Pay participant, you’ll pay the full cost of coverage, as shown in the tables below.

*Note: All rates include 0.13% commission.*

### Medical

<table>
<thead>
<tr>
<th>Plan</th>
<th>Self only</th>
<th>Self and spouse/domestic partner</th>
<th>Self and children</th>
<th>Self and family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Traditional¹</td>
<td>$993.45</td>
<td>$1,976.60</td>
<td>$1,681.67</td>
<td>$2,664.83</td>
</tr>
<tr>
<td>Kaiser Deductible¹</td>
<td>$862.26</td>
<td>$1,714.22</td>
<td>$1,458.62</td>
<td>$2,310.58</td>
</tr>
<tr>
<td>Moda Synergy²</td>
<td>$871.27</td>
<td>$1,732.24</td>
<td>$1,473.94</td>
<td>$2,334.91</td>
</tr>
<tr>
<td>Providence Statewide³</td>
<td>$966.94</td>
<td>$1,923.58</td>
<td>$1,636.58</td>
<td>$2,593.24</td>
</tr>
<tr>
<td>Providence Choice²</td>
<td>$862.49</td>
<td>$1,714.68</td>
<td>$1,459.03</td>
<td>$2,311.21</td>
</tr>
</tbody>
</table>

1. Available to PEBB eligible participants in plan service area. Includes Kaiser routine vision services.

2. Available to PEBB eligible participants.

### Vision

<table>
<thead>
<tr>
<th>Plan</th>
<th>Self only</th>
<th>Self and spouse/domestic partner</th>
<th>Self and children</th>
<th>Self and family</th>
</tr>
</thead>
<tbody>
<tr>
<td>VSP Basic</td>
<td>$8.34</td>
<td>$16.69</td>
<td>$14.20</td>
<td>$22.53</td>
</tr>
<tr>
<td>VSP Plus</td>
<td>$15.52</td>
<td>$31.07</td>
<td>$26.40</td>
<td>$41.92</td>
</tr>
</tbody>
</table>

### Dental

<table>
<thead>
<tr>
<th>Plan</th>
<th>Self only</th>
<th>Self and spouse/domestic partner</th>
<th>Self and children</th>
<th>Self and family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Permanente¹</td>
<td>$63.96</td>
<td>$127.93</td>
<td>$108.75</td>
<td>$172.71</td>
</tr>
<tr>
<td>Delta Dental Premier²</td>
<td>$63.65</td>
<td>$127.30</td>
<td>$108.21</td>
<td>$171.86</td>
</tr>
<tr>
<td>Delta Dental PPO²</td>
<td>$58.81</td>
<td>$117.61</td>
<td>$99.98</td>
<td>$158.81</td>
</tr>
<tr>
<td>Willamette Dental Group³</td>
<td>$55.16</td>
<td>$110.33</td>
<td>$93.84</td>
<td>$149.00</td>
</tr>
</tbody>
</table>

1. Available to PEBB eligible participants in plan service area.

2. Available to PEBB eligible participants.

3. Available to PEBB eligible participants; in plan facilities.
Definitions

**Core benefits:** Medical, dental, vision, and employer-paid life insurance.

**COBRA:** A federal law that requires an employer to let you continue your group health coverage if you become ineligible. You pay the full amount for COBRA coverage.

**Coinsurance:** The percentage of health care costs you pay after you meet your annual deductible.

**Copayment (copay):** A fixed dollar amount you pay for certain services.

**Deductible:** The amount you pay each year before your plan starts to pay for any covered services you use.

**Dependent:** A person who qualifies for benefits based on their relationship to you. Some examples include:
- Spouse
- Domestic partner
- Child
- Stepchild

**Early retiree:** A person who retires before the age of 65. To be eligible for early retiree benefits, you:
- Must not be eligible for Medicare due to age or disability, and
- Must be eligible to receive PERS retirement benefits

**In-network provider:** A provider or facility who has a contract with a health plan to provide services at a discount.

**Maximum benefit:** The most your health plan will pay for a specific service each year.
Medical home: A team-based health care delivery model intended to provide complete and continuous medical care to patients. The goal of the medical home is to provide care that gets the best health outcomes. If you elect a plan that requires a medical home, you must choose one after you enroll. Be sure to contact your health plan with your chosen medical home before you use services.

Medicare eligible: A person who currently qualifies for Medicare benefits by:
- Disability, or
- Age (65 or older)

Out-of-network provider: A provider or facility that does not have a contract with your health plan to provide services at a discount.

Out-of-pocket maximum: The maximum amount you’ll pay each year before your plan begins paying 100% of eligible expenses.

PCP 360 (applies only to Moda medical plans): A primary care provider who has agreed to be accountable for your health and coordinates with other providers as needed.

Pre-authorization (or prior authorization): Approval needed from your health plan before it will cover certain services.

Preventive care: The care you receive to prevent an illness or disease.

Primary care provider: The medical professional you contact first when you have a health concern. Your primary care provider also delivers continuing care for ongoing medical conditions.

Qualified Status Change (QSC): A life event that allows you to change your plan elections outside the annual open enrollment period. Go to https://www.oregon.gov/oha/PEBB/Documents/AppendixA-QSC.pdf for a full list of QSCs.

Self-insured: An employer (PEBB) pays for health care costs (claims) rather than the insurance company. A third-party administrator (Moda and Providence) processes the claims for the employer.
Enrollment Checklist

Use this checklist to make sure you’ve completed Open Enrollment.

- **Decide early, enroll early.** PEBB and insurance vendor offices are closed on weekends and holidays.

- **Make sure you have the coverages you need.** Double check enrollments to make sure you have the plans you need. Did you enroll in medical, dental, and vision plans?

- **Verify your dependents have the right coverage.** You need to add each dependent to each plan (medical, dental, vision, etc.) if you want them covered.

- **Make sure your providers are in-network for the plans you select.** Some plans have limited networks or do not have out-of-network coverage. Be sure your plan covers services where you want to receive them.

### Important reminder: Some plans require using network providers

If a member enrolls in a Kaiser Permanente or Willamette Dental Group plan, network providers must be used for all care. In some counties, fewer network providers may be available than with other vendor partners.

Additionally, members may need to travel to reach a network provider. There isn’t any out-of-network or out-of-area coverage, except in an emergency.

- **Choose a medical home through Providence.** If you enroll in the Providence Choice plan, you must choose a medical home after you enroll. Be sure to contact your health plan with your medical home before you have services to avoid out-of-network charges.

- **Choose a PCP 360 through Moda.** If you enroll in the Moda Synergy plan, you must choose a PCP 360 after you enroll. Be sure to contact your health plan with your PCP 360 before you have services to avoid out-of-network charges.

- **Learn which Flexible Spending Account (FSA) is best for you.** Before you enroll, know the difference.
  - **Health Care FSA:** reimburses your or your dependents’ medical, dental, and vision out-of-pocket expenses.
  - **Dependent Care FSA:** reimburses you for work-related child or elder care costs such as daycare. You can’t use a dependent care account for out-of-pocket healthcare expenses.

- **Decide if a parking or transit account is right for you.** You’re not eligible for a parking or transit account if you already have these expenses withheld from your pay. Note: You must either contribute to your account or file a claim at least once every six months to keep your account active.
**Who to Contact**

**PEBB** stands for the Public Employees’ Benefit Board. PEBB serves state, university, and local government employees. The PEBB Board decides what insurance plans and benefits to offer. PEBB holds the legal contracts with the insurance vendors. PEBB is also the plan administrator and knows the most about your benefits.

<table>
<thead>
<tr>
<th>Contact…</th>
<th>If you need help with…</th>
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</table>
| **PEBB** | • Logging into or navigating the [PEBB Benefit Management (Enrollment) System](www.PEBBEnroll.com)  
• Understanding rules  
• Verifying enrollments  
• Understanding your benefits or wellness programs |
| **Vendors** (the insurance companies that pay your providers for some or all your healthcare services) | • Calculating how much you’ll pay for a procedure  
• Understanding how a claim was paid  
• Finding in-network providers  
• Completing the online health assessment  
• Getting a new ID card |
| **Your agency or university benefit office** | • Making a change to your benefits due to a life event (such as getting married or having a baby)  
• Determining your monthly cost for coverage  
• Understanding or correcting your payroll deductions  
• Planning for benefits when you retire |
| **Providers** (the doctors, dentists, specialists, etc. who provide healthcare services, diagnose illnesses, and recommend treatments) | • Making an appointment  
• Estimating the total cost of a procedure  
• Paying your portion (copay or coinsurance) for a service  
• Getting advice regarding symptoms or results of lab tests |
<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| PEBB                     | 503-373-1102  
http://www.pebbinfo.com |
| Moda Health              | Medical: 844-776-1593  
Dental only members: 844-827-7100  
Dental (Both Medical and Dental members): 833-681-2217  
www.modahealth.com/pebb |
| Providence Health Plan   | 800-423-9470  
https://tinyurl.com/ProvidenceHealthPlan |
| Kaiser Permanente        | 800-813-2000  
mybenefits.kp.org/pebb |
| VSP Vision Care          | 800-877-7195  
www.vsp.com |
| BenefitHelp Solutions    | 877-433-6079  
www.benefithelpsolutions.com/members/group-members/pebb |
| Willamette Dental Group  | 855-433-6825  
www.willametteoriginal.com/pebb |
| ASIFLEX                  | 800-659-3035  
www.asiflex.com/orpebb |
| Canopy                   | 800-433-2320  
https://my.canopywell.com |
| The Standard             | 800-842-1707  
www.standard.com/mybenefits/pebb |
| Unum                     | 800-227-4165  
Contact PEBB

The PEBB Benefits Team is here to help!

Phone: 503-373-1102 (language assistance is available)
Monday–Friday, 8 a.m.–5 p.m.
Hours are extended to 6 p.m. during Open Enrollment: Oct. 1–31, 2023

Email: pebb.benefits@odhsoha.oregon.gov

Online: Explore PEBB benefits at PEBBinfo.com
Enroll in PEBB benefits at PEBBenroll.com

Alternate formats
You can get this document in other languages, large print, braille, or a format you prefer free of charge. Contact PEBB at 503-373-1102 or email pebb.benefits@odhsoha.oregon.gov. We accept all relay calls or you can dial 711.