

2021 Enrollment Guide



Open enrollment: Oct. 1–31

! This year only — you may not have to enroll



Call PEBB at 503-373-1102 during the following times:

Monday–Friday, 8 a.m.–5 p.m.

During open enrollment – Oct. 1–31, 2020

Monday–Friday, 7 a.m.–6 p.m.

Email PEBB at inquiries.pebb@dhsoha.state.or.us

Reminder — If you decide to take your health assessment this year, you have from Sept. 1 through Oct. 31 to complete it.

<https://www.oregon.gov/oha/PEBB/Pages/HEM.aspx>

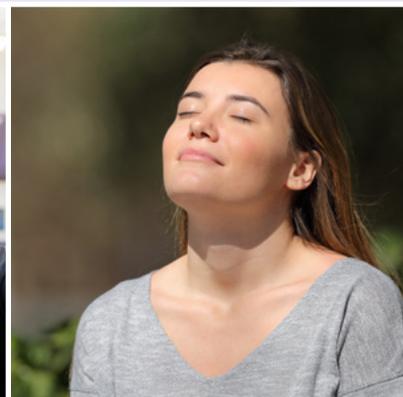
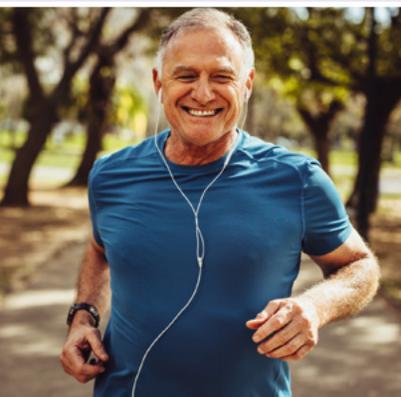


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You may not have to enroll this year

For this year only, open enrollment in your health care and optional plans is voluntary.

We are all feeling the effects of the COVID-19 pandemic. It may be awhile before we get back to business as usual. That's why PEBB has decided to give you a pass on open enrollment.

That means you have some options this year:

- **If you are happy with your current health care and optional plans** (including your current HEM participation), **you don't have to do anything.** Your 2020 plan choices will remain intact for another year.
- **If you want to make any changes, you can follow the same process you used in other years.** You can update any of your coverages, add or remove dependents, enroll or reenroll in a Flexible Spending Account (FSA) or change your Health Engagement Model (HEM) status.
- **If you want to newly enroll or continue your Health Care or Dependent Care FSA,** you **must** complete open enrollment.

If you choose, you can still do these things during open enrollment:

- Make changes to benefits without a major life event such as marriage or a new baby.
- Choose to take part in the Health Engagement Model (HEM) even if you decided not to in 2020. This keeps your deductible low. You can also receive a monthly incentive.
- Review and update your:
 - Dependents
 - Tobacco usage
 - Spouse's other group coverage
 - Personal information
 - Beneficiaries

Note:

- If you chose to opt out of medical benefits in 2020 and do not complete open enrollment, you will continue to opt out of medical for 2021.
- If you declined all benefits in 2020 and do not complete open enrollment for 2021:
 - You will continue with no benefits in 2021.
 - If you decide later you want to enroll in core benefits, you will have to appeal.



Need help deciding whether to complete open enrollment? Napoleon can guide you. Check him out in the [Open Enrollment and HEM Quick Guide](#).



What's new for 2021?

Effective January 2021

Medical

Premiums (what you pay monthly) remain low!

Deductibles stay low!

Double coverage surcharge takes effect

Oregon law requires a surcharge on members with Oregon Educators Benefit Board (OEBB) and PEBB double medical coverage starting Jan. 1, 2021.

Will this surcharge apply to you? Answer these questions to find out:

- Is someone in your family other than you covered as a member under their own PEBB or OEBB plan, **and**
- Are they covered as a dependent on your PEBB plan?

If you answered yes to both questions, the surcharge applies to you.

The surcharge:

- Is only for double **medical** coverage
- Is charged to:
 - **Active** employees (no early retirees or COBRA) who are also
 - **Full-time** employees (not part-time)
- Is one \$5 surcharge per month (even if you double cover more than one dependent)
- Mainly affects double covered spouse/partner
 - Children are not included unless they are also an OEBB or PEBB subscriber (if their job makes them eligible for OEBB/PEBB benefits).

Dental

Delta Dental

- Eliminates 12-month wait for dental services and 24-month wait for orthodontia in 2021.

Vision

Kaiser Permanente enhances vision benefit.

- Members will now have an annual allowance of \$200.
- Members can use \$100 of the vision allowance for non-prescription sunglasses or digital eye strain glasses.

Flexible Spending Accounts (FSAs)

Contributions increase in 2021

- Members can contribute up to \$2,750 to a Health Care FSA in 2021.
- Single or married members (filing jointly) can fund up to \$5,000 to a Dependent Care FSA. Married members who file separately can fund up to \$2,500.

Commuter reimbursement

- The maximum monthly commuter benefit (parking and transportation) will increase to \$270 in 2021.

Life insurance

The Standard optional life and accidental death and dismemberment insurance

- The employer paid basic employee life benefit will increase from \$5,000 to \$10,000 at no cost to the member.

Before you enroll



Need help deciding whether to complete open enrollment? Napoleon can guide you. Check him out in the [Open Enrollment and HEM Quick Guide](#).

If Napoleon guides you to make changes for 2021, take these steps before you do:

Learn the basics about health coverage

See “What does that mean?” on page 39.

See what plans are available to you

- The coordinated care model: <https://bit.ly/2OyGxrn>
- Lower and higher cost plans by county: <https://www.oregon.gov/oha/PEBB/Documents/medical-plans-by-county.pdf>

Use your plan’s provider directory to make sure your providers are in the plan’s network

- Kaiser Permanente Traditional and Deductible healthy.kaiserpermanente.org/care/doctors-locations
- Moda Synergy www.modahealth.com/ProviderSearch/faces/webpages/home.xhtml
- Providence PEBB Statewide and Providence Choice <http://phppd.providence.org>

Find out how the plan handles referrals to specialists — call the plan to ask

Coordinated care model plans — Providence Choice, Moda Synergy and Kaiser Permanente

- Providence Choice — you typically pay less for specialty services when you see a specialist referred by your primary care provider or medical home.
- 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 now 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. The choice is yours.

The Providence PEBB Statewide Plan is a preferred provider organization (PPO) plan. You may see any provider. However, you pay more when you see out-of-network providers, including specialists.

Determine which plan meets your and your family’s needs for costs and benefits

- Compare premium rates: [See page 12 of this guide.](#)
- Compare plan benefits: www.mypebb.com/compareBenefits.php.
- Estimate monthly payroll deductions: www.mypebb.com.
- Estimate your health care costs using ALEX the virtual benefits counselor tool: myalex.com/pebb/2021.

Before you enroll — continued

Covering domestic partners

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 are covered under another group plan. You will receive part of your employer's premium contribution ("opt out incentive") if you opt out.

The opt out payment is determined by the PEBB Board. <https://www.oregon.gov/oha/PEBB/Documents/opt-out.pdf>.

This might be a good option if you are double covered and you 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>.

Remember! Your opt-out or decline status won't change unless you complete open enrollment.

Surcharges

Tobacco use

Employees and spouses who are enrolled in a PEBB medical plan and use tobacco products pay a monthly fee. The fee is deducted from the employee's pay:

- \$25 for employee
- \$25 for spouse/partner, and
- \$50 if both employee and spouse/partner.

Employees and spouses who opt out of a PEBB medical plan are not subject to this fee.

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

Double coverage

In 2019 the Legislature passed a law that will affect some PEBB members. Beginning Jan. 1, 2021, you will have to pay a monthly \$5 surcharge if you are an active fulltime employee and:

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

Spouse/partner other employer group coverage

Employees will pay a monthly fee of \$50 if a spouse or partner chooses to waive their own employer (not PEBB) coverage.

Employees can submit a midyear change form if this changes during the plan year. The employee must send in the change request within 30 days of status change to their payroll or university benefits office.



Before you enroll — continued

Employee premium share for core benefits

Employees pay a share of the premium for core benefits. Your core benefits include:

- Medical
- Dental
- Vision, and
- Employee only basic life.

Your employer pays the rest. The amount you pay may vary depending on your agency or university. Many full-time state employees pay either 1% or 5% of the monthly premium.

It depends on your health plan choice. Some university employees pay either 3% or 5%.

PEBB does not control the premium share. Contact your agency or university benefits office for information. Look for your benefit contact under “Other contacts” here:

https://www.oregon.gov/oha/PEBB/Pages/Contact_Us.aspx.

You pay the same premium percentage for all core benefits. If you opt out of medical, your premium share is always 5% for your other coverages.

For employees of executive branch agencies

Full-time employees:

- Only full-time plans are available to full-time employees.
- You pay 5% of the total premium if you enroll in either of the two higher cost plans – Providence PEBB Statewide or Kaiser Traditional.
- If you enroll in any other full-time plan – all of which have lower cost – your premium share is 1%.

Part-time employees:

- Both full-time and part-time plans are available to part-time employees.
- You pay either 1% or 5% of the total premium based on the medical plan you choose:
 - Your premium share in the full-time or part-time Providence PEBB Statewide or Kaiser Traditional plan is 5%.
 - Your premium share in any other full-time or part-time plan is 1%.
- You pay any premium balance after your employer pays its premium share based on the hours you work each month.
- If you enroll in a part-time plan:
 - Your employer pays a flat premium subsidy for medical based on your coverage tier.



PEBB Dependent Eligibility Review

In 2017 the Oregon Legislature passed a law that requires PEBB to verify your dependents' eligibility. The purpose of the review is to ensure that only eligible dependents receive benefits. This helps keep health care costs down!

Are you adding someone to your PEBB insurance during open enrollment? If you are, PEBB will ask you to provide documents to verify their eligibility in November after open enrollment closes.

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.

Once PEBB completes the review, we will send you a confirmation letter. The letter will confirm your eligibility.

Who is considered an eligible dependent?

- Spouse is the person you married under any state or country law.
- Domestic Partner by Affidavit is the unmarried person of the same or opposite sex with whom you are in a partnership.
- Child is 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 means you are covering both the grandchild and your child (the parent of your grandchild). Both the parent and grandchild must live with you. You must claim both of them as your IRS tax dependent. The parent cannot be married and cannot have a domestic partner.
- Child by Affidavit is the court order placement of a child (guardianship). The child lives with the eligible employee and is the employee's IRS tax dependent.

Eligibility verification

You will be asked to provide one or more documents to verify eligibility for each of your dependents. Your dependent eligibility packet will tell you exactly what to send. Below are some of the documents you may need to provide:

- 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
- Naturalization certificate
- Report of birth abroad
- Adoption paperwork
- Court ordered guardianship paperwork
- Mortgage or residential lease showing your name and your partner's name
- Copies of your and your partner's driver's licenses
- Auto insurance policy showing your name and your partner's name
- Utility bills showing your name and your partner's name
- Joint bank account or credit card statement
- Joint car loan lease or title
- Beneficiary statement from your life insurance

PEBB Dependent Eligibility Review — continued

How will my documents be kept secure and private?

Your information and privacy are very important to us. Copies of documents submitted to PEBB will be destroyed following the review. No documents will be retained! That is why it is important that you provide only 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. You will 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.

What can I do if I think my dependent is not eligible or if I have questions about the review?

Call PEBB if you think that a dependent is not eligible, or you have questions about the review. You can contact Member Services with questions. Our phone number is 503-373-1102. Our email is pebb.dependenteligibility@dhsosha.state.or.us.

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

Yes, even if you already gave documents to payroll or human resources. Failure to provide documents to PEBB during your review will result in your dependents' coverage ending.

How often does PEBB conduct an eligibility review?

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

For detailed information on the PEBB dependent eligibility review including definitions and eligibility rules, please go to our webpage at <https://www.oregon.gov/oha/PEBB/Pages/Dependent-Eligibility-Review.aspx>.



Health Engagement Model (HEM) — active employees only

Learn about your health risks and save money too!

The Health Engagement Model (HEM) pays employees an incentive to learn their health risks and take steps to reduce those risks when possible. When you take part in HEM:

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

Because we are giving you a pass for open enrollment this year, you are also not required to take your health assessment for the HEM if you are already a HEM participant.

- If you participated in 2020, you will remain in HEM for 2021.
- If you did not take part in 2020 and still don't want to, you will keep your higher deductible. You will also remain ineligible for the monthly incentive.
- If you did not take part in 2020 but want to participate in 2021, you must follow the three easy steps outlined below.

Three easy steps to take part in HEM

- 1:** Enroll in a PEBB medical plan for 2021 between Oct. 1 and Oct. 31, 2020. (Be sure to state you plan to take part in HEM.)
- 2:** Take your health assessment on your current PEBB medical plan's website between Sept. 1 and Oct. 31, 2020: <https://www.oregon.gov/oha/PEBB/Pages/Health-Assessment.aspx>.
Health assessments done outside of these dates will not be accepted.
- 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: www.oregon.gov/oha/pebb/Pages/HEM-Activities.aspx.

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 provider.



Health Engagement Model — continued

Just some reminders:

- Spouses and partners don't take part 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 2021 if they are enrolled and receive benefits by Oct. 1, 2020.

For more information about 2021 HEM requirements, check out the [Open Enrollment and HEM Quick Guide](#).

Your privacy is assured.

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

Q & A

What happens if I don't enroll Oct. 1–31, 2020?

This year we are giving you a pass. If you are currently enrolled in a medical plan in 2020, your enrollment and HEM status will remain the same in 2021. See the [Open Enrollment and HEM Quick Guide](#) for more details.

Can I take part in HEM if my benefits start on Nov. 1, 2020?

No. Only members currently active in PEBB with benefits starting Oct. 1, 2020 or earlier can take part in HEM.

I'm out on leave; do I have to enroll to participate in HEM?

Yes. Even if you are on leave, you still need to enroll and choose to take part in HEM between Oct. 1 and 31, 2020, if you want to make a change.

I'm currently enrolled in a medical plan but will switch to a different plan this open enrollment. Under which plan do I take my health assessment?

If you currently take part in HEM, you do not need to take a health assessment in 2020.

If you are not a HEM participant but want to be, take your health assessment under your **current** (2020) carrier since your new plan doesn't start until Jan. 1, 2021.

For more details, check out the [Open Enrollment and HEM Quick Guide](#).



ALEX the virtual benefits counselor is back!

Curious how our updated benefits might affect you and your family? Talk to ALEX.

ALEX is updated with plan year 2021 information. Even if you've used the tool before, it's a good idea to review your options because benefits change slightly each year. Being in the right plan saves you money (and unnecessary stress)!

How does ALEX work?

You'll answer a few questions about your estimated health care needs. Then ALEX will crunch numbers and point out what might make the most sense.

- It's personalized, so you can see which plan makes the most sense for you and your situation.
- It's fun to use. There's no boring insurance jargon or complicated legal jibber-jabber.
- It's confidential, so you can get the guidance you need without revealing all of your fascinating secrets.

How does ALEX know what plan is best for me?

ALEX takes your monthly premium amount, in other words the amount each plan would cost you, and adds your estimated health care costs to recommend the least expensive option for your needs. Remember to double-check your network and providers!

How long does it take?

Most users spend about seven minutes with ALEX, but it really just depends how much guidance you'd like. And ALEX can save your place, so you can leave to get some peanut brittle and then pick up right where you left off.

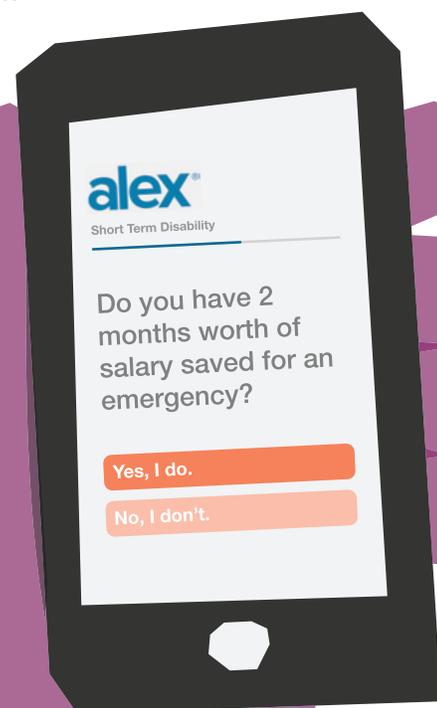
What do I need to prepare?

You don't need to do much of anything. ALEX will ask you to estimate what type of care you might need this year (provider visits, surgeries, ER visits, prescriptions, etc.), so you may want to tally those up and talk to your family about their needs. ALEX can also help you come up with some estimates.

What are you waiting for?

▶ **Go meet with ALEX today!**

IMPORTANT! ALEX does not automatically enroll you in your benefits! You still need to complete your enrollment online at www.PEBBenroll.com or by paper form.



2021 rates

2021 Employee medical plan monthly premium rates

	Employee	Employee & spouse/partner	Employee & children	Employee & family
Kaiser Traditional ¹	\$819.95	\$1,639.90	\$1,393.91	\$2,213.86
Kaiser Deductible ¹	\$752.66	\$1,505.33	\$1,279.53	\$2,032.21
Moda Synergy ²	\$759.23	\$1,518.47	\$1,290.69	\$2,049.92
Providence PEBB Statewide ³	\$865.98	\$1,731.97	\$1,472.17	\$2,338.16
Providence Choice ⁴	\$720.71	\$1,441.43	\$1,225.21	\$1,945.92
Kaiser Traditional part-time ⁵	\$691.53	\$1,383.07	\$1,175.57	\$1,867.12
Kaiser Deductible part-time ⁵	\$618.34	\$1,236.67	\$1,051.17	\$1,669.50
Moda Synergy part-time ⁶	\$618.12	\$1,236.23	\$1,050.80	\$1,668.92
Providence PEBB Statewide part-time ⁷	\$703.49	\$1,406.97	\$1,195.92	\$1,899.41
Providence Choice part-time ⁸	\$584.05	\$1,168.10	\$992.88	\$1,576.93

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

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

⁶ Additional option available to eligible part-time employees in plan service area.

⁷ Additional option available to eligible part-time employees.

⁸ Additional option available to eligible part-time employees in plan service area. Vision exam only.

2021 Employee vision plan monthly premium rates

	Employee	Employee & spouse/partner	Employee & children	Employee & family
VSP	\$8.69	\$17.37	\$14.77	\$23.46
VSP Plus	\$15.21	\$30.41	\$25.84	\$41.05

VSP Plus plan 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.

2021 Employee dental plan monthly premium rates

	Employee	Employee & spouse/partner	Employee & children	Employee & family
Kaiser ¹	\$65.01	\$130.02	\$110.53	\$175.54
Delta Dental Premier ²	\$60.66	\$121.32	\$103.12	\$163.78
Delta Dental PPO ³	\$56.05	\$112.10	\$95.29	\$151.34
Willamette Dental Group ⁴	\$56.35	\$112.70	\$95.86	\$152.21
Delta Dental part-time ⁵	\$43.65	\$87.31	\$74.22	\$117.86
Kaiser part-time ⁶	\$48.49	\$96.96	\$82.42	\$130.91

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.

⁴ Available to PEBB eligible full-time and part-time employees in plan facilities.

⁵ Additional option available to eligible part-time employees; in plan facilities.

⁶ Additional option available to eligible part-time employees; in plan service area.

Note: All rates include 0.13% commission and 0.35% PEBB administration cost.

Kaiser Permanente Medical



Quality care when and where you need it

At Kaiser Permanente, care and coverage come together – so you get everything you need to stay on top of your health in one easy-to-use package.

Your doctor, nurses, and other specialists are connected to each other, and to you, through your electronic health record. That way, you get personalized care that's right for you.

Convenient care near you

With multiple locations to choose from, it's easy to find one near home or work. You can also see different doctors at different locations – whatever works best for you. Choosing a convenient place to get care is simple – just hop online or grab your smartphone.

- Visit kp.org/locations to search by ZIP code, keyword, or the type of service you need.
- Search on your smartphone with the location finder on the Kaiser Permanente mobile app.¹

Getting care in Lane County

In addition to our Kaiser Permanente Chase Gardens Medical Office in Eugene, you have access to 4 PeaceHealth medical offices² and more than 650 contracted specialty care providers in Lane County.³

Visit my.kp.org/pebb to learn more or see a list of providers near you at kp.org/finddoctors.

Many services under one roof

Most of our facilities offer a variety of care and services, so you can take care of several health care needs in one visit. You can see your doctor or specialist, get a lab test or an X-ray, and pick up your medications – all without leaving the building.

Getting care anytime, anywhere

Urgent care

Many facilities offer services for nonemergency, urgent medical needs that require immediate attention – open 7 days a week.⁴

Emergency care

If you ever need emergency care, you're covered. You can always get care at any Kaiser Permanente or non-Kaiser Permanente hospital emergency department.⁵

Care while traveling

You're covered for urgent and emergency care anywhere in the world.⁶ We can also help you before you leave town by checking to see if you need a vaccination, refilling prescriptions, and more. Just call our 24/7 Away from Home Travel Line at **951-268-3900** or visit kp.org/travel.⁷

Visiting member care

You can get care in all or parts of California, Colorado, Georgia, Hawaii, Maryland, Virginia, Washington, and Washington, D.C. as a visiting member. Call our Away from Home Travel Line at **951-268-3900** and let them know you plan to visit another Kaiser Permanente service area for care.

Out-of-area care for dependents

Dependent children are covered for routine, continuing, and follow-up care when they are residing outside the service area. We also cover urgent and emergency care.

¹To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.

²Our partnership with PeaceHealth includes the Santa Clara, RiverBend Pavilion, Cottage Grove, and Florence locations. Not all providers at these locations are part of our network.

³Some specialties require a referral from your personal doctor. You don't need referrals for certain specialized departments, including obstetrics-gynecology, mental health, optometry, and physical therapy.

⁴An urgent care need is one that requires prompt medical attention, usually within 24 or 48 hours, but is not an emergency medical condition. This can include minor injuries, backaches, earaches, sore throats, coughs, upper-respiratory symptoms, and frequent urination or a burning sensation when urinating.

⁵If you reasonably believe you have an emergency medical condition, call 911 or go to the nearest emergency department. An emergency medical condition is a medical or psychiatric condition that requires immediate medical attention to prevent serious jeopardy to your health. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage (EOC)* or other coverage documents.

⁶Routine services like prevention, exams, checkups, and services for ongoing medical conditions aren't covered, so make sure to get them before your trip if you're traveling elsewhere. Please refer to your *EOC* or other coverage documents for details.

⁷This number can be dialed inside and outside the United States. Before the phone number, dial "001" for landlines and "+1" for mobile lines if you're outside the country. Long-distance charges may apply, and we can't accept collect calls. The phone line is closed on major holidays.



Kaiser Permanente Medical — continued

Your care, your way

Get care where, when, and how you want it. With more options to choose from, it's easier to stay on top of your health.

Choose how you get care



E-visits

Sign in to kp.org for an online medical consultation about your symptoms and conditions. Complete an online questionnaire and receive a treatment plan, including prescriptions if needed, in less than one hour.



Video

Want a convenient, secure way to see a doctor wherever you are? Meet face-to-face with a Kaiser Permanente doctor on your computer, smartphone, or tablet.^{1,2} Learn more at kp.org/telehealth/nw.



Phone

Have a condition that doesn't require an in-person exam? Save yourself a trip to the office by scheduling a call with a Kaiser Permanente doctor.^{1,2}



In person

Visit your doctor for routine care, preventive services, care when you're not feeling well, and more.



24/7 care and advice by phone

Call us for advice when you need it most. We'll help you determine what care is right for you, schedule appointments, and more.



Email

Message your doctor's office anytime with nonurgent health questions.² You'll get a response usually within 2 business days, if not sooner.



Navigate mental and emotional challenges and help improve your sleep, mood, relationships, and more with the help of wellness apps like Calm and myStrength, available at no cost to adult members.³ Learn more at kp.org/selfcareapps.

¹When appropriate and available.

²These features are available when you get care at Kaiser Permanente facilities.

³Calm and myStrength are only available to Kaiser Permanente members with medical coverage; myStrength is a wholly owned subsidiary of Livongo Health, Inc.

Moda Health



Better care. Better cost. **Better health!**

Enjoy better care for a better cost. With our coordinated care plans, you'll receive excellent care from high-quality providers who work together to help you be your healthy best. You'll pay less out of pocket and have the support to help you meet your health goals.

Choose a Moda Synergy Health plan to enjoy:

Medical and pharmacy benefits from one health partner and one network to cover your care in all of Oregon. **Oregon Health & Science University (OHSU) care is included!** Plus, our **Moda 360** support team can also help you easily navigate the healthcare system to make sure you get the most out of your health benefits.

- A large network of providers including high-quality primary care providers in Oregon, Southern Washington, and Idaho without the need for referrals
- **No referrals, no fuss!** Moda does not require referrals for specialist visits. Plus, you'll only pay a \$10 copay
- Take advantage of a large network of alternative care providers (**including licensed massage therapists**) for only a \$10 copay. To find in-network providers, use our online provider directory, Find Care

No referrals required
for specialist visits

Coordinated care made better

Each enrolled Moda PEBB member will need to 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 who has agreed to be accountable for your health. You can count on them to deliver full-circle, higher-quality care, coordinating with other providers as needed.

Each of your covered family members can pick the same PCP 360, or a different one – it's up to each of you.



Finding a PCP 360

As a member on the Moda medical plan, you will need to choose a PCP 360 for your primary care.

- 1 To find a PCP 360 for yourself or another member on your plan, visit modahealth.com/PEBB
- 2 Choose the **Find Care** link on the left side of the page
- 3 Under the **Search by network** drop-down menu choose **Synergy**
- 4 Under the **Type** drop-down menu, choose **PCP 360** before you search

PCP 360 providers will have a "360" graphic under their phone number.



Moda Health — continued

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

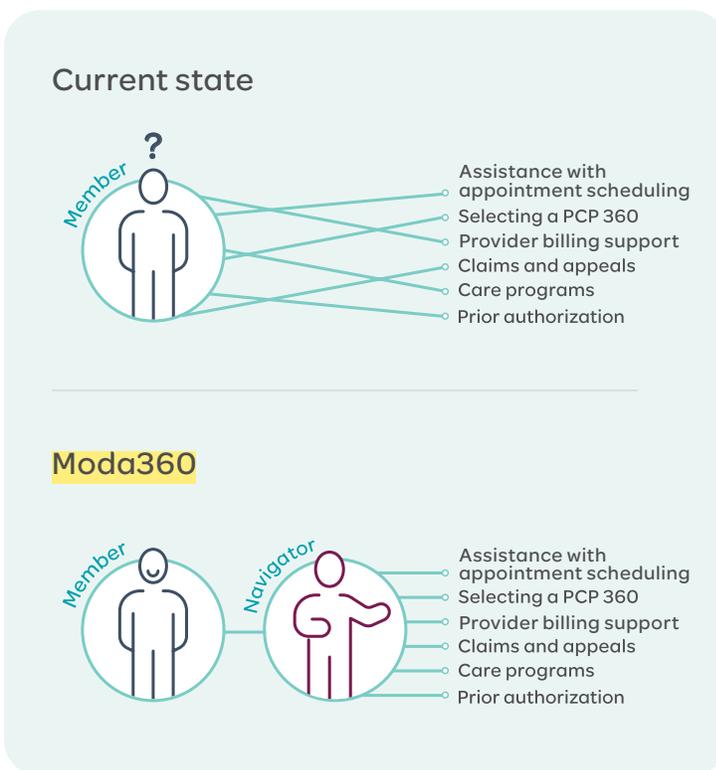
Healthcare can be complicated. That's why we created Moda 360 – your own enhanced member support team.

Every time you call Moda Health, you will be connected with a **Moda 360 health navigator**. The health navigator will answer any questions you may have, as well as serve as your guide to connect you with the care, resources and programs that will work best for you.

Moda 360 health navigators will help you identify, coordinate and connect with the following resources:

- Personalized support for many chronic conditions
- Coordination with your PCP
- **NEW!** Telemedicine app
 - Ability to chat, text, phone, and have video meetings
 - 24/7 access in all 50 states
 - Providers can prescribe medication
 - No cost sharing on all Moda PEBB plans
- **NEW!** Specialized support for behavioral health, including depression and anxiety. You'll have access to a digital app you can use to:
 - Connect with dedicated therapists and psychiatrists
 - Track your physiological response to stress
- Member cost sharing is \$10 copay (FT plan) or \$40 copay (PT plan) with the deductible waived for the initial assessment visit. Standard copay includes an additional 12-week therapy program with no extra member cost sharing.
- To access Meru visit www.modahealth.com/meru or contact your health navigator

Our dedicated Moda 360 support team can also help you select a PCP, assist with healthcare appointments and provide support for billing issues, prior authorizations, claims and appeals.





Moda Health — continued



Access care statewide through our Synergy Network

Use our Synergy Network to get high-quality care close to home. The network's diverse and wide selection of hospitals includes:

- Adventist Health (OHSU partner)
- Asante
- Bay Area Hospital
- Blue Mountain Hospital District
- CHI St. Anthony Hospital
- Columbia Memorial Hospital
- Good Shepherd Healthcare System
- Grande Ronde Hospital
- Harney District Hospital
- Kadlec District Hospital
- Lake Health District Hospital
- Legacy Health
- Legacy Silverton Hospital
- Mid-Columbia Medical Center
- Oregon Health & Science University (OHSU)
- PeaceHealth
- Pioneer Memorial Hospital – Heppner
- Saint Alphonsus Health System
- Salem Health Hospitals and Clinics
- Samaritan Health Services
- Santiam Hospital
- Sky Lakes Medical Center
- St. Charles Health System
- St. Luke's Hospital
- Tillamook Regional Medical Center
- Trios Health
- Tuality Healthcare (OHSU partner)
- Wallowa County Memorial Hospital



Care is never far with the First Health Network

When traveling outside the network service area, you can use the First Health Travel Network for urgent and emergent care to receive the in-network benefit level.

Out-of-area dependents

The Moda Synergy plan covers dependents who live outside of the service area (for example: college students). Out-of-area dependents will need to select a PCP 360 and utilize that provider when they are in the service area. When they are away from the service area, they have access to our travel network. Please update the dependent's address in the PEBB enrollment system or contact your employer.

Understanding the benefits in our 2021 health plans can help you choose the plan that's right for you and your family. To learn more, please visit modahealth.com/PEBB.

Access medications your way

As the administrator of Oregon Prescription Drug Program (OPDP), we provide quality comprehensive coverage that reflects the most current industry standards.

Through the prescription program, you can access medications based on tier; value, generic and brand. Each tier has a copay or coinsurance amount set by the plan.

To find a list of covered medications, visit modahealth.com/pebb and click on the **Resources** tab on the left hand side.

Providence

More ways to reach True Health



Active&Fit Direct

Ready to kick-start a routine or looking to take it to the next level? Access 10,000 participating fitness centers and YMCAs nationwide through Active&Fit Direct for only \$25 a month (plus a \$25 enrollment fee and applicable taxes; 3-month commitment required).



Personal Health Coach

Thinking about a healthier lifestyle but don't know where to start? Our Providence health coaches are here to support your journey to a healthier, happier life.



LifeBalance

Get discounts on the things you love to do from movies to travel to a night on the town. LifeBalance provides savings on more than 20,000 travel, cultural, recreational, and other fun activities.



ChooseHealthy

We want to give you every opportunity to achieve your health goals. Save big on fitness and wellness products, services, and memberships.



ID Protection

Get peace of mind with Assist America Identity Theft Protection's fraud monitoring, warning, and resolution.



Emergency Travel Assistance

Get emergency medical help while traveling away from home, or even internationally, with Assist America Travel Assistance.

More resources to keep you healthy



Prescription drug formulary

The comprehensive formulary is designed to promote safe, effective and affordable drug therapy. It includes a list of FDA-approved generic, brand-name and specialty medications.

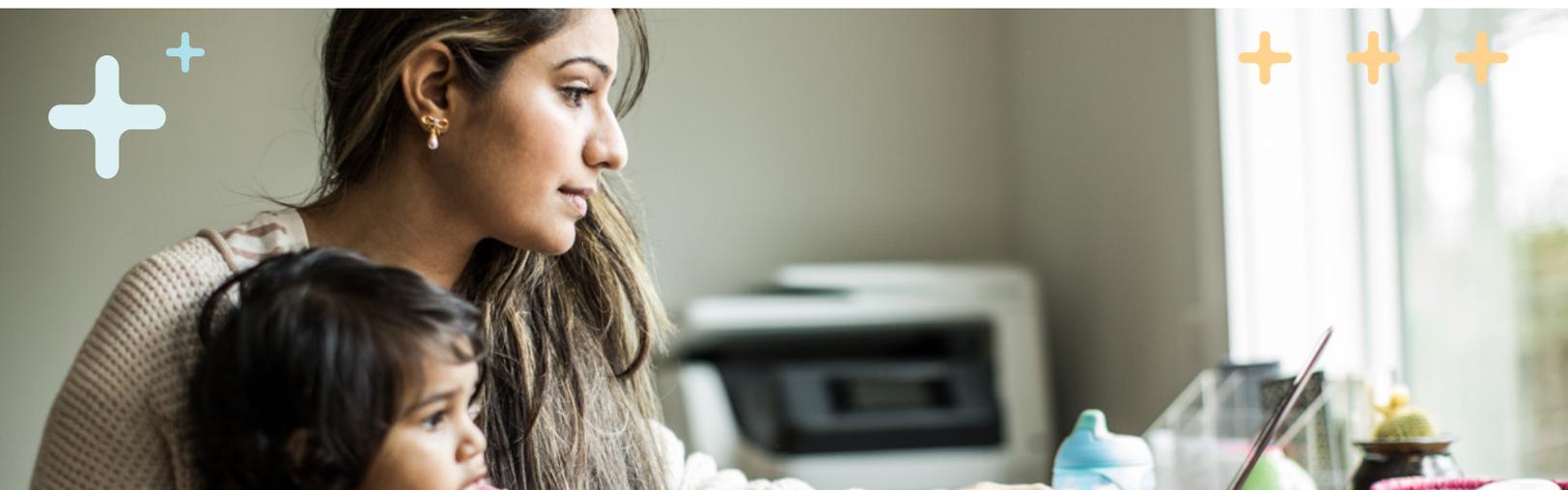
Care management

This program offers personalized support to individuals who are managing a chronic or complex health condition. Support during pregnancy is also available through the maternity program.

Wellness Central

Within your secure [myProvidence](#) account, you'll find Wellness Central, an integrated online health and wellness hub that helps translate your wellness goals into meaningful action. Visit your personalized Wellness Central dashboard to take a health assessment, monitor activities and track progress toward your health goals.

Providence Choice



Integrated care from your home clinic team

As a PEBB Providence Choice plan member, you can count on quality, compassionate and coordinated care from a team of providers you know and trust. Providence Choice is a medical home plan* which means your medical home team coordinates your care, including referrals when needed. If you choose, you can receive care not provided or coordinated by your medical home care team, but with higher out-of-pocket costs.

Advantages of the Providence Choice plan:

- ✔ Access to the Providence Choice Network, with your choice of approximately 410 medical homes. Prior authorization needed for OHSU.
- ✔ Coverage for urgent/emergent services away from home
- ✔ Any amount paid toward your plan deductible in Oct., Nov. and/or Dec. 2020 is applied to your 2021 Providence plan deductible
- ✔ Massage Therapy
- ✔ In-network copayments provide predictability of out-of-pocket costs
- ✔ The low-cost plan option in most Oregon counties
- ✔ Specialists available with a referral from your medical home.

*To receive in-network benefits and low copayments for most covered services, be sure to tell Providence which medical home you've selected for each enrolled member, before care is received.

Choice serves these Oregon and Washington counties

- | | | | |
|--------------|--------------|-------------|--------------|
| + Baker | + Curry | + Lane | + Umatilla |
| + Benton | + Deschutes | + Lincoln | + Union |
| + Clackamas | + Douglas | + Linn | + Wallowa |
| + Clark (WA) | + Hood River | + Malheur | + Washington |
| + Clatsop | + Jackson | + Marion | + Yamhill |
| + Coos | + Josephine | + Multnomah | |
| + Crook | + Klamath | + Polk | |

PEBB members who live or work in a county where Providence Choice is available may enroll on this plan.

Providence PEBB Statewide



Enjoy great coverage and perks

As a PEBB Statewide plan member, you can count on quality, choice and compassionate care from providers you know and trust. You'll also enjoy perks designed to support your True Health.

The PEBB Statewide plan is a PPO plan, which offers greater flexibility. It allows you to receive care from primary care providers, and from specialists and pharmacies of your choice — *without* a referral. You pay less for in-network services, more for out-of-network services.

Access to care

- + PEBB Statewide PPO is offered in all counties in Oregon (i.e., no geographical limitations)
- + Any PEBB member may enroll in the PEBB Statewide PPO plan

Advantages of the PEBB Statewide plan:

- ✔ Full access to the nationwide Providence Signature Network, with approximately 1 million providers (includes OHSU)
- ✔ No referral requirements
- ✔ No-cost care visits through Providence ExpressCare retail clinics, Providence ExpressCare Virtual and Web-direct (where available)
- ✔ Pay a low percentage of the bill for in-network covered services
- ✔ Pay less out-of-pocket for certain healthcare services when receiving care from an Oregon Health Authority-approved Primary Care Home
- ✔ Any amount paid toward your plan deductible in Oct., Nov. and/or Dec. 2020 is applied to your 2021 plan deductible

Kaiser Permanente Vision



At Vision Essentials by Kaiser Permanente, we see eye care differently. Healthy sight is more than glasses and contact lenses. Our optometrists and ophthalmologists provide comprehensive eye care, including routine eye exams, to help keep your vision sharp and your eyes healthy. **New in 2021**, we are pleased to offer an increased vision allowance of \$200 per year for full-time plans. Up to \$100 of the allowance may be used for nonprescription sunglasses or nonprescription eyestrain glasses.

Integrated care

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

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

Convenience

We have 6 **optical retail** locations from Salem to Longview, most located in medical offices. To schedule an exam, order contact lenses, or find a location near you, visit kp2020.org or call **1-800-813-2000** (TTY 711).

Care in Eugene and Springfield

Members in our Eugene-Springfield service area can get routine eye exams and order prescription contact lenses at Oregon Eye Associates, a network of ophthalmic practices located in the heart of downtown Eugene.

Visit oea.myezyaccess.com or call **541-484-3937** to schedule an appointment at their office at 1550 Oak St., Eugene, OR 97401.

Members can also receive eye care services through PeaceHealth Eye Care and Optical Shop. To make an appointment, call **458-205-6257**.

For prescription glasses, the Focal Point offers a wide variety of eyewear, frames, and lenses to choose from. Call **541-683-6341** or visit focalpointoregon.com for more information.

Contacts

You can easily reorder your contact lenses online through the Vision Essentials website, kp2020.org. Your new lenses are just a few clicks away.

50/50 protection plan

Glasses purchased at one of our Vision Essentials locations are eligible for a 50% savings off the original retail price within one year of purchase when broken, no matter the reason.

High quality of service and care

Kaiser Permanente Northwest's Medicare and commercial plans received the highest rating in quality and performance among health plans in Oregon and Washington for 2019-2020 according to the National Committee for Quality Assurance (NCQA).*

We offer walk-in screenings for glaucoma and diabetic retinopathy with zero copay to help identify problems early and keep your eyes healthy.

Getting care

To schedule an exam, order contact lenses, or find a location near you, visit kp2020.org or call **1-800-813-2000** (TTY 711).

*According to NCQA's Medicare Health Insurance Plan Ratings 2011-2020 and NCQA's Private Health Insurance Plan Ratings 2019-2020.



YOUR EYES HAVE OPTIONS

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



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



GET THE BASICS

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

- Annual WellVision Exam®
- Glasses or contacts
- Suncare: Non-prescription sunglasses
- Special offers and savings

UPGRADE TO THE PLUS PLAN TO PERSONALIZE YOUR VISION COVERAGE

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

ENROLL IN VSP TODAY!*

YOU'LL BE GLAD YOU DID. CONTACT US AT **800.877.7195** OR VISIT **VSP.COM**.



HERE'S A LOOK AT WHAT YOU COULD GET

- **Suncare**
Increased allowance for non-prescription sunglasses
- **Increased Frame Allowance**
Covers more of your favorite designer frames
- **Anti-glare Coating**
Reduce glare and combat reflection
- **Progressive Lenses**
See clearly at any distance

Check your member benefits summary for plan details.

*VSP is for Moda and Providence members only.

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Kaiser Permanente Dental



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

Our philosophy of care

We emphasize preventive care to help keep your teeth and gums healthy. You'll receive a personalized prevention and treatment plan after we assess your risk for dental disease.

Quality

For more than 2 decades, we've received the highest level of accreditation from the Accreditation Association for Ambulatory Health Care (AAAHC). This means our Dental Program has met rigorous national standards. Currently we are the only dental practice in the Pacific Northwest with AAAHC accreditation.

Coordinated care

Kaiser Permanente medical and dental coverage is a great way to experience our uniquely coordinated approach to care. Save a trip – and often a copay – by taking care of minor medical needs, like flu shots or vaccinations, during your dental appointment.¹ Plus, your dentist can view your electronic health record to see if you're due for a screening, lab test, or follow-up appointment. Our dental and medical teams work together to support your total health, giving you another reason to smile.

Patient satisfaction

In 2019, 95% of our dental members said they would recommend our Dental Program to their family and friends.² We deliver a quality experience to our members through our coverage and high-quality care.

Urgent and emergency care

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

Getting convenient care

We have 21 dental offices in the Portland metro area, Southwest Washington, Longview, Salem, and Eugene, with many located within or near our medical offices. For added convenience, you can also take advantage of our no-cost virtual dentistry options, without leaving your home.

Extended days and hours

Monday through Friday, 7 a.m. to 7 p.m.

Saturday, 8 a.m. to 4:30 p.m.

Sunday for emergency services

(Eugene dental office closed on Wednesdays)

Member Services.....1-800-813-2000

Language interpretation services:

Use the number above.

TTY (all areas)711

For more information visit kp.org/dental/nw.

¹When you have both Kaiser Permanente medical and dental coverage. Medical services are available at select dental locations.

²According to the Press Ganey survey for January 2019–December 2019.

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232.
©2020 Kaiser Foundation Health Plan of the Northwest

Delta Dental of Oregon



Delta Dental of Oregon & Alaska

Dental coverage for your **total health**

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

Dental benefit highlights

- **NEW!** No 24 months waiting period for orthodontics services for late enrollees
- **NEW!** No 12 months waiting period for basic and major services for late enrollees
- Routine services such as exams and cleanings are covered at 100% for in-network providers. Preventive services are not subject to deductible and do not apply to your calendar year maximums.

Our dental plans also include useful online tools, resources and special programs for members who need a little extra attention for their pearly whites.

Pick from two plans

Our PPO and Premier dental plans.

Our PPO providers charge less for services, which means your maximum goes further.

Is my dentist in the network?

With our big dental networks, chances are good your dentist participates. To find out, visit modahealth.com/pebb and use our Find Care tool. Choose a dental network and then search for participating dentists near you.

Delta Dental PPOSM Network

This is one of the largest preferred provider organization (PPO) dental networks in Oregon and across the country. It includes access to more than 1,300 Delta Dental PPO dentists in Oregon and over 112,000 Delta Dental PPO dentists nationwide.

Delta Dental Premier[®] Network

This is the largest dental network in Oregon and nationally. It includes access to more than 2,400 Delta Dental Premier dentists in Oregon and over 156,000 Delta Dental Premier dentists nationwide.

Health through Oral Wellness[®]

All PEBB members have access to the Health through Oral Wellness (HtOW) program: a patient-centered wellness program that helps you maintain better oral health through a risk assessment, education and additional evidence-based preventive care.

Providers participating in the program use an oral health assessment to determine your risk of tooth decay, gum disease and oral cancer.

You may qualify for the following services depending on your risk score:

- Additional cleanings
- Fluoride treatment
- Sealants
- Periodontal maintenance
- Nutritional counseling

To see which providers are participating in HtOW, there is a green badge shown in Find Care



For more details on HtOW – please see our website: deltadentalOR.com/oralwellness/members/



Willamette Dental Group

Willamette Dental Group 



For 50 years, Willamette Dental Group has proudly partnered with public employers throughout the Pacific Northwest, offering high quality dental care and outstanding insurance coverage to more than 500,000 patients.

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

QUICK FACTS



No annual maximum¹, no deductibles



PEBB patient satisfaction averages over 96%



Services covered at predictable, low copays



Most offices open 7AM to 6 PM Mon – Fri with Saturday appointments available



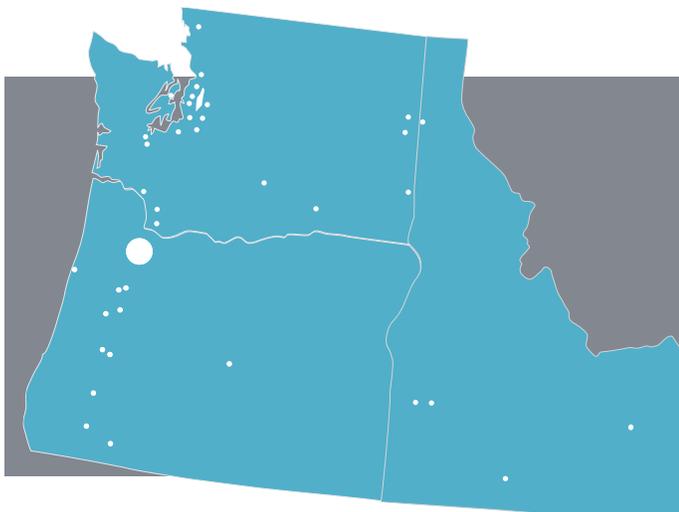
Affordable orthodontic coverage for adults and children



No premium or copay changes for 2021 plan year

¹ Benefits for implant surgery have a benefit maximum, if covered.

MORE THAN 50 DENTAL OFFICE LOCATIONS



Locations Include:

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

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

044-OR90(7/20) Underwritten by Willamette Dental Insurance, Inc.

State employee health and wellness

You are the state's most valuable resource. Your health and well-being positively influence your ability to:

- Be productive
- Feel engaged in your work
- Care for your family, and
- Do things that bring you satisfaction.

You are better able to serve Oregonians and slow health care costs when you are healthy and empowered.

Taking care of your health and well-being is more important than ever. You have loads of resources available to support you along the way. You have access to valuable benefits. You also have a variety of other services available at **no cost** to you or eligible family members:

- **Better Choices Better Health** is a six-week online program to help those with chronic conditions:
 - Manage their health
 - Connect with others online, and
 - Track their progress toward health goals.
- **Cascade Centers Employee Assistance Program (EAP)** offers employees support and services including:
 - Emotional well-being
 - Stress management
 - Legal and financial tools
 - Work and family life balance services, and
 - A variety of other services available at no cost to you or eligible family members.
- **Healthy Team Healthy U** is a web-based program that provides tools to help you:
 - Improve your diet
 - Increase physical activity, and
 - Practice healthy behaviors.

- **Tobacco cessation** offers support for members trying to quit tobacco, including:
 - Coaching
 - A personalized quit plan
 - Nicotine replacement therapy, and
 - Coverage for certain prescription medications that help you quit.
- **Virtual Lifestyle Management (VLM)** is available to members enrolled in Providence medical plans. VLM is an online Diabetes Prevention Program designed to help those at risk prevent or delay developing diabetes. The program uses:
 - Healthy eating and effective exercise guidance
 - Coaching support, and
 - Tools to track progress.
- **The name WW** is becoming the world's partner in wellness.
 - WW welcomes anyone who wants to build healthy habits — whether that means:
 - Eating better
 - Moving more
 - Developing a positive mindset
 - Focusing on weight, or
 - All of the above.
 - All members, spouses/domestic partners or dependents age 18 and up and enrolled in a PEBB medical plan can sign up for WW at no cost.
 - Dependents ages 10–17 who are enrolled in a PEBB medical plan are eligible to participate in Kurbo by WW at no cost.
 - To learn more and sign-up, visit <https://www.weightwatchers.com/us/PEBB>.
 - Employer ID: 15066304
 - For any questions or issues, please contact 1-866-454-2144.

Cascade Employee Assistance Program



EAP Summary of Services

A benefit for you and your family members provided by PEBB

The Employee Assistance Program (EAP) is a **FREE** and **CONFIDENTIAL** benefit that can assist you and your eligible family members with any personal problems, large or small.

Personal Consultation with an EAP Professional

Three or Five (3 or 5) counseling sessions face to face, over the phone, or online for concerns such as:

- Marital conflict
- Conflict at work
- Depression
- Stress management
- Family relationships
- Anxiety
- Alcohol or drug abuse
- Grieving a loss
- Career development services

Work/Family/Life

Cascade will help locate resources and information related to Eldercare, Childcare, Identity Theft, or anything else you may need.

Legal Consultations/Mediation

Call Cascade for a free 30 minute office or telephone consultation. A 25% discount from the attorney's/mediator's normal hourly rate is available thereafter.

Identity Theft

This service provides members with a free 60 minute consultation with a Fraud Resolution Specialist™ (FRS) who will conduct emergency response activities and assist members with restoring their identity, good credit, and dispute fraudulent debts.

Financial Coaching

Coaches will provide 30 consecutive days of financial coaching to help develop better spending habits, reduce debt, improve credit, increase savings, and plan for retirement.

Home Ownership Program

Assistance and discounts for buying, selling, and refinancing.

Pet Parent Resources

We offer free pet information and support, including pet insurance discounts, new pet parent resources and bereavement support.



Cascade Employee Assistance Program — continued

Wellbeing Tools

- Will Kit Questionnaire
- Online Legal Tools
- Tax Preparation Q&A and discounted services
- Gym Membership Discounts. Visit: globalfit.com/cascadeEAP

EAP Member Site

Innovative educational tools, chat for support, take self-assessments, view videos and webinars, access courses, download documents and more. Access at www.cascadecenters.com, click 'Member Log-In', register as a new user or log-in. Enter **State of Oregon** for company name when you register.

WholeLife Directions

Take a confidential survey and get connected to interactive tools to improve the way you feel. Log onto the EAP Member Site or search **WholeLife Directions** in the App Store or Google Play. For Access Code enter **PEBB**.

Crisis Counselors are available **24/7/365**

call: 800-433-2320 text: 503-850-7721 email: info@cascadecenters.com



Optional Life and Accidental Death & Dismemberment (AD&D) Insurance from The Standard



For more details on The Standard's offerings – including needs estimators and premium calculators – visit: www.standard.com/mybenefits/pebb

Or visit www.standard.com/edu/state-oregon/18296 to access the Decision Support Tool, which can help you consider your options and choose the level of coverage that is right for you.

Employee or Spouse/Domestic Partner Life Insurance

Life insurance can be a simple way to provide financial protection to your loved ones in case of an unexpected loss.

You can enroll in or increase optional life insurance coverage for yourself (up to \$600,000) and your spouse or domestic partner (up to \$400,000) during the annual enrollment period. Anyone applying for new or increased coverage must complete and return a medical history statement by December 31, 2020

Employees are responsible for paying the full premium amount for this term life insurance coverage. The policy pays for covered losses as long as you are a PEBB-eligible member and the premium payments are current at the time of the loss.

For complete details and rates, visit:

- www.oregon.gov/oha/pebb/Pages/Optional-Employee-Life.aspx for employee coverage
- www.oregon.gov/oha/pebb/Pages/Spouse-Partner-Life.aspx for spouse/domestic partner coverage

Dependent Life Insurance

Optional employee-paid term life coverage is also available for PEBB-eligible dependents and your spouse or domestic partner, for a single premium payment, regardless of the number of individuals covered. This plan pays a \$5,000 per person benefit as long as you are a PEBB-eligible member and the premium payments are current at the time of the loss.

For complete details and rate information, visit:

www.oregon.gov/oha/pebb/Pages/Dependent-Life.aspx

Accidental Death & Dismemberment Insurance (AD&D)

With optional employee-paid AD&D insurance, you'll be covered for the accidental loss of life, limb, hand, foot, hearing, speech, sight, or thumb and index finger on the same hand. Coverage of up to \$500,000 is available, and you may choose family coverage (the employee plus all their PEBB-eligible dependents) or employee-only coverage.

For complete details and rate information, visit:

www.oregon.gov/oha/pebb/Pages/ADD.aspx.



Optional Disability Insurance from The Standard



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

Short term disability (STD) insurance

Optional STD insurance is employee-paid. Following a 7-day benefit waiting period, you will receive 60 percent of your insured earnings, based on your weekly earnings in effect on your last full day of work. Insured earnings do not include overtime pay, bonuses, or money received for opting out of medical coverage. STD premiums are tied to work earnings, so a pay increase will result in a premium increase.

The minimum weekly benefit is \$25 and the maximum weekly benefit is \$1,662, before the reduction of deductible income. Deductible income means any other income you are eligible to receive because of your disability. If you are disabled for less than one week, you will be paid one-seventh of the weekly benefit for each day you are disabled.

For complete details and rate information, visit: www.oregon.gov/oha/pebb/Pages/Short-Term-Disability.aspx

Long term disability (LTD) insurance

Optional LTD insurance is employee-paid and you may choose your benefit waiting period and benefit amount.

Option	Waiting Period	Coverage
1	90 days	60 percent of first \$12,000 minus deductible income (up to \$7,200);
2	180 days	minimum benefit of \$50/month
3	90 days	66 2/3 percent of first \$12,000 minus deductible income (up to \$8,000);
4	180 days	minimum benefit of \$50/month

Your insured earnings for LTD are based on your monthly earnings in effect on your last full day of work. Insured earnings do not include overtime pay, bonuses, or money received for opting out of medical coverage. LTD premiums are tied to work earnings, so a pay increase will result in a premium increase.

For complete details and rate information, visit: www.oregon.gov/oha/pebb/Pages/Long-Term-Disability.aspx.

Long term care insurance



You may enroll in this insurance at any time – for open enrollment you must enroll via the link provided in PDB (your enrollment system). You should read the entire policy and review all rates on the plan's website at <http://unuminfo.com/pebb/index.aspx>. Long term care insurance provides benefits when you are unable to perform at least two activities of daily living (ADLs). ADLs are:

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

You are eligible for a monthly benefit after you meet all these conditions:

1. You become disabled;
2. You have met your elimination period; and
3. Your provider certifies that you are 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.

Health Care Flexible Spending Account and Dependent Care Flexible Spending Account



What are Flexible Spending Accounts?*

Flexible Spending Accounts (FSAs) allow you to set aside money from your paycheck pretax to pay for out-of-pocket health care expenses, or for dependent child/adult daycare expenses while you work. When you pay less in taxes, you have more money in your pocket. Most people save at least 30 percent on each dollar set aside pretax. There are two accounts from which to choose:

- **Health Care FSA** Set aside pretax money to pay for medical, dental, vision, and hearing expenses, prescriptions and over-the-counter medicines and health care products **for yourself, your qualifying spouse and children.**
- **Dependent Care FSA** Set aside pretax money to pay for work-related **child daycare expenses** and, in some cases, elder care expenses. This includes daycare, regular babysitting, before/after school care and nursery/preschool while you and, if married, your spouse are working.

Caution! To newly enroll or continue your Health Care or Dependent Care FSA, you must complete open enrollment.

How much can I contribute to my FSAs?

Health Care FSA - \$2,750 | Dependent Care FSA - \$5,000 annual family maximum.

Important: Deadline to make changes to your 2021 contributions is Dec. 11, 2020.

How do I submit claims and get reimbursed?

As you incur expenses, you can submit a claim to be reimbursed. ASIFlex offers several easy ways to submit claims for reimbursement. You do not have to choose only one option; you can use multiple options throughout the year.

- **ASIFlex mobile app** Download the app and log in to your account. Then, just snap a picture of your EOB or itemized receipt and submit a claim via the app.
- **ASIFlex online** Sign in to your online account at ASIFlex.com/ORPEBB to submit a claim.
- **Toll-free fax or mail** Download and complete a claim form. Then, submit it with your EOB or itemized receipt. Keep a copy for your records.
- **ASIFlex Card** Instead of submitting a claim and being reimbursed from your account, you may use the ASIFlex Card for *health* care expenses. In some cases you will be asked to submit backup documentation to substantiate card transactions.

Reimbursements will be made to you within three business days following receipt of a complete claim. Log in to your ASIFlex account to sign up for direct deposit, as well as email and text alerts.

* Subject to non-discrimination testing.

For more information, view the PEBB plan document or visit ASIFlex.com/ORPEBB to obtain IRS Publication 502, Medical and Dental Expenses and IRS Publication 503 Child and Dependent Care Expenses; a list of eligible expenses; debit card information; and general plan information. You can make changes to your account only as allowed under IRS regulations.

Manage your account

Register your account at ASIFlex.com/ORPEBB to see your account statement and balance, submit claims, sign up for email, text alerts and direct deposit.

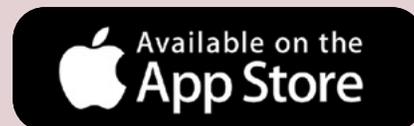
Over-the-counter (OTC) medicines no longer require a prescription

Bandages, blood pressure monitors, diabetic supplies, feminine hygiene products, contact lens solutions, sunscreen, drugs and medicines are just a few of the eligible OTC items. Go to ASIFlex.com/ORPEBB and click on the FSA Store link.

Get the ASIFlex app!

- Submit and view status of a claim.
- Submit documentation.
- Access your balance and account statement.

Search ASIFlex Self Service and download the app today.



ASIFlex Customer Service

ASIFlex.com/ORPEBB

asi@asiflex.com

P: 800.659.3035

F: 877.879.9038

P.O. Box 6044

Columbia, MO 65203



Commuter benefit plans

Parking Reimbursement Account

Mass Transit/Vanpool Reimbursement Account

What are Commuter Benefit Plans?

The Commuter Benefit Plans allow you to pay for work-related commuting expenses you incur going to and from work. Most people save at least 30 percent on each dollar set aside pretax. There is one parking option and one transit option from which to choose.

Parking Reimbursement Account If you park at a location that is not state owned, you can set aside pretax money from your paycheck to pay for parking at or near a location from which you work or commute to work.

Caution! Pretax Employer-Sponsored Parking: If you park at a state-owned lot or garage and you pay the parking expense through payroll deduction, then you do not qualify.

Mass Transit/Vanpool Reimbursement Account You can set aside pretax money from your paycheck to pay for transit expenses such as vanpool, bus, rail, or ferry that you incur to commute to and from work. Bicycles are not included.

How much can I contribute to the Commuter accounts?

Parking Reimbursement Account – \$270 per month | Mass Transit/Vanpool Reimbursement Account – \$270 per month

How do I submit claims and get reimbursed?

As you incur expenses, you can submit a claim to be reimbursed. ASIFlex offers several easy ways to submit claims for reimbursement. You do not have to choose only one option; you can use multiple options throughout the year.

- **ASIFlex Online** Sign in to your online account at asiflex.com/ORPEBB to submit a claim.
- **Toll-free fax or mail** Download and complete a claim form. Then, submit it with your itemized receipt. Keep a copy for your records.
- **ASIFlex Card** Instead of submitting a claim and being reimbursed from your account, you may use the ASIFlex Card for *transit* expenses. In some cases you will be asked to submit backup documentation to substantiate card transactions.

Reimbursements will be made to you within three business days following receipt of a complete claim. Log in to your ASIFlex account to sign up for direct deposit, as well as email and text alerts.

Manage your account

Register your account at ASIFlex.com/ORPEBB to see your account statement and balance, submit claims, sign up for email, text alerts and direct deposit.

ASIFlex Customer Service

ASIFlex.com/ORPEBB

asi@asiflex.com

P: 800.659.3035

F: 877.879.9038

P.O. Box 6044

Columbia, MO 65203



For more program information, review the PEBB plan document or visit ASIFlex.com/ORPEBB.

COBRA member information

Open enrollment runs Oct. 1–31, 2020

COBRA members:

- If only enrolled in a dental or vision plan, do not have to complete open enrollment.
- Who are enrolled in a medical plan for 2020 and want to leave it the same will stay in their 2020 plan.
- May have vision coverage without enrolling in a medical plan.
 - Kaiser full-time medical plans include vision.
 - VSP is available to Providence and Moda members.
 - VSP offers both Basic and Plus plans.
- May enroll in a dental plan for 2021.

Surcharges

- Your 2020 monthly tobacco-use surcharge status will not change unless you make enrollment changes.
- Your 2020 monthly spouse or domestic partner coverage surcharge status will not change unless you make an enrollment change.

To enroll in your 2021 health plans:

Review the health plan regions, premiums and coverage in this 2021 Enrollment Guide.

- Go to: <https://www.oregon.gov/oha/PEBB/Pages/forms.aspx> to fill out the COBRA enrollment form.
- Mail or fax the form by Oct. 31, 2020 to BenefitHelp Solutions (BHS):
PO Box 40548, Portland, OR 97240-0548
Fax: 888-393-2943



How to contact PEBB during open enrollment

Call PEBB at 503-373-1102 during the following times:
Monday–Friday, 7 a.m.–6 p.m.

Email PEBB at: inquiries.pebb@dhsoha.state.or.us

How to contact BenefitHelp Solutions (BHS)

Phone: 503-412-4257

Customer service toll free: 1-877-433-6079

Mail or fax the form by Oct. 31, 2020, to:

BenefitHelp Solutions (BHS)

PO Box 40548, Portland, OR 97240-0548

Fax: 888-393-2943

COBRA member information — continued**2021 COBRA medical plan monthly premium rates**

	Self	Self & spouse/partner	Self & children	Self & family	Children only ⁷
Kaiser Traditional ²	\$836.34	\$1,672.69	\$1,421.78	\$2,258.13	\$672.45
Kaiser Deductible ²	\$767.71	\$1,535.43	\$1,305.12	\$2,072.85	\$621.29
Moda Synergy ¹	\$774.41	\$1,548.83	\$1,316.50	\$2,090.91	\$658.24
Providence PEBB Statewide ³	\$883.29	\$1,766.60	\$1,501.61	\$2,384.92	\$750.80
Providence Choice ¹	\$735.12	\$1,470.25	\$1,249.71	\$1,984.83	\$624.85
Kaiser Traditional part-time ⁶	\$705.36	\$1,410.73	\$1,199.08	\$1,904.46	\$567.14
Kaiser Deductible part-time ⁶	\$630.70	\$1,261.40	\$1,072.19	\$1,702.89	\$545.39
Moda Synergy part-time ⁴	\$630.48	\$1,260.95	\$1,071.81	\$1,702.29	\$535.90
Providence PEBB Statewide part-time ⁵	\$717.55	\$1,435.10	\$1,219.83	\$1,937.39	\$609.91
Providence Choice part-time ⁴	\$595.73	\$1,191.46	\$1,012.73	\$1,608.46	\$506.35

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

² Available to PEBB eligible full-time and part-time individuals in plan service area. Kaiser routine vision services.

³ Available to PEBB eligible full-time and part-time individuals.

⁴ Additional option available to eligible part-time individuals in plan service area.

⁵ Additional option available to eligible part-time individuals.

⁶ Additional option available to eligible part-time individuals in plan service area. Vision exam only.

⁷ Children only coverage is available only to COBRA & retiree participants.

2021 COBRA vision plan monthly premium rates

	Self	Self & spouse/partner	Self & children	Self & family	Children only ⁷
VSP	\$8.86	\$17.71	\$15.06	\$23.92	\$7.52
VSP Plus	\$15.50	\$31.01	\$26.35	\$41.86	\$13.18

2021 COBRA dental plan monthly premium rates

	Self	Self & spouse/partner	Self & children	Self & family	Children only ⁷
Kaiser ¹	\$66.30	\$132.60	\$112.72	\$179.02	\$53.43
Delta Dental Premier ²	\$61.86	\$123.73	\$105.16	\$167.03	\$52.58
Delta Dental PPO ³	\$57.16	\$114.32	\$97.18	\$154.34	\$48.58
Willamette Dental Group ⁴	\$57.47	\$114.94	\$97.76	\$155.23	\$48.82
Delta Dental part-time ⁵	\$44.52	\$89.04	\$75.68	\$120.20	\$37.83
Kaiser part-time ⁶	\$49.45	\$98.88	\$84.05	\$133.51	\$39.80

¹ Available to PEBB eligible individuals in plan service area.

² Available to PEBB eligible individuals.

³ Available to PEBB eligible individuals.

⁴ Available to PEBB eligible individuals; in plan facilities.

⁵ Additional option available to PEBB eligible individuals.

⁶ Additional option available to PEBB eligible individuals; in plan service area.

⁷ Children only coverage is available only to COBRA & retiree participants.

Note: All rates include 0.13% commission and 0.35% PEBB administration cost

Retiree member information

New retirees

An eligible retiree may enroll in PEBB retiree benefits.

Retirees may choose:

- A full-time or part-time plan
- Medical, dental or vision-only benefits
- All available core benefits.

Annual retiree plan change period

The annual plan change period runs Oct. 1–31, 2020. In most years, retirees who selected medical the first year must actively enroll in a medical plan each year.

This year we are giving you a pass. Your 2020 medical plan choice will stay the same unless you want to make a change.

After the first year, retirees may not add any new:

- Family members [unless there is a Qualified Status Change (QSC)]*
- Benefit plans.

Retirees enrolled in 2020 dental or vision-only coverage do not need to enroll again. Plans will continue in 2021.

- Kaiser full-time medical plans include vision.
- VSP vision coverage is available to Providence or Moda members. VSP offers both Basic and Plus plans.

How to contact PEBB during open enrollment

Call PEBB at 503-373-1102 during the following times:

Monday–Friday, 7 a.m.–6 p.m.

Email PEBB at: inquiries.pebb@dhsosha.state.or.us

To enroll in your 2021 health plans:

If you decide to change your plans this year, be sure to review the health plan regions, premiums and coverages in this 2021 Enrollment Guide.

Go to www.PEBBenroll.com and select “Enroll Now.”

- Follow the instructions on each screen in the enrollment system.
- Save and print the benefit statement provided at the end of the enrollment process.

If you forgot your user name or password:

- Click the red “Get it Now” button (upper left of the screen).
- Use your PEBB Benefit Number to reset your password.

You can enroll using any computer with an internet connection.

You can also enroll using the retiree enrollment form if you are not able to enroll online.

- Go to: <http://www.oregon.gov/OHA/PEBB/Pages/forms.aspx> to fill out the Retiree enrollment form.
- Mail or fax the form by Oct. 31, 2020 to our retiree benefits administrator, BenefitHelp Solutions (BHS).

*** Retirees can update benefits due to a life-changing event. Changes are made using a midyear change form. Go to: <http://www.oregon.gov/OHA/PEBB/Pages/forms.aspx>.**

How to contact BenefitHelp Solutions (BHS)

Phone: 503-412-4257

Customer service toll free: 1-877-433-6079

Mail or fax the form by Oct. 31, 2020, to:

BenefitHelp Solutions (BHS)

PO Box 40548, Portland, OR 97240-0548

Fax: 888-393-2943

Retiree member information — continued**2021 Retiree medical plan monthly premium rates**

	Retiree	Retiree & spouse/ partner	Retiree & children	Retiree & family	Children only ⁹
Kaiser Traditional ¹	\$831.90	\$1,663.79	\$1,414.23	\$2,246.12	\$668.88
Kaiser Deductible ¹	\$763.63	\$1,527.27	\$1,298.18	\$2,061.82	\$618.00
Moda Synergy ²	\$770.30	\$1,540.59	\$1,309.49	\$2,079.79	\$654.74
Providence PEBB Statewide ³	\$878.61	\$1,757.21	\$1,493.63	\$2,372.23	\$746.82
Providence Choice ⁴	\$731.21	\$1,462.43	\$1,243.06	\$1,974.28	\$621.53
Kaiser Traditional part-time ⁵	\$701.60	\$1,403.22	\$1,192.71	\$1,894.33	\$564.13
Kaiser Deductible part-time ⁵	\$627.35	\$1,254.69	\$1,066.49	\$1,693.84	\$542.49
Moda Synergy part-time ⁶	\$627.13	\$1,254.25	\$1,066.11	\$1,693.24	\$533.05
Providence PEBB Statewide part-time ⁷	\$713.74	\$1,427.48	\$1,213.35	\$1,927.09	\$606.68
Providence Choice part-time ⁸	\$592.56	\$1,185.12	\$1,007.35	\$1,599.90	\$503.66

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

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

⁶ Additional option available to eligible part-time employees in plan service area.

⁷ Additional option available to eligible part-time employees.

⁸ Additional option available to eligible part-time employees in plan service area. Vision exam only.

⁹ Children only coverage is available only to COBRA and retiree participants.

2021 Retiree vision plan monthly premium rates

	Retiree	Retiree & spouse/ partner	Retiree & children	Retiree & family	Children only
VSP	\$8.74	\$17.47	\$14.86	\$23.60	\$7.43
VSP Plus	\$15.30	\$30.59	\$25.99	\$41.29	\$13.01

2021 Retiree dental plan monthly premium rates

	Retiree	Retiree & spouse/ partner	Retiree & children	Retiree & family	Children only
Kaiser ¹	\$65.40	\$130.80	\$111.19	\$176.59	\$52.71
Delta Dental Premier ²	\$61.02	\$122.05	\$103.73	\$164.75	\$51.87
Delta Dental PPO ³	\$56.38	\$112.77	\$95.86	\$152.24	\$47.93
Willamette Dental Group ⁴	\$56.69	\$113.37	\$96.43	\$153.11	\$48.16
Delta Dental part-time ⁵	\$43.91	\$87.83	\$74.66	\$118.56	\$37.32
Kaiser part-time ⁶	\$48.78	\$97.54	\$82.91	\$131.69	\$39.26

¹ Available to PEBB eligible individuals in plan service area.

² Available to PEBB eligible individuals.

³ Available to PEBB eligible individuals.

⁴ Available to PEBB eligible individuals; in plan facilities.

⁵ Additional option available to PEBB eligible individuals.

⁶ Additional option available to PEBB eligible individuals; in plan service area.

⁷ Children only coverage is available only to COBRA and retiree participants.

Note: All rates include 0.13% commission

Self-pay member information

Open enrollment runs Oct. 1–31, 2020

Self-pay members:

- Normally must actively enroll in a medical plan each year.
- Who don't actively enroll:
 - Will stay in their 2020 plan
 - Will pay \$25 per month for tobacco use (regardless of actual use), and
 - Will pay \$50 per month for spouse coverage.

This year we are giving you a pass. Your 2020 medical plan choice and current surcharge status will stay the same unless you want to make a change.

- May enroll in vision coverage if you are enrolling in a medical plan.
 - Kaiser full-time medical plans include vision.
 - VSP is available to Providence or Moda members.
 - VSP offers both Basic and Plus plans.
- May enroll in a dental plan for 2021 if you are enrolled in medical.

To enroll in your 2021 health plans:

If you decide to change your plans this year, be sure to review health plan regions, premiums and coverage in this 2021 Enrollment Guide.

To enroll online:

Go to www.pebbenroll.com.

- Follow the instructions on each screen in the enrollment system.
- Save and print the benefit statement provided at the end of the enrollment process.

If you forgot your user name or password:

- Click the red “Get It Now” button (upper left of the screen).
- Use your PEBB Benefit Number to reset your password.

You can enroll using any computer with an internet connection.

You can also enroll using the self-pay enrollment form if you are not able to enroll online.

- Go to: <https://www.oregon.gov/oha/PEBB/Pages/forms.aspx> to fill out the self-pay enrollment form.
- Mail or fax the form by Oct. 31, 2020 to our self-pay benefits administrator, BenefitHelp Solutions (BHS).

How to contact PEBB during open enrollment

Call PEBB at 503-373-1102 during the following times:

Monday–Friday, 7 a.m.–6 p.m.

Email PEBB at: inquiries.pebb@dhs.oha.state.or.us

How to Contact BenefitHelp Solutions (BHS)

Phone: 503-412-4257

Customer service toll free: 1-877-433-6079

Mail or fax the form by Oct. 31, 2020 to:

BenefitHelp Solutions (BHS)

PO Box 40548, Portland, OR 97240-0548

Fax: 888-393-2943

Self-pay member information — continued**2021 Self-pay participants medical plan monthly premium rates**

	Self	Self & spouse/ partner	Self & children	Self & family
Kaiser Traditional ²	\$830.25	\$1,650.20	\$1,404.21	\$2,224.16
Kaiser Deductible ²	\$762.96	\$1,515.63	\$1,289.83	\$2,042.51
Moda Synergy ¹	\$769.53	\$1,528.77	\$1,300.99	\$2,060.22
Providence PEBB Statewide ³	\$876.28	\$1,742.27	\$1,482.47	\$2,348.46
Providence Choice ¹	\$731.01	\$1,451.73	\$1,235.51	\$1,956.22

¹ Available to PEBB eligible individuals in plan service area.

² Available to PEBB eligible individuals in plan service area. Kaiser routine vision services.

³ Available to PEBB eligible individuals.

2021 Self-pay participants vision plan monthly premium rates

	Self	Self & spouse/ partner	Self & children	Self & family
VSP	\$8.69	\$17.37	\$14.77	\$23.46
VSP Plus	\$15.21	\$30.41	\$25.84	\$41.05

2021 Self-pay participants dental plan monthly premium rates

	Self	Self & spouse/ partner	Self & children	Self & family
Kaiser Permanente ¹	\$65.01	\$130.02	\$110.53	\$175.54
Delta Dental Premier ²	\$60.66	\$121.32	\$103.12	\$163.78
Delta Dental PPO ³	\$56.05	\$112.10	\$95.29	\$151.34
Willamette Dental Group ⁴	\$56.35	\$112.70	\$95.86	\$152.21

¹ Available to PEBB eligible individuals in plan service area.

² Available to PEBB eligible individuals.

³ Available to PEBB eligible individuals.

⁴ Available to PEBB eligible individuals; in plan facilities.

Note: All rates include 0.13% commission



What does that mean?

Core benefits are medical, dental, vision and employer-paid life.

COBRA is a federal law. It requires an employer to let you continue your group health coverage if you become ineligible. You pay for COBRA coverage yourself. Your employer will no longer help pay the cost.

Coinsurance is the percentage of health care costs you pay after you meet your annual deductible.

Copayment (copay) is a flat dollar amount you pay for certain services.

Deductible is the amount you pay each year before your plan starts to pay for any covered services you use.

Dependent is a person who qualifies for benefits based on their relationship to you. Some examples include:

- Spouse
- Domestic partner
- Child
- Stepchild

Early retiree is a person who retires before the age of 65. To be eligible for early retiree benefits, you:

- Cannot not be eligible for Medicare due to age or disability, and
- Must be eligible to receive PERS retirement benefits

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

Maximum benefit is the most your health plan will pay for a specific service each year.

Medical home is a team-based health care delivery model. It is 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 have a plan that requires it, you need to choose a medical home after you enroll. Be sure to contact your health plan and tell them who you selected before you use services.

Medicare eligible is a person who currently qualifies for Medicare benefits by:

- Disability, or
- Age (65 or older)

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

Out-of-pocket maximum is the most you will pay each year before your plan begins paying 100% of eligible expenses.

PCP 360 is a primary care provider who has agreed to be accountable for your health. A PCP 360 delivers a full circle of care, coordinating with other providers as needed.

Pre-authorization (or prior authorization) means you must get an approval from your health plan before it will cover certain services.

Preventive care is the care you receive to prevent an illness or disease.

Primary care provider is 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) is a life event that allows you to change your plan elections outside the annual open enrollment period. Visit our website for a full listing of all the QSCs: <https://www.oregon.gov/oha/PEBB/docs/AppendixA-QSC.pdf>.

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

Quick tips

If you plan to enroll this year:

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.

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.

Don't wait until the last minute! PEBB and insurance carrier offices are closed on weekends and holidays. Decide early, enroll early.

Don't forget to choose a medical home through Providence! The goal of the medical home is to provide care that gets the best outcomes. If you enroll in Providence Choice, you will need to choose a medical home after you enroll. Be sure to contact your health plan **before you have services** to tell them who you selected to avoid out-of-network charges.

Don't forget to choose a PCP 360 through Moda! The goal of the PCP 360 is to provide care that gets the best outcomes. If you enroll in Moda Synergy, you will need to choose a PCP 360 after you enroll. Be sure to contact your health plan to tell them who you chose **before you have services**. This can help you avoid out-of-network charges.

Select the correct Flexible Spending Account (FSA).

Before you enroll, know the difference!

- **Health Care FSA** — reimburses you or your dependents' out-of-pocket expenses:
 - Medical
 - Dental
 - Vision.
- **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 health care expenses.

Find out if a parking or transit account is right for you. You may not take part in a parking or transit account if you already have these expenses withheld from your pay.

Also, to keep the account active, at least once every six months, you must either:

- Contribute to the account, or
- File a claim



Who to contact for help

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 carriers. PEBB is also the plan administrator that knows the most about your benefits.

Contact PEBB if you need help:

- Logging into or navigating the PEBB Benefit Management (Enrollment) System (www.PEBBenroll.com)
- Understanding rules
- Verifying enrollments, or
- Understanding your benefits or wellness programs.

The **carriers** are the insurance companies that pay your providers for some or all of your healthcare services.

Contact the carrier if you need help:

- Calculating how much you will pay for a procedure
- Understanding how a claim was paid
- Finding an in-network provider
- Completing the online health assessment, or
- Getting a new ID card.

Your **agency or university benefit office** also knows a lot about benefits. It is your best source for your monthly coverage cost.

Contact your agency or university benefit office if you need to:

- Make a change to your benefits due to a life event (such as getting married or having a baby)
- Determine your monthly cost for coverage
- Understand or correct your payroll deductions, or
- Plan for benefits when you retire.

Your **providers** are the professionals (doctors, dentists, specialists, etc.) who:

- Provide healthcare services
- Diagnose illnesses, and
- Recommend treatments.

Contact your provider if you need to:

- Make an appointment
- Estimate the total cost of a procedure
- Pay your portion (copay or coinsurance) for a service, or
- Get advice regarding symptoms or results of lab tests.



503-373-1102
www.oregon.gov/oha/PEBB/Pages/index.aspx



Medical: 1-877-605-3229
 Dental: 1-844-827-7100
www.modahealth.com/pebb



1-800-423-9470
<https://tinyurl.com/ProvidenceHealthPlan>



1-800-813-2000
my.kp.org/pebb



1-800-877-7195
www.vsp.com



1-800-556-3137
www.benefithelpsolutions.com/members/group-members/pebb



1-855-433-6825
www.willamettedental.com/pebb



1-800-659-3035
www.asiflex.com/orpebb



1-800-433-2320
<https://tinyurl.com/cascadecenters>



1-800-842-1707
www.standard.com/mybenefits/pebb



1-800-227-4165
<http://unuminfo.com/pebb/index.aspx>

How to contact PEBB

Call PEBB at 503-373-1102 during the following times:
Monday–Friday, 8 a.m.–5 p.m.

During open enrollment – Oct. 1–31, 2020

Monday–Friday, 7 a.m.–6 p.m.

Email PEBB at: inquiries.pebb@dhsosha.state.or.us

Easy to find PEBB web pages

www.PEBBinfo.com — explore the PEBB homepage

www.PEBBenroll.com — enroll in PEBB benefits

www.PEBBreminders.com — sign up for text or email reminders

www.PEBBwebinars.com — register for upcoming webinars

www.PEBBdemand.com — find all kinds of on demand resources, such as educational videos, presentation slides and carrier supplemental handouts.



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