

PEBB Self-pay Participant Benefit Information

2010 Self-pay Medical Plan Monthly Premium Rates				
	Self	Self & Spouse/ Partner	Self & Children	Self & Family
Statewide Plan ¹	\$902.49	\$1,205.69	\$1,036.25	\$1,232.47
Kaiser Permanente HMO ²	845.46	1,129.41	970.75	1,154.47
Providence Choice ¹	781.99	1,044.33	897.75	1,067.50

¹ Routine vision services through VSP

² Kaiser Permanente HMO routine vision services

2010 Self-pay Dental Plan Monthly Premium Rates				
	Self	Self & Spouse/ Partner	Self & Children	Self & Family
Kaiser Permanente	\$72.35	\$96.95	\$83.21	\$99.12
ODS Preferred	71.33	95.58	82.02	97.72
ODS Traditional	77.21	103.48	88.80	105.79
Willamette Dental Group	75.23	100.81	86.52	103.06

RESOURCES

BenefitHelp Solutions (administrator)

BHS Web: benefithelp.com/pebb/pebb

Questions? bhs_pebb@benefithelp.com

(503) 219-3679, (888)398-8057, fax (888)249-5058

PEBB

PEBB's Web: oregon.gov/das/pebb

Dental Plans

Kaiser Permanente my.kp.org/nw/pebb

ODS odscompanies.com/pebb

Willamette Dental willamettedental.com

Medical Plans

PEBB's Statewide Plan:

providence.org/healthplans/pebb

Kaiser Permanente my.kp.org/nw/pebb

Providence Choice

providence.org/healthplans/pebb/choice.aspx

VSP (Vision Service Plan) vsp.com

Optional Plans

Standard Insurance standard.com

UnumProvident unumprovident.com/enroll/pebb

ASIFlex (FSAs) orpebb.asiflex.com