

# RETIREE

## INFORMATION

PUBLIC EMPLOYEES'  
**PEBB**  
BENEFIT BOARD

### Mission

*To provide a high quality plan of health and other benefits that are affordable to both the employee and the state.*

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## Retiree Benefit Options

If you are thinking of retiring before you are eligible for Medicare, you have several healthcare options to consider. Keep in mind that if you enroll in PEBB plans, **you must self pay the premiums**; the state makes no contribution.

### What are my retiree medical and dental options?

Your options for group coverage when you are not eligible for Medicare include:

- Continuing healthcare coverage directly through any PEBB plan
- Enrolling in a plan offered by the Public Employees' Retirement System (PERS)
- Continuing coverage in a PEBB plan through a federal law known as COBRA
- Enrolling in a group plan through portability with your current insurance carrier or through the Oregon Medical Insurance Pool (OMIP) if you are in a self-insured plan.

### Does Medicare eligibility make a difference?

Being eligible for Medicare makes you or your dependent no longer eligible for PEBB plans.\* If you are eligible for Medicare, contact the PERS health insurance program or Medicare.

### Who is a PEBB-eligible retiree?

To be eligible you must meet both of the following requirements:

- Eligible to receive retirement benefits through PERS
- Enrolled in a PEBB medical and/or dental plan

### Who else may I cover?

When you enroll for retiree coverage, you may also cover

- Your spouse or domestic partner
- Dependents who are covered in your healthcare plans at the time of your retirement.

Note that you may not add dependents to coverage when you move to retiree status.

\*Medicare rules are different for those with end-stage renal disease.  
Contact Medicare.





## What PEBB healthcare plans are available to me?

As a PEBB retiree, you may choose from all available medical and dental plans, including plans for full-time and part-time employees and retirees, available in your service area. See the tables on page 3.

You may choose different medical or dental plans when you enroll as a retiree than you had as an active employee. You and your dependents may choose medical only, dental only, or medical and dental coverage. However, if you choose only dental coverage, you cannot add medical coverage later. The same holds true if you choose only medical coverage. You may discontinue either coverage, but you may not enroll for the coverage later.

## How do I enroll for medical or dental coverage?

Complete the Medical and Dental Enrollment Form and submit it to Benefit Help Solutions (BHS). BHS is PEBB's third-party administrator for retiree plans. For more information contact BHS or PEBB.

## How long will coverage continue?

As long as:

- You and the dependents covered in your plans are not eligible for Medicare
- You pay your premiums on time
- PEBB continues to offer this coverage for retirees

## When do I enroll as a PEBB Retiree?

Your PEBB coverage must be continuous, without a lapse, and you must enroll within 60 days of when your active PEBB coverage ends. Contact your employing agency for the date your active group coverage will end. The enrollment deadline is 60 days from that date. If you enroll and pay premiums during this 60-day window, coverage is retroactive to the date your active coverage ended.

### Exceptions:

- If you are eligible for dual coverage and have coverage under a spouse or partner's active PEBB plan, you may enroll as a PEBB retiree later if you lose that coverage.
- If you choose COBRA continuation coverage, you can transfer to the retiree group during or at the end of the COBRA period.

## May survivors continue coverage?

Your PEBB-covered survivors may continue coverage in the plans as long as they continue to pay the premium, do not have a lapse in coverage and are not eligible for Medicare. Survivors need to notify BHS if they do not want to continue coverage. Surviving spouses or domestic partners lose coverage eligibility if they remarry or enter into another domestic partnership.

## Rate Comparison

### 2008 Retiree Medical Plans Monthly Premium Rates

	Retiree	Retiree & Spouse/Partner	Retiree & Children	Retiree & Family
<b>Kaiser Permanente Health Maintenance Organization (HMO) <sup>1</sup></b>	\$737.94	\$988.84	\$848.63	\$1,010.98
<b>Kaiser Permanente Added Choice Point of Service (POS) <sup>2</sup></b>	\$780.64	\$1,046.07	\$897.75	\$1,069.50
<b>Providence Choice Preferred Provider Organization (PPO) <sup>3</sup></b>	\$745.53	\$998.99	\$857.37	\$1,021.37
<b>Regence BlueCross BlueShield of Oregon (BCBSO) PPO <sup>3</sup></b>	\$796.79	\$1,067.59	\$916.26	\$1,091.48
<b>Samaritan Select PPO <sup>3</sup></b>	\$737.31	\$987.98	\$847.91	\$1,010.12
<b>Kaiser Permanente Part-time &amp; Retiree HMO <sup>4</sup></b>	\$624.70	\$837.10	\$718.41	\$855.83
<b>Kaiser Permanente Added Choice Part-time &amp; Retiree POS <sup>4</sup></b>	\$631.59	\$846.34	\$726.33	\$865.28
<b>Providence Choice Part-time &amp; Retiree PPO <sup>5</sup></b>	\$595.30	\$797.70	\$684.60	\$815.56
<b>Regence BCBSO Part-time &amp; Retiree PPO <sup>5</sup></b>	\$638.40	\$855.37	\$734.12	\$874.55
<b>Samaritan Select Part-time &amp; Retiree PPO <sup>5</sup></b>	\$593.63	\$795.46	\$682.68	\$813.28

**1 Kaiser Permanente HMO routine vision services.**

**2 Routine vision services only through Kaiser Permanente HMO.**

**3 Routine vision services through VSP.**

**4 Vision exam only.**

**5 No vision benefit in these plans. Vision coverage is not available separately.**

### 2008 Retiree Dental Plans Monthly Premium Rates

	Retiree	Retiree & Spouse/Partner	Retiree & Children	Retiree & Family
<b>Kaiser Permanente Traditional Dental Plan Design</b>	\$61.60	\$82.55	\$70.84	\$84.39
<b>ODS Preferred</b>	\$68.79	\$92.18	\$79.10	\$94.25
<b>ODS Traditional</b>	\$74.47	\$99.80	\$85.64	\$102.03
<b>Willamette Dental Group</b>	\$68.54	\$91.84	\$78.82	\$93.89
<b>Kaiser Permanente Part-time &amp; Retiree</b>	\$45.92	\$61.53	\$52.80	\$62.91
<b>ODS Part-time &amp; Retiree</b>	\$53.58	\$71.81	\$61.63	\$73.42

# **Remember:** You may move to PEBB retiree coverage only from either active employee or COBRA coverage in a PEBB plan.

## **How do I compare my choices?**

Your Benefit Board offers a range of medical and dental plans for employees. You may select from any of these plans. You can compare your plan choices by viewing side-by-side comparisons posted on the PEBB Web site at [www.oregon.gov/das/pebb](http://www.oregon.gov/das/pebb). Or, you may compare the benefits and costs of the plans using the plan comparison tool, online at <https://pebb.benefits.oregon.gov/members>.

## **When can I change my choices after initial enrollment?**

You may make plan changes during the Plan Change Period or when you experience a change in eligibility. The Board typically sets the Plan Change Period for retirees to run concurrent with the annual Open Enrollment for employees.

The Plan Change Period allows you the opportunity to change plans; it does not allow you to add coverage you did not already have. For example, if you choose not to enroll in medical coverage when you retire, you may not enroll for medical coverage during a subsequent Plan Change Period.

You may not add dependents during this period. You may add dependents only within 60 days of and consistent with a qualified status change that affects your eligibility. Examples include marriage, divorce, or birth or adoption of a child.

## **Can I continue PEBB life and long term care insurance after I retire?**

You can convert your existing employee life insurance coverage or enroll in PEBB retiree life insurance coverage within 60 days from the date of your retirement. Contact the Standard Insurance Company for more information about these options.

Long term care insurance is different. If you have long term care insurance through PEBB, you must convert the policy to an individual plan to continue the coverage. You must do so within 60 days of the date of your retirement. Contact Unum Provident for more information about this option.

## **Can I continue other optional benefits?**

No. You cannot continue spouse or domestic partner life, dependent life, disability, or accidental death and dismemberment insurance through PEBB.



# Alternatives

## What are my alternatives to PEBB healthcare coverage?

**PERS.** Contact the PERS Health Insurance Program for information.

**COBRA.** The federal COBRA law allows you to continue the same coverage you had as an employee. COBRA allows you to purchase coverage in the group plan for 18 months. If you retire because of disability, you may be eligible for an additional 11 months of COBRA coverage. You may enroll in a PEBB plan at any time during your COBRA coverage. Contact BHS for information about coverage through COBRA.

**Portability.** If you are in a Kaiser or Regence medical plan, you may purchase individual coverage from your plan on a guaranteed issue basis within 63 days after leaving the PEBB group. To be eligible you must:

- Have 180 days of continuous employer group medical coverage
- Be an Oregon resident
- Not be eligible for Medicare
- Currently not be enrolled in another medical plan

For portability information, call the plans directly.

**OMIP.** The Samaritan and Providence plans are self-insured plans. If you leave a self-insured plan, you may be able to access coverage through the Oregon Medical Insurance Program (OMIP). To apply for coverage through OMIP, you must first exhaust your COBRA coverage. Contact OMIP for more information.

**Medicare.** Medicare covers:

- People 65 years of age and older
- Certain younger people with disabilities

Individuals who are eligible for Medicare are not eligible to participate in PEBB. If you are eligible for Medicare but your dependents are not, they may continue coverage through PEBB. Contact Medicare for more information.



# Resources

## **Public Employees' Benefit Board (PEBB)**

1225 Ferry St. SE, Salem, OR 97301-3802

Phone: (503) 373-1102, (800) 788-0520

Fax: (503) 373-1654

Web: [www.oregon.gov/das/pebb](http://www.oregon.gov/das/pebb)

E-mail: [inquires.pebb@state.or.us](mailto:inquires.pebb@state.or.us)

## **BenefitHelp Solutions (BHS)**

*(Third-party Administrator)*

(503) 765-3581, (800) 556-3137

[www.benefithelpsolutions.com](http://www.benefithelpsolutions.com)

## **Kaiser Permanente**

*(HMO, POS & Dental Plans)*

(503) 813-2000, (800) 813-2000

[my.kp.org/nw/pebb](http://my.kp.org/nw/pebb)

## **PERS Health Insurance**

(503) 224-7377, (800) 768-7377

[www.pershealth.com](http://www.pershealth.com)

## **VSP**

*(Vision Service Plan for PPO Members)*

(800) 877-7195

[www.vsp.com](http://www.vsp.com)

## **The ODS Companies**

*(Dental Plans)*

(800) 452-1058

[www.odscompanies.com/pebb](http://www.odscompanies.com/pebb)

## **OMIP**

*(self-insured plans)*

(800) 484-7280

[www.omip.state.or.us](http://www.omip.state.or.us)

## **Providence Choice**

*(PPO Plans)*

(503) 574-7500, (800) 423-9470

[www.providence.org/pebb](http://www.providence.org/pebb)

## **Regence BlueCross BlueShield of Oregon**

*(PPO Plans)*

(503) 220-3849, (800) 826-9813

[www.or.regence.com/pebb](http://www.or.regence.com/pebb)

## **Samaritan Select**

*(PPO plans)*

(541) 768-6900, (800) 569-4616

[www.samaritanselect.com](http://www.samaritanselect.com)

## **The Standard Insurance Company**

*(Life Insurance)*

Phone: (800) 242-1888

Fax: (800) 227-4165

Web: [www.standard.com](http://www.standard.com)

## **Medicare**

*(Center for Medicare & Medicaid Services)*

(800) MEDICARE or (800) 633-4227

[www.medicare.gov](http://www.medicare.gov)

## **Willamette Dental Insurance**

*(Dental Plans)*

(800) 460-7644

[www.willamettedental.com](http://www.willamettedental.com)

## **UnumProvident**

*(Long Term Care Plan)*

(800) 227-4165

[www.unumprovident.com/enroll/pebb](http://www.unumprovident.com/enroll/pebb)

