

Important Membership Information

What are PEBB's contract rights?

PEBB reserves the right to specify contract terms and to amend and terminate PEBB-sponsored health plans as authorized under Oregon rule and statute. The contracts may be amended from time to time or terminated in their entirety at any time by PEBB.

What happens if my provider drops out of the plan?

PEBB does not guarantee that particular providers will continue to be available to participants throughout the term of the PEBB contract. The plans and insurance companies and other vendors that contract with PEBB are not employed or supervised by PEBB. They are independent businesses. Physicians, hospitals, laboratories and other healthcare providers under the contract are not selected nor supervised by PEBB. If your provider drops out, you will need to find another provider participating in your plan or pay the uncovered costs of your current provider.

What should I expect when I enroll in a new healthcare plan?

When you first enroll in a medical or dental plan, you can expect to receive documents from the plan within a month. The documents will include a member handbook or a certificate of coverage (for Kaiser Permanente plans). You will also receive a member ID card (except for VSP).

What if I have a pre-existing condition?

PEBB's 2008 medical and dental plans impose no pre-existing condition limitations. Medical plans may impose a waiting period or limitation for specified services, such as transplants. Dental plans may impose waiting periods for some services based on when dependents are enrolled. Life and disability plans may have pre-existing condition limitations.

This section will help you understand:

- PEBB contract provisions
- How to enroll
- Midyear plan changes
- Qualified status changes
- How to appeal

How do the medical plans handle benefit fraud or abuse?

Your medical plan has the right to investigate fraudulent or abusive use of your plan benefits. Your plan will notify you of an investigation. If the plan identifies what may be fraud or abuse by a member, it may cancel the member's coverage. If the plan identifies what may be fraud or abuse by one of your dependents, the carrier may remove the individual from coverage.

You will receive notification prior to cancellation or removal from coverage. You have the right to appeal the plan's action through the plan's appeal process. Removal from a plan is not a qualified midyear plan change, so the member or dependent may not enroll in a different plan until Open Enrollment.

What if this handbook differs from plan documents?

This handbook is a summary only. Any discrepancy between this handbook and plan documents or rule or law is unintentional. In case of discrepancy, the plan document, rule or law will prevail.