

OPEN ENROLLMENT

Checklist

- Read this!
- Review your benefit statement
- Confirm your state e-mail and home address
- Certify dependents 19-24
- Flexible Spending Account?
- Have a great year!

New!

Try the online calculator to compute premiums for optional benefits.



PUBLIC EMPLOYEES'
PEBB
BENEFIT BOARD

oregon.gov/das/pebb

New For You in 2009

Medical

Save on Prescriptions

The plans will cover certain generic drugs for diabetes, heart disease, asthma and other chronic conditions at no cost. Kaiser will continue to cover generics for a \$1 copay. Providence Choice will also fully cover certain brand-name drugs for some of these conditions.

Cancer Screens for Free

All the medical plans will cover screenings at no cost for cancer of the breast, cervix, colon and prostate on recommended schedules.

Lose Weight with a Plan

All the medical plans will reimburse members for successful participation in a commercial weight management program.

Eat Better to Live Better

Learn how to eat better through covered sessions with a registered dietitian. The Regence and Providence plans will cover up to four sessions per lifetime at your choice and up to four per year for chronic conditions and medical weight management. Kaiser already covers these services when prescribed.

Get No-cost Help to Quit

All the plans fully cover the Free & Clear™ tobacco cessation program. The program covers online and phone counseling, free patches or gum, and certain prescription drugs at low cost.

Samaritan Select

Samaritan Select will not be offered for 2009. Current Samaritan members will be automatically enrolled in a comparable Regence plan beginning Jan. 1. If you live or work (at least 50 percent of the time) in the Kaiser Permanente or Providence Choice service area you may enroll in those plans for 2009.

VSP Vision

You get vision benefits more often. The VSP vision plan will cover a routine exam every 12 months, no matter your age. Plus, you get a \$200 benefit every 12 months to use for lenses and frames or contacts. If you don't use the whole benefit at once, you can bank the balance to use later during the 12 months.

Kaiser Dental

In the Kaiser dental plan, you won't have a deductible before the plan starts paying benefits. Periodontal cleanings will be covered the same as routine dental cleanings.

Employee Life

More Basic Coverage

Your basic life coverage – the life insurance you get automatically as a state employee – increases to \$25,000. You don't need to enroll or pay a premium. Your agency pays premiums for the first \$5,000; PEBB pays for \$20,000.

More Access to Coverage

If you are not enrolled in optional employee life insurance, here's your chance for coverage. During this Open Enrollment only, you can buy up to \$40,000 in coverage without giving a medical history – even if the company denied you coverage before.

If you are enrolled in optional employee life, now is your chance to increase your coverage without having to give a medical history. During this Open Enrollment only, you can increase your current employee coverage by 50 percent (in \$20,000 increments).

You can now buy up to \$600,000 in employee coverage (in \$20,000 increments). The maximum coverage for spouse or domestic partner coverage remains \$400,000.

2009 Employee Medical Plan Monthly Premium Rates

	Employees	Employee & Spouse/Partner	Employee & Children	Employee & Family
Kaiser Permanente HMO ¹	\$756.46	\$1,013.67	\$869.94	\$1,036.36
Kaiser Permanente Added Choice POS ¹	800.25	1,072.34	920.29	1,096.34
Providence Choice PPO ²	750.79	1,006.02	863.41	1,028.56
Regence BCBSO PPO ²	834.18	1,117.67	959.24	1,142.69
Kaiser Permanente Part-time & Retiree ³	640.38	858.11	736.43	877.32
Kaiser Added Choice Part-time & Retiree ³	647.45	867.58	744.57	887.01
Providence Choice Part-time & Retiree ³	593.49	795.27	682.52	813.08
Regence BCBSO Part-time & Retiree ⁴	662.68	887.91	762.05	907.81

¹ Kaiser Permanente HMO routine vision services

² Routine vision services through VSP

³ Vision exam only

⁴ No vision benefit

2009 Employee Dental Plan Monthly Premium Rates

	Employees	Employee & Spouse/Partner	Employee & Children	Employee & Family
Kaiser Permanente	\$69.88	\$93.64	\$80.36	\$95.73
ODS Preferred	68.45	91.73	78.71	93.78
ODS Traditional	74.10	99.30	85.22	101.53
Willamette Dental Group	74.83	100.27	86.05	102.51
Kaiser Permanente Part-time & Retiree	52.09	69.80	59.90	71.37
ODS Part-time & Retiree	53.32	71.46	61.33	73.06

RESOURCES

inquiries.pebb@state.or.us (503) 373-1102, (800) 788-0520, fax (503) 373-1654

Medical Plans

Kaiser Permanente my.kp.org/nw/pebb

Providence Choice providence.org/pebb

Regence BCBSO or.regence.com/pebb

VSP (Vision Service Plan) vsp.com

Mail-order Prescriptions

PPS ppsrx.com

Walgreens walgreenshealth.com

Dental Plans

Kaiser Permanente my.kp.org/nw/pebb

ODS odscompanies.com/pebb

Willamette Dental willamettedental.com

Optional Plans

Standard Insurance standard.com

UnumProvident unumprovident.com/enroll/pebb

Other Benefits

FSAs orpebb.asiflex.com

EAP cascadecenters.com (800) 433-2320

2009 PEBB Full-time Medical Plans Comparison

This is a summary, only. Any error or omission here is unintentional and will be resolved in favor of plan documents as required in PEBB contracts, or applicable federal or state law or rule. See plan documents for details.

	Kaiser		Kaiser Added Choice		Providence Choice		Regence BCBSO	
Provider Type	HMO	HMO	Network	OON*	Network	OON*	Network	OON*
Ind. OOP** max	\$600	\$600	\$1,500	\$2,500	\$1,000	\$2,000	\$1,000	\$2,000
Family OOP max	\$1,200	\$1,200	\$4,500	\$7,500	\$3,000	\$6,000	\$3,000	\$6,000
Ind. lifetime max	No limit	No limit	\$2 million	\$2 million	\$2 million	\$2 million	\$2 million	\$2 million
Type of Service	You pay	You pay	You pay	You pay	You pay	You pay	You pay	You pay
General office	\$5	\$10	\$20	30%	\$5	30%	15%	30%
Specialist office	\$5	\$10	15%	30%	\$5	30%	15%	30%
X-ray and lab	\$0	\$0	15%	30%	\$0	30%	15%	30%
Preventive Care ¹								
Health appraisal	\$0	\$0	\$0	30%	\$0	30%	\$0	30%
Immunizations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hearing exams	\$5	\$10	15%	30%	\$5	30%	15%	30%
Cancer screens	\$0	\$0	15%	30%	\$0	30%	\$0	30%
Hospital ²								
Ambulance	\$75	\$75	30%	30%	\$75	\$75	15%	15%
Inpatient/day max	\$50 (\$250/admit)	\$100 (\$500/yr)	15%	30%	\$50 (\$250/admit)	30%	15%	30%
Outpatient	\$5	\$10	15%	30%	\$5	30%	15%	30%
Emergency dept	\$75	\$75	\$75	\$75	\$75	50%	15%	30%
Surgery ²								
Inpatient/day max	\$50 (\$250/admit)	\$100 (\$500/yr)	15%	30%	\$50 (\$250/admit)	30%	15%	30%
Outpatient office	\$5	\$10	15%	30%	\$5	30%	15%	30%
Maternity Care								
Prenatal, delivery, postpartum	\$0	\$0	15%	30%	\$0	30%	15%	30%
Mental Health, Chemical Dependency ²								
Inpatient & resident/day max	\$50 (\$250/admit)	\$100 (\$500/yr)	15%	30%	\$50 (\$250/admit)	30%	15%	30%
Outpatient	\$5	\$10	15%	30%	\$5	30%	15%	30%
Other Medical ³								
Hearing aids	10%	10%	10%	10%	10%	10%	10%	10%
Diabetic supplies, insulin	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Durable medical equipment	\$0	\$0	\$0	\$0	15%	30%	15%	30%
Alternative Care	\$10	\$15	\$15	\$15	\$10	\$10	30%	30%
Physical Therapy	\$5	\$10	15%	30%	\$5	30%	15%	30%
Routine Vision								
Exam	\$5	\$10	15%	30%	VSP Provider \$10: Non-VSP provider \$10 + amount above \$42 ⁴			
Eyewear	Kaiser facilities only: Amount above \$200				Amount above \$200 ⁴			

*OON = out of network **OOP = out of pocket

¹ Plans cover preventive services on recommended schedules

² Plans may require prior authorization

³ Plans may place limits on type, number, frequency, source or maximum coverage of services or devices

⁴ Benefits provided every 12 months

2009 PEBB Part-time & Retiree Medical Plans Comparison

This is a summary, only. Any error or omission here is unintentional and will be resolved in favor of plan documents as required in PEBB contracts, or applicable federal or state law or rule. See plan documents for details.

	Kaiser	Kaiser Added Choice			Providence Choice		Regence BCBSO	
Provider Type	HMO	HMO	Network	OON*	Network	OON*	Network	OON*
Deductible (Individual; Family)	\$0	(\$250; \$750)	(\$750; \$2,250)	(\$1,000; \$3,000)	\$0	\$0	50% of \$1,000 then 20%	50% of \$1,000 then 50%
Ind. OOP** max	\$1,500	\$2,000	\$3,000	\$4,500	\$2,000	\$4,000	\$2,000	\$4,000
Family OOP max	\$3,000	\$6,000	\$9,000	\$13,500	\$6,000	\$12,000	\$6,000	\$12,000
Ind. lifetime max	No limit	No limit	\$2 million	\$2 million	\$2 million	\$2 million	\$2 million	\$2 million
Type of Service	You pay	You pay	You pay	You pay	You pay	You pay	You pay	You pay
General office	\$30	\$30	30%	50%	\$30	50%	20%	50%
Specialist office	\$30	\$30	30%	50%	\$30	50%	20%	50%
X-ray and lab	\$10	20%	30%	50%	20%	50%	20%	50%

Preventive Care¹

Health appraisal	\$0	\$30	30%	50%	\$0	50%	\$0	50%
Immunizations	\$0	\$0	30%	50%	\$0	50%	\$0	50%
Hearing exams	\$30	\$30	30%	50%	\$30	50%	20%	50%
Cancer screens	\$0	20%	30%	50%	\$0	50%	\$0	50%

Hospital²

Ambulance	\$75	20%	50%	50%	\$75	\$75	20%	20%
Inpatient	\$500/admit	20%	30%	50%	\$500/admit	50%	20%	50%
Outpatient	\$30	\$30	30%	50%	\$30	50%	20%	50%
Emergency dept	\$100	20%	20%	20%	\$100	50%	20%	50%

Surgery²

Inpatient	\$0	20%	30%	50%	\$30	50%	20%	50%
Outpatient office	\$30	20%	30%	50%	\$30	50%	20%	50%

Maternity Care

Prenatal, delivery, postpartum	\$0	\$30	30%	50%	\$0	50%	20%	50%
--------------------------------	-----	------	-----	-----	-----	-----	-----	-----

Mental Health, Chemical Dependency²

Inpatient	\$500/admit	20%	30%	50%	\$500/admit	50%	20%	50%
Residential	\$50/day, \$250/admit	20%	30%	50%	\$500/admit	50%	20%	50%
Outpatient	\$30	\$30	30%	50%	\$30	50%	20%	50%

Other³

Routine vision	\$30 - exam only			Not Covered				
Hearing aids	10%	10%	10%	10%	10%	10%	10%	10%
Diabetic supplies, insulin	Covered as durable medical equipment & prescription drugs				\$0	\$0	\$0	\$0
Durable medical equipment	50%	50%	50%	50%	50%	50%	20%	50%
Alternative Care	Not Covered				50%		50%	
Physical Therapy	\$30	\$30	30%	50%	\$30	50%	20%	50%

*OON = out of network **OOP = out of pocket

¹ Plans cover preventive services on recommended schedules.

² Plans may require prior authorization, precertification or a treatment plan.

³ Plans may place limits on type, number, frequency, source or maximum coverage of services or devices.

2009 PEBB Full-time/Part-time & Retiree Dental Plans Coverage Comparison

Plan Type	Kaiser Traditional		Willamette	ODS			
	FT	PT&R		Traditional	PT&R	Preferred	
Type of Providers	Kaiser	Kaiser	Willamette	Any	Any	Preferred	Nonpreferred
Annual/person max	\$1,750	\$1,250	None	\$1,750	\$1,250	\$1,750	\$1,750
Type of Service – You Pay							
Annual deductible (individual; family)	None	None	None	\$50; \$150	\$50/ind.	\$50; \$150	\$50; \$150
Diagnostic & preventive (cleaning, X-ray) ¹	0%	\$0	\$0	0%	\$0	0%	10%
Basic & maintenance (filling, root canal, oral surgery)	20%	50%	\$0	20%	50%	20% ²	30%
Crowns	25%	50%	\$190 ³	25%	50%	25%	25%
Implants	50%	Not covered	75%	50%	Not covered	50%	50%
Dentures	50%	50%	\$190	50%	50%	50%	50%
Orthodontia	50% ⁴	Not covered	\$1,200 ⁵	50% ⁴	Not covered	50% ⁴	50% ⁴

¹ Routine cleaning covered once per year for patients with no risks; up to four cleanings per year covered based on dentist's assessment of patient's risks and health indicators. X-rays covered on age-based schedule.

² Decreases by 10% per calendar year if you visit preferred dentist at least once per year

³ Co-payment per tooth for crowns and bridges, per upper or lower for dentures

⁴ Limited to lifetime maximum of \$1,500/person

⁵ Requires \$150 co-payment prior to the start of orthodontic treatment, which applies to \$1,200 out-of-pocket maximum.

2009 Full-time/Part-time & Retiree Prescription Drug Comparison

Coverage	Kaiser (FT/PT&R)	Kaiser Added Choice			Providence (FT/PT&R)	Regence (FT/PT&R)
		HMO (FT/PT&R)	Network (FT/PT&R)	OON (FT/PT&R)		
Retail supply	30-day	30-day	30-day	30-day	30-day	34-day
Pharmacies	Kaiser Only	Kaiser Only	MedImpact ¹	MedImpact ¹	Participating	
Generic	\$1 / \$10	\$5 / \$10	\$20 / \$30	\$20 / \$30	\$5 / \$10	\$5 / \$10
Brand	\$15 / \$25	\$15 / \$25	\$20 ² / \$30 ²	\$20 ² / \$30 ²	\$15 / \$25	\$15 / 20%
Non Formulary	Not Covered (NC)		\$20 ² / NC	\$20 ² / NC	>\$50 or 50% ³	>\$50 or 50% ³
90-day Mail Supply⁴						
Generic	\$1 / \$20	\$10 / \$20	\$10 / \$20	\$10 / \$20	\$12.50 / \$25	\$12.50 / \$25
Brand	\$15 / \$50	\$30 / \$50	\$30 ² / \$50 ²	\$30 ² / \$50 ²	\$37.50 / \$62.50	\$37.50 / \$62.50
Non Formulary	Not Covered				>\$125 or 50% ³	>\$125 or 50% ³

¹ May use Kaiser mail-order if drug is in stock and in formulary

² Plus the difference between generic and formulary brand

³ Plus the difference between generic and brand for brands not on the formulary

⁴ "Maintenance drugs" only in Kaiser

These are summaries, only. Any error or omission here is unintentional and will be resolved in favor of plan documents as required in PEBB contracts, or applicable federal or state law or rule. See plan documents for details.