



Part-time New Hire Benefits

The Public Employees' Benefit Board (PEBB) is a labor-management board that designs, contracts and administers benefits for Oregon state employees. These benefits meet IRS code requirements as a Cafeteria Plan, so they provide tax advantages.

Benefits from other groups. Employees may have access to other benefits through the state retirement system, labor organizations or university employers. PEBB plays no role in those benefits.

Your eligibility

To be eligible for benefits, part-time employees must work at least half time. Half time means

- In a position with a minimum of 80 paid regular hours per month
- In a job share position
- In a 0.5 FTE position for an Oregon University System employer
- As defined by collective bargaining agreements.

New part-time employees are not required to work at least half time in the month they are hired to be eligible for benefits the next month. However, they need to meet this requirement in following months.

Part-time employees who choose to participate in PEBB may elect PEBB benefits within 60 days from the date they become eligible. For new employees, this is the date they were hired. You must choose a medical and dental plan to participate in PEBB benefits. Your employer will automatically enroll you in basic employee life insurance.

You may cover a spouse or domestic partner and dependent children who meet eligibility criteria. Review eligibility criteria in the Summary Plan Description.

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Domestic partners and taxes. Coverage of domestic partners and their children may have tax impacts. See the Summary Plan Description. Speak with your tax advisor if you have questions.

The monthly benefit amount

Your employer provides a monthly benefit amount.* For part-time employees, the amount is based on the number of hours worked in the previous month. (For job-share employees, the share of FTE sets the amount.)

Your employer prorates the benefit amount based on the number of hours you work compared with full time. For example, if the number of hours you work is equivalent to 75 percent of full time, you will receive about 75 percent of the full-time monthly benefit amount for your coverage tier. The coverage tiers are employee only, employee and spouse or domestic partner, employee and children, and employee and family.

The monthly benefit amount, with a PEBB contribution, fully covers the premium for your basic employee life insurance.

Determining the amount. PEBB plays no role in determining the monthly benefit amount. The amount is determined through a series of decisions by the governor, the legislature, the Department of Administrative Services, other agencies and branches of government, and collective bargaining agreements. For information on the benefit amount, contact your agency.

***Judicial Department employees, Legislative Session or Personal staff, and University System employees:** See the information on the benefit amount provided by your employer.

Part-time employee premium cost

Part-time employees must pay the difference between their benefit amount and the cost of premiums for their choice of medical and dental plans. You may also receive a subsidy toward the cost of your medical plan premium if you enroll in a plan termed “part-time and retiree.”

See “Calculations for Part-time Employees” on the last page of this document. This section will help in calculating your prorated monthly benefit amount, the subsidy amount, if applicable, and your premium cost. In no case will the benefit amount exceed the cost of your premiums for medical, dental and basic employee life insurance coverage.

Your medical plan choices

You must choose a medical plan. As a part-time employee, you may enroll in any plan, including those called “part-time and retiree” and those called “full-time.”

You may choose the following plans if you live or work (at least 50 percent of the time) in the plan’s service areas, as described in the Summary Plan Description:

- Kaiser Permanente and Kaiser Added Choice (service area defined by Zip codes in most of the Willamette Valley)
- Providence Choice (Multnomah, Clackamas, Washington and Yamhill counties)

The service area for the Regence BlueCross BlueShield plan covers the state and the world. You can enroll in this plan no matter where you live or work.

Medical Opt Out. If you have coverage through another employer-sponsored group medical plan, you may choose to opt out of PEBB medical coverage. Even if you opt out, you must enroll in a dental plan, at least at the employee only level. If you opt out, you may receive a portion of the monthly benefit amount as cash in your pay. See the Summary Plan Description for PEBB rules on opting out.

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Your dental plan choices

You must enroll in a dental plan. You may enroll in any plan, including those termed “part-time and retiree” and those called “full-time.”

If you cover dependents in your medical plan, you do not have to cover them in your dental plan. If you enroll in the Kaiser Medical plan, you do not have to enroll in the Kaiser dental plan, and vice versa.

You may enroll in:

- Kaiser Permanente Dental if you live or work (at least 50 percent of the time) in the plan’s service area as listed in the Summary Plan Description
- ODS Preferred or ODS Traditional no matter where you live or work
- Willamette Dental, which provides covered services only through its facilities and providers (see the Summary Plan Description for locations).

Waiting Period. ODS will apply a one-year waiting period for some services for dependents if you do not cover them in a PEBB dental plan when they are first eligible.

Choosing healthcare plans

After seeing which plans are available in your area, compare coverage in the plans using the charts in this brochure. Choose the medical and dental plans that will work best for you and your family’s healthcare needs. Carefully review the plans’ member handbooks (certificates of coverage) before enrolling. The PEBB Web site posts the latest versions.

Your basic life insurance

Your employer will automatically enroll you in basic employee life insurance coverage. Your employer and PEBB pay the premiums. This basic plan of \$25,000 in term life insurance pays the benefit if you die while you are an eligible employee. You name the beneficiaries.

Your optional benefit choices

You may choose to enroll in optional benefits. The state provides no contribution toward premiums for these benefits. Carefully consider your personal risks and needs for coverage.

You are the beneficiary for some of these plans. For others, you name the beneficiaries.

Review details on these benefits in the Summary Plan Description.

PEBB offers the following optional benefits.

- **Optional Life Insurance** (beyond the employer provided \$25,000 basic employee insurance) for the employee and the employee’s spouse or domestic partner
- **Dependent Life Insurance** for all eligible dependents
- **Short and Long Term Disability Insurance** for the employee only
- **Accidental Death and Dismemberment Insurance** for the employee, or the employee and eligible dependents
- **Healthcare and Dependent Care Flexible Spending Accounts**
- **Long Term Care Insurance** for the employee, spouse or domestic partner, dependents and certain extended family members

You are the beneficiary for some of these plans. For others, you name the beneficiaries.

Choosing optional benefits

PEBB cannot advise employees on selection of optional benefits. Typically, you would want to consider your financial assets, and how loss of income or abilities would affect you and your dependents. See the Optional Benefit Decision Scenarios on the Web site.

Guarantee Issue. During your initial enrollment window, you may enroll in some plans and at some



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coverage levels as guarantee issue. Guarantee issue means the plan cannot deny coverage based on medical history. Guarantee issue applies up to \$40,000 in optional employee life insurance; \$20,000 in optional life insurance for your spouse or domestic partner; and the \$4,000, six-year benefit plan of long-term care insurance for you. See details in the Summary Plan Description.

When to enroll

Your initial enrollment window extends 60 days from the date you are hired or first become eligible. You may change your elections only during Open Enrollment in October, unless you have a qualified midyear change. A qualified midyear change is one that affects your eligibility for certain benefits. Examples include marriage, divorce, moving from a plan's service area, change from part-time to full-time job status, and birth or adoption of a dependent child. See the midyear plan-change matrix on the PEBB Web site.

When coverage goes into effect

Generally, coverage goes into effect the first of the month following your online enrollment or receipt of enrollment forms by your agency. Exceptions are when a plan requires review of medical history before approving or denying coverage. Coverage in these plans goes into effect the first of the month after approval by the plan.

How to enroll

It's easiest to enroll online at <https://pebb.benefits.oregon.gov/members>. If you don't have access to the Internet, you can submit paper forms to your agency. Review the Enrollment Guide before you enroll online.

This is a summary only. For details, see the Summary Plan Description at <http://oregon.gov/das/pebb/2009benefits/spd.shtml> or ask your agency representative for a copy.

Premium Rates

2009 Employee Medical Plan Monthly Premium Rates

	Employees	Employee & Spouse/Partner	Employee & Children	Employee & Family
Kaiser Permanente HMO¹	\$756.46	\$1,013.67	\$869.94	\$1,036.36
Kaiser Permanente Added Choice POS¹	800.25	1,072.34	920.29	1,096.34
Providence Choice PPO²	750.79	1,006.02	863.41	1,028.56
Regence BCBSO PPO²	834.18	1,117.67	959.24	1,142.69
Kaiser Permanente Part-time & Retiree³	640.38	858.11	736.43	877.32
Kaiser Added Choice Part-time & Retiree³	647.45	867.58	744.57	887.01
Providence Choice Part-time & Retiree³	593.49	795.27	682.52	813.08
Regence BCBSO Part-time & Retiree⁴	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

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%, Rx & Aid only thru HMO		10%	10%	10%	10%
Diabetic supplies, insulin	Covered as durable medical equipment & prescription drugs				\$0	\$0	\$0	\$0
Durable medical equipment	50%	50%	Access thru Kaiser HMO		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 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 Care¹								
Health appraisal	\$0	\$0	\$0	30%	\$0	30%	\$0	30%
Immunizations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hearing exams	\$5	\$10	\$20	30%	\$5	30%	15%	30%
Cancer screens	\$0	\$0	15%	30%	\$0	30%	\$0	30%
Hospital²								
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%
Surgery²								
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 Dependency²								
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 Medical³								
Hearing aids	10%	10%	10%, Rx & Aid only thru HMO		10%	10%	10%	10%
Diabetic supplies, insulin	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Durable medical equipment	\$0	\$0	Access thru Kaiser HMO		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 Full-time/Part-time & Retiree Dental Plans 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 two 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	\$5 / \$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

Calculations for Part-time Employees

1.a Calculate your prorated monthly benefit amount.

Select your medical-plan coverage tier. Multiply the full-time monthly benefit amount for that coverage tier by the percentage of hours you work compared with full time. The result is the estimate of the prorated monthly benefit amount.

Medical Plan Coverage Tier	Full-time Benefit Amt	% Hours Worked	Prorated Benefit Amt
Employee only	\$896.28	X _____ %	= \$
Employee & spouse/domestic partner	\$1,206.86	X _____ %	= \$
Employee & children	\$1,032.11	X _____ %	= \$
Employee & family	\$1,232.75	X _____ %	= \$

1.b Calculate your subsidy amount (if you enroll in a part-time medical plan).

Select your medical-plan coverage tier. Enter your prorated monthly benefit amount from 1.a. Add the subsidy for the part-time plan. The result is the estimate of the subsidized benefit amount if you enroll in a part-time medical plan.

Medical Plan Coverage Tier	Prorated Benefit Amt	Part-time Subsidy Amt	Subsidized Benefit Amt
Employee only	\$	+ \$206.94	= \$
Employee & spouse/domestic partner	\$	+ \$264.11	= \$
Employee & children	\$	+ \$235.47	= \$
Employee & family	\$	+ \$268.05	= \$

2. Calculate your premium costs. (To do this online, select "Benefit Estimator" at <https://pebb.benefits.oregon.gov/members>.)

1.	Enter the monthly benefit amount (subsidized amount if you enroll in a part-time medical plan)	= \$
2.	Enter \$1.10 for basic life insurance	\$
3.	Enter your monthly medical premium	\$
4.	Enter your monthly dental premium	\$
5.	Enter the sum of 2 through 4. This is your monthly premium cost.	\$
6.	Subtract line 5 from line 1 to estimate the amount that will be deducted from your pay for medical, dental and basic life premiums.	\$

PEBB Resources

inquiries.pebb@state.or.us (503) 373-1102, 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

Dental Plans

Kaiser Permanente my.kp.org/nw/pebb

ODS odscompanies.com/pebb

Willamette Dental willamettedental.com

Mail-order Prescriptions

PPS ppsrx.com

Walgreens walgreenshealth.com

Optional Plans

Standard Insurance standard.com

UnumProvident unumprovident.com/enroll/pebb

Other Benefits

FSAs orpebb.asiflex.com

EAP cascadecenters.com (800) 433-2320