

The Connection

June 2009

Mission: To provide a high quality plan of health and other benefits that are affordable to the employee and the employer

PEBB Terms

Decline: Choose not to participate in the benefit program and the employer's contribution to benefits

Eligible: Meets PEBB rules for participation in benefits

Open Enrollment: Annual period during which eligible individuals may enroll in benefits for the next plan year

Opt Out: Choose not to enroll in a PEBB medical plan through rules on eligibility for other group coverage

Plan Year: January 1 - December 31

Subscriber: Eligible individual who enrolls in a health plan and whose premium pays for coverage for the subscriber and eligible dependents

Common Acronyms

ASO: Administrative services only

COBRA: Consolidated Omnibus Budget Reconciliation Act; federal law on continuing coverage through a group health plan after losing eligibility in the group

FSA: Flexible spending account; annual account for qualified healthcare or dependent care expenses not otherwise covered

HMO: Health maintenance organization

PPO: Preferred provider organization

QSC: Qualified status change; affects eligibility for enrollment in a PEBB benefit

TPA: Third-party administrator

How to Speak "Insurance"

Insurance has its own language. Here are terms PEBB uses to communicate about insurance benefits.

Insurer: Company licensed to take on risk. An individual or group pays premiums to the insurer. If claims are higher than premiums, the insurer pays the difference. If claims are lower than premiums, the insurer keeps the balance.



Self-insure: Group or organization takes on risk instead of paying an insurer to do so. If claims are higher than premiums, the organization pays the difference using funds held in reserve. If claims are lower than premiums, the organization keeps the difference to build the reserve.

Administrator: TPA or ASO that receives a fee for such services as processing claims, collecting premiums, contracting with provider networks and processing enrollment

Claim: Bill a provider or member submits to the plan for covered goods or services

Co-insurance: A percentage of the cost of covered goods or services paid by the subscriber

Co-payment (co-pay): A set amount the subscriber pays for covered goods or services

Coverage: Goods and services included in the design of a health plan

Deductible: The amount a subscriber pays for covered goods or services before the plan begins to pay claims

Health Plan: Medical and dental benefits available through enrollment

Network: Set of providers who contract to provide goods and services of the health plan, submit claims for those goods and services and accept contracted rates

Plan Design: Selection of goods and services that are included in premium payments and paid in part or full through claims, co-insurance or co-payments

Provider: Individual or facility licensed to provide healthcare services

Participating Provider: For PEBB's Statewide Plan in 2010, a provider who contracts to be in the Plan's network. For the Regence plan in 2009, a provider who is not in the preferred network but participates in the claims process.

Preferred Provider: Provider in the Providence Preferred network or a Provider that contracts with Regence to be in their preferred network



HEART Act

Notice: PEBB Service Members!

A new federal law called the HEART Act gives you access to funds in your healthcare flexible spending account if you are called up and meet qualifications. [See if you qualify](#). If you do, access an application form here: www.oregon.gov/DAS/PEBB/forms.shtml.

Connect with your Benefit Board

pebb.connect@state.or.us

Voting members

- Sue Nelson, *Chair*
- Rich Peppers, *Vice Chair*
- Peter Callero
- Rocky King
- Paul McKenna
- Jeanene Smith
- Diane Lovell
- Bret West

Advisory Members

- Rep. Tina Kotek
- Sen. William Morrisette

Resources

oregon.gov/das/pebb

inquiries.pebb@state.or.us

(503) 373-1102

Medical Plans

- Kaiser Permanente
- Providence Choice
- Regence BCBSO
- VSP (Vision Service Plan)

Mail-order Prescriptions

- PPS
- Walgreens

Dental Plans

- Kaiser Permanente
- ODS
- Willamette Dental

Optional Plans

- The Standard
- UnumProvident

Other Benefits

- FSA: ASIFlex
- EAP: Cascade Centers

Portal to 2010 Benefits

Members want details on benefit plans for 2010. Stay up to date through the Portal Page on PEBB's Web site:

www.oregon.gov/sites/DAS/PEBB/StatewidePortalPage.page

Check to see if your current provider is in the network for PEBB's Statewide Plan for 2010, find out who your provider can call to join the network, and read common questions and answers, updated weekly.

Help with Healthcare Away From Home

Will you be traveling more than 100 miles from home for work or pleasure? Bone up on your travel assistance benefit before you go.

Members covered by basic employee life insurance, and their dependents, are automatically enrolled in Medex TravelAssist.

Medex offers the following worldwide assistance services for trips of up to 90 days:

- Locating medical care providers
- Communication among patients, families and providers
- Translation and interpreter services on international travel
- Coordination with insurance companies in medical emergencies
- Arrangements for convalescing in a hotel
- Obtaining refills for forgotten, lost or depleted prescriptions

Download the Medex TravelAssist brochure and ID card:

www.standard.com/eforms/12092w.pdf

Winning Losers

Members participating in the weight management program are winning by losing.

About 1,500 members participate in Weight Watchers at Work through this benefit. On average, each of those individuals has lost more than 11 pounds since the program started in January. As a group, they have shed about 17,000 pounds of excess weight.

They're improving their own health and the health of the whole PEBB membership.

Congratulations to PEBB's Winning Losers!



[Read about their ongoing success](#)

[Share your own story](#)

[Enroll in Weight Watchers](#)