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A Word from your Board

We're excited by the growing engagement around our shared goal – better health, better care and lower costs. Together. We're making measurable progress.

Better health. Almost 80% of our members and their spouses/partners enroll and participate in the Heath Engagement Model (HEM) program. They agree annually to complete their medical plan's health assessment within a set period and to complete two health actions by the next Open Enrollment. As HEM participants, they receive a health incentive in their pay.

Better care. Year by year, more and more of us are choosing a medical home. The providers in your medical home assign priority to keeping you healthy through prevention, use of evidence-based care, and support to help you meet your health goals.

Lower costs. The legislature has charged us with keeping cost increases at or below 3.4% per year. Our new and long-standing plans are responding to the challenge of providing higher quality at a cost we can all afford. We appreciate the part you play in this effort by sharing responsibility for your health.

Trust that we will continue to work toward our mission of quality, affordable benefits.

Healthier, **Together.**

Your PEBB Board

These flags point to web pages that provide more information about each topic. If you use the online version of this guide, just click the web address in blue; it will open the information page. If you use the paper version, type the web address into your browser address bar to access the online information page.

Information in this document is summary information only. It does not fully describe plans in detail.
In the case of a conflict between this summary and your plan handbook, the plan handbook will prevail.

Choosing your 2016 Benefits

Choose your medical plan for 2016

We want newly PEBB-eligible employees carefully to review their PEBB medical plans options so they can make sure the plan they choose is right for them and their family. One plan may offer better health, better care and lower costs than another.

Covering domestic partners

Coverage of domestic partners and partners' children has tax implications that lower your take-home pay. Be sure you understand these implications before adding these individuals to coverage. www.oregon.gov/DAS/PEBB/Pages/16DPTaxes.aspx.

Opt out

Opt out is a choice of medical plan available to PEBB-eligible members who have other medical coverage. www.oregon.gov/das/pebb/2016benefits/optoutdecline.pdf

Decline

To decline is to choose not to participate in any aspect of the benefit program, including the employer share of premium for core benefits.
www.oregon.gov/das/pebb/2016benefits/optoutdecline.pdf

Employee premium share

Employee premium share may vary depending on the employing agency or university. Employees of most state agencies have a premium share described below. PEBB does not determine premium share. Contact your agency or university benefit office for answers to questions about premium share.

Employee premium share for core benefits is set as a percentage of total monthly premium cost; the employer pays the balance. The same percentage premium share you pay for medical coverage will apply to any enrollment in dental, vision, and employee basic life coverage – the core benefits.

Full-time employees: Only full-time plans are available to full-time employees. You pay 5% of the total premium if you enroll in either of the two higher cost PEBB plans – PEBB Statewide or Kaiser HMO. If you enroll in any of the other PEBB full-time plans – which have lower cost – your premium share is 1%.

Part-time employees: Both full-time and part-time plans are available to part-time employees. You pay either 1% or 5% of the total premium based on the medical plan you choose, and you pay any premium balance remaining after the employer pays their premium share based on your hours of work each month. When you enroll in the full time or part-time plan for either the PEBB Statewide Plan or the Kaiser HMO you pay 5% premium contribution share, When you enroll in any of the other PEBB full time or part-time plans you pay the 1% premium contribution share. Part time employees that choose a part-time medical plan also receive a flat premium subsidy amount based on the medical plan tier chosen.

- Higher-cost plans with 5% premium share are both the full-time and part-time Kaiser HMO and PEBB Statewide PPO medical plans.
- Lower-cost plans with 1% premium share are the following full -time and part-time medical plans: AllCare PEBB, Kaiser Deductible, Moda Summit, Moda Synergy and Providence Choice.
- At least one higher-cost and one lower-cost plan is available in each county.

Choosing your 2016 Benefits (continued)

The chart below shows the monthly premium rate by tier for each of the medical plans. Part-time employees who choose a part-time plan have a subsidy. The subsidy is not shown in the premium rate. It is included in the cost estimators shown on the Tools page www.oregon.gov/das/pebb/pages/16toold.aspx.

2016 Medical Plan Premium for Full-time plans *(available to both full-time and part-time employees)*

	Employee	Employee and Spouse/Partner	Employee and Child(ren)	Employee and Family
AllCare PEBB[1]	$911.41	$1,221.24	$1,048.12	$1,248.61
Kaiser[2]	1,097.72	1,470.92	1,262.38	1,503.86
Kaiser Deductible[2]	1,009.28	1,352.42	1,160.68	1,382.73
Moda Summit, Synergy[1]	$976.24	1,308.16	1,122.68	1,337.45
PEBB Statewide[1]	1,088.81	1,458.87	1,252.06	1,491.52
Providence Choice[1]	943.34	1,264.05	1,084.84	1,292.34

[1] *No in-plan vision coverage*

[2] *Kaiser routine vision care*

2016 Medical Plan Premium Rates for Part-time plans *(available only to part-time employees)*

	Employee	Employee and Spouse/Partner	Employee and Child(ren)	Employee and Family
AllCare PEBB[1]	$729.62	$977.64	$839.08	$999.55
Kaiser[2]	929.27	1,245.22	1,068.66	1,273.09
Kaiser Deductible[2]	877.69	1,176.08	1,009.34	1,202.40
Moda Summit, Synergy[1]	791.06	1,060.02	909.72	1,083.75
PEBB Statewide[1]	884.50	1,185.12	1,017.14	1,211.69
Providence Choice[1]	764.47	1,024.36	879.15	1,047.29

[1] *No in-plan vision coverage*

[2] *Vision exam only*

Health Plans by County

The chart below shows the higher-cost and lower-cost plans available in each county. A part-time version of each of these plans is available to part-time employees.

County	Lower-cost Plans, 1% Premium Share	Higher-cost Plans, 5% Premium Share
Baker	Moda Summit, Providence Choice	Kaiser HMO, PEBB Statewide
Benton	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Clackamas	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Clatsop	Moda Synergy, Providence Choice	PEBB Statewide
Columbia	Kaiser Deductible, Moda Synergy,	Kaiser HMO, PEBB Statewide
Coos	Providence Choice	PEBB Statewide
Crook	Providence Choice	PEBB Statewide
Curry	AllCare PEBB, Providence Choice	PEBB Statewide
Deschutes	Providence Choice	PEBB Statewide
Douglas*	Providence Choice	PEBB Statewide
Gilliam	Moda Summit	PEBB Statewide
Grant	Moda Summit	PEBB Statewide
Harney	Moda Summit	PEBB Statewide
Hood River	Providence Choice	Kaiser HMO, PEBB Statewide
Jackson	AllCare PEBB, Providence Choice	PEBB Statewide
Jefferson	Providence Choice	PEBB Statewide
Josephine	AllCare PEBB, Providence Choice	PEBB Statewide
Klamath	Providence Choice	PEBB Statewide
Lake	Moda Summit	PEBB Statewide
Lane	Moda Synergy, Providence Choice	PEBB Statewide
Lincoln	Moda Synergy, Providence Choice	PEBB Statewide
Linn	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Malheur	Moda Summit, Providence Choice	PEBB Statewide
Marion	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Morrow	Moda Summit	PEBB Statewide
Multnomah	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Polk	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Sherman	Moda Summit	PEBB Statewide
Tillamook	Moda Synergy	PEBB Statewide
Umatilla	Moda Summit, Providence Choice	PEBB Statewide
Union	Moda Summit, Providence Choice	PEBB Statewide
Wallowa	Moda Summit, Providence Choice	PEBB Statewide
Wasco	Moda Synergy, Providence Choice	PEBB Statewide
Washington	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Wheeler	Moda Summit	PEBB Statewide
Yamhill	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide

**AllCare PEBB in Azalea and Glendale*

The rest of this section presents coverage in each plan. See footnotes on pages 10 and 11.

Medical Plans

Kaiser Permanente NW Deductible

my.kp.org/pebb

Regional Service Area: Benton, Clackamas, Columbia, Hood River, Linn, Marion, Multnomah, Polk, Washington and Yamhill; Clark, Cowlitz, Lewis, Skamania & Wahkiakum WA

	Full-time	Part-time
Standard deductible[2]	$250/individual, $750/family Some services not subject to deductible	$250/individual, $750/family Some services not subject to deductible
Additional non-HEM participant deductible[3]	Additional deductible: $100/individual, $300/family (applies to all services unless otherwise noted)	
Out-of-pocket max	$1500/individual $4500/family	$1500/individual, $4500/family
Providers	Kaiser Permanente network of providers	
Referrals	Referrals to non-Kaiser Permanente providers only from Kaiser provider	
Primary care visit	$5, deductible waived	$30, deductible waived
Chronic care visit[5]	$5, deductible waived	$30, deductible waived
Specialty visit	$5 w/referral, deductible waived	$30 w/referral, deductible waived
Mental health care	Costs same as medical services	
Substance abuse treatment	$0, deductible waived	$0, deductible waived
Prenatal, first postnatal visit	$0, deductible waived	$0, deductible waived
Delivery	Inpatient delivery subject to inpatient hospital charges	
Preventive	$0, deductible waived	$0, deductible waived
Lab & X-ray	$15, deductible waived	$20, deductible waived
Inpatient hospital per admission	$50/day up to $250 max	$500
Emergency department[6]	$75	$100
Durable medical equipment	15%, deductible waived	50%, deductible waived
Insulin & diabetic supplies	$0 or 0%, deductible waved	
Additional Cost Tier $100 copay[8]	$100 copay, deductible waived	$100 copay, deductible waived
Additional Cost Tier $500 copay	Standard copay only, applies to out of pocket maximum	Standard copay only, applies to out of pocket maximum
Alternative care provider visits[13]	$10, deductible waived	$30, with physician's authorization referral, deductible waived
Spinal manipulation, acupuncture services[13]	$10, deductible waived	$30 with physician's authorization referral, deductible waived
Prescription drugs	• No deductible • Copays accumulate to out-of-pocket maximum • $5 generic • $25 brand • 50% up to $100 max non-formulary brand • Mail order (31-90 day), $5 generic, $25 formulary brand, 50% up to $100 max non-formulary brand	• No deductible • Copays accumulate to out-of-pocket maximum • $10 generic • $25 brand • Mail order 2 copays for up to 90-day supply

This is a summary only. See the plan's documents for details. In the case of a discrepancy between this summary and a plan document, the plan document will apply. See footnotes, pages 10-11.

Medical Plans (continued)

Kaiser Permanente NW HMO

my.kp.org/pebb

Regional Service Area: Benton, Clackamas, Columbia, Hood River, Linn, Marion, Multnomah, Polk, Washington and Yamhill; Clark, Cowlitz, Lewis, Skamania & Wahkiakum WA

	Full-time	Part-time
Standard deductible	$0	$0
Additional HEM non-participant deductible[3]	Additional deductible: $100/individual, $300/family (applies to all services unless otherwise noted)	
Out-of-pocket max	$600/individual, $1200/family	$1500/individual, $3000/family
Providers	Kaiser Permanente Network of providers	
Referrals	Referrals to non-Kaiser Permanente providers only from Kaiser provider	
Primary care visit	$5	$30
Specialty visit	$5, with referral	$30, with referral
Mental health care	Same cost as physical health services	
Substance abuse treatment	$0	$0
Prenatal, first postnatal visit	$0	$0
Delivery	Inpatient delivery subject to inpatient hospital charges	
Preventive	$0	$0
Lab & X-ray	$0	$10
Inpatient hospital per admission	$50/day, up to $250 max	$500
Emergency department[6]	$75	$100
Durable medical equipment	$0	50%
Insulin & diabetic supplies	$0	
Additional Cost Tier $100 copay[8]	$100 copay	$100 copay
Additional Cost Tier $500 copay	Does not apply in this plan	Does not apply in this plan
Alternative care provider visits[13]	$10	$30, with physician's authorization approval
Spinal manipulation, acupuncture services[13]	$10	$30, with physician's authorization approval
Prescription drugs	• No deductible • Copays accumulate to out-of-pocket maximum • $1 generic • $15 brand • Mail order (31-90 day), $1 generic, $15 brand	• No deductible • Copays accumulate to out-of-pocket maximum • $10 generic • $25 brand • Mail order 2 copays for up to 90-day supply

This is a summary only. See the plan's documents for details. In the case of a discrepancy between this summary and a plan document, the plan document will apply. See footnotes, pages 10-11.

Medical Plans (continued)

Moda Summit, Synergy

Modahealth.com/pebb

Synergy Service Area: Benton, Clackamas, Clatsop, Columbia, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Wasco, Washington, Yamhill, and Clark in Washington

Summit Service Area: Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler

	Full-time		Part-time	
Providers	**In Medical home[1]**	**Out of network[1]**	**In Medical home[1]**	**Out of network[1]**
Standard deductible[2]	$250/individual, $750/family	$500/individual, $1500/family	$500/individual, $1500/family	$1000/individual, $3000/family
Additional non-HEM participant deductible[3]	$100/individual, $300/family (applies to all services unless otherwise noted)			
Out-of-pocket max (some deductibles, copays, services don't apply)	$1500/individual, $4500/family	$2500/individual $7500/family	$2500/individual $7500/family	$4500/individual, $13500/family
Primary care visit	$5, first 4 visits deductible waived	30%	$30, first 4 visits deductible waived	50%
Chronic care visit[5]	$0, deductible waived	30%	$0, deductible waived	50%
Specialty visit	$5, with referral	30%	$30, with referral	50%
Mental health care	Cost same as medical services			
Substance abuse treatment	$0, deductible waived	Cost same as medical services	$0, deductible waived	Cost same as medical services
Maternity, & childbirth services provider	$0, deductible waived	$30	$0, deductible waived	50%
Delivery	Inpatient delivery subject to inpatient hospital charges			
Preventive	$0, deductible waived	30%	$0, deductible waived	50%
Lab & x-ray	$0, deductible waived	30%	$0, Quest provider, deductible waived, or 20%	50%
Inpatient hospital per admission	$50/day to $250 max	30%	$500	50%
Emergency department[6]	$100	$100	$100	$100
Durable medical equip.	15%	30%	20%	50%
Insulin, diabetic supplies	$0, deductible waived			
Additional Cost Tier $100 copay[7]	$100	$100 + $30	$100	$100 + 50%
Additional Cost Tier $500 copay[9]	$500	$500 + 30%	$500	$500 + 50%
Alternative care provider visits	$5	30%	$30	50%
Spinal manipulation, acupuncture services[13]	$5 up to $1,000/yr max combined. Not applied to out-of-pocket max.	30% up to $1,000/yr max combined. Not applied to out-of-pocket max.	$30 up to $1000/yr max combined. Not applied to out-of-pocket max.	50% up to $1000/yr max combined. Not applied to out-of-pocket max.
Prescription drugs	• $50/individual, $150/family deductible[10] • $1000 out-of-pocket maximum[11] • $0 Value, not subject to deductible[12] • $10 generic • $30 brand • Copay x 2.5 for 90-day • $100 specialty	• In-network deductible, out-of-pocket max apply • $0 Value, not subject to deductible[12] • $20 generic • $50 preferred brand • $100 specialty • Copay x 2.5 for 90-day • Member pays difference between in-network rate and billed amount	• $50/individual, $150/family deductible[10] • $1000 out-of- pocket maximum[11] • $0 Value, not subject to deductible[12] • $20 generic • $50 preferred brand • Copay x 2.5 for 90-day • $100 specialty	• In-network deductible, out-of-pocket max apply • $0 Value, not subject to deductible[12] • $20 generic • $50 preferred brand • $100 specialty. • Copay x 2.5 for 90-day • Member pays difference between in-network rate and billed amount

This is a summary only. See the plan's documents for details. In the case of a discrepancy between this summary and a plan document, the plan document will apply. See footnotes, pages 10-11.

Medical Plans (continued)

PEBB Statewide

Providence.org/pebb

Regional Service Area: Statewide and Nationwide

	Full-time		Part-time	
Providers	**In Network**	**Out of Network**	**In Network**	**Out of Network**
Standard deductible[2]	$250/individual, $750/family Four primary care visits not subject	$500/individual, $1500/family	$500/individual, $1500/family Four primary care visits not subject	$1000/individual, $3000/family
Additional non-HEM participant deductible[3]	$100/individual, $300/family (applies to all services unless otherwise noted)			
Out-of-pocket max (some deductibles, copays, services don't apply)	$1500/individual $4500/family	$2500/individual $7500/family	$2500/individual $7500/family	$4500/individual $13500/family
Primary care visit	15% or 10%[4], deductible waived	30%	20% or 15%[4], deductible waived	50%
Chronic care visit[5]	0%, deductible waived	30%	0%, deductible waived	50%
Specialty visit	15%	30%	20%	50%
Mental health care	Cost same as medical services			
Substance abuse treatment	0%, deductible waived	30%	0%, deductible waived	50%
Pre-natal	0%, deductible waived	30%	0%, deductible waived	50%
Delivery and postnatal	15%	30%	20%	50%
Preventive	0%, deductible waived	30%	0%, deductible waived	50%
Lab & x-ray	15%	30%	20%	50%
Inpatient hospital per admission	15%	30%	20%	50%
Emergency department[6]	$100 + 15%	$100 + 15%	$100 + 20%	$100 + 20%
Durable medical equip.	15%	30%	20%	50%
Insulin, diabetic supplies	0% or $0, deductible waived			
Additional Cost Tier $100 copay[7]	$100 + 15%	$100 + 30%	$100 + 20%	$100 + 50%
Additional Cost Tier $500 copay[9]	$500 + 15%	$500 + 30%	$500 + 20%	$500 + 50%
Alternative care provider visits	15%	30%	20%	50%
Spinal manipulation, acupuncture services[13]	15%, up to 60 services/yr max combined. Not apply to out of pocket max.	30 %, up to 60 services/yr max combined. Not apply to out of pocket max.	20%, up to 60 services/yr max combined. Not apply to out of pocket max.	50%, up to 60 services/yr max combined. Not apply to out of pocket max.
Prescription drugs	• $50/individual, $150/family deductible[10] • $1000 out-of-pocket maximum[11] • $0 Value, not subject to deductible[12] • $10 generic • $30 brand • Copay x 2.5 for 90-day • $100 specialty	• Urgent, emergent and out-of-country • In-network deductible, out-of-pocket maximum apply • Reimbursed as if filled in network; member pays difference between network rate & billed amount	• $50/individual, $150/family deductible[10] • $1000 out-of- pocket maximum[11] • $0 Value, not subject to deductible[12] • $20 generic • $50 preferred brand • Copay x 2.5 for 90-day • $100 specialty	• Urgent, emergent and out-of-country • In-network deductible, out-of-pocket maximum apply • Reimbursed as if filled in network; member pays difference between network rate & billed amount

This is a summary only. See the plan's documents for details. In the case of a discrepancy between this summary and a plan document, the plan document will apply. See footnotes, pages 10-11.

Medical Plans (continued)

Providence Choice

Providence.org/pebb

Regional Service Area: Baker, Benton, Clackamas, Clatsop, Coos, Crook, Curry, Deschutes, Douglas, Hood River, Jackson, Jefferson, Josephine, Klamath, Lane, Lincoln, Linn, Malheur, Marion, Multnomah, Polk, Umatilla, Union, Wallowa, Wasco, Washington, Yamhill; Clark and Walla Walla, WA; Payette, ID

	Full-time		Part-time	
Providers	**In Medical home[1]**	**Out of medical home[1]**	**In Medical home[1]**	**Out of medical home[1]**
Standard deductible[2]	$250/individual $750/ family, 4 visits not subject	$500/individual $1500/ family	$500/individual $1500/ family, 4 visits not subject	$1000/individual $3000/ family
Additional non-HEM participant deductible[3]	$100/individual, $300/family (applies to all services unless otherwise noted)			
Out-of-pocket max (some deductibles, copays, services don't apply)	$1500/individual, $4500/family	$2500/individual, $7500/family	$2500/individual, $7500/family	$4500/individual, $13500/family
Primary care visit	$5, first 4 visits deductible waived	30%	$30, first 4 visits deductible waived	50%
Chronic care visit[5]	$0, deductible waived	30%	$0, deductible waived	50%
Specialty visit	$5, with referral	30%	$30, with referral	50%
Mental health care	Cost same as medical services			
Substance abuse treatment	$0, deductible waived	Cost same as medical services	$0, deductible waived	Cost same as medical services
Maternity, & childbirth services provider	$0, deductible waived	30%	$0, deductible waived	50%
Delivery	Inpatient delivery subject to inpatient hospital charges			
Preventive	$0, deductible waived	30%	$0, deductible waived	50%
Lab & x-ray	$0, deductible waived	30%	20%, deductible applies	50%
Inpatient hospital per admission	$50/day to $250 max	30%	$500	50%
Emergency department[6]	$100	$100	$100	$100
Durable medical equip.	15%	30%	20%	50%
Insulin, diabetic supplies	$0, deductible waived			
Additional Cost Tier $100 copay[7]	$100	$100 + 30%	$100	$100 + 50%
Additional Cost Tier $500 copay[9]	$500	$500 + 30%	$500	$500 + 50%
Alternative care provider visits	$5	30%	$30	50%
Spinal manipulation, acupuncture services[13]	$5/visit, up to $1000/yr max combined. Not applied to out-of-pocket max.	30%, up to $1000/yr max combined. Not applied to out-of-pocket max.	$30/visit, up to $1000/yr max combined. Not applied to out-of-pocket max	50% up to $1000/yr max combined. Not applied to out-of-pocket max.
Prescription drugs	• $50/individual, $150/ family deductible[10] • $1000 out-of-pocket maximum[11] • $0 Value, not subject to deductible[12] • $10 generic • $30 brand • Copay x 2.5 for 90-day • $100 specialty	• In-network deductible, out-of-pocket maximum apply • $0 Value, not subject to deductible[12] • $10 generic • $30 brand • Copay x 2.5 for 90-day • $100 specialty	• $50/individual, $150/ family deductible[10] • $1000 out-of- pocket maximum[11] • $0 Value, not subject to deductible[12] • $20 generic • $50 preferred brand • Copay x 2.5 for 90-day • $100 specialty	• In-network deductible, out-of-pocket maximum apply • $0 Value, not subject to deductible[12] • $20 generic • $50 preferred brand • Copay x 2.5 for 90-day • $100 specialty • Member pays difference between in-network rate and billed amount

This is a summary only. See the plan's documents for details. In the case of a discrepancy between this summary and a plan document, the plan document will apply. See footnotes, pages 10-11.

Medical Plans (continued)

AllCare PEBB

Allcarepebb.com

Regional Service Area: Curry, Jackson, Josephine, Glendale and Azalea in Douglas

	Full-time			Part-time		
Providers	**Preferred**	**Participating**	**Out-of-network**	**Preferred**	**Participating**	**Out-of-network**
Standard deductible	$250/individual, $750/family **Apply toward each other**	$500/individual, $1500/family	$500/individual, $1500/family	$500/individual, $1500/family **Apply toward each other**	$1000/ individual, $3000/family	$1000/ individual, $3000/family
Additional HEM non-participant deductible[3]	$100/individual, $300/family (applies to all services unless otherwise noted)					
Out-of-pocket max (some deductibles, copays, services don't apply)	$1500/ individual, $4500/family **Apply toward each other**	$2500/ individual, $7500/family	$2500/ individual, $7500/family	$2500/ individual, $7500/family **Apply toward each other**	$4500/ individual, $13500/family	$4500/ individual, $13500/family
Primary care visit	$5, deductible waived	$20, deductible waived	30%	$5, deductible waived	$30, deductible waived	50%
Chronic care visit[5]	$0, deductible waived	$10, deductible waived	30%	$0, deductible waived	$10, deductible waived	50%
Specialty visit	$20, w referral	$30	30%	$30, w referral	$60	50%
Mental health care	$5	$20	30%	$5	$20	50%
Substance abuse treatment	$0, deductible waived		Cost same as medical services	$0, deductible waived		Cost same as medical services
Maternity, child birth provider	$0, deductible waived		30%	$0, deductible waived		50%
Delivery	$0, deductible waived	$100/day up to $500 max	30%	$0, deductible waived	40%	50%
Preventive	$0, deductible waived		30%	$0, deductible waived		50%
Lab & X-ray	$0	30%	30%	20%	40%	50%
Inpatient hospital per admission	$50/day up to $250 max	$100/day up to $500 max	30%	$500	40%	50%
Emergency deptartment	$100					
Durable medical equip.	15%		30%	50%		
Insulin, diabetic supplies	$0 or 0%, deductible waived					
Additional Cost Tier $100 copay[7]	$100	$100 + 30%	$100 + 50%	$100	$100 +40%	$100 + 50%
Additional Cost Tier $500 copay[9]	$500	$500 + 30%	$500 + 50%	$500	$500 + 40%	$500 + 50%
Alternative care provider visits	$10	$20	30%	$30	40%	50%
Spinal manipulation, acupuncture services[13]	$10 up to $1000/yr max combined. Not applied to out-of-pocket max.	$20 up to $1000/yr max combined. Not applied to out-of-pocket max.	30% up to $1000/yr max combined. Not applied to out-of-pocket max.	$30 up to $1000/yr max combined. Not applied to out-of-pocket max.	40% up to $1000/yr max combined. Not applied to out-of-pocket max.	50% up to $1000/yr max combined. Not applied to out-of-pocket max.
Prescription drugs	(continued on following page)					

This is a summary only. See the plan's documents for details. In the case of a discrepancy between this summary and a plan document, the plan document will apply. See footnotes, pages 10-11.

Medical Plans (continued)

AllCare PEBB (continued)

Regional Service Area: Curry, Jackson, Josephine, Glendale and Azalea

	Full-time			Part-time		
Providers	**Preferred**	**Participating**	**Out-of-network**	**Preferred**	**Participating**	**Out-of-network**
Prescription drugs	• $50/individual, $150/family deductible[10] • $1000 out-of-pocket maximum[11] • $0 preventive/EHB, not subject to deductible • $10 generic • $30 brand • $60 non-preferred • Copay x 2 for 90-day • $100 specialty	Out-of-Network. Member pays full cost and may be reimbursed for AllCare PEBB share of cost.		• $50/individual, $150/family deductible[10] • $1000 out-of-pocket maximum[11] • $0 preventive/EHB, not subject to deductible • $15 generic • $40 brand • $75 non-preferred • Copay x 2 for 90-day • $100 specialty	Out-of-Network. Member pays full cost and may be reimbursed for AllCare PEBB share of cost.	

This is a summary only. See the plan's documents for details. In the case of a discrepancy between this summary and a plan document, the plan document will apply.

Medical Plans Footnotes

[1] To receive In-Medical Home benefits, members must choose a medical home in the plan, notify the plan of their choice, and receive care through providers from that medical home or from providers referred by their medical home. Otherwise, benefits typically have higher costs or may not be covered. See the list of medical homes on the plan's website.

[2] All medical plans have a standard plan deductible (except Kaiser HMO). This is the amount a member must pay for covered services before the plan begins to pay its share for medically necessary covered services. Deductibles apply per individual, or the family deductible will apply when there are three or more individuals within a family, based on the employee's choice of coverage tier. Payments toward the deductible accumulate separately for services in-network and out-of-network, and In- Medical Home and Out-of-Medical Home (see [1] above). Certain in-network services are not subject to the deductible. Examples: first four visits per individual to a primary care provider; insulin and diabetic supplies; visits for care of asthma, diabetes, cardiovascular disease or congestive heart failure; and preventive services. On the Kaiser deductible plans, the deductible is waived on additional services; please see the benefit summary for additional details.

[3] The goal of the Health Engagement Model (HEM) program is to engage as many people as possible in improving their health, which can help to contain health care costs over time. A $100-per individual HEM Non-Participant deductible will be added to their plan's standard deductible for members who 1) choose not to enroll in the HEM program 2) sign up but don't complete their health assessment within the scheduled time frame or 3) don't actively enroll in 2015 benefits. This HEM deductible is in addition to the plan's standard deductible (both in-network and out-of-network). This deductible works the same as the standard plan deductible as described in [2] above. Kaiser HMO non-HEM participant plan will have a $100 deductible.

[4] PEBB Statewide plan members whose in-network provider has been recognized by the Oregon Health Authority as a Patient-Centered Primary Care Home will have the lower coinsurance.

[5] These are visits for care of asthma, diabetes, cardiovascular disease and congestive heart failure. Not subject to deductible in-network.

[6] Copay amounts for use of a hospital emergency department are waived if the member is admitted directly to the hospital for inpatient treatment. This does not include admittance for observation. Copay does not apply to out-of-pocket maximum except in Kaiser plans. In-plan deductible applies.

[7] These procedures are MRI, CT, PET and SPECT scans; sleep studies; spinal injections; upper endoscopy; bunionectomy; surgery for hammertoe and Morton's neuroma; and knee viscosupplementation. Copay does not apply to out-of-pocket maximum. Not applied to cancer-related procedures. These procedures may be overused compared with their risks and benefits.

[8] Applies only to MRI, CT, PET and SPECT scans, and sleep studies in Kaiser plans. Additional copay applies to out of pocket maximum.

[9] These are surgical procedures for hip or knee replacement or resurfacing; knee or shoulder arthroscopy; bariatric surgery; spine procedures; and sinus surgery. Copay does not apply to out-of- pocket maximum. Not applied to cancer-related procedures. These procedures may have alternatives that provide equal or better outcomes with lower risks and costs.

Vision Plan

You are not required to enroll in vision coverage, but you must be enrolled in a medical plan choice to enroll in a vision plan. You may enroll yourself, your spouse/domestic partner, and your dependents individually or in any combination.

Both the full-time Kaiser HMO and Kaiser Deductible plan provide Kaiser Vision, so members in those plans cannot enroll in VSP. If you enroll in any other plan, including any of the part-time plans, you can enroll for VSP vision. For full-time or part-time employees, your premium contribution is the same percentage rate as medical coverage percentage. If you enroll in Opt Out and choose to enroll in a vision or dental plan your contribution share is 5% of the premium. www.vsp.com/signon.html

2016 Employee Vision Plan Monthly Premium Rates

	Employee	Employee & Spouse/Partner	Employee & Child(ren)	Employee & Family
VSP	$14.30	$18.78	$16.13	$19.23

VSP Routine Vision Care Coverage

Benefits	Description	Copay	Frequency
Well Vision Exam	Focuses on your eyes and overall wellness	$10	Every calendar year
Prescription Glasses		$25	See frames and lenses
Frames	• $150 allowance for a wide selection of frames • $170 allowance for featured frame brands • 20% savings on the amount over your allowance • $80 allowance at Costco	Included in prescription glasses	Every calendar year
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Included in prescription glasses	Every calendar year
Lens Enhancements	Standard progressive lenses	$50	Every calendar year
	Premium progressive lenses	$80 - $90	
	Custom progressive lenses	$120 - $160	
	Average savings of 35-40% on other lens enhancements		
Contacts (instead of glasses)	• $200 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation)	$0	Every calendar year

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Medical Plans Footnotes (continued)

[10] The prescription drug deductible is $50 per person or $150 for families with three or more members. It applies separately from the medical deductible.

[11] The prescription drug out-of-pocket maximum is $1,000 per person, with a family (three-person) maximum of $3,000. It accrues separately from the medical out-of-pocket maximum.

[12] All plans have formularies that list covered drugs. Value drugs typically are generic drugs that are used in treating most common chronic conditions. (EHB stands for Essential Health Benefits.)

[13] Limited to $1,000/year (combined in Kaiser plans). Limited to 60 visits/year in PEBB Statewide plan max. Copays and coinsurance do not apply to out-of-pocket maximum.

Dental Plans

You are not required to enroll in a dental plan, but to enroll in a dental plan you must be enrolled in a medical plan choice. You may enroll yourself, your spouse/domestic partner, and your dependents individually or in any combination. Full-time plans are available to both full-time and part-time employees. Part-time plans are available only to part-time employees. If you enroll in Opt Out and choose to enroll in a dental plan, your premium share is 5%.

ODS (Moda) plans Modahealth.com/pebb

- When you enroll in the PPO plan, your coinsurance amount drops by 10% per year down to 0% at year three if you see your dentist at least once per year.
- Individuals who enroll for coverage in an ODS (Moda) plan during an open enrollment period after they were initially eligible may have a 12-month waiting period for basic and major services and a 24-month waiting period for orthodontia. See the ODS (Moda) plans member handbooks for details.

Willamette Dental Group plan https://www.willamettedental.com/pebb

- Services are provided only by Willamette Dental Group providers and only in Willamette Dental Group facilities.
- A $5 office visit copayment is due at each visit, including visits for orthodontia.
- The copayment varies for visits related to implants.
- The plan has a $1,500 comprehensive copayment for orthodontia.

Kaiser Plans My.kp.org/pebb

- Kaiser offers both medical and dental plans. You do not need to enroll in a Kaiser medical plan to be able to enroll in a Kaiser dental plan, and vice versa.
- You can enroll in a Kaiser dental plan if you live or work in the Kaiser service area.

- Services are provided by Kaiser providers in Kaiser facilities

The following table summarizes coverage in full-time dental plans.

2016 Full-time Dental Plans Comparison (available to full-time and part-time employees)

Plan	Kaiser Dental	ODS (Moda) PPO		ODS (Moda) Premier	Willamette Dental Group
Provider	**Kaiser**	**In-Network**	**Out-of-Network**	**Participating**	**Willamette**
Deductible: individual/family	None	$50/$150	$50/$150	$50/$150	None
Annual max coverage	$1,750	$1,750	$1,750	$1,750	None
Diagnostic & preventive services	0% *	0%	10%	0% ..	$5 copay
Basic & maintenance services	20% ~~to annual max coverage~~	20% year 1 10% year 2 0% year 3	30%	20%	$5 copay
Crowns	25%	50%	50%	50%	$190 copay
Implants	50%	50%	50%	50%	Varies
Dentures	50%	50%	50%	50%	$190 copay
Orthodontia	50% to $1500	50% to $1500	50% to $1500	50% to $1500	$1500 copay

This is a summary only. See the plan's documents for details. In the case of a discrepancy between this summary and a plan document, the plan document will apply.

*Not applied to annual max coverage

Dental Plans (continued)

The following table summarizes coverage in part-time dental plans.

2016 Part-time Dental Plans Comparison (available only to part-time employees)

Plan	ODS (Moda) Part Time	Kaiser Part Time
Provider	**Participating**	**Kaiser**
Deductible per person	$50	None
Annual max coverage	$1250	$1250
Diagnostic & preventive services	0%	0%, not applied to annual max coverage
Basic & maintenance services	50%	50%
Crowns	50%	50%
Implants	Not covered	Not covered
Dentures	50%	50%
Orthodontia	Not covered	Not covered

Dental Plan Rates

The following table shows monthly premium costs for full-time and part-time dental plans. For full-time or part-time employees, your premium contribution is at the same percentage rate as medical coverage percentage. If you enroll in Opt out and choose to enroll in a dental plan your contribution share is 5% of the premium.

2016 Employee Dental Plan Monthly Premium Rates

	Employee	Employee & Spouse/ Partner	Employee & Children	Employee & Family
Kaiser Permanente	$91.54	$122.65	$105.27	$125.40
ODS (Moda) PPO	78.71	105.47	90.50	107.85
ODS (Moda) Premier	85.19	114.19	98.00	116.74
Willamette Dental Group	75.03	100.54	86.28	102.79
Kaiser Permanente Part-time	68.19	91.37	78.40	93.43
ODS (Moda) Part-time	61.32	82.16	70.52	84.00

This is a summary only. See the plan's documents for details. In the case of a discrepancy between this summary and a plan document, the plan document will apply.

How to Choose a PEBB Medical Plan

PEBB offers four medical home plans – AllCare PEBB, Moda Summit and Synergy, and Providence Choice – plus the Kaiser HMO and Deductible plans. The Board also offers the PEBB Statewide plan, which is a preferred provider organization (PPO) plan. Look for the plan that gives you the best value – cost compared with benefits, along with access to your choice of providers in the plan's network.

Compare the premium share and out-of-pocket costs .

- Premium share. Generally, employee premium share is either 5% or 1% of the monthly premium. It's 1% if you choose a lower-premium plan and 5% if you choose a higher-premium plan. So, your premium share for covering your family ranges from around $150 per year up to around $900 per year.
- Out-of-pocket costs. You have lower costs in medical home and Kaiser plans, which have copayments (copays) instead of coinsurance. Example: $5 copay for an office visit in a medical home or Kaiser, compared with $18 in the PEBB Statewide plan – 15% coinsurance for an office visit with a $120 charge.

Look at benefits you get in medical home and Kaiser plans, compared with a PPO.

- A sense of control. You gain confidence that you're getting the best care for you as an individual. Your primary care provider takes the time to know you and your values. You're a partner in your care, and you're always part of the decision-making process.
- Savings. You pay for fewer exams and tests because your specialty providers work very closely with your primary care provider – even to the point of IT systems that talk with each other.
- Quality service. Your provider's focus and operations revolve around you. Your prescriptions are at the pharmacy when you need them; your test and exam results are at the office when you are; you have access to care when it's called for.
- The value of time. You save time and avoid aggravation because your providers know you, why you're there to see them, and what they need to do to give you the highest quality care.

Consider how important choice of providers is to you.

- Relationships. Have you already established relationships with your choice of specialists in the PPO? Keep in mind that medical home and Kaiser plans determine referrals to specialists.
- Networks. Are your providers in the plan's network? Seeing out-of-network providers means higher deductibles and higher costs for care. Kaiser does not cover care from providers outside the Kaiser network.
- Access. Are the primary care providers taking new patients? How soon can you see a new provider to establish the clinic as your medical home? This is especially important if you think you need specialty care.

Want the best deal?

Benefit estimators put you in control!

Measure the bang for your benefit buck in a number of ways:

Estimating Payroll deductions www.mypebb.com/calc2016.html

Plan Year 2016 Payroll Deduction Comparison

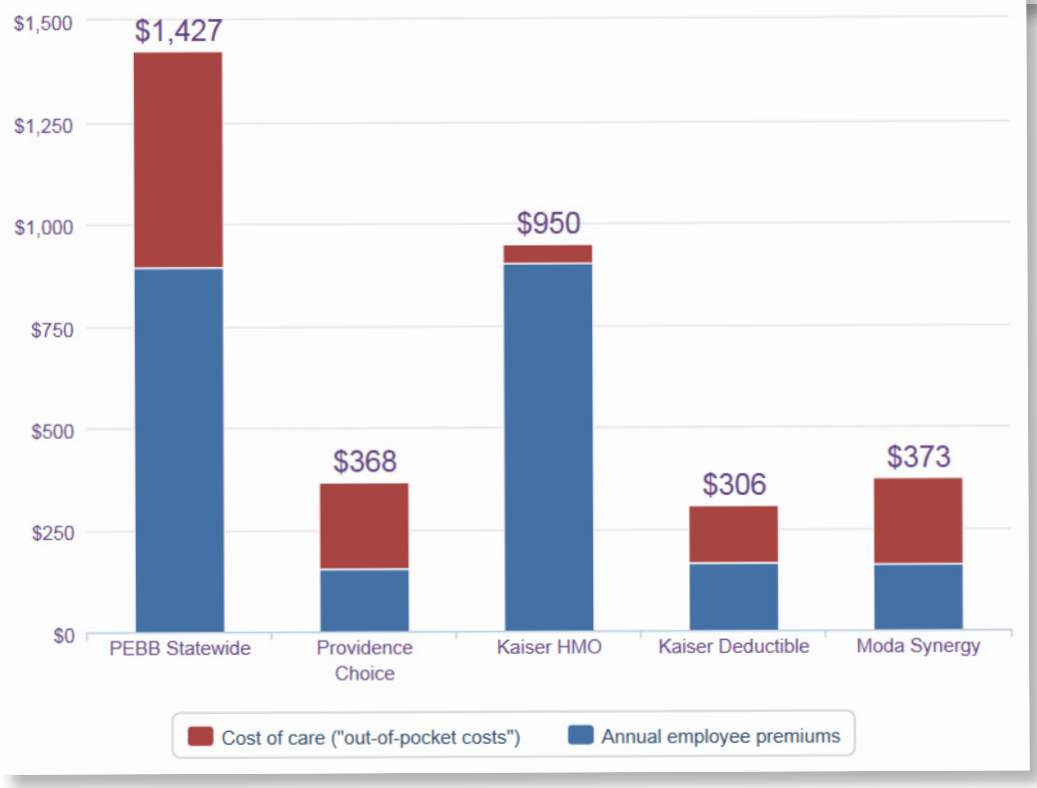
Medical Plans Selected for Comparison →	Kaiser HMO Full-Time	Kaiser Deductible Full-Time	Moda Summit Full-Time	PEBB Statewide Full-Time
Medical Premium: Employee Only	$1097.72	$1009.28	$976.24	$1088.81
No Dental Coverage - change	$0.00	$0.00	$0.00	$0.00
No Vision - change	$0.00	$0.00	$0.00	$0.00
Standard Basic Life	$1.00	$1.00	$1.00	$1.00
Total Premium for Core Benefits	*$1098.72*	*$1010.28*	*$977.24*	*$1089.81*
*Employee Share Percent***				
Total Paid by Employer				
Total Monthly Employee C				
HEM Participant - Employee Or				
Tobacco Surcharge - no tobacc				
Spouse/partner not covered or				
Optional Benefits				
FSA & Commuter Contributions				
Total Monthly Employee S				

Comparing benefits www.mypebb.com/compareBenefits.php

Medical Plan Benefit Summary

Service	Moda Synergy Full-Time	PEBB Statewide Full-Time
Network:	*In Network*	*In Network*
Standard plan deductible[2]	$250/individual $750/family Four primary care visits not subject	$250/individual $750/family Four primary care visits not subject
HEM Non-Participant[3]	$100/individual, $300/family (applies to all services unless otherwise noted)	$100/individual, $300/family (applies to all services unless otherwise noted)
Out-of-pocket max *(some deductibles, copays, services don't apply)*	$1500/individual $4500/family	$1500/individual $4500/family
Primary care visit	$5	20% or 15%[4]
Chronic Care Visit[5]	$0, deductible waived	$0, deductible waived
Specialty visit	$5 with referral	15%
Mental health care	Costs same as medical services	Costs same as medical services
Substance abuse treatment	$0, deductible waived	$0, deductible waived

Comparing Annual costs www.pebb-estimator.com



All the tools you need to choose your 2016 health plan

Here are questions to ask yourself when choosing a health plan:

- What terms and definitions do I need to know?
- What types of plans are there?
- What plans are available in my region?
- What is the monthly premium share?
- Are my primary care doc and hospital in the network?
- Will I need a referral to see my current specialist?
- How do I compare costs for each plan?
- How do I compare benefits in each plan?
- How do I figure what will be deducted from my pay?

Use these online tools for answers to these questions.

Learn the basics

- Glossary of terms: www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf
- Overview video: https://oregonpebb.a.guidespark.com/videos/4630
- Recorded webinars (by region): www.oregon.gov/das/pebb/pages/16webs.aspx
- Video library: www.oregon.gov/das/pebb/pages/16vids.aspx

See what's offered

- Available plans by county: www.oregon.gov/DAS/PEBB/2016Benefits/CountiesPlans.pdf
- Search-for-providers directories (If you select a new provider, ask if they are taking new patients and when you can schedule your first appointment.)
    - AllCare PEBB: www.allcarepebb.com/provider-search.aspx
    - Kaiser HMO and Deductible: https://healthy.kaiserpermanente.org/health/care/consumer/locate-our-services/doctors-and-locations
    - Moda Summit and Synergy: www.modahealth.com/ProviderSearch/faces/webpages/home.xhtml
    - PEBB Statewide and Providence Choice: http://phppd.providence.org
- Plan referral requirements:
    - AllCare PEBB: This is a hybrid plan. When you use a primary care provider in the plan's network preferred provider network, you get the in-network rate with a referral to an in-network specialist.
      www.allcarepebb.com
    - Kaiser HMO and Deductible: Both these plans coordinate patient care within the Kaiser system of Kaiser providers. Any referrals to outside specialists must come through the patient's primary care provider.
      my.kp.org/pebb
    - Moda Summit and Synergy: These two plans are medical home plans that have the same design but serve different areas of the state. You choose your medical home and primary care provider. Referral from your primary care provider is required for access to specialists at the in-network rate.
      www.modahealth.com/pebb/

All the tools you need to choose your 2016 health plan (cont.)

- Providence Choice: This is a medical home plan. You choose your medical home and primary care provider within the plan's network. Referral from your Primary Care Provider is required for access to specialists at the in-network rate. Providence.org/pebb
- PEBB Statewide: This is a PPO (Preferred Provider Organization) plan. You choose providers for both primary and specialty care. You have lower costs and lower deductibles when you choose in-network providers. When you see a primary care provider recognized as a Patient Centered Primary Care Home, you get 5% off the 15% coinsurance. You have the largest choice of providers in this plan, statewide and nationwide. Providence.org/pebb

Figure the costs

Monthly premium rates

- Medical Plans: See page 2
- Vision Plan: See page 11
- Dental Plans: See page 12

Estimators that do the math for you

- Compare the Plans' Annual Costs: www.pebb-estimator.com
- Compare the Plans' Benefits: www.mypebb.com/compareBenefits.php
- Estimate Your Monthly Payroll Deductions: www.mypebb.com/calc2016.html

Heath Engagement Model (HEM)

The goal of the HEM program is to engage as many people as possible in improving their health. Becoming healthier together can help contain health care costs for all of us over time.

HEM is available only to employees with active PEBB coverage during Open Enrollment.

Newly eligible employees may participate in the next plan year's HEM program only if they have active PEBB coverage during Open Enrollment.

Participating takes just two steps.

Step 1: Complete your confidential online health assessment on your current (2015) health plan's website Sept 1-Oct. 31. www.oregon.gov/DAS/PEBB/Pages/16HA.aspx

Step 2: Enroll in HEM when you enroll in benefits during Open Enrollment Oct. 1-31 – the only time employees can enroll in the 2016 HEM program.
www.oregon.gov/DAS/PEBB/2016Benefits/16hemagreement.pdf

When you enroll in the HEM program, you agree to complete two health actions of your choice by next Open Enrollment. www.oregon.gov/DAS/PEBB/Pages/HEMActivities.aspx

There's no reporting

You don't have to report your two health actions. The next time you enroll in a health plan during Open Enrollment, you'll just be asked if you completed two health actions by then. You answer "yes" or "no." It's that easy!

Participants have a financial incentive in their monthly pay during 2016.

For employees who don't cover a spouse or domestic partner, the monthly health incentive is $17.50. For employees who cover a spouse or domestic partner, it's $35 (both individuals must complete their individual health assessments to participate). For dual-eligible, dual-enrolled couples, the member of the couple with the earlier birth date will receive the incentive.

Non-Participants have a higher deductible in their medical plan.

HEM Non-Participants have a $100-per-person deductible added to the standard deductible in their medical plan, to a family maximum of $300.

Your privacy is assured.

PEBB and your health plan are committed to the privacy and confidentiality of your personal information, defined as Protected Health Information (PHI). Your PHI includes your responses to the health-related questions in your health assessment.

Your plan and its partners follow all Health Insurance Portability and Accountability Act (HIPAA) privacy rules. Through your plan's online tools, you have the option to share your health information with your provider if you choose. The choice is always up to you.

Neither your employer nor PEBB has access to any of your protected health information.

Optional Insurance

Optional Employee or Spouse/Domestic Partner Life Insurance

www.oregon.gov/das/pebb/2016benefits/OptionalLife.pdf

You can enroll in or increase optional life insurance for yourself and your spouse/partner during Open Enrollment. You pay the full premium for this coverage. Applications may require approval of a medical history statement and medical exams paid by the carrier.

This is term life. The policy pays if you (the subscriber who purchases the coverage) are still a PEBB-eligible state employee, and the premium payments are current.

Higher, tobacco rates apply to individuals who have used tobacco in the prior 12 months. The premium rates increase when the age of covered individuals moves them into a new age tier. All age-related tier rate changes are held until the next plan year and go into effect Jan. 1 of that year.

Optional Life Insurance Monthly Premium Rates (Non-Tobacco) per $10,000 in coverage*

Age Tier	Thru 24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 & up
Rate Per $10,000	$0.40	$0.48	$0.62	$0.69	$0.75	$1.18	$1.74	$3.30	$5.13	$9.95	$16.30	$16.40

**Purchased in $20,000 increments, only*

Optional Life Insurance Monthly Premium Rates (Tobacco) per $10,000 in coverage*

Age Tier	Thru 24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 & up
Rate Per $10,000	$0.64	$0.74	$0.96	$1.06	$1.16	$1.78	$2.62	$4.80	$7.40	$13.90	$22.00	$21.50

**Purchased in $20,000 increments, only*

Optional Dependent Life Insurance

You pay the full premium for this term life insurance that covers all your PEBB-eligible dependents and your spouse/partner for the single premium payment of $1.29 per month to cover the entire group. The benefit amount is $5,000 per person. You, the beneficiary, receive the benefit payment to cover the entire group if the covered person dies while covered under the policy, and you are still a PEBB-eligible state employee, and premium payments for the coverage are current.

Accidental Death & Dismemberment Insurance (AD&D)

The AD&D plan provides 24-hour coverage for accidental loss of life, limb, hand, foot, hearing, speech, sight or thumb and index finger (of the same hand). You pay the full premium for this insurance. The premium rate for you as the employee is $1.00 per $50,000 in coverage. The rate for employee and PEBB-eligible dependents is $1.70 per $50,000 in coverage.

You may select a coverage amount from $50,000 to $500,000, in increments of $50,000.

This is a summary only. See the plan's documents for details. In the case of a discrepancy between this summary and a plan document, the plan document will apply.

Disability Insurance

Short-Term Disability Insurance

www.oregon.gov/das/pebb/2016benefits/std.pdf

This insurance covers a portion of your salary if you become disabled (as defined in the policy) for a short period. You pay the full amount for this coverage.

Premium rate = 0.0064 x gross monthly salary. Example: 0.0064 x $3,234 (gross monthly salary) = $22.31 monthly premium deducted from salary.

This insurance covers 60 percent of your insured earnings. The insured earnings amount is based on your weekly earnings in effect on your last full day of work. When your insured earnings increase (for example, with a pay increase), your premium rate increases. Insured earnings does not include overtime pay, bonuses or dollars received when you opt out of medical coverage.

The maximum of insured earnings for short-term disability insurance is limited to $2,769.

- The maximum weekly benefit is $1,662 before reduction of deductible income.
- The minimum weekly benefit is $25 following reduction of deductible income.
- The benefit if you are disabled less than one week is one-seventh of the weekly benefit for each day you are disabled.

Deductible income means other income you are eligible to receive because of your disability.

Long-Term Disability Insurance

www.oregon.gov/das/pebb/2016benefits/ltd.pdf

This insurance covers a portion of your salary if you become disabled (as defined in the policy) for a long period. You pay the full amount for this coverage.

You determine the benefit percentage of your monthly insured earnings when you choose from the four options. For long-term disability, the insured earnings amount is based on your monthly earnings in effect on your last full day of work. When your insured earnings increase (for example, with a pay increase), your premium rate increases. Insured earnings do not include overtime pay, bonuses, or dollars received when you opt out of medical coverage.

Long-term Disability Premium Rates

Premium = Rate x month salary

Option	Premium Rate	Waiting Period	Coverage	Coverage Maximum/Minimum
1	$0.0051	90 days	60% of first $12,000 minus deductible income	$7,200 before reduction by deductible income/$50
2	$0.0018	180 days		
3	$0.0106	90 days	66 2/3% of first $12,000 minus deductible income	$8,000 before reduction by deductible income/$50
4	$0.0027	180 days		

Here is an example of determining premium rate. You choose option 1 -- with a 90-day waiting period and a monthly benefit amount of 60 percent of your pre-disability earnings.

Your gross monthly salary (before any deductions)	$1,900
Times premium	X 0.0051
Premium amount you pay each month	$9.69

This is a summary only. See the plan's documents for details. In the case of a discrepancy between this summary and a plan document, the plan document will apply.

Disability Insurance (continued)

The long-term disability benefit is a percentage of the first $12,000 of your pre disability earnings. The maximum monthly benefit (before reduction of deductible income) is $7,200 if you choose option 1 or 2, or $8,000 if you choose option 3 or 4. The minimum is $50. The maximum weekly benefit is $1,662 before reduction of deductible income. Deductible income means other income you are eligible to receive because of your disability.

Long Term Care Insurance

You may enroll in this insurance at any time – not just during Open Enrollment.

Long term care insurance provides benefits when you are unable to perform at least two activities of daily living (ADLs). ADLs are dressing, bathing, transferring, toileting, eating and continence. You are eligible for a monthly benefit after you meet all these conditions:

- You become Disabled;
- You are receiving services in a Long Term Care Facility or Assisted Living Facility/Adult Foster Home; or Professional Home Care Services if your plan includes a Professional Home Care Services benefit; or Total Home Care if your plan includes a Total Home Care benefit;
- You have satisfied your Elimination Period; and
- A Physician has certified that you are unable to perform, without Substantial Assistance from another individual, two or more ADLs for a period of at least 90 days, or that you require Substantial Supervision by another individual to protect you and others from threats to health or safety due to Severe Cognitive Impairment. You will be required to submit a Physician certification every 12 months.

The amount of your monthly benefit will be based on the coverage options you chose and the place of residence used for long term care. If your coverage includes Professional Home Care Services, the benefit payment will be based on the number of days you receive these services.

You should read the entire policy and review all rates; they are available on the plan's website: http://unuminfo.com/pebb/index.aspx.

This is a summary only. See the plan's documents for details. In the case of a discrepancy between this summary and a plan document, the plan document will apply.

Tax-saving Accounts

Flexible spending accounts (FSAs)

www.orpebb.asiflex.com

Because FSAs help you save on income tax, they adhere to IRS code. These are annual accounts and are USE OR LOSE IT ACCOUNTS. If you want an FSA for the coming plan year, you must enroll during Open Enrollment. You can't revoke your participation in an FSA after it goes into effect.

FSAs allow you to use pre-tax dollars to reimburse yourself for IRS-qualified expenses.

- Use a Health Care FSA for IRS-qualified medical and dental expenses not covered in your plan.
- Use a Dependent Care FSA for IRS-qualified day care expenses that allow you to work.

You choose an annual amount to contribute to your account, and payroll deducts your salary contribution (which must be at least $20) before calculating your taxes. Paying for eligible expenses with these pre-tax dollars saves on your taxes.

A Health Care FSA allows you to pay for deductibles, copays and coinsurance with pre-tax dollars. Some examples are dental and orthodontic expenses above the plan maximum, lasik eye surgery, and certain over-the-counter medications for which you have a prescription.

A Dependent Care FSA allows you to use pre-tax dollars to pay for qualified dependent care expenses that allow you to work.

Things to know about these accounts:

- FSAs operate according to IRS code.
- The annual employee contribution limit for an individual health care FSA is $2,550 (an increase of $50 from 2015).
- The annual employee contribution limit for an individual dependent care FSA is $5,000.
- The minimum monthly contribution amount is $20.
- When you enroll, you enroll for the entire plan year; plan accordingly.
- These are USE IT OR LOSE IT accounts. You forfeit any funds that you don't use and claim for valid expenses by the end of PEBB's grace period.
- Your payroll will deduct even portions (which must be at least $20) of your annual total election amount from each paycheck over the course of the year. For academic-year employees, this may be nine or 10 months. Ask your benefits office if this applies to you.

PEBB contracts with ASIFlex to administer the FSA program under PEBB administrative rules and in keeping with IRS code. For more information visit ASIFlex online at http://orpebb.asiflex.com.

This is a summary only. See the plan's documents for details. In the case of a discrepancy between this summary and a plan document, the plan document will apply.

Commuter Accounts

www.orpebb.asiflex.com

Commuter accounts include both a Transportation account and a Parking account. This benefit allows PEBB benefit-enrolled employees to contribute to one or both accounts on a pretax basis to pay for work-related commuting expenses. These are employee only accounts governed and regulated by an Internal Revenue Code (Commuter Benefits 26 CFR 1.132-9).

Contributions

Contributions to the Commuter accounts and any other pretax payroll deductions for state parking and transportation costs cannot total more than the allowable IRS monthly amount for each account type. Contributions to the accounts are deducted in full from the employee's pay before payroll taxes are paid.

Transportation Account

This is a pretax account to pay for work-related commuting expenses for bus, ferry, rail, monorail, streetcar, train, subway or van pooling. The maximum monthly contribution/reimbursement is $130. This includes any monthly payroll deduction for transportation costs such as Tri-met, Cheriots, etc.

Parking Account

This is a pretax account to pay for parking expenses incurred at or near the business premise of the employer or to park your car (also includes van, truck, motorcycle, bicycle) at a location from which to commute to work by mass transit facilities, commuter highway vehicle, or carpool. The maximum monthly contribution/reimbursement is $250. The Commuter Parking Account DOES NOT cover fees paid for ANY state-owned parking. Fees for state-owned parking are deducted pretax from employee pay so they are not an eligible expense from the Commuter Parking Account. If payroll deducts a pre-tax fee for state parking and you also use a Commuter Parking Account, the monthly amount for both together cannot exceed $250.

Enrollment

- The accounts run from month-to-month, and there is no annual enrollment process.
- Employees can enroll or make changes to contribution amounts at any time throughout the year.
- The effective date of the account enrollment or change is based on the date the Commuter Enrollment/Change form is received by the employee's agency.
- There are no refunds from these accounts. The only refunds are through qualified reimbursable claims.
- When the account has no contributions or reimbursements for six months, the account is forfeited.

Submitting a claim

When commuter expenses are incurred or paid, you can submit a completed claim form along with appropriate supporting documentation for reimbursement. Employees cannot be reimbursed for more than the cash balance in their account. See the website of ASIFlex, the account administrator for forms and instructions at: **http://orpebb.asiflex.com**.

See PEBB's Summary Plan Description for details about Commuter Accounts; available at **www.oregon.gov/das/pebb/pages/16commuter.aspx**

This is a summary only. See the plan's documents for details. In the case of a discrepancy between this summary and a plan document, the plan document will apply.

Enroll in your 2016 Benefits

What to have at-hand to register or recall password:

- PEBB benefit number - P followed by 8 digits provided by your payroll or benefits office
- Password of your choice (must be at least 8 characters and include at least one capital letter but no special characters such as @ ~ % = ^ & * + = ( ) or a “1” or “y”
- Answers to two security questions you select

What to have at-hand to log in and enroll:

- ID and password for https://pebb.benefits.oregon.gov
- Birth dates of eligible dependents
- Plan choices for medical~~, vision and dental coverage~~ (cost estimators at http://www.oregon.gov/oha/pebb/pages/16medindex.aspx
- Plan choices for optional benefits – life, AD&D, disability and long-term care insurance
- Annual amount choices for ~~FSAs and commuter accounts~~

Follow these steps to enroll in 2016 PEBB benefits at https://pebbbenefits.oha.oregon.gov/bms_web/!pb.main.

Each screen in the process gives guidance on enrolling, and many ~~include links to details.~~

1. **Log in at** https://pebbbenefits.oha.oregon.gov/bms_web/!pb.main.
   - Turn off your browser’s pop-up blocker.
   - Read the steps to enroll during Open Enrollment.
   - Verify your Authorization and Certification.
   - Review your personal information. Contact your agency to correct name, gender or birth date. Add or correct mail, phone or email information.
2. ~~**Elect to participate or not to participate in the 2016 Health Engagement Model (HEM).** To participate in 2016, you must enroll and complete your health assessments (both employee and covered spouse/partner) in your current (2015) health plan Sept. 1-Oct. 31 and enroll during Open Enrollment.Only for those with active coverage during Open Enrollment.~~
3. **Add eligible dependents to coverage and provide their contact information.**
   If these individuals gain eligibility by affidavit, you must provide any required forms and documentation to your agency ~~by Nov. 7, 2015, for coverage for newly added individuals to go into effect Jan. 1, 2016.~~
   ~~www.oregon.gov/das/pebb/2016benefits/IsThisYou.pdf~~
4. **Provide information on Medicare eligibility, ethnicity and race.**This information helps to identify healthcare disparities in our population. It will not affect your enrollment as an active employee.

Enroll in your 2016 Benefits (continued)

5. **Enroll yourself and eligible dependents in core benefits.** These are medical , dental and vision. Opt Out is a choice of medical plan. You may also decline benefits.
   To decline is to decline participation in any aspect of the benefit program, including the employer premium share. To decline, you must submit a paper form to your agency. You cannot decline online.
   www.oregon.gov/das/pebb/pages/optdec.aspx

6. **Determine and select your status in Health Improvement and Cost Containment programs.**
   Select your current tobacco use status and that of your spouse or domestic partner.
   Select your status on spouse or domestic partner waiving other employer group coverage.
7. **Review and enroll in optional life insurance.**
   Select status on use of tobacco in the prior 12 months for you and your enrolled spouse or domestic partner. Remember to submit medical history to Standard for enrollments and increases that require approval before they go into effect.
8. **Review and enroll in disability insurance.**
9. **Review and enroll in long-term care insurance.**
   Remember to submit medical history to Unum for enrollments that require approval before they go into effect.
10. **Enroll in a health care or dependent care flexible account if you want one in 2016.**
    FSAs are annual accounts. Enroll in commuter accounts if you want.
11. **Designate beneficiaries.**
12. **Review your Benefit Statement. Print it for your records.**
13. **Log out.**
    Notify your payroll or benefits office if you want to change any initial elections before the end of your initial enrollment period - before the intial elections go into effect.

Notice to WindowsXP Users: In April 2014 Microsoft ended support for Windows XP and for versions of Internet Explorer used on Windows XP. As a result of this and the result of security upgrades PEBB routinely makes to our servers and applications, XP users will see a security certificate statement when you click “Log In.” You can safely choose to continue to the PEBB website. PEBB’s security certificate is up to date and meets all requirements and protocols.

Required Notices

Important Notice from PEBB about your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Public Employees' Benefit Board (PEBB) and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. PEBB has determined that the prescription drug coverage offered by PEBB is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can you Join a Medicare Drug Plan? You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to your Current Coverage if you Decide to Join a Medicare Drug Plan? Your current PEBB group coverage pays for other health care expenses, in addition to prescription drugs. If you decide to join a Medicare drug plan, your current PEBB group coverage will not be affected. However, if you decide to join a Medicare drug plan and drop your current PEBB group coverage, be aware that you and your dependents will lose health care and prescription drug coverage through PEBB and may not be able to get this coverage back prior to open enrollment or a change-in-status event.

When Will you Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan? You should also know that if you drop or lose your current coverage with PEBB and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information about this Notice or your Current Prescription Drug Coverage: Contact the person listed below for further information. **NOTE:** You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through PEBB changes. You also may request a copy of this notice at any time.

For More Information about your Options under Medicare Prescription Drug Coverage: More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for the telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call 1-800-772-1213 (TTY 1-800-325 0778).

Remember: **Keep this Creditable Coverage notice.** If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: Sept. 5, 2015. Name of Entity/Sender: PEBB. Contact: Benefits Manager
Address: 1225 Ferry St SE, Ste B, Salem, OR 97301; Phone number: 503-373-1102.

Required Notices (continued)

Notice of Women's Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your Plan Administrator at 503-373-1102 for more information.

Special Enrollment Rights

Under the special enrollment provisions of HIPAA, you will be eligible, in certain situations, to enroll in a PEBB medical plan during the year, even if you previously declined coverage. This right extends to you and all eligible family members.

You will be eligible to enroll yourself (and eligible dependents) if, during the year, you or your dependents have lost coverage under another plan because:

- Coverage ended due to termination of employment, divorce, death, or a reduction in hours that affected benefits eligibility;
- Employer contributions to the plan stopped;
- The plan was terminated;
- COBRA coverage ended; or
- The lifetime maximum for medical benefits was exceeded under the existing medical coverage option.

If you gain a new dependent during the year as a result of marriage, birth, adoption or placement for adoption, you may enroll that dependent, as well as yourself and any other eligible dependents, in the plan — again, even if you previously declined medical coverage. Coverage will be retroactive to the date of the birth or adoption for children enrolled during the year under these provisions.

You will also be eligible to enroll yourself and any eligible dependents if either of two events occurs: (1) You or your dependent loses Medicaid or Children's Health Insurance Program (CHIP) coverage because of a loss of eligibility. (2) You or your dependent qualifies for state assistance in paying employer group medical plan premiums.

Regardless of other enrollment deadlines, you will have 60 days from the date of the Medicaid/CHIP event to request enrollment in the employer medical plan.

Please note that special enrollment rights allow you to either enroll in current medical coverage or enroll in any medical plan benefit option for which you and your dependents are eligible.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed in the following chart, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-3272.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2015. Contact your state for more information on eligibility. To see if any other states have added a premium assistance program since January 31, 2015, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov 1-877-267-2323, Menu Option 4, Ext. 61565

ALABAMA – Medicaid	LOUISIANA – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447
ALASKA – Medicaid	MAINE – Medicaid
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741
ARIZONA – CHIP	MASSACHUSETTS – Medicaid and CHIP
Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120
COLORADO – Medicaid	MINNESOTA – Medicaid
Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943	Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629
FLORIDA – Medicaid	MISSOURI – Medicaid
Website: https://www.flmedicaidtplrecovery.com/ Phone: 1-877-357-3268	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
GEORGIA – Medicaid	MONTANA – Medicaid
Website: http://dch.georgia.gov/ - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084
INDIANA – Medicaid	NEBRASKA – Medicaid
Website: http://www.in.gov/fssa Phone: 1-800-889-9949	Website: www.ACCESSNebraska.ne.gov Phone: 1-800-383-4278
IOWA – Medicaid	NEW HAMPSHIRE – Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KANSAS – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
KENTUCKY – Medicaid	NEW YORK – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
NEVADA – Medicaid	TEXAS – Medicaid

Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid	UTAH – Medicaid and CHIP
Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
NORTH DAKOTA – Medicaid	VERMONT– Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
OREGON – Medicaid	WASHINGTON – Medicaid
Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
PENNSYLVANIA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
RHODE ISLAND – Medicaid	WISCONSIN – Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531
SOUTH DAKOTA - Medicaid	
Website: http://dss.sd.gov Phone: 1-888-828-0059	

Dear PEBB Member: We'll soon be sending a letter to you and all PEBB members asking for your Social Security Number (SSN) and SSNs of your covered dependents.

The Affordable Care Act (ACA) requires us to provide these numbers to the IRS to show you have health care coverage through your employer, and you did not receive a health-care tax subsidy. The system we use to compile this information encrypts the numbers. Only the IRS can decode the information. We won't share the data with any other entity. There is no penalty if you don't provide the information, but we have to ask for it three times before 2016.

Contact Information

How to Contact PEBB

Call PEBB at 503-373-1102 during the following times:

- Monday – Friday, 9 a.m. - noon and 1 - 5 p.m.

Fax PEBB at 503-373-1654

Email PEBB at inquiries.pebb@oregon.gov

How to Contact the Plans

AllCare PEBB (medical plan)

Website www.AllCarePEBB.com

Customer service 541-471-4106,
toll free 1-888-460-0185

Hearing impaired 1-800-735-2900

Opt in for direct messaging info@allcarepebb.com

Kaiser Permanente NW (medical and dental plans)

Website http://my.kp.org/pebb/

Log in to Kaiser Total Health Assessment
http://kp.org/tha

Customer service toll free 1-800-813-2000;
in Portland 503-813-2000

Hearing impaired 1-800-735-2900

Opt in for direct messaging kp-info-nw@kp.org

Moda Health Plan (medical plans and ODS dental plans)

Website www.modahealth.com/pebb

Customer service Medical toll free 1-844-776-1593;
Dental 503-265-2965, toll free 1-888-217-2365

Hearing impaired 711

Opt in for direct messaging
www.modahealth.com/pebb

Providence Health Plan (PEBB Statewide & Providence Choice medical plans)

Website www.ProvidenceHealthPlan.com/PEBB

Log in to Personal Health Assessment
www.myProvidence.com

Customer service toll free 1-800-423-9470,
Hearing impaired 711

Opt in for direct messaging
www. ProvidenceHealthPlan.com/PEBBsignup

Willamette Dental (dental plan)

Website www.willamettedental.com/pebb

Customer service toll free 1-855-4DENTAL (433-6825)

Hearing impaired toll free 1-800-735-2900

Email pebb@willamettedental.com

The Standard (life, AD&D and disability insurance plans)

Website https://www.standard.com

Customer service toll free 1-800-242-1888; disability claims toll free 1-800-842-1707

UNUM (long-term care plan)

Website http://unuminfo.com/pebb/index.aspx

Customer service 1-800-227-4165

ASIFlex (flexible spending and commuter accounts)

Website http://orpebb.asiflex.com

Customer service toll free 1-800-659-3035

BenefitHelp Solutions (retiree, COBRA and self-pay administrator)

Website http://www.benefithelpsolutions.com/pebb/pebb.shtml

Customer service
Retiree toll free 1-855-289-6314;
COBRA toll free 1-877-433-6079

Notes

Notes