

## **Section 2: Medical Benefits**

### ***Medical Plan Options***

Each of PEBB's medical plans provides a member handbook (evidence of coverage, in the case of Kaiser Permanente) and summary of benefits and coverage (SBC). They are incorporated in this Summary Plan Description by reference and are available for download as printable documents on the plans' websites. Carefully review the plans' member handbooks, SBCs and service areas to see which one best fits your and your family's healthcare needs.

- **Prescription Drug Coverage.** All the medical plans offered by PEBB include coverage for prescription drugs.
- **Routine Vision Care.** Employees and others who enroll in medical plans offered by PEBB may enroll in coverage for routine vision care. The exception is Kaiser full-time medical plans, which include routine vision care. See the Kaiser benefit summaries for information on routine vision care in those plans. See VSP Routine Vision Care for the summary of benefits in the other plans.

### **Health Maintenance Organization Plans**

Health maintenance organization (HMO) plans offer a high level of service and benefits with low out-of-pocket copayments. To get benefits, you must use the providers and facilities that are part of the plan. You select a primary care provider within the HMO, who guides your care. If you seek care elsewhere, the plan may not pay or may pay a reduced amount. PEBB sponsors the **Kaiser Permanente** HMO and Kaiser Deductible plans for those who live or work (at least 50 percent of the time) in the Kaiser Permanente service area. See the plan's member handbook (evidence of coverage) for details on these plans and coverage. Contact Kaiser Member Services for the ZIP codes in the service area.

### **Medical-home Plans in the Coordinated Care Model**

A medical home is a clinic staffed by health care professionals who work together as a team. Led by your primary provider, this team coordinates all of your health care, including referrals to outside providers or specialists when necessary. The team gives you connected health care by staying informed about and actively participating in all aspects of your care. PEBB offers the **AllCare PEBB, Moda Summit and Synergy, and Providence Choice** medical-home model plans in addition to the Kaiser plans. In these plans, you need to establish your medical home clinic and inform the plan of your selection of medical home to ensure you have access to the full benefits of your plan, including claims paid at the medical home benefit level and not the out-of-plan level. You may select different medical homes for yourself and your dependents.

### **Preferred Provider Organization Plans**

Preferred provider organization (PPO) plans offer services and benefits at two coverage levels — from preferred providers and from non-preferred providers. PEBB offers the **PEBB Statewide PPO** plan in all parts of the state. You may use any doctors you wish. If you use doctors who are preferred (in-network), you pay less. If you use providers who are not preferred (out of network), you pay more. If you use providers who do not participate in the plan, the providers may bill you for amounts greater than allowed in the plan. If you use a state-recognized patient centered primary care home (PCPCH) that is in the Statewide Plan's network, your coinsurance rate for primary care services drops from 15% to 10%.

### **Health Improvement and Cost Containment Programs**

The Board may institute health improvement and cost containment programs in the design of health plans. The goal of these programs is to assist the employer and employees to improve employee health and contain costs for health benefits. See Appendix B.

## Medical Plan Premium Rates

### 2016 Employee 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 <sup>1</sup>	\$911.41	\$1,221.24	\$1,048.12	\$1,248.61
Kaiser <sup>2</sup>	1,097.72	1,470.92	1,262.38	1,503.86
Kaiser Deductible <sup>2</sup>	1,009.28	1,352.42	1,160.68	1,382.73
Moda Summit, Synergy <sup>1</sup>	\$976.24	1,308.16	1,122.68	1,337.45
PEBB Statewide <sup>1</sup>	1,088.81	1,458.87	1,252.06	1,491.52
Providence Choice <sup>1</sup>	943.34	1,264.05	1,084.84	1,292.34

<sup>1</sup> No in-plan vision coverage

<sup>2</sup> Kaiser routine vision care

### 2016 Employee 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 <sup>1</sup>	\$729.62	\$977.64	\$839.08	\$999.55
Kaiser <sup>2</sup>	929.27	1,245.22	1,068.66	1,273.09
Kaiser Deductible <sup>2</sup>	877.69	1,176.08	1,009.34	1,202.40
Moda Summit, Synergy <sup>1</sup>	791.06	1,060.02	909.72	1,083.75
PEBB Statewide <sup>1</sup>	884.50	1,185.12	1,017.14	1,211.69
Providence Choice <sup>1</sup>	764.47	1,024.36	879.15	1,047.29

<sup>1</sup> No in-plan vision coverage

<sup>2</sup> Vision exam only

2016 Retiree Medical Plan Monthly Premium Rates					
	Retiree	Retiree & Spouse/Partner	Retiree & Children	Retiree & Family	Child(ren) Only
AllCare PEBB	\$916.86	\$1,228.54	\$1,054.39	\$1,256.08	\$467.59
Kaiser	1,104.28	1,479.72	1,269.93	1,512.85	563.15
Kaiser Deductible	1,015.31	1,360.50	1,167.62	1,390.99	517.78
Moda Summit, Synergy	982.07	1,315.98	1,129.39	1,345.45	500.85
PEBB Statewide	1,095.32	1,467.59	1,259.54	1,500.43	553.36
Providence Choice	948.98	1,271.61	1,091.32	1,300.07	483.97
AllCare PEBB Part-Time	733.98	983.49	844.10	1,005.53	374.33
Kaiser Part-time	934.82	1,252.66	1,075.05	1,280.70	476.74
Kaiser Deductible Part-Time	882.93	1,183.11	1,015.37	1,209.59	450.28
Moda Summit, Synergy Part-Time	795.78	1,066.35	915.16	1,090.22	405.85
PEBB Statewide Part-Time	889.79	1,192.20	1,023.22	1,218.93	458.06
Providence Choice Part-Time	769.04	1,030.48	884.41	1,053.55	392.20

2016 COBRA Participant Medical Plan Monthly Premium Rates					
	Self	Self & Spouse/ Partner	Self & Children	Self & Family	Child(ren) Only
AllCare PEBB	\$929.57	\$1,245.58	\$1,069.01	\$1,273.49	\$474.08
Kaiser HMO	1,119.59	1,500.23	1,287.54	1,533.83	570.96
Kaiser Deductible	1,029.39	1,379.36	1,183.81	1,410.28	524.96
Moda Summit, Synergy	995.69	1,334.23	1,145.05	1,364.10	507.80
PEBB Statewide	1,110.51	1,487.94	1,277.00	1,521.24	561.03
Providence Choice	962.13	1,289.24	1,106.46	1,318.10	490.68
AllCare PEBB Part- Time	744.16	997.12	855.80	1,019.47	379.52
Kaiser Part-time	947.78	1,270.03	1,089.95	1,298.46	483.35
Kaiser Deductible Part-Time	895.17	1,199.51	1,029.45	1,226.36	456.52
Moda Summit, Synergy Part-Time	806.82	1,081.14	927.85	1,105.34	411.48
PEBB Statewide Part-time	902.13	1,208.73	1,037.41	1,235.83	464.41
Providence Choice Part-time	779.70	1,044.77	896.67	1,068.16	397.64

2016 Self-pay Participant Medical Plan Monthly Premium Rates				
	Self	Self & Spouse/ Partner	Self & Children	Self & Family
AllCare PEBB	\$921.71	\$1,231.54	\$1,058.42	\$1,258.91
Kaiser HMO	1,108.02	1,481.22	1,272.68	1,514.16
Kaiser Deductible	1,019.58	1,362.72	1,170.98	1,393.03
Moda Summit, Synergy	986.54	1,318.46	1,132.98	1,347.75
PEBB Statewide	1,099.11	1,469.17	1,262.36	1,501.82
Providence Choice	953.64	1,274.35	1,095.14	1,302.64

## Medical Plans Comparisons

Medical plans comparisons for 2016 medical plans are located here:

<http://www.oregon.gov/DAS/PEBB/2016Benefits/Guide.pdf>. They are incorporated here by reference.