



PUBLIC EMPLOYEES' BENEFIT BOARD



Kate Brown, Governor

Sept. 27, 2016

500 Summer St NE, E-89
Salem, OR 97301-1087
Voice: 503-373-1102
Fax: 503-373-1654

E-mail: inquiries.pebb@dhsosha.state.or.us

Dear PEBB Retiree:

This packet contains the information you need to enroll in PEBB health coverage for 2017 during the annual Retiree Plan Change Period, Oct. 1-31.

If you are not in a medical plan now, you cannot add that coverage during the Plan Change Period. If you are in a medical plan now and don't actively enroll, your medical plan will stay the same; however, you will have a \$25 surcharge (\$50 if covering spouse/partner) for not answering the tobacco-use question and a \$50 surcharge (if covering spouse/partner) for not answering the spouse coverage question.

If you are currently enrolled only in a dental plan, you do not need to enroll for 2017 during the plan change period. Your current coverage will continue in 2017.

You can't add coverage not already in place during 2016 except for vision coverage. You can enroll in vision coverage without enrolling in a medical plan. Kaiser full-time medical plans include Kaiser vision coverage. If you are not enrolled in one of those plans, you can enroll in vision coverage through VSP.

You cannot add new family members to any coverage during the Plan Change Period.

New for 2017:

- PEBB medical plans cover outpatient mental health services with no deductible
- Some dental plans cover bite guards – see plan documents for details
- VSP offers both Basic and Plus vision plans.

Here's how to enroll.

1. Review the health plan regions, premiums and coverages.
2. Go to www.oregon.gov/oha/pebb and select "Log In." If you forgot your user name or password: Click the red "Get It Now" button at the upper left of the screen, and use your PEBB Benefit Number (upper right on this page) to reset your password.
3. Follow the instructions on each screen in the enrollment system.
4. Save and print the benefit statement provided at the end of the enrollment process.

Note: You can enroll using any computer with an Internet connection. If you can't enroll online, you can do so using the Retiree Enrollment form at www.oregon.gov/das/pebb/pages/forms.aspx. If you use a form, complete and submit it by Oct. 31 to BenefitHelp Solutions (address on form). If you have questions, please contact BenefitHelp Solutions (contacts on reverse).

Healthier, Together
Public Employees' Benefit Board

Contact Information

How to Contact PEBB during Open Enrollment

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

- Monday – Friday, 9 a.m. - 5 p.m.
- Wednesday Oct. 5, 12, 19, and 26, until 8 p.m.
- Monday Oct. 31, until 10 p.m.

Fax PEBB at 503-373-1654

Email PEBB at inquiries.pebb@dhsosha.state.or.us

How to Contact the Plans

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

AllCare PEBB (medical plan)

Website www.AllCarePEBB.com

Customer service 541-471-4106,

toll free 1-888-460-0185

Hearing impaired 711

Kaiser Permanente NW

(medical and dental plans)

Website <https://my.kp.org/pebb/>

Customer service toll free 1-800-813-2000;

in Portland 503-813-2000

Hearing impaired 1-800-735-2900

Moda Health Plan

(medical plans and Delta Dental plans)

Website www.modahealth.com/pebb

Customer service Medical toll free 1-844-776-1593;

Pharmacy toll free 1-844-776-1594; Dental toll free 1-888-217-2365.

Hearing impaired 711

Email pebbcustomerservice@modahealth.com

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

Willamette Dental (dental plan)

Website www.willamettedental.com/pebb

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

Hearing impaired 711

Email pebb@willamettedental.com

2017 Retiree Medical Plan Monthly Premium Rates

	Retiree	Retiree & Spouse/ Partner	Retiree & Child(ren)	Retiree & Family	Child(ren) Only
AllCare PEBB	\$752.53	\$1,241.67	\$1,053.53	\$1,505.05	\$383.78
Kaiser HMO	\$898.48	\$1,482.47	\$1,257.86	\$1,796.93	\$583.16
Kaiser Deductible	\$821.12	\$1,354.83	\$1,149.56	\$1,642.22	\$536.18
Moda Synergy, Summit	\$795.47	\$1,312.51	\$1,113.64	\$1,590.92	\$518.29
PEBB Statewide	\$915.95	\$1,511.31	\$1,282.33	\$1,831.90	\$595.37
Providence Choice	\$767.74	\$1,266.77	\$1,074.83	\$1,535.48	\$499.03
AllCare PEBB Part-Time	\$646.52	\$1,066.76	\$905.13	\$1,293.04	\$329.72
Kaiser Part-time	\$760.60	\$1,254.99	\$1,064.82	\$1,521.20	\$493.68
Kaiser Deductible Part-Time	\$667.04	\$1,100.62	\$933.85	\$1,334.07	\$466.27
Moda Synergy, Summit Part-Time	\$645.22	\$1,064.61	\$903.30	\$1,290.42	\$419.97
PEBB Statewide Part-Time	\$744.08	\$1,227.72	\$1,041.70	\$1,488.15	\$483.65
Providence Choice Part-Time	\$622.16	\$1,026.57	\$871.03	\$1,244.33	\$404.41

Medical Plans

Kaiser Permanente NW Deductible

my.kp.org/pebb

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 deductible²	\$250/individual, \$750/family Some services not subject to deductible	\$250/individual, \$750/family Some services not subject to deductible
Additional non-HEM participant deductible³	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 visit⁵	\$5, deductible waived	\$30, deductible waived
Specialty visit	\$5 w/referral, deductible waived	\$30 w/referral, deductible waived
Outpatient mental health care	\$5, deductible waived	\$30, deductible waived
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 department⁶	\$75	\$100
Durable medical equipment	15%, deductible waived	50%, deductible waived
Insulin & diabetic supplies	\$0 or 0%, deductible waived	
Additional Cost Tier \$100 copay⁸	\$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 visits¹³	\$10, deductible waived	\$30, with physician's authorization referral, deductible waived
Spinal manipulation, acupuncture services¹³	\$10, deductible waived	\$30 with physician's authorization referral, deductible waived
Prescription drugs	<ul style="list-style-type: none"> No deductible Copays accumulate to out-of-pocket maximum \$5 generic \$25 brand 50% up to \$100 max non-formulary brand \$50 Specialty Mail order (31-90 day), \$5 generic, \$25 formulary brand, 50% up to \$100 max non-formulary brand 	<ul style="list-style-type: none"> No deductible Copays accumulate to out-of-pocket maximum \$10 generic \$25 brand \$50 Specialty 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, the plan document will apply. See footnotes, page 9.

Medical Plans (continued)

Kaiser Permanente NW HMO

my.kp.org/pebb

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
Outpatient 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	
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	<ul style="list-style-type: none"> No deductible Copays accumulate to out-of-pocket maximum \$1 generic \$15 brand \$50 Specialty Mail order (31-90 day), \$1 generic, \$15 brand 	<ul style="list-style-type: none"> No deductible Copays accumulate to out-of-pocket maximum \$10 generic \$25 brand \$50 Specialty Mail order 2 copays for up to 90-day supply

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Medical Plans (continued)

Moda Synergy, Summit

Modahealth.com/pebb

Synergy Service Area: Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Hood River, Jackson, Jefferson, Josephine, Klamath, 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

Providers	Full-time		Part-time	
	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%
Outpatient mental health care	\$5, deductible waived	30%	\$30, deductible waived	50%
Substance abuse treatment	\$0, deductible waived	30%	\$0, deductible waived	50%
Physician, midwife maternity services	\$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%
Urgent care	\$5 in network	30%	\$30 in network	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	<ul style="list-style-type: none"> \$50/individual, \$150/family deductible¹⁰ \$1000 out-of-pocket maximum¹¹ \$0 Value, not subject to deductible¹² \$10 generic \$30 brand Copay x 2.5 for 90-day \$100 specialty 	<ul style="list-style-type: none"> In-network deductible, out-of-pocket max apply \$0 Value, not subject to deductible¹² \$20 generic \$50 preferred brand \$100 specialty Copay x 2.5 for 90-day Member pays difference between in-network rate and billed amount 	<ul style="list-style-type: none"> \$50/individual, \$150/family deductible¹⁰ \$1000 out-of-pocket maximum¹¹ \$0 Value, not subject to deductible¹² \$20 generic \$50 preferred brand Copay x 2.5 for 90-day \$100 specialty 	<ul style="list-style-type: none"> In-network deductible, out-of-pocket max apply \$0 Value, not subject to deductible¹² \$20 generic \$50 preferred brand \$100 specialty. Copay x 2.5 for 90-day Member pays difference between in-network rate and billed amount

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Medical Plans (continued)

PEBB Statewide

Service Area: Statewide and Nationwide

Providencehealthplan.com/PEBB

	Full-time		Part-time	
Providers	In Network	Out of Network	In Network	Out of Network
Standard deductible²	\$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 deductible³	\$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 visit⁵	0%, deductible waived	30%	0%, deductible waived	50%
Specialty visit	15%	30%	20%	50%
Outpatient mental health care	15%, deductible waived	30%	20%, deductible waived	50%
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%
Urgent care	15%	15%	20%	20%
Emergency department⁶	\$100 + 15%	\$100 + 15%	\$100 + 20%	\$100 + 20%
Durable medical equip.	15%	30%	20%	50%
Insulin, diabetic supplies	0% deductible waived			
Additional Cost Tier \$100 copay⁷	\$100 + 15%	\$100 + 30%	\$100 + 20%	\$100 + 50%
Additional Cost Tier \$500 copay⁹	\$500 + 15%	\$500 + 30%	\$500 + 20%	\$500 + 50%
Alternative care provider visits	15%	30%	20%	50%
Spinal manipulation, acupuncture services¹³	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	<ul style="list-style-type: none"> \$50/individual, \$150/family deductible¹⁰ \$1000 out-of-pocket maximum¹¹ \$0 Value, not subject to deductible¹² \$10 generic \$30 brand Copay x 2.5 for 90-day \$100 specialty 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> \$50/individual, \$150/family deductible¹⁰ \$1000 out-of-pocket maximum¹¹ \$0 Value, not subject to deductible¹² \$20 generic \$50 preferred brand Copay x 2.5 for 90-day \$100 specialty 	<ul style="list-style-type: none"> 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, the plan document will apply. See footnotes, page 9.

Medical Plans (continued)

Providence Choice

Providencehealthplan.com/PEBB

Service Area: Baker, Benton, Clackamas, Clatsop, Coos, Crook, Curry, Deschutes, Douglas, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Multnomah, Polk, Tillamook, Umatilla, Union, Wallowa, Wasco, Wheeler, 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 deductible²	\$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 deductible³	\$100/individual, \$300/family applies to all services unless otherwise noted			
Out-of-pocket max <small>(some deductibles, copays, services don't apply)</small>	\$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 visit⁵	\$0, deductible waived	30%	\$0, deductible waived	50%
Specialty visit	\$5, with referral	30%	\$30, with referral	50%
Outpatient mental health care	\$5, deductible waived	30%	\$30, deductible waived	50%
Substance abuse treatment	\$0, deductible waived	30%	\$0, deductible waived	50%
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%
Urgent care	\$25	\$25	\$30	\$30
Emergency department⁶	\$100	\$100	\$100	\$100
Durable medical equip.	15%	30%	20%	50%
Insulin, diabetic supplies	\$0, deductible waived			
Additional Cost Tier \$100 copay⁷	\$100	\$100 + 30%	\$100	\$100 + 50%
Additional Cost Tier \$500 copay⁹	\$500	\$500 + 30%	\$500	\$500 + 50%
Alternative care provider visits	\$5	30%	\$30	50%
Spinal manipulation, acupuncture services¹³	\$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	<ul style="list-style-type: none"> \$50/individual, \$150/family deductible¹⁰ \$1000 out-of-pocket maximum¹¹ \$0 Value, not subject to deductible¹² \$10 generic \$30 brand Copay x 2.5 for 90-day \$100 specialty 	<ul style="list-style-type: none"> Urgent, emergent and out-of-country. In-network deductible, out-of-pocket maximum apply. Reimbursed as if filled in-network; member pays difference between in-network rate and billed amount. 	<ul style="list-style-type: none"> \$50/individual, \$150/family deductible¹⁰ \$1000 out-of-pocket maximum¹¹ \$0 Value, not subject to deductible¹² \$20 generic \$50 preferred brand Copay x 2.5 for 90-day \$100 specialty 	<ul style="list-style-type: none"> Urgent, emergent and out-of-country. In-network deductible, out-of-pocket maximum apply. Reimbursed as if filled in-network; member pays difference between in-network rate and billed amount.

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Medical Plans (continued)

AllCare PEBB

Service Area: Curry, Jackson, Josephine Counties; Glendale and Azalea in Douglas County.

[Allcarehealth.com/
public-employees](http://Allcarehealth.com/public-employees)

	Full-time			Part-time		
Providers	Preferred	Participating	Out-of-network	Preferred	Participating	Out-of-network
Standard deductible	\$250/individual, \$750/family	\$500/individual, \$1500/family	\$500/individual, \$1500/family	\$500/individual, \$1500/family	\$1000/ individual, \$3000/family	\$1000/ individual, \$3000/family
	Apply toward each other			Apply toward each other		
Additional HEM non-participant deductible³	\$100/individual, \$300/family (applies to all services unless otherwise noted)					
Out-of-pocket max <small>(some deductibles, copays, services don't apply)</small>	\$1500/ individual, \$4500/family	\$2500/ individual, \$7500/family	\$2500/ individual, \$7500/family	\$2500/ individual, \$7500/family	\$4500/ individual, \$13500/family	\$4500/ individual, \$13500/family
	Apply toward each other			Apply toward each other		
Primary care visit	\$5, deductible waived	\$20, deductible waived	30%	\$5, deductible waived	\$30, deductible waived	50%
Chronic care visit⁵	\$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%
Outpatient mental health care	\$5, deductible waived	\$20, deductible waived	30%	\$5, deductible waived	\$20, deductible waived	50%
Substance abuse treatment	\$0, deductible waived		Cost same as medical services	\$0, deductible waived		Cost same as medical services
Maternity, childbirth 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 department	\$100					
Durable medical equip.	15%		30%	50%		
Insulin, diabetic supplies	\$0 or 0%, deductible waived					
Additional Cost Tier \$100 copay⁷	\$100	\$100 + 30%	\$100 + 50%	\$100	\$100 + 40%	\$100 + 50%
Additional Cost Tier \$500 copay⁹	\$500	\$500 + 30%	\$500 + 50%	\$500	\$500 + 40%	\$500 + 50%
Alternative care provider visits	\$10	\$20	30%	\$30	40%	50%
Spinal manipulation, acupuncture services¹³	\$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.

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This is a summary only. See the plan's documents for details. In the case of a discrepancy, the plan document will apply. See footnotes, page 9.

Medical Plans (continued)

AllCare PEBB (continued)

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

Providers	Full-time			Part-time		
	Preferred	Participating	Out-of-network	Preferred	Participating	Out-of-network
Prescription drugs	<ul style="list-style-type: none"> • \$50/individual, \$150/family deductible¹⁰ • \$1000 out-of-pocket maximum¹¹ • \$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.	<ul style="list-style-type: none"> • \$50/individual, \$150/family deductible¹⁰ • \$1000 out-of-pocket maximum¹¹ • \$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, 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 Health Engagement Model (HEM) and additional deductible do not apply to retirees.

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.

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 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 may enroll in a dental plan for 2017 only if you are currently enrolled in a dental plan. You cannot add this coverage during a plan change period.



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 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 only by Kaiser providers only in Kaiser facilities.

2017 Retiree Dental Plan Monthly Premium Rates

	Retiree	Retiree & Spouse/ Partner	Retiree & Child(ren)	Retiree & Family	Child(ren) Only
Kaiser Permanente	\$76.38	\$126.02	\$106.93	\$152.76	\$39.71
ODS (Moda) Premiere	\$67.25	\$110.95	\$94.15	\$134.50	\$43.71
ODS (Moda) PPO	\$62.13	\$102.51	\$86.98	\$124.27	\$40.38
Willamette Dental Group	\$62.06	\$102.40	\$86.89	\$124.13	\$32.27
ODS (Moda) Part-time	\$48.40	\$79.86	\$67.77	\$96.79	\$31.46
Kaiser Permanente Part-Time	\$56.34	\$92.96	\$78.88	\$112.68	\$29.31

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

Dental Plans (continued)

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%, after \$5 visit copay	\$5 copay
Basic & maintenance services	20%, not applied 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%	\$1500 copay

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

2017 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

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



Vision Plan through VSP

www.vsp.com/signon.html

You don't have to be enrolled in a medical plan to enroll in VSP vision coverage. You can enroll in VSP vision coverage independent of medical coverage. The exception is full-time Kaiser plans, which include Kaiser vision coverage.

New for 2017, VSP offers the Plus plan, with better coverage for frames, coatings and progressive lenses.

2017 Retiree Vision Plan Monthly Premium Rates

	Retiree	Retiree & Spouse/ Partner	Retiree & Child(ren)	Retiree & Family	Child(ren) Only
Basic Plan	\$10.78	\$17.80	\$15.10	\$21.57	\$7.02
Plus Plan	\$16.18	\$26.69	\$22.65	\$32.35	\$10.51

VSP Basic Plan

Benefits	Description	Copay	Frequency
Well Vision Exam	Focuses on your eyes and overall wellness	\$10	Every calendar year
Perscription Glasses		\$25	See frames and lenses
Frames	<ul style="list-style-type: none"> \$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	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> \$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

VSP Plus Plan (includes coverage in Basic Plan)

Benefits	Description	Copay	Frequency
Frames	<ul style="list-style-type: none"> \$245 allowance for featured frame brands 20% savings on the amount over your allowance \$125 allowance at Costco 	Included in prescription glasses	Every calendar year
Lenses	Anti-reflective Coatings and Progressive Lenses	Each covered in full after \$20 copay	Every calendar year

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

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 November 15th through December 31st. 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, 2016. Name of Entity/Sender: PEBB. Contact: Benefits Manager
Address: 500 Summer St NE, 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)

www.dol.gov/ebsa/pdf/chipmodelnotice.pdf

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 below, 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-EBSA (3272).

Required Notices (continued)

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 July 31, 2016. Contact your State for more information on eligibility.

ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447	LOUISIANA – Medicaid http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
ALASKA – Medicaid The AK Health Insurance Premium Payment Program: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	MAINE – Medicaid http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
ARKANSAS – Medicaid http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	MASSACHUSETTS – Medicaid and CHIP http://www.mass.gov/MassHealth Phone: 1-800-462-1120
COLORADO – Medicaid Medicaid: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	MINNESOTA – Medicaid http://mn.gov/dhs/ma/ Phone: 1-800-657-3739
FLORIDA – Medicaid http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268	MISSOURI – Medicaid http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
GEORGIA – Medicaid http://dch.georgia.gov/medicaid Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	MONTANA – Medicaid http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid: http://www.indianamedicaid.com Phone 1-800-403-0864	NEBRASKA – Medicaid http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633
IOWA – Medicaid http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	NEVADA – Medicaid Medicaid: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	NEW HAMPSHIRE – Medicaid http://www.dhhs.nh.gov/oi/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	NEW JERSEY – Medicaid and CHIP Medicaid: www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP : http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid	TEXAS – Medicaid
http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831	https://www.gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid	UTAH – Medicaid and CHIP
http://www.ncdhhs.gov/dma Phone: 919-855-4100	Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA – Medicaid	VERMONT – Medicaid
http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid: www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
OREGON – Medicaid	WASHINGTON – Medicaid
http://www.oregonhealthykids.gov http://www.hijosaludablesoregon.gov Phone: 1-800-699-9075	http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
PENNSYLVANIA – Medicaid	WEST VIRGINIA – Medicaid
http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462	www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
RHODE ISLAND – Medicaid	WISCONSIN – Medicaid
http://www.eohhs.ri.gov/ Phone: 401-462-5300	https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
http://www.scdhhs.gov Phone: 1-888-549-0820	https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
SOUTH DAKOTA – Medicaid	
http://dss.sd.gov Phone: 1-888-828-0059	

To see if any other states have added a premium assistance program since July 31, 2016, 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

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