



OEBB Open Enrollment Frequently Asked Questions (FAQs)

Below are answers to common questions. OEBB will continue to add questions as we get closer to Open Enrollment. These FAQs cover:

- [Open Enrollment](#)
- [Plan Changes](#)
- [Garner \(for Moda Health members\)](#)

Open Enrollment

Why is Open Enrollment required this year?

Open Enrollment is required because there are benefit changes that will affect you. This includes changes to all medical plans. We want to make sure you review the changes. Then, you can select the best option for you and your family during Open Enrollment.

When is Open Enrollment?

OEBB's Open Enrollment is Aug. 15–Sept. 15. Some employers use different end dates. **Confirm your deadline with your employer.**

Do I need to enroll, or will my benefits roll over?

You must enroll for medical, dental, and vision coverage during Open Enrollment. Your current benefit selections will not roll over to next year. If you don't make selections during Open Enrollment, your medical, dental, and vision coverage will end Sept. 30, 2025.

Can I make changes after Open Enrollment?

Generally, no. Open Enrollment is the one time each year you can make changes to your plans or dependents. After Open Enrollment ends, you can only enroll or make changes following a Qualified Status Change (QSC). Learn more about QSCs at <https://www.oregon.gov/oha/OEBB/pages/QSC-matrix.aspx>.

Will I get new ID cards?

Anyone who enrolls in a medical plan will receive new ID cards. ID cards should arrive at your home by late Sept.



Plan Changes

Why do costs keep increasing?

- The landscape of health care is changing. Costs keep going up. This includes costs for services and prescription drugs. These increases affect all organizations, not just OEGB.
- Over the past year, providers have been charging more for their services. Members have also been using more services. These services are often more complex and costly than in the past.
- For these reasons, costs will be higher than usual next year. This also leads to more changes to our plans than usual.

At the same time, it's important to note that some changes to the medical plans have been needed for a long time. While some costs for services have changed over time, the deductibles and out-of-pocket maximums have not increased. They haven't been adjusted for inflation or cost-of-living increases. The last increases to the Moda Health plan deductibles and out-of-pocket maximum amounts were in 2019. For almost all Kaiser Permanente plans, the last increases to these amounts were in 2014.

Is there anything I can do to lower costs?

Yes. You can play a role in helping to lower costs. Your daily choices can affect OEGB and the plans. Here is a list of things you can do to help keep costs down and save money. (Note that you don't need to do all these suggestions. Focus on the things that work best for you.)

- Get preventive checkups to address problems before they start.
- Try virtual care for routine issues like sore throats, allergies, or rashes.
- Only go to the emergency room for serious, life-threatening issues.
- Use mail order for your ongoing, regular prescriptions.
- Shop around for the best price on eyeglasses and contacts. This includes using online stores.

Why did the OEGB Board decide to make these changes?

The Board focused on a balanced approach to address the cost increases for 2025–26. This included finding ways to save money with OEGB's health plans. It also included adding new tools to make the plans more efficient. Even with these other changes, it was necessary to make changes to the medical plans to keep costs affordable for members.



Garner (for Moda Health members)

Why should I use Garner?

Garner helps you find high quality providers who are in your medical plan's network. You can also be reimbursed if you choose to go to a Garner-recommended Top Provider.

Am I required to use Garner?

No. You're not required to use Garner.

Will there be Top Providers available in my area?

Garner has Top Providers throughout the country. However, if you live in a rural or coastal area, the closest Garner-recommended Top Provider might require you to drive farther than if you lived near a bigger city. Garner-recommended Top Providers may also have virtual appointment options.

Is the Garner reimbursement amount available every year or just this year?

The Garner reimbursement is available every year that you're a Moda Health medical plan member. Each year, you can be reimbursed up to:

- \$700 per year, if you have individual coverage.
- \$1,400 per year, if you cover yourself and family members.

Does Garner recommend vision or dental providers?

No. The Garner website or app only covers the most common medical specialties.