

PEBB Benefits

For Newly Hired State Employees

The Public Employees' Benefit Board (PEBB) is the labor-management board that designs, contracts and administers benefits for Oregon state employees.

[Click here](#) to meet the members of the Board.

Eligibility for PEBB Benefits

Employees who are eligible to enroll in PEBB benefits are generally state officials in exempt, unclassified, classified or management service positions who are expected to work at least 90 days. This includes employees who work halftime or in a job share position.



Becoming a PEBB Member

To become a PEBB member, you must actively enroll in a medical plan (or enroll to opt out of PEBB medical through other group coverage) within 30 days from the date you were hired. You will be automatically enrolled in basic employee term life insurance at \$5,000 in coverage. You have the option to enroll in all other PEBB benefits.*

Covering Others

You may cover a spouse or domestic partner and children who meet eligibility criteria. Coverage of domestic partners and their children may have tax impacts. Review eligibility criteria in the [Summary Plan Description](#).

Part-time Employees

Part-time Employees are eligible for benefits if they work at least half time. "Half time" is defined differently by the state's executive and judicial branches and university system, and in collective bargaining agreements. See the [Summary Plan Description](#). Note that new part-time employees don't have to meet the half-time requirement in the month they're hired, but they do in following months. Part-time employees may enroll in either plans labeled "full-time" or "part-time." Full-time employees can't enroll in part-time plans.

* Eligible employees may decline to enroll in a medical plan. By doing so, they decline to be a PEBB member. They can't enroll in any part of the benefit program and receive no portion of the employer premium share.

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The Affordable Care Act (ACA) requires providers of employer-sponsored health plans to provide the SSNs of individuals covered in the plan to the IRS for tax-reporting purposes. PEBB [g]hY d'fcj jXYf Zcf two of its medical d'Ubg! PEBB Statewide and Providence Choice. When an employee enrolls in either of these plans, we have access to the employee's SSN through the employer. When the member covers dependents (including spouse/partner) in either of these plans, we must ask the employee for the dependents' SSNs. See <http://www.oregon.gov/OHA/PEBB/Pages/ssn.aspx> Zcf a cfY j'bcfa UHjcb.

Vision:

Better health

Better care

Lower costs

PEBB Core Benefits

Premium share

For the core benefits of medical, dental, vision and basic employee life coverage for 2017, most agencies contribute 95 or 99 percent of premiums, with employee share at five percent or one percent. You have one percent premium share if you enroll in one of the lower cost medical plan in your service area. See your employer payroll, human resources or benefits representative if you have questions about your premium share.

Medical plans

You can enroll in any of the following medical plans offered by PEBB if you live or work (at least 50 percent of the time) in the plan's service area (see details in your plan's [Member Handbook](#)).

- Kaiser HMO or Deductible
- Moda Summit or Synergy
- PEBB Statewide
- Providence Choice

If you have coverage through another group health plan, you may opt out of PEBB medical coverage. You must provide your agency proof of other group coverage.



Choosing Plans and Providers

We design our health plans to encourage members to choose and use a primary care provider in a medical home. This practice increases coordination, quality and outcomes of care, which helps to advance our shared vision of better health, better care and lower costs.

Coordinated Care Model. We contract with health plans that are committed to following the [Coordinated Care Model](#) and that provide access to state-recognized Patient Centered Primary Care Homes (PCPCHs). Clinics and practices across the state apply for PCPCH recognition by meeting state-established criteria.

Some plans have even stiffer requirements for the medical homes in their networks. These clinics must follow established care protocols, be led by a primary care provider, and include a variety of clinicians who work closely with you to coordinate your care, including referral to specialists. These plans typically have low copays for most services, no cost for preventive care, and no or low cost for generic drugs for common conditions.

Preferred Provider Organization. The PEBB Statewide plan follows the PPO model. It contracts with most providers in the state to be in its network and also includes a nationwide network. The plan has a panel of patient-centered primary care homes. Members have lower coinsurance amounts when they choose and use one of these primary care homes for primary care services.

Dental plans

You can enroll in the following dental plans offered by PEBB if you live or work (at least 50 percent of the time) in the plan's service area (see details in your plan's [Member Handbook](#)).

- Kaiser Dental available in Kaiser ZIP code areas
- ODS Premier and PPO available statewide*
- Willamette Dental in its facilities around the state

** These plans may have waiting periods for all but basic services if you don't enroll in the plan when you or your dependents are initially eligible.*

PEBB Programs and Optional Benefit Plans

HEM Program

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 costs over time.

Active employees have the opportunity to sign up for the next year's program during the annual Open Enrollment.

During Open Enrollment, participants complete an online health assessment with their PEBB medical carrier, sign up to participate in the coming year and agree to complete two health actions by the next Open Enrollment.

Tobacco Use Program

Members who use tobacco have a deduction to help offset the risks they bring to the group. For current tobacco users, the following amounts are deducted from monthly pay: Employee \$25; Spouse/Partner \$25; Employee and Spouse/Partner \$50. Tobacco users can stop the deduction when they quit using tobacco midyear - not just at Open Enrollment.

Spouse/Partner-other-coverage Program

When your spouse or domestic partner waives coverage offered by another employer, it shifts risks and costs to PEBB. Members to whom this applies have \$50 per month deducted from monthly pay. They can end the deduction if the spouse or partner gains or loses other coverage midyear.

No-cost Wellness Programs

PEBB benefits also include a range of health and wellness programs for employees.

No-cost wellness programs are the following:

- Cascade East Employee Assistance Program (EAP), which offers confidential counseling and work/life support. 1-800-2320.
- Tobacco Cessation Program, which covers nicotine replacement and prescription drug therapy, as well as counseling support.
- Healthy Team Healthy U, a team-based worksite program that supports healthy behaviors if you're enrolled in a PEBB medical plan.



- Weight Watchers, with the opportunity to participate at no cost at work, online or in the community.

Optional Benefit Plans

New and newly eligible employees may enroll in some optional benefit plans as guarantee issue. Guarantee issue means the plan's carrier can't deny enrollment or certain levels of coverage based on medical history.

The state provides no contribution toward premiums for these benefits. Premium rates are determined based on variables such as age, coverage levels and benefit waiting periods:

- Optional Life employee, spouse/partner, and dependents
- Short and Long Term Disability Insurance
- Accidental Death and Dismemberment Insurance
- Flexible Spending Accounts
- Long Term Care Insurance

Enrolling in PEBB Benefits

How to Enroll

New and newly eligible employees may enroll at pebb.benefits.oregon.gov as soon as their agency gives them a PEBB Benefit Number. Or they can use forms at oregon.gov/oha/PEBB/pages/forms.aspx and provide the completed forms to their agency. If you're covering an individual whose relationship requires documentation, you must provide it to your agency within five business days of enrolling.

When to Enroll

Remember your initial enrollment window extends 30 days from the date you are hired or first become eligible. You may change your elections only during the annual Open Enrollment, unless you have a qualified midyear change that affects your eligibility for certain benefits. See the midyear plan-change matrix in the [Summary Plan Description](#).

Coverage Effective Dates

Most coverage goes into effect the first of the month following your online enrollment or receipt of forms and documents by your agency. An exception is when an optional benefit plan requires review of medical history; then coverage goes into effect the first of the month following approval by the plans.

Fun, Informative Videos

Here's an entertaining way to learn more about the health plans PEBB offers, how the plans work, and how to choose the one that's right for you and your family. Go to oregon.gov/oha/PEBB/Pages/16vids.aspx and click on a video that interests you.

Resources

PEBB

oregon.gov/oha/pebb

Member Services 503-373-1102

New Hire Enrollment Guide

oregon.gov/oha/pebb/benefits/2017_plan_year_new_hire_guide.pdf

PEBB Enrollment System

pebbbenefits.oha.oregon.gov

Plan Contacts

oregon.gov/oha/PEBB/Pages/plannumbers.aspx

Agency Payroll Contacts

oregon.gov/DAS/EGS/FBS/OSPS/docs/pubs/ospagcycontact.pdf

University Benefit Contacts

oregon.gov/oha/PEBB/PDB/pages/ouscontacts.aspx

PEBB Summary Plan Description

oregon.gov/oha/PEBB/pages/spd.aspx



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