



Open Enrollment Frequently Asked Questions (FAQs)

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

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

Open Enrollment

Why is Open Enrollment required this year?

Required enrollment is important this year. It ensures that you review the plans and the changes. It also allows you an opportunity to make the best choice for you and your family.

When is Open Enrollment?

PEBB's Open Enrollment is Oct. 1–Oct. 31.

Do I need to enroll?

- All PEBB members must complete Open Enrollment, even if you decline or opt out of coverage.
- Starting Oct. 1, go to [PEBBenroll.com](https://pebbenroll.com) and make your selections during Open Enrollment. This includes:
 - Enrolling or re-enrolling in a Health Care or Dependent Care Flexible Spending Account (FSA).
 - Making your plan selections.
 - Enrolling as a new hire.
 - Adding or dropping a dependent.
 - Updating your surcharge answers, personal information, or beneficiaries.
- If you don't complete Open Enrollment by Oct. 31, 2025:
 - Your current medical, dental, and vision coverage will stay the same. You won't have an option to change them later.



- All PEBB surcharges will be automatically deducted from your paycheck throughout 2026.
- You won't be able to contribute to a Flexible Spending Account (FSA). You must enroll or re-enroll during Open Enrollment to have an FSA in 2026. FSA enrollments **do not roll over** to the next plan year.

For those who opt out and decline coverage

- If you do not complete Open Enrollment for 2026:
 - You'll be put into "medical not enrolled" status. This is different from opt out. You will not receive the monthly opt-out incentive if you do not complete Open Enrollment.
 - You'll have to send an appeal (subject to approval) if you want to enroll in a medical plan or choose to opt out again in the future.
- If you declined all benefits in 2025 and do not complete Open Enrollment for 2026:
 - You will continue with no benefits in 2026.
 - You'll have to send an appeal (subject to approval) if you want to enroll in core benefits in the future.

Can I make changes after Open Enrollment?

After Open Enrollment

Be sure to check your Benefit Summary carefully. Are you and your dependents enrolled in the benefits you want for next year? If you find an error, notify the PEBB Benefits Team during the correction periods noted below.

Health Care and Dependent Care Flexible Spending Accounts (FSAs) corrections

- You must complete Open Enrollment between Oct. 1 and Oct. 31, 2025, to make changes to your FSA. You can change your FSA selections and contribution amounts during the correction period only.
- The FSA correction period is Nov. 1–Dec. 12, 2025.

Other enrollment corrections

- The correction period for other enrollments is Nov. 1, 2025–Feb. 28, 2026.
- Corrections made before Dec. 31, 2025, are effective Jan. 1, 2026.
- Corrections made after Dec. 31, 2025, are effective the first of the month following the date your payroll office receives the correction request. For example:
 - If your payroll office receives the correction in January, the change is effective Feb. 1.



- If your payroll office receives the correction in February, the change is effective March 1.

Qualified Status Change (QSC)

- Open Enrollment is the one time per year you can make changes without a major life event. Midyear changes are only allowed if you experience a Qualified Status Change (QSC) event (e.g., marriage, birth or adoption of a child, divorce).
- Go to <https://www.oregon.gov/oha/PEBB/Documents/AppendixA-QSC.pdf> for a full list of QSC events.
- If you experience a QSC, go to <http://www.oregon.gov/OHA/PEBB/Pages/forms.aspx> and fill out the Midyear Change Form.

Will I get new ID cards?

Members enrolled in a Providence Health or Moda Health medical plan for 2026 will receive new ID cards. Be sure to share your new ID card with all your medical providers.



Plan Changes

What are the plan changes for 2026?

The PEBB Board worked hard to keep costs in check for members. They took a balanced approach to the plans for 2026. This included covering a large portion of the cost increases. They also found ways to save money with the health plans and added new tools to make the plans work better.

The following benefit plan changes and enhancements start on Jan. 1, 2026:

- PEBB's wellness program, the Health Engagement Model or HEM, will no longer be offered.
- There are changes to the Providence Health medical plans. This includes Providence Health's new partnership with Collective Health.
- There are changes to the Moda Health medical plans.
- There are no changes to the Kaiser Permanente medical plans. There are changes to the Kaiser dental plan.
- There are new services covered by the Delta Dental (Moda Health) Dental Plan.

Why is the Health Engagement Model (HEM) going away?

The Board plans to use the money saved from HEM to put toward the PEBB medical plans. This allows the Board to make fewer changes to the medical plans' coverage. The Board also wants to look for a new wellness program for the future. The goal is to find a program that is simple to use and helps members stay healthier.



Garner (for Providence Health and Moda Health medical plan members)

What is Garner?

Garner is a tool that helps connect Providence Health and Moda Health medical plan members with high-quality care. If you choose to see a Garner-approved provider, you can be repaid for the costs of your visit.

Why should I use Garner?

Garner helps you find high-quality providers who are in your medical plan's network. You can also be repaid for the cost of your visit when you choose to go to a Garner-approved provider. This includes your deductible, copay, or coinsurance. It also includes prescriptions, labs, X-rays, and other services ordered by your Garner-approved provider.

Am I required to use Garner?

No. You're not required to use Garner. You can always choose to continue seeing your current provider(s). However, when you see a provider who isn't approved by Garner, you won't be repaid for the cost of your visits or related costs.

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 Top Provider might require you to drive farther than if you lived near a bigger city. Garner-approved 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 enrolled in a Providence Health or Moda Health medical plan. Each year, you can be reimbursed up to:

- \$1,000 per year if you have individual coverage.
- \$2,000 per year if you have family coverage.

Does Garner recommend vision or dental providers?

No. Garner only recommends care from medical providers.