

PEBB Open Enrollment Talking Points For Leaders

Use the talking points below when speaking with your employees about Open Enrollment and the changes for 2026. You may also reference the <u>FAQs</u> for additional information.

Open Enrollment— required enrollment

This year's Open Enrollment is **required**. This means:

- All PEBB members must complete Open Enrollment, even if you decline or opt out of coverage.
- **Starting Oct. 1**, go to <u>PEBBenroll.com</u> 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, and/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 a FSA in 2026. FSA enrollments **do not roll over** to the next plan year.



Health
Engagement
Model—no longer
available in 2026

- PEBB's wellness program, the Health Engagement Model or HEM, will no longer be offered after Dec. 31, 2025. PEBB will save money by ending HEM. The money saved helped ensure that the Board could keep costs lower for the 2026 medical plans.
- Because HEM is ending, you're no longer being asked to do a health risk assessment or wellness activities.
- However, these resources will still be available to you. Also, the \$17.50 monthly
 incentive will no longer be provided. However, lower deductible amounts for the
 medical plans will be offered to all members. This includes members who didn't
 participate in HEM in the past.
- In the future, the Board will look for a new wellness program that is easy to use and helps members stay healthier.

Garner—a new provider search tool for Providence Health Plan and Moda Health medical plan members

- Providence Health Plan and Moda Health are partnering with Garner. Garner is a tool that helps connect members with high-quality care.
- Starting Oct. 1, you can set up a Garner account and start searching for Top Providers. Remember, repayment for any out-of-pocket expenses begins Jan. 1, 2026, when the new plan year begins.
- Starting Jan. 1, if you choose to see a Garner-approved provider, Garner will repay
 you for the costs of your visit. This includes your deductible, copay, and/or
 coinsurance. It also includes prescriptions, labs, and other services ordered by the
 Top Provider.
- You may be repaid up to:
 - \$1,000 per year, if you have individual coverage
 - \$2,000 per year, if you have family coverage
- Garner helps you find high-quality, in-network providers for many services. It's





especially useful when you're looking for specialists or a new provider.

- Look for providers who have a green badge. These are providers who Garner has identified as Top Providers. Top Providers represent the best available doctors near you who are in your network and have appointment availability.
- If your current provider isn't listed as a Garner-approved provider, you can request
 that they be added to your approved provider list. Once your provider is added to
 your approved provider list in Garner, you can get paid back for the cost of your visit
 and related services.
- If your current provider doesn't have a green badge, it means they haven't met all of Garner's criteria for being a Top Provider.
- Garner has Top Providers located throughout the country. 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. Top Providers may also have virtual appointment options.
- Garner does not impact the provider network for Providence Health or Moda Health. Think of Garner as a provider search tool that helps you find quality providers within your medical plan's network.
- You're not required to use Garner. You can always choose to continue seeing your current provider(s). However, Garner won't repay you for the cost of your visits when you see a provider who isn't approved by Garner on their website or app.



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- There will be a new pharmacy program for your regular medications if you're enrolled in a Providence Health Plan or Moda Health medical plan.
- Regular medications include drugs you take each day. They help treat and manage conditions like high blood pressure or high cholesterol.
- This program is mandatory.
- The new pharmacy program will save you money on your prescriptions. When you get a 90-day supply, it's cheaper than getting three prescriptions for 30 days each. This new program also helps PEBB save money.
- You'll have some time to make the transition to the mail-order program or a preferred pharmacy.

Collective Health—a new partner for Providence Health Plan

- Providence Health Plan is now partnering with Collective Health. Together, their new name will be Providence Health Powered by Collective Health[®].
- Collective Health will help Providence Health Plan manage health insurance and medical care. They will take care of claims. They will also help you understand your benefits and find the care you need. It will be your "member advocate" and will help ensure you have a good experience and get the right benefits without confusion.
- Your medical benefits will stay the same. There are no changes to coverage because of this new partnership. You can also continue to see your current providers.
- However, you'll notice some important changes and improvements in 2026. This includes an upgraded website and app experience.
- You will get a new medical ID card with a new member ID number. Be sure to bring it with you to your next appointment.