pebb
Public Employees' Benefit Board

2027
PEBB Enrollment Guide

Open Enrollment **October 1–31, 2026** | PEBBinfo.com

PEBB is pleased to offer a benefits program with a wide variety of coverage options. It has the flexibility you need to choose solid coverage and protection at an affordable cost.

Use this guide to:

Review your benefit options.

Understand how the plans work.

Learn about the tools and resources available with each plan.

Select the benefits that are best for you.

Click the buttons at the top of each page to access helpful benefit education tools.

Questions?

The PEBB Benefits Team is here to help!

Phone: 503–373–1102.
Monday–Friday, 8 a.m.–5 p.m.
Language assistance is available.

Email: pebb.benefits@odhsoha.oregon.gov.

Alternate formats

You can get this document in other languages, large print, braille, or a format you prefer free of charge. Contact PEBB at 503-373-1102 or email **pebb.benefits@odhsoha.oregon.gov**. PEBB accepts all relay calls or you can dial 711.

Table of contents

2027 Open Enrollment

Open Enrollment Is Required

Starting Oct. 1, you must log in to **PEBBenroll.com** and make benefit elections during Open Enrollment.

This includes selecting a medical plan during Open Enrollment to have medical coverage in 2027.

Open Enrollment is your time to:

- → Select a new medical plan and confirm vision and dental plan elections.
- → Enroll (or re-enroll) in a Flexible Spending Account (FSA).
- → Enroll as a new hire.
- → Add or drop a dependent.
- → Answer surcharge questions.
- → Update your personal information or beneficiaries.

The elections you make during Open Enrollment will start Jan. 1 and last through Dec. 31, 2027.

If you don't complete Open Enrollment by Oct. 31:

- → You won't have medical coverage in 2027.
- → Your current dental and vision coverage will stay the same.
- → You will not be allowed to make changes during the correction period.
- → All applicable PEBB surcharges will be deducted from your paychecks through 2027.
- → You won't be able to contribute to an FSA. FSA enrollments do not roll over to the next year.

Remember, Open Enrollment is the one time each year you can change your benefits coverage without a Qualified Status Change (QSC).

For those who opt out and decline coverage

If you do not complete Open Enrollment for 2027:

- 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 2026 and do not complete Open Enrollment for 2027:

- You will continue with no benefits in 2027.
- You'll have to send an appeal (subject to approval) if you want to enroll in core benefits in the future.

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 or your payroll/university benefits office during the correction periods noted below.

- **Health Care and Dependent Care Flexible Spending Accounts (FSAs) corrections:**
  - You must complete Open Enrollment between Oct. 1–31, 2026, 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. 11, 2026.

→ Other enrollment corrections:

- The correction period for other enrollments is Nov. 1, 2026–Feb. 28, 2027.
- Corrections made before Dec. 31, 2026, are effective Jan. 1, 2027.
- Corrections made after Dec. 31, 2026, 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 Jan., the change is effective Feb. 1.
  - If your payroll office receives the correction in Feb., the change is effective Mar. 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.

What's New for 2027

Changes are coming to some of PEBB's benefit plans for 2027. This includes new medical plan options through Moda Health. The following summarizes the benefit plan changes you need to know.

Be sure to learn about your options, choose the right plan(s) for you and your family, and enroll. For details about all plans, go to **PEBB's website**.

Benefit plan changes and enhancements take effect on Jan. 1, 2027.

Medical plans

The Board has chosen Moda Health and Kaiser Permanente to administer PEBB's medical plans for 2027. Depending on your location, you can choose from four medical plans:

- **Moda PPO**—This plan will be offered in Oregon and across the U.S. Moda PPO replaces the Providence Statewide PPO plan
- **Moda Coordinated Care**—This plan will be offered in Oregon and surrounding areas. Moda Coordinated Care replaces the Providence Choice and Moda Synergy plans.
- **Kaiser Traditional**—This plan is available to those who live or work in Kaiser Permanente service areas. This plan is the same as the current Kaiser Traditional plan, with some plan changes.
- **Kaiser Deductible**—This plan is available to those who live or work in Kaiser Permanente service areas. This plan is the same as the current Kaiser Deductible plan with some enhancements to acupuncture, chiropractic, and vision hardware.

All four plans cover many services, like checkups, doctor and specialist visits, lab tests, X-rays, urgent care, emergency care, surgery, and hospital stays.

Use the online comparison tool to review details about each medical plan.

Note: If you enroll in a Moda Health plan for 2027, you'll receive a new ID card in late December. You can use it for both medical services and prescription drugs. Be sure to share this new ID card with your current providers and pharmacies.

Moda Health Medical Plans: Important Information

When you enroll in a Moda Health medical plan, keep in mind:

- Moda Health's medical plans will use the Connexus provider network
- Prescription drug coverage is administered separately by Judi Rx. For pharmacy questions, contact Judi Rx at 833-895-9846 (available starting Oct. 1, 2026).
- You have access to Garner to search for Top Providers. When you use Garner Top Providers for care, you can get money back for the cost of your visit. This can help you pay for things like deductibles, copays, lab tests, X-rays, and prescriptions ordered by a Garner Top Provider. The amount you can be repaid is based on the plan in which you enroll. **Review the online guide** to learn more about Garner.

A note about the Moda Health network

PEBB's 2027 Moda Health plans will use the Connexus provider network. This network includes Providence providers. This means Providence members who choose a Moda Health plan for 2027 may be able to keep seeing their current providers.

Visit Moda Health's **2027 "Find Care" provider search page** to search for in-network doctors in your area. You can also call 844-776-1593.

Dental Plans

The Delta Dental plans will have a few minor changes and improvements. These include:

- Virtual dentists will be added to the network.
- The way pulp capping, bone grafting and re-cementing are covered is changing. See your plan summary for details.

The Kaiser Permanente and Willamette Dental plans will stay the same for 2027.

Health Care Flexible Spending Accounts (FSAs)

The annual limit will increase to $3,400 for 2027.

Canopy: Now Revive EAP

The Canopy EAP is changing its name to Revive.

With the name change to Revive, you'll see a new logo and a new look and feel on the website. You'll also hear a new name when you call for assistance.

However, there will be no changes to:

- The services you receive.
- The phone number you call.

You'll also continue to receive care and support from the same team of "everyday assistance program" resources.

Long-Term Care (LTC) insurance

LTC coverage won't be available in 2027. Earlier this year, Unum stopped taking new applications for LTC. Because of that, the PEBB Board decided to stop offering LTC coverage to members.

If you currently have LTC insurance and want to continue coverage, you must take action to transfer your coverage to Unum. If you're currently enrolled in LTC coverage, review the information sent to your home and via email. Be sure to act by Feb. 28, 2027.

Costs

Your costs for benefit plans may change. Use the **Premium Estimator Tool** to calculate your estimated costs for benefits in 2027.

Contact your agency or university benefits office for specific information on costs.

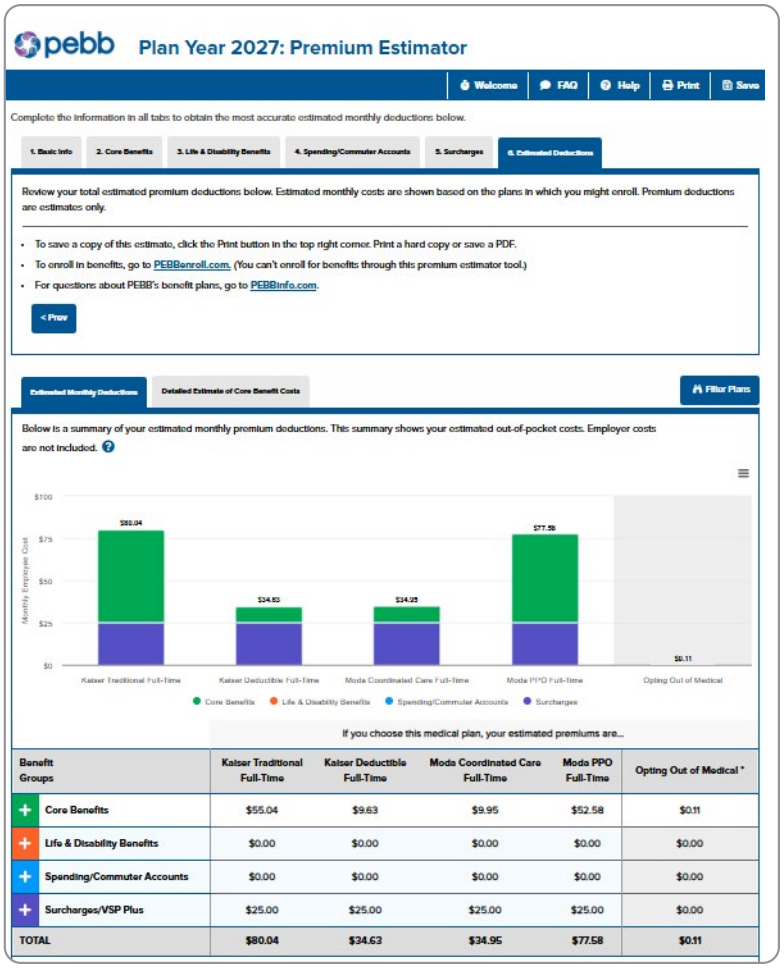
Benefits Education Tools

Use these online tools to learn about your PEBB benefits!

Premium Estimator Tool

- Determine monthly deductions for PEBB benefits.
- Includes all PEBB benefits, from health care plans to spending accounts.
- Includes tool tips, explaining why information is needed, how elections impact costs, and when surcharges apply.
- Can be used during Open Enrollment or following a qualifying status change.

Note: Part-time employees may pay more depending on hours worked. Contact your payroll office for a more accurate estimate.

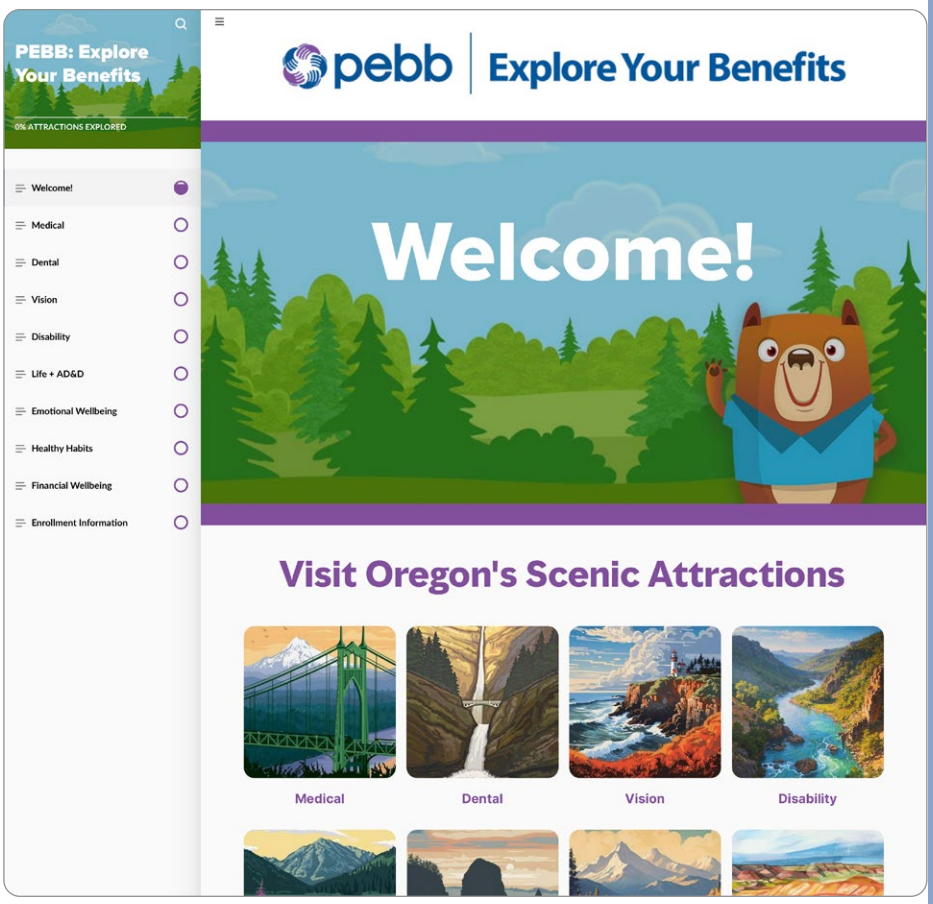


Visit https://pebbpremiumestimator.com/ to see what you may pay each month.

Explore Your Benefits

Make learning about your PEBB benefits fun!

Use this award-winning interactive learning tool to watch videos, test your benefits knowledge, and earn wellness badges for smart wellbeing actions.

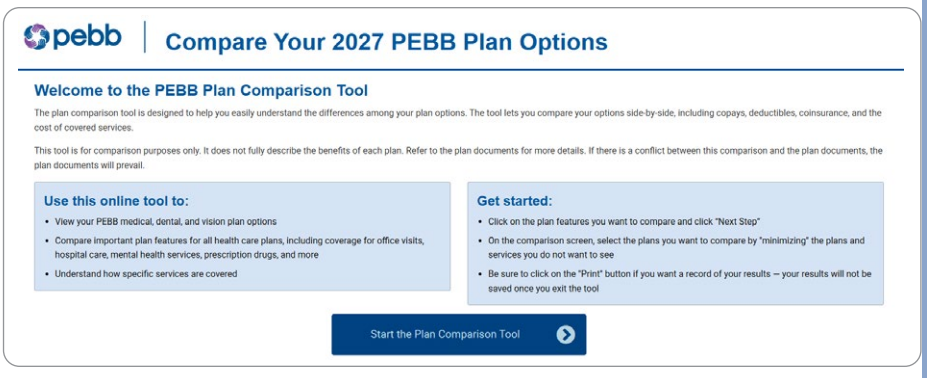


Visit https://pebbexploreyourbenefits.com/2027/ to start learning about your benefits.

Online Plan Comparison Tool

Use this tool to see the medical, dental, and vision plans available to you side-by-side.

You can also compare specific services by plan. This includes copays, deductibles, and coinsurance. Print your customized comparison if you want!



Visit ComparePEBBPlans.com to compare your health care plan options.

Before You Enroll

Review your plan options, coverage, costs, and provider networks before enrolling in PEBB benefits. Use the **Enrollment Checklist** to make sure you've covered all the steps.

What does that mean?

See Definitions to learn the basics about health coverage.

Learn how the plans work

PEBB offers several medical plans, so you can pick the best one for you and your family. Each plan works differently. Read the descriptions below to see how they compare.

Integrated Care Model (Healthcare Services Contractor)

PEBB sponsors the Kaiser Permanente Traditional and Kaiser Permanente Deductible HCSC plans. These plans offer a high level of service and benefits with low out-of-pocket copayments. To get benefits, you must use the providers and facilities that are part of the plan. You select a primary care provider within Kaiser Permanente who guides your care.

If you seek care elsewhere, the plan may not pay or may pay a reduced amount. The Kaiser Permanente Traditional and Kaiser Permanente Deductible plans are available for those who live or work in the Kaiser Permanente service area. Contact **Kaiser Permanente Member Services** for the ZIP codes in the service area.

To learn more about Kaiser Permanente medical plans, visit **choose.kaiserpermanente.org/PEBB**.

Overview of the Plans

Coordinated Care Plan

PEBB offers Moda Coordinated Care for members who live in and around Oregon. A PCP 360 is a primary care provider who has been certified by the Oregon Patient-Centered Primary Care program. This means that a PCP 360 must meet certain quality standards and will be accountable for delivering high quality care that is centered on you.

Members on this plan must use a PCP 360 for primary care to receive in-network benefits. If you don't select a PCP 360 or if you receive services from a primary care provider that is not a PCP 360, you will pay at the out-of-network level. Referrals from your PCP 360 are not required to see a specialist. You may select a different PCP 360 for yourself and your dependents. Find a PCP 360 at **http://www.modahealth.com/ProviderSearch/faces/webpages/home.xhtml**.

In the Moda Coordinated Care plan, you'll pay copays for most services.

Preferred Provider Organization (PPO) Plan

PEBB offers Moda PPO in Oregon and around the U.S. PPO plans offer services and benefits at two coverage levels: preferred providers and non-preferred providers. You may use any doctors you wish. If you use doctors who are preferred (in-network), you pay less. If you use providers who are not preferred (out of network), you pay more. If you use providers who do not participate in the plan, the providers may bill you for amounts greater than allowed in the plan.

In Moda PPO, you'll pay a deductible and coinsurance for non-preventive services.

Explore your plan options

- Start with the PEBB website for all benefit information: **pebbinfo.com**.
- Compare lower and higher cost plans by county: **https://www.oregon.gov/oha/PEBB/Documents/2027-PEBB-Out-Area-Coverage.pdf**.
- Understand out-of-area coverage: **https://www.oregon.gov/oha/PEBB/Documents/2027-PEBB-Medical-Plans-County.pdf**.

Compare plans and estimate your costs

Use the tools below to determine which plan meets your and your family's needs for costs and benefits.

- Compare premium rates.
- Premium Estimator Tool.
- Online Plan Comparison Tool.
- Summary of Benefits.
- Explore Your Benefits interactive learning tool.

Find in-network providers

Use the provider directories below to make sure your providers are in the plan's network.

- **Kaiser Permanente Traditional and Deductible plans:** healthy.kaiserpermanente.org/care/doctors-locations.
- **Moda PPO and Moda Coordinated Care plans:** http://www.modahealth.com/ProviderSearch/faces/webpages/home.xhtml.
- **Kaiser Dental:** If you enroll in the Kaiser Dental plan, you must use Kaiser dental providers. There's no out-of-area coverage, except for emergencies. Find providers at **kaiserpermanentedentalnw.org/dentists-locations/dentists**.
- **Willamette Dental:** If you enroll in the Willamette Dental plan, you must use Willamette Dental providers. There's no out-of-area coverage, except for emergencies. Wait times vary, and you may need to travel. Check if local providers are accepting new patients before enrolling. Willamette Dental Member Services can help schedule the earliest appointment.
- Questions about Willamette Dental provider access and availability?
  - Submit this form: **https://wdglink.com/PEBBQs**.
  - Call 855-433-6825, option 2, Monday–Friday 8 a.m.–5 p.m.
  - Review office locations and providers at: **https://locations.willamettedental.com**.

Specialist referrals

Find out how the plans handle referrals to specialists. **Call the plan** for more details.

Coordinated care plans:

- **Kaiser Permanente:** All your care will be provided by Kaiser Permanente network providers unless you get a referral from your Kaiser Permanente provider (excludes emergencies) and urgent care.
- **Moda Coordinated Care:** You will choose a "PCP 360" clinic. This is a primary care clinic who has agreed to be accountable for your health. Family members can pick the same PCP 360 or a different one. Referrals are not required to see a specialist.

Preferred Provider Organization (PPO) plan:

- **Moda PPO:** Access more than one million providers throughout the country, including Providence providers. However, you pay more when you see out-of-network providers, including specialists. Referrals are not required to see a specialist.

Both Moda Health plans use the Connexus network. This network includes Providence providers. Providence members who choose a Moda Health plan may be able to keep seeing their current providers in 2027. **Visit Moda Health's 2027 provider search page to find in-network doctors near you**. (Note: Moda Health is working to finalize Providence provider contracts for 2027. Your providers may not appear in the search tool until closer to Dec. 31, 2026.)

Use Garner to Find Top Providers

Explore the Garner directory to find a Top Provider. Use Garner to find high-quality in-network doctors available near you. When you use a Top Provider, you can get repaid for eligible costs. Garner is available at no cost to you. See the **Garner section** of this guide for more.

Note: Garner is only available to members enrolled in a Moda Health medical plan.

PEBB Dependent Eligibility Review

The Public Employees' Benefit Board (PEBB) regularly checks to make sure that dependents in our enrollment system are eligible for benefits. This helps us follow state laws and keeps health care costs lower.

Go to https://www.oregon.gov/oha/PEBB/Documents/DEV-Documentation-Definitions.pdf for a complete list of document requirements.

If you add a new dependent during Open Enrollment, PEBB will ask you to provide documents to verify their eligibility. You'll receive the request in November after Open Enrollment closes. You must provide documents by the review deadline.

PEBB will send you a Dependent Eligibility Review packet. Please:

- Carefully review the documents in your packet, and
- Mail, email, or fax copies of the required proof by the review deadline.
- You'll receive a confirmation email within one week and a letter within two weeks of when PEBB receives your submission. If you don't get one, call or email the Dependent Eligibility team to confirm that your documents have arrived by the deadline.

Who's an eligible dependent?

- **Spouse**—the person you're legally married to under the laws of Oregon or another state or country.
- **Domestic Partner**—the unmarried person with whom you are in a partnership, either registered with the state or identified on a signed and notarized PEBB affidavit.
- **Child**—your biological child, legally adopted child, stepchild, or your domestic partner's child.
- **Grandchild by Affidavit**—the biological child of an eligible dependent child who is enrolled in your PEBB health coverage. Both the grandchild and eligible parent live in your household and are listed on your federal tax return as your IRS tax dependents. The grandchild's parent is younger than 26, unmarried, and does not have a domestic partner.

- **Child by Affidavit (Legal Placement)**—a child, generally under age 18, for whom a court or state agency has assigned you guardianship, foster parent/resource parent status, placement for adoption, or any other legally-ordered placement. Power of Attorney and voluntary guardianship do not qualify unless there is also a court order. The child lives in your household and is your IRS tax dependent.
- **Disabled Dependent Child**—your biological child, child legally adopted or placed for adoption, child legally placed by court order, or stepchild who:
  - Has had health plan coverage prior to age 26, AND
  - Was disabled before age 26.
- The disabled dependent must also meet other criteria. **Learn more**.

For detailed information on the PEBB dependent eligibility review including definitions and eligibility rules, go to https://www.oregon.gov/oha/PEBB/Pages/Dependent-Eligibility-Review.aspx.

Tax implications for domestic partner coverage

Covering a domestic partner and partner's children has tax implications that lower your take-home pay: **https://www.oregon.gov/oha/PEBB/Pages/Dependent-Definitions.aspx**.

Eligibility verification

You'll be required to provide documents to verify eligibility for each of your dependents. Your dependent eligibility packet will list the documents you need to send, such as:

- Marriage certificate or license.
- Federal 1040 tax form.
- PEBB Affidavit of Domestic Partnership, Child Dependency, or Grandchild Dependency (this is the form you had notarized and gave to your payroll or human resource department).
- Government issued birth certificate.

Are the documents I provide secure and private?

All documents you send are private. Do not send original documents. At the end of the review, PEBB destroys your documents.

Do I need to complete the dependent eligibility review if all my dependents are eligible?

Yes. PEBB is required to complete a review by law. You must verify and submit the requested documents by the review deadline.

What if I don't complete the dependent eligibility review by the deadline?

Your dependents' coverage will end, and PEBB will lock their record(s) to prevent future enrollment. You can submit the previously requested documents within 60 days after your dependents' coverage ended for PEBB to reinstate their coverage retroactively with no break in coverage. After that, PEBB can only reinstate prospectively, on the first of the month after receiving the missing documents.

I gave eligibility documents to my payroll or human resources office. Do I still need to submit them to PEBB?

Yes, you must submit your documents to PEBB even if you already gave them to payroll or human resources. If you fail to provide documents to PEBB during your review, your dependents' coverage will end.

How often does PEBB conduct a dependent eligibility review?

PEBB conducts dependent eligibility reviews:

- Every year in November after Open Enrollment.
- Every year in September for relationships that require tax dependency (like Child by Affidavit).
- On a rotating schedule every 5–10 years for each agency and university.

Questions about dependent eligibility or the review process?

Contact the PEBB Dependent Eligibility team by:

- **Phone:** 503-378-2954.
- **Email:** pebb.dependenteligibility@odhsoha.oregon.gov.

Member Monthly Costs

The following tables display the full cost of premiums for each core benefit plan.

- **Your employer pays nearly all** of the premium costs.
- **As an active employee, you pay just a small percentage.**
  - Learn more about **cost sharing for core benefits**.
  - You can also use the **Premium Estimator Tool** to calculate what you may pay each month.
- Part-time employees may pay more depending on hours worked. Contact your payroll office for a more accurate estimate.

Note: All rates include 0.4% commission and 0.9% PEBB administration cost.

Medical (cost shared by you and your employer)

Plan	Employee only	Employee and spouse/ domestic partner	Employee and children	Employee and family
Kaiser Traditional[1]	$1,100.64	$2,201.28	$1,871.08	$2,971.72
Kaiser Deductible[1]	$962.48	$1,924.96	$1,636.22	$2,598.72
Moda Coordinated Care[2]	$995.38	$1,990.76	$1,692.14	$2,687.54
Moda PPO[3]	$1,051.50	$2,103.00	$1,787.56	$2,839.10
Kaiser Traditional Part-time[4]	$930.94	$1,861.88	$1,582.60	$2,513.56
Kaiser Deductible Part-time[4]	$789.46	$1,578.92	$1,342.08	$2,131.52
Moda Coordinated Care Part-time[5]	$808.24	$1,616.48	$1,374.62	$2,182.88
Moda PPO Part-time[6]	$854.18	$1,708.36	$1,452.14	$2,306.34

1 Available to PEBB eligible full-time and part-time employees in plan service area. Includes Kaiser routine vision services.

2 Available to PEBB eligible full-time and part-time employees in plan service area.

3 Available to PEBB eligible full-time and part-time employees.

4 Additional option available to eligible part-time employees in plan service area. Includes vision exam only.

5 Additional option available to eligible part-time employees in plan service area.

6 Available to PEBB eligible part-time employees.

VSP Cost of Coverage

You pay a share of the premium if you enroll in the VSP Basic. Your premium share is the same percentage rate as your medical coverage percentage, which includes opt out.

VSP Plus has better coverage for frames, coatings, and progressive lenses. For this plan, you pay the employee premium share for the Basic plan plus the difference in premium cost between the Basic and Plus plans.

Vision (cost shared by you and your employer)

Plan	Employee only	Employee and spouse/ domestic partner	Employee and children	Employee and family
VSP Basic	$7.98	$15.94	$13.56	$21.54
VSP Plus	$15.04	$30.12	$25.60	$40.64

Dental (cost shared by you and your employer)

Plan	Employee only	Employee and spouse/ domestic partner	Employee and children	Employee and family
Kaiser Permanente[1]	$73.66	$147.32	$125.24	$198.90
Delta Dental Premier[2]	$70.66	$141.32	$120.12	$190.78
Delta Dental PPO[2]	$65.30	$130.58	$111.00	$176.30
Willamette Dental[3]	$61.88	$123.78	$105.28	$167.16
Delta Dental Premier Part-time[4]	$50.84	$101.70	$86.44	$137.28
Kaiser Permanente Part-time[5]	$54.62	$109.22	$92.86	$147.46

1 Available to PEBB eligible full-time and part-time employees in plan service area.
2 Available to PEBB eligible full-time and part-time employees.
3 Available to PEBB eligible full-time and part-time employees; in plan facilities.
4 Additional option available to eligible part-time employees.
5 Additional option available to eligible part-time employees in plan service area.

Core Benefits: Cost Sharing

Employee premium share for core benefits

You and your employer share the cost of the premium for core benefits. The amount you pay depends on:

- Your agency or university employer.
- The plan you choose.
- Where you live.
- Your work status (full-time or part-time).

PEBB does not control the premium share. Contact your agency or university benefits office for information. Go to **https://www.oregon.gov/oha/PEBB/Pages/Contact_Us.aspx** and look under "Other contacts."

Cost share applies to all core benefits

You'll pay the same premium cost share for all core benefits. If you opt out of medical, your premium share will be 5% for dental, vision, and employee-only basic life insurance.

State employees

Full-time employees:

- Premium share is 5% for the Moda PPO or Kaiser Traditional plans.
- Premium share is 1% for any other full-time plan.

Part-time employees:

- Can enroll in full-time and part-time plans.
- Premium share is 5% for the full-time or part-time Moda PPO or Kaiser Traditional plans.
- Premium share is 1% for any other full-time or part-time plan.
- Pay any premium balance after your employer pays its premium share, based on the hours you work each month.
- Your employer pays a flat premium subsidy for medical, based on your coverage tier, if you enroll in a part-time plan.
- Contact your payroll office for a more accurate estimate.

University employees

- Premium share is 3% or 5%.

Local government employees

- Premium share could be different than state agencies or universities.
- Contact your payroll or benefits office for more information.

Additional Member Costs and Incentives

PEBB might add a fee based on your tobacco use or other coverage options. You may also get incentives if you choose to opt out of coverage.

Tobacco usage and coverage status changes are effective the first of the month after PEBB receives your change.

Tobacco usage surcharge

If you and/or your spouse/domestic partner are enrolled in a PEBB medical plan and use tobacco products, you'll pay a monthly surcharge. The fee is deducted from your pay:

- $25/month for employee.
- $25/month for spouse/domestic partner, or
- $50/month for both employee and spouse/domestic partner.

If you and your spouse/domestic partner opt out of PEBB medical coverage, you are not subject to the tobacco usage surcharge.

PEBB offers tobacco cessation programs to help you quit using tobacco and avoid the surcharge.

Double coverage surcharge

The Oregon state legislature requires a surcharge for those who have double medical coverage through PEBB and OEBB. This means you'll pay a monthly $5 surcharge if you're an active full-time employee and:

- Someone in your family is covered as a member under their own PEBB or Oregon Educators Benefit Board (OEBB) medical plan, and
- That person is covered as a dependent (spouse, partner, or child) on your PEBB medical plan.

Spouse/domestic partner waives other employer group coverage

You'll pay a $50 monthly fee if your spouse/domestic partner chooses to waive their own employer's (not PEBB) group coverage.

You can submit a Midyear Change form if your spouse's/domestic partner's coverage status changes during the plan year. You must send in the change request within 30 days of status change to your payroll or university benefits office.

Domestic partner coverage

Covering a domestic partner and partner's children has tax implications that lower your take-home pay: **https://www.oregon.gov/oha/PEBB/Pages/Dependent-Definitions.aspx**.

Opt out of PEBB medical plans

You can opt out of (not enroll in) a PEBB medical plan if you're covered under another group medical plan. You'll receive part of your employer's premium contribution ("opt out incentive") if you opt out.

The opt out incentive starts at $233 and is taxable. The amount you receive depends on your work status (full-time or part-time).

The PEBB Board determines the opt out incentive. Go to **https://www.oregon.gov/oha/PEBB/Documents/Opt-out-Decline.pdf** for more information.

Consider opting out…

If you have coverage through both PEBB and OEBB and want to avoid the double coverage surcharge.

You can still enroll in vision and/or dental even if you opt out of medical coverage.

Decline core benefits

If you decline core benefits, you choose not to take part in any PEBB benefit. You also decline your employer's premium share for core benefits: **https://www.oregon.gov/oha/PEBB/Documents/Opt-out-Decline.pdf**.

Important!

If you opted out or declined in 2026 and take no action during Open Enrollment, your status will be changed to "medical not enrolled" and your opt out incentive will end for 2027.

Medical Benefits

Kaiser Permanente

Care at Kaiser Permanente is tailored to your needs. The physician-led teams are all part of the same network, making it easier to share information, see your health history, and deliver high-quality, personalized care — when and where you need it.

Learn More about Kaiser Permanente Medical Plans

- Visit **choose.kaiserpermanente.org/pebb/home** for information about Kaiser.
- Find in-network providers here: **kp.org/getcare** or **kp.org/locations**.
- Go to **ComparePEBBPlans.com** to learn more about covered services and prescriptions.

Coordinated care

1. **Share your health history** and any concerns with your personal doctor.
2. **Your doctor coordinates your care,** so you don't have to worry about where to go or who to call next.
3. **Future care teams** have a full picture of your health history—without you having to repeat your story.
4. **With your health records in hand,** your care team knows your needs in the moment and reminds you to schedule checkups and tests. Plus, you can view your records 24/7.

Get the details!

Watch a short video to learn about Kaiser Permanente's medical plan details.

Wellness programs

Kaiser Permanente provides many programs to support your overall wellness. Visit the **Wellness Central website** for details.

Connect with Kaiser

- In-person care, including preventive and specialty services.
- 24/7 Telehealth (covered at no additional cost).
- 24/7 nurse advice.
- Email, video, and phone options.
- Phone interpretation services in more than 150 languages.
- Kaiser Permanente app.

Additional benefits

- Support for ongoing conditions (diabetes, heart disease).
- Alternative care (chiropractic, acupuncture, and naturopathic services) through Heraya Health network: **herayahealth.com**.
- Prescription delivery: **kp.org/deliverRx**.
- Gym discounts: **kp.org/exercise**.
- Healthy lifestyle programs: **kp.org/healthylifestyles**.
- Wellness coaching: **kp.org/wellnesscoach**.
- Weight management support: **omadahealth.com/pebb** or **PEBB.WW.com**.
- Mobile apps (**kp.org/selfcareapps**):
  - Calm.
  - Headspace.

Moda Health

The Moda Health plan provides integrated, whole health plans with robust programs and services, including:

- **Large provider network, called Connexus:** A wide choice of quality primary providers in Oregon, SW Washington, Idaho, and Alaska (including OHSU).
- **No referrals:** Specialist referrals are not required
- **Alternative care:** In the Moda Coordinated Care plan, youll pay a $10 copay for in-network alternative care, including massage therapy.
- **All in one solution:** Medical and dental benefits by one health partner. Prescription drug benefits are administered by Judi Rx, which partners with Moda Health.
- **Out-of-area (OOA) coverage:** If you or your dependents need care outside the service area, you'll have access to the Aetna PPO network through Aetna Signature Administrators.
- **Personalized Member Dashboard:** Live chat with a Health Navigator, get personalized care reminders, and join specialized programs that meet your specific needs

Learn More about the Moda Health Medical Plan

- Visit **modahealth.com/PEBB** for details about Moda Health or to find a PCP 360.
- Go to **ComparePEBBPlans.com** to learn more about covered services and prescriptions.

Get the details!

Visit the Moda Health **member handbooks web page** to learn more about the medical plans.

Moda 360 Member Dashboard

Moda Health's Member Dashboard has everything you need to manage your health:

- Check your Care Reminders.
- View claims.
- Chat with a Health Navigator.
- Join Moda 360 and Behavioral Health 360 programs.
- And much more.

Once you enroll, just register and log in to **modahealth.com/memberdashboard** to get started.

Wellness programs

Moda Health provides many programs to support your overall wellness. Visit the **Wellness Central website** for details.

Use Garner to find a Provider

Use Garner to find high-quality in-network doctors available near you. When you use a Top Provider, you can get repaid for eligible costs. See the **Garner section** of this guide for more.

Additional Benefits

- Moda 360 Health Navigator: **modahealth.com/pebb/health-and-wellness/moda-360**
- Telehealth: Connect with a provider from your phone or computer, including texting: **cirrusmd.com/modahealth** or **teladochealth.com/Register**.
- Moda's Behavioral Health (BH) 360 program: **modahealth.com/pebb/health-and-wellness/behavioral-health-360**.
- Spring Health mental health support: **springhealth.com/**.
- Virtual physical therapy: **meet.swordhealth.com/pebb**.
- Pharmacy benefits, administered by Judi Rx: **https://enrollment.cap-rx.com/?client=oregonpebb** or call 833-895-9846. (Website and phone number available as of Oct. 1, 2026.)
- Fertility and family-building services through Progyny: **benefits.mypgny.com/members/pebb**.
- Virta for type 2 diabetes: **virtahealth.com/join/moda-pebb**.
- Community Resource Bridge: Support and resources for families in need: **modahealth.com/moda360/resource-bridge**.
- Gym memberships through Active & Fit: **modahealth.com/memberdashboard**.

Garner

Moda Health partners with Garner, a tool that helps you find high-quality care.

Visit a Top Provider and get repaid!

Use the Garner directory to find a Top Provider and get repaid for qualified costs. Review **Garner's online guide** to learn more.

When you visit a Garner-approved Top Provider, you can be repaid for the costs you pay for your visit. This includes your deductible, copay, or coinsurance. It also includes other services like labs, prescriptions, and X-rays when they're ordered by your Top Provider. You may be repaid up to the following amounts, depending on your plan:

Moda

- $1,000 per year, if you have individual coverage.
- $2,000 per year, if you cover yourself and family members.

Moda Coordinated Care

- $1,250 per year, if you have individual coverage.
- $2,500 per year, if you cover yourself and family members.

To get started finding a Top Provider:

- Go to **getgarner.com**.
- Use the Garner Health app.
- Call 458-488-4828.

Note: Garner is only available to members enrolled in a Moda Health medical plan.

Currently enrolled in Garner through Moda or Providence Health Plan?

Your current Care Team and account will transition automatically. If any of your providers are out of network, just log in to your account to update your information and select a new provider.

Vision Benefits

VSP

Learn More about VSP Vision Plans

- Visit **vsp.com** or call 800-877-7195 for details about VSP or to find in-network providers.
- Go to **ComparePEBBPlans.com** to learn more about covered services.

VSP plans offer access to a huge provider network and low out-of-pocket costs, as well as:

- Annual WellVision Exam®.
- Glasses or contacts.
- VSP LightCare™.
- Vision Therapy.
- Routine retinal screening: Up to $39 copay
- Special offers and savings.

Additional Plus Plan coverage

The Plus Plan includes the basics listed above as well as the following:

- Increased frame contact lens allowance.
- Anti-glare coating ($20 copay).
- Premium/custom progressive lenses
- Decreased routine retinal screening copay ($10 copay).

Important!

VSP is available to Moda Health members only. Members who enroll in a Kaiser Permanente medical plan are automatically enrolled in Kaiser vision coverage.

Kaiser Permanente

Learn More about Kaiser Permanente Vision Coverage

- Visit **kp2020.org** to schedule an exam, order contact lenses, or find a location near you.
- Call 800-813- 2000 (TTY 711).
- Go to **ComparePEBBPlans.com** to learn more about covered services.

If you're enrolled in a Kaiser Permanente medical plan, it includes full eye care, like routine exams.

Integrated care

If a medical condition is detected during your eye exam, your optometrist or ophthalmologist will work directly with your personal doctor to order tests and coordinate care plans.

Locations extend from Eugene to Longview.

Getting care in Lane County

Members in Lane County can get routine eye exams from a team of local affiliated providers. Visit **kp.org/vision/lane** to find an affiliated provider near you.

Dental Benefits

Delta Dental of Oregon

With Delta Dental of Oregon plans, you'll have access to the nation's largest dental networks.

Learn More about the Delta Dental Plans

- Visit **modahealth.com/PEBB/dental** for details about Delta Dental or to find in-network providers.
- Go to **ComparePEBBPlans.com** to learn more about covered services.

Delta Dental plans connect you with great benefits and quality in-network dentists. You can count on:

- Freedom to choose a dentist.
- Preventive services do not accrue towards your annual benefit maximum. This leaves additional dollars to use for basic and major services like fillings, crowns, implants, and more.
- Access to our Health through Oral Wellness® program for additional cleanings (if eligible).
- Savings from in-network dentists.
- Cleanings twice per year.
- Predetermination of benefits if requested in a pretreatment plan.
- No claim forms.
- Access to the Moda 360 Health Navigator team.

Delta Dental plans also include useful online tools, resources, and special programs for those who may need extra attention for your pearly whites.

Kaiser Permanente Dental

Kaiser is committed to total health, beginning with high-quality dental and oral care. That's why every member gets a personalized prevention and treatment plan.

Learn More about Kaiser Permanente Dental Coverage

- Visit **kp.org/dental/nw** to schedule an exam or find a location near you.
- Go to **ComparePEBBPlans.com** to learn more about covered services.

This plan is available in certain ZIP codes. There isn't any out-of-area coverage, except when there's a dental emergency.

Know what's important

- **Freedom to choose:** Pick a dentist and hygienist in the Kaiser network and change at anytime.
- **Convenience:** Choose to receive care at any of the 20 dental offices located in the service area. You can also take advantage of Kaiser's no-cost virtual dentistry options.
- **Teamwork:** Your dental care is an important part of your overall health. Kaiser dentists and doctors are part of the same system working together for and with you.
- **Philosophy of care:** Kaiser follows a research-based approach in providing dental care. Kaiser emphasizes prevention care to help keep your teeth and gums healthy.

Willamette Dental

In the Willamette Dental plan, you'll know your costs upfront. You'll pay simple copays for covered services, no annual maximums for most services,* no deductibles, and no claim forms to manage.

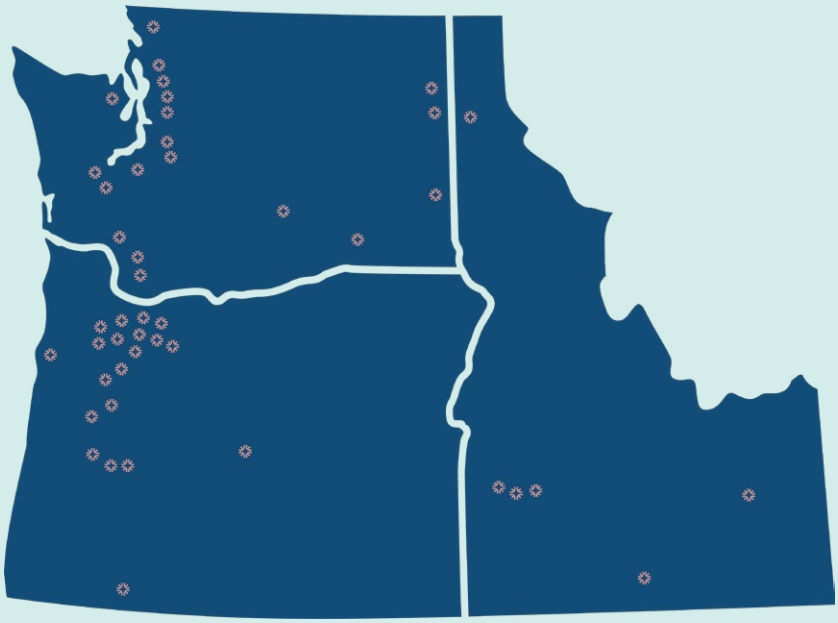
Learn More about the Willamette Dental Plan

- Visit **willamettedental.com/pebb** for details about Willamette Dental or to find providers and locations.
- Go to **ComparePEBBPlans.com** to learn more about covered services.

Highlights

- No annual maximum*, no deductibles.
- Services covered at predictable, low copays.
- Affordable orthodontic coverage for adults and children.
- Extended office hours Mon–Fri, 7 a.m.–5:30 p.m. and select Saturdays.
- Emergency care when you need it with in-person visits within 48 hours and 24/7 phone support.
- No copay changes for 2027.

*Implant surgery includes a benefit maximum.



Locations Include:

Albany, OR
Bend, OR
Boise, ID
Corvallis, OR
Eugene, OR
Lincoln City, OR
Medford, OR
Meridian, ID
Nampa, ID
Portland Metro (12 locations)
Richland, WA
Salem, OR (2 locations)
Springfield, OR (2 locations)
Vancouver, WA (2 locations)

Copay waived for new patient visits!

Willamette Dental will waive the office visit copay for your new patient appointment if you have not previously seen a plan provider.

Important! If you enroll in the Willamette Dental plan, you must use Willamette Dental providers. There's no out-of-area coverage, except for emergencies. Wait times vary, and you may need to travel. Check if local providers are accepting new patients before enrolling. Willamette Dental Member Services can help schedule the earliest appointment.

Questions about access and availability?

- Submit this form: **https://wdglink.com/PEBBQs**.
- Call 855-433-6825, option 2, Monday–Friday 8 a.m.–5 p.m.
- Review office locations and providers at: **https://locations.willamettedental.com**.

Wellbeing Programs

Physical fitness, emotional health, and financial stability make up your total wellbeing. Find the support you need to achieve your health and wellbeing goals. Health coaches, online and self-guided programs, webinars, and more — there's something for everyone!

Explore PEBB's wellbeing resources for all of life's adventures in the **PEBB Wellness Central website**. Click any health area below to see what's available.

Physical Wellbeing

Take care of your body with resources to support good nutrition and physical activity.

Emotional Wellbeing

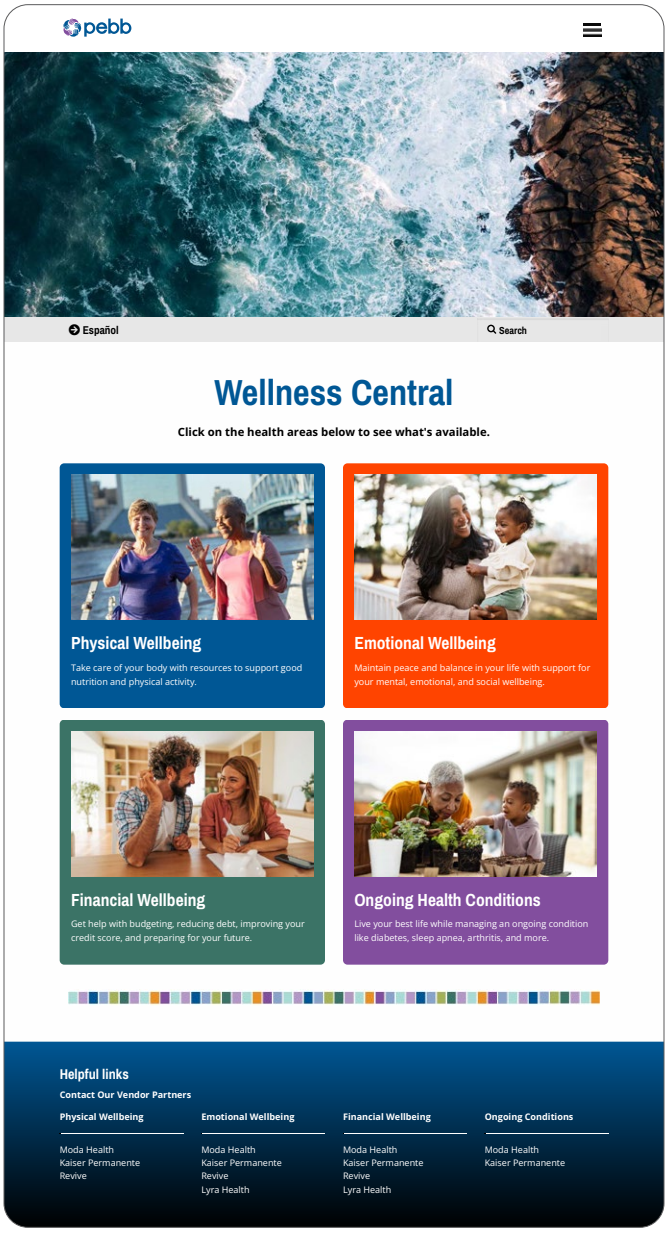
Maintain peace and balance in your life with support for your mental, emotional and social wellbeing.

Financial Wellbeing

Get help with budgeting, reducing debt, improving your credit score and preparing for your future.

Ongoing Health Conditions

Live your best life while managing an ongoing condition like diabetes, sleep apnea, arthritis, depression and more.



Everyday Assistance Program (EAP)

Revive EAP

PEBB partners with Revive (formerly called Canopy) to provide the EAP. It's a free and confidential benefit that can assist you and your eligible family members with any personal problems, large or small.

Crisis counselors are available by phone 24/7/365!

For referrals and additional resources, contact Revive anytime:

Phone: 800-433-2320

Member site: canopy.myrevive.health (organization name: PEBB)

Email: info@canopywell.com

Revive is committed to creating a safe, inclusive, and equitable society for all.

Counseling with an EAP professional

You receive three to eight counseling sessions (varies by agency) face to face, over the phone, or virtually for concerns such as:

- Relationship conflict.
- Conflict at work.
- Depression.
- Stress management.
- Family relationships.
- Anxiety.
- Alcohol or drug abuse.
- Grieving a loss.
- Professional development.

Additional benefits

- Resources for your life.
- Legal consultations/mediation and online legal tools.
- Financial coaching.
- Identity theft.
- Home ownership and housing support.
- Coaching.
- Wellbeing tools for fertility support, pet parent resources, and gym membership discounts.
- Access to digital therapy and wellness tools to improve the way you feel.
- Online self-scheduling portal for appointment management.
- Assistance finding childcare, adult care, caregiving resources, and more.

Feel like no one understands?

Join an anonymous peer support community available 24/7/365. Connect with others facing similar issues in moderated chats with licensed clinicians. Access peer support and digital resources through Revive by selecting “Peer Support – Chat now” from the top ribbon.

Lyra — Oregon State University's EAP

Lyra Health the Employee Assistance Program (EAP) for Oregon State University employees and their dependents only.

Lyra offers a full spectrum of care offerings, from preventive to severe. No matter what you're facing or where you are in your mental health journey, Lyra is here for you.

For more information:

Phone: 877-235-7812

Email: care@lyrahealth.com

Web: https://osu.lyrahealth.com/ and OSU Webpage

Services include:

- 24-hour online and phone emergency support.
- Eight free confidential therapy and coaching sessions per year.
- Specialists available weeknights and weekends.
- Consultation with an attorney or mediator, financial counselor, Certified Public Accountant, and fraud resolution specialist.
- ID emergency response kit.
- Resources and referrals for child, elder, and pet care.
- Teen and parent coaching programs.
- User-friendly website, mobile app and other digital tools.
- Lyra's library includes research-based self-care resources, guided meditations, how-to videos, mindfulness tactics, structured courses, live webinars and gatherings.

Get care on campus

Through Lyra Health, OSU employees can see a therapist on the Corvallis campus. Appointments are typically on Thursdays in the Valley Library.

Go to Lyra's **website** for provider availability.

Life and AD&D Insurance

PEBB offers life and accidental death and dismemberment (AD&D) insurance options to help you protect your loved ones. These plans provide financial security if you die or are seriously injured in an accident.

Need More Information?

Go to **standard.com/mybenefits/pebb/** for coverage details, a needs estimator, and a decision support tool.

Basic life insurance

Basic coverage is automatically provided to you:

- Class 1 (all active employees of the Judicial Management Service): Coverage equals your annual salary, rounded to the next higher $1,000.
- Class 2 (all other eligible employees): Coverage equals $10,000.

Optional life insurance

Optional life insurance provides a lump sum payment to help protect your family in the event of your death.

Optional life insurance is available for you and your eligible dependents. You may purchase optional life insurance for your dependents even if you don't purchase coverage for yourself.

	Coverage available	Guarantee issue amount[1]
Employee life	$20,000 increments, up to $600,000	$100,000
Spouse/domestic partner life	$20,000 increments, up to $400,000	$20,000
Child Life	$5,000	$5,000

1 Applies to new employees, when an employee initially becomes eligible, or following a qualified status change.

Optional Life Insurance Extras

When you purchase optional life insurance, you'll have access to the following value-added services at no cost to you:

- You can access the Life Services Toolkit[1] to help deal with the loss of a loved one or plan for the future.
- You can use Travel Assistance[1] when traveling more than 100 miles from home or internationally for help with lost credit cards, passport replacement, legal and medical resources, medical evacuation, and repatriation.

1 The Life Services Toolkit is provided through Health Advocate. Travel Assistance is provided through Assist America. Neither is affiliated with The Standard. These services may be subject to limitations or exclusions.

Optional AD&D insurance

With optional employee-paid Accidental Death & Dismemberment (AD&D) insurance, you'll be covered for the accidental loss of life, limb, hand, foot, hearing, speech, sight, or thumb and index finger on the same hand. Coverage of up to $500,000 is available, and you may choose family coverage (the employee plus all their PEBB-eligible dependents) or employee-only coverage.

Cost of coverage

Employees are responsible for paying the full premium amount for optional life and AD&D insurance coverage. The policies pay for covered losses if you're a PEBB-eligible member and your premium payments are current at the time of the loss. For complete details and rates, visit:

- Optional employee life coverage: **www.oregon.gov/oha/PEBB/Pages/Optional-Employee-Life.aspx**.
- Optional spouse/domestic partner life coverage: **www.oregon.gov/oha/PEBB/Pages/Spouse-Partner-Life.aspx**.
- Optional dependent life coverage: **www.oregon.gov/oha/pebb/Pages/Dependent-Life.aspx**.
- Optional AD&D coverage: **www.oregon.gov/oha/pebb/Pages/ADD.aspx**.

Optional Disability Insurance

Disability insurance can replace a portion of your paycheck if you can't work because of an illness, injury, or pregnancy. By enrolling in an optional PEBB disability plan, you can help further protect yourself and your lifestyle if you become disabled.

Short-Term Disability (STD)

If you become disabled and can't work for a short time, STD pays you a portion of your salary. STD is for non-job-related disabilities, including illnesses, accidents, and injuries. You can also use STD to recover from surgery or take time off after childbirth.

STD benefit details

- 7-day waiting period.
- Pays up to $1,662/week minus deductible income.
- Duration of benefit:
  - Four weeks if the disability **is** caused by a pre-existing condition (not applicable after the first 12 months of coverage).
  - 13 weeks if the disability **is not** caused by a pre-existing condition.
- Benefits received are non-taxable.

Spotlight on Paid Leave Oregon (or an Equivalent Employer Plan)

Paid Leave Oregon is a state-sponsored benefit that allows you to take paid time off to care for yourself or loved ones during life's important moments. (Your employer may offer an equivalent plan instead of Paid Leave Oregon.)

If you enroll in a PEBB STD plan, your STD benefit will be reduced by benefits you receive or are eligible to receive from Paid Leave Oregon (or an equivalent employer plan).

Questions About Paid Leave Oregon?
Contact Paid Leave Oregon directly for more information.

Phone: 833-854-0166
Email: PaidLeave@Oregon.gov
Online: https://paidleave.oregon.gov

What is deductible income?

Deductible income means any other income you're eligible to receive because of your disability.

Do you need disability coverage on top of what Paid Leave Oregon (or an equivalent employer plan) provides?

Use the Needs Estimator at **standard.com/individuals-families/workplace-benefits/disability/estimate-disability-insurance-needs** to determine if you need STD coverage.

Do you already have both Paid Leave Oregon (or an equivalent employer plan) and a Short-Term Disability (STD) plan?

If you do it's important to know how the plans work together.

- → Your total benefit for both plans is based on your income.
- → Paid Leave Oregon (or an equivalent employer plan):
  - You're not required to apply for benefits.
- → Short-Term Disability (STD):
  - The Standard will reduce your STD benefit by the amount you **are eligible** to receive under Paid Leave Oregon (or an equivalent employer plan).
  - The Standard will pay your full STD benefit if you **are not eligible** for Paid Leave Oregon (or an equivalent employer plan).

Important!

Even if you don't apply for Paid Leave Oregon (or an equivalent employer plan), The Standard will reduce your STD benefit by the amount you are eligible to receive. If you apply for Paid Leave Oregon (or an equivalent employer plan) and are denied, The Standard may still reduce your STD benefit depending on the reason for denial.

Long-Term Disability (LTD)

If a disability prevents you from working for 90 days or longer, LTD pays a portion of your monthly pay. LTD can be used for a serious illness, injury, or accident, as well as mental health issues. You could receive LTD benefit payments for months or years.

LTD benefit details

- 90- or 180-day waiting period, depending on the plan you choose.
- Pays up to $8,000/month minus deductible income, depending on the plan you choose.
- Benefits could last until age 65 or Social Security Normal Retirement Age if you remain disabled.
- Benefits received are non-taxable.

Cost of coverage

For complete details and rate information, visit:

- **Short-term disability:** www.oregon.gov/oha/pebb/Pages/Short-Term-Disability.aspx.
- **Long-term disability:** www.oregon.gov/oha/pebb/Pages/Long-Term-Disability.aspx.

For more information about The Standard's disability plans, go to standard.com/my-benefits/pebb/ for coverage details, a needs estimator, and a decision support tool.

Workplace Possibilities program

If you have LTD coverage, you can access Workplace Possibilities services through The Standard. This program gives you a consultant who can help if you're in pain, out on medical leave, or having work problems related to a disability. The program helps you by:

- Removing work barriers that make it hard to do your job safely and comfortably.
- Checking your workstation and suggesting helpful changes or accommodations.
- Supporting your return to work after a disability.

The consultant will work with you, your supervisor, Human Resources, and your doctors to help you stay at work or come back to work when you're ready. Contact your agency or university representative for more information.

Flexible Spending Accounts (FSAs) and Commuter Benefit Accounts

Flexible Spending Accounts (FSAs) and commuter benefit accounts provide a great way to save money on your everyday expenses. You can pay for eligible health care, dependent care, or transportation expenses on a pretax basis through payroll deductions.

You must enroll each year!

You must complete Open Enrollment to newly enroll or continue your Health Care or Dependent Care FSA.

Account options

You have several FSA and commuter benefit account options.

Type of Account	Description	Maximum Amount You Can Contribute
Health Care FSA	→ Use pretax payroll deductions to help cover eligible medical, dental, and vision expenses. → Can be applied to expenses for you and your eligible tax dependents. → Find a full list of eligible expenses at **https://www.irs.gov/publications/p502**. → "Use it or lose it" so unused funds are forfeited at the end of the plan year. → Must enroll each year to participate.	$3,400/year.
Dependent Care FSA[1]	→ Use pretax payroll deductions to help cover your eligible dependent care expenses. → Includes child care for children up to age 13 and care for dependent elders. → Find a full list of eligible expenses at **https://www.irs.gov/publications/p503**. → "Use it or lose it" so unused funds are forfeited at the end of the plan year. → Must enroll each year to participate.	→ $7,500/year if you're married and filing jointly. → $3,750/year if you're single or married and filing separately.

1 Subject to non-discrimination testing.

Type of Account	Description	Maximum Amount You Can Contribute
Parking Reimbursement Account	→ Set aside pretax money from your paycheck to pay for parking at or near a location from which you work or commute to work. → Parking in a state-owned location is not eligible for reimbursement. → **Important!** You don't qualify for the Parking Reimbursement Account if you park at a state-owned lot or garage, and you pay the parking expense through payroll deductions.	$340/month.
Mass Transit/ Vanpool Reimbursement Account	→ Set aside pretax money from your paycheck to pay for transit expenses. → Eligible expenses include vanpool, bus, rail, or ferry that you incur to commute to and from work. Bicycles are not included.	$340/month.

Claims and reimbursement

FSAs and commuter benefit accounts are administered by ASIFlex. ASIFlex offers several easy ways to submit claims for reimbursement. You'll receive reimbursement within three business days following receipt of a complete claim.

- → ASIFlex Card: Contact ASIFlex and request a debit card that you can use to pay for eligible expenses. Keep your receipts. ASIFlex may ask for documentation to verify card transactions.
- → ASIFlex mobile app: Download the ASIFlex Self Service and log in to your account. Submit your claim along with a picture of your Explanation of Benefits (EOB) via the app.
- → ASIFlex online: Sign into your online account at **ASIFlex.com/ORPEBB** to submit a claim.
- → Toll-free fax or mail: Download and complete a claim form. Submit it with your EOB or itemized receipt. Keep a copy for your records.

Manage your account

Go to **ASIFlex.com/ORPEBB** to register your account. See your account statement and balance, submit claims, opt in for email or text alerts, and sign up for direct deposit.

Contact ASIFlex Customer Service

Phone: 800-659-3035
Email: asi@asiflex.com
Web: ASIFlex.com/ORPEBB
Fax: 877-879-9038

Mail: ASIFlex
P.O. Box 6044
Columbia, MO 65203

For more program information, review the PEBB plan document or visit **ASIFlex.com/ORPEBB**.

COBRA Member Information

COBRA members must complete Open Enrollment if:

- You're enrolled in a medical plan.
- You want to enroll in vision coverage through VSP without enrolling in a medical plan.
- You want to enroll in a dental plan.

COBRA members don't need to complete Open Enrollment if:

- You're enrolled in dental or vision only.

If you're enrolled in a medical plan for 2026 and don't complete Open Enrollment, you won't have medical coverage in 2027.

How to enroll

- Review the **health plan regions, premiums, and coverage**.
- Fill out the COBRA enrollment form at **https://www.oregon.gov/oha/PEBB/Pages/forms.aspx**.
- Mail or fax the form to BenefitHelp Solutions (BHS) by Oct. 31, 2026.

Contact BenefitHelp Solutions (BHS)

Phone: 503-412-4257
Customer service toll free: 877-433-6079
Mail or fax forms to: BenefitHelp Solutions (BHS)
PO Box 40548
Portland, OR 97240-0548
Fax: 888-393-2943

Contact PEBB

Phone: 503-373-1102

- Monday–Friday, 8 a.m.–5 p.m.
- Language assistance is available.

Email: **pebb.benefits@odhsoha.oregon.gov**.

COBRA Open Enrollment is Oct. 1–31, 2026!

Visit a Top Provider and get repaid!

COBRA members are eligible to use the Garner directory to find a Top Provider and get repaid for qualified costs. Review **Garner's online guide** to learn more.

COBRA monthly premium rates

Important!

As a COBRA participant, you'll pay the full cost of coverage, as shown in the tables below.

Note: All rates include 0.4% commission and 2.9% PEBB administration cost.

Medical

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family	Children only[7]
Kaiser Traditional[1]	$1,122.65	$2,245.30	$1,908.50	$3,031.15	$898.12
Kaiser Deductible[1]	$981.72	$1,963.45	$1,668.94	$2,650.69	$785.37
Moda Coordinated Care[2]	$1,015.28	$2,030.57	$1,725.98	$2,741.29	$863.00
Moda PPO[3]	$1,072.52	$2,145.06	$1,823.31	$2,895.88	$911.68
Kaiser Traditional Part-time[4]	$949.55	$1,899.11	$1,614.25	$2,563.83	$759.65
Kaiser Deductible Part-time[4]	$805.24	$1,610.49	$1,368.92	$2,174.15	$644.20
Moda Coordinated Care Part-time[5]	$824.40	$1,648.80	$1,402.11	$2,226.53	$700.55
Moda PPO Part-time[6]	$871.26	$1,742.52	$1,481.18	$2,352.46	$740.57

1 Available to PEBB eligible participants in plan service area. Includes Kaiser routine vision services.
2 Available to PEBB eligible participants in plan service area.
3 Available to PEBB eligible participants.
4 Available to eligible participants in plan service area. Includes vision exam only.
5 Available to PEBB eligible participants in plan service area.
6 Available to eligible participants.
7 Children only coverage is available only to COBRA and retiree participants.

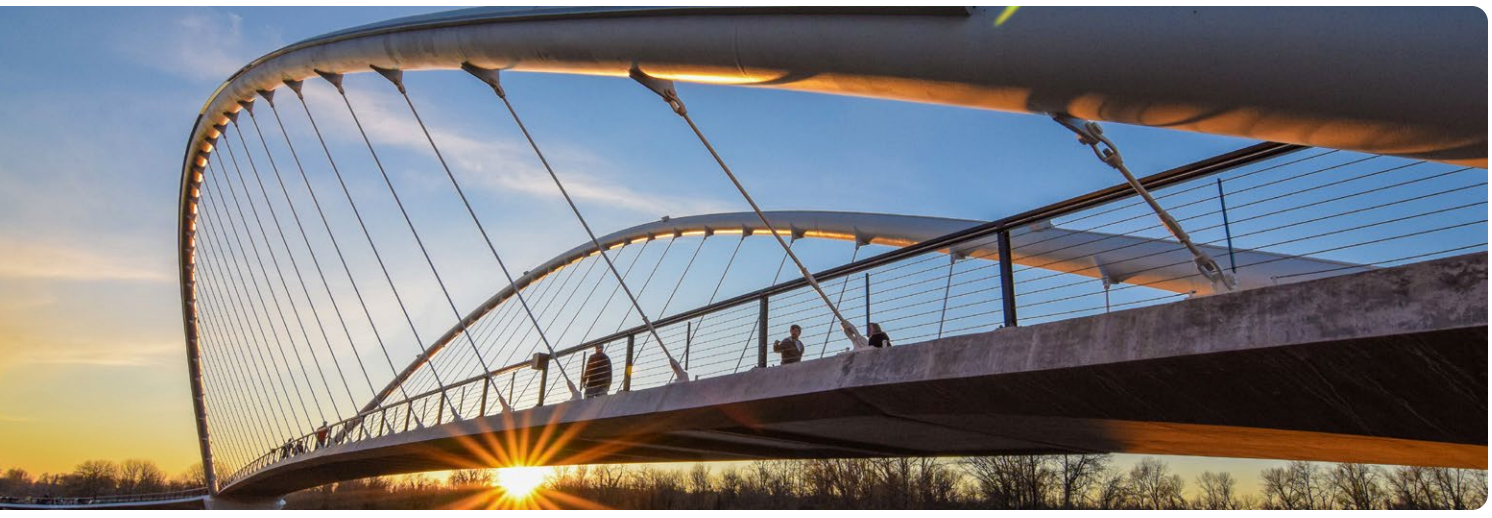
Vision

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family	Children only
VSP Basic	$8.13	$16.25	$13.82	$21.97	$6.91
VSP Plus	$15.34	$30.72	$26.11	$41.44	$13.05

Dental

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family	Children only[4]
Kaiser Permanente[1]	$75.12	$150.25	$127.71	$202.85	$60.54
Delta Dental Premier[2]	$72.07	$144.12	$122.50	$194.57	$61.24
Delta Dental PPO[2]	$66.59	$133.17	$113.20	$179.79	$56.59
Willamette Dental[3]	$63.10	$126.23	$107.37	$170.48	$53.62
Delta Dental Premier Part-time[2]	$51.85	$103.72	$88.16	$140.01	$44.07
Kaiser Permanente Part-time[1]	$55.69	$111.38	$94.69	$150.38	$44.82

1 Available to PEBB eligible participants in plan service area.
2 Available to PEBB eligible participants.
3 Available to PEBB eligible participants; in plan facilities.
4 Children only coverage is available only to COBRA and retiree participants.



Retiree Member Information

New retirees

Eligible retirees may enroll in full-time or part-time medical, dental, or vision plans.

The annual retiree plan change period is Oct. 1–31, 2026.

Annual plan change period

Medical Coverage	Dental / Vision Coverage
If you selected medical coverage your first year, you must actively enroll in a medical plan each year. After your first year of retiree coverage, you can only add benefit plans or new family members if there is a Qualified Status Change (QSC). If you experience a QSC, visit **http://www.oregon.gov/OHA/PEBB/Pages/forms.aspx** to fill out and submit a Midyear Change Form.	If you enrolled in dental or vision-only coverage in 2026, you don't need to enroll again. Coverage will continue in 2027.

Forgot your username or password?

- → Go to **PEBBenroll.com**
- → Click the red "Get it Now" button (upper left of the screen).
- → Use your PEBB Benefit Number to reset your password.

Contact PEBB

Phone: 503-373-1102

- → Monday–Friday, 8 a.m.–5 p.m.
- → Language assistance.
- → Email: **pebb.benefits@odhsoha.oregon.gov**.

Visit a Top Provider and get repaid!

Retiree members are eligible to use the Garner directory to find a Top Provider and get repaid for qualified costs. Review **Garner's online guide** to learn more.

How to enroll

Review the **health plan regions, premiums, and coverage**. You have two ways to enroll:

- **Online:** Go to **PEBBenroll.com**.
  - Select "Enroll Now".
  - Follow the instructions on each screen.
  - Save and print the benefit statement provided at the end of the enrollment process.
- **Form:** Fill out the Retiree Enrollment Form at **https://www.oregon.gov/oha/PEBB/Pages/forms.aspx**.
  - Mail or fax the form to BenefitHelp Solutions (BHS) by Oct. 31, 2026.

Contact BenefitHelp Solutions (BHS)

Phone: 503-412-4257

Customer service toll free: 877-433-6079

Mail or fax forms to: BenefitHelp Solutions (BHS)
PO Box 40548
Portland, OR 97240-0548
Phone: 503-412-4257
Fax: 888-393-2943

Retiree monthly premium rates

As a retiree participant, you'll pay the full cost of coverage, as shown in the tables below.

Note: All rates include 0.4% commission and 1.5% PEBB administration cost.

Medical

Plan	Retiree only	Retiree and spouse/ domestic partner	Retiree and children	Retiree and family	Children only[5]
Kaiser Traditional[1]	$1,125.30	$2,250.59	$1,913.00	$3,038.30	$900.23
Kaiser Deductible[1]	$984.04	$1,968.11	$1,672.88	$2,656.94	$787.23
Moda Coordinated Care[2]	$1,017.68	$2,035.37	$1,730.06	$2,747.75	$865.03
Moda PPO[3]	$1,075.06	$2,150.16	$1,827.60	$2,902.70	$913.83
Kaiser Traditional Part-time[4]	$951.81	$1,903.60	$1,618.06	$2,569.87	$761.44
Kaiser Deductible Part-time[4]	$807.15	$1,614.30	$1,372.15	$2,179.29	$645.71
Moda Coordinated Care Part-time[2]	$826.35	$1,653.73	$1,405.42	$2,231.78	$702.21
Moda PPO Part-time[3]	$873.33	$1,746.68	$1,484.67	$2,358.01	$742.32

1 Available to PEBB eligible participants in plan service area. Includes Kaiser routine vision services.

2 Available to PEBB eligible participants in plan service area.

3 Available to PEBB eligible participants.

4 Available to eligible participants in plan service area. Includes vision exam only.

5 Children only coverage is available only to COBRA and retiree participants.

Vision

Plan	Retiree only	Retiree and spouse/ domestic partner	Retiree and children	Retiree and family	Children only
VSP Basic	$8.03	$16.04	$13.64	$21.68	$6.82
VSP Plus	$15.13	$30.31	$25.76	$40.88	$12.88

Dental

Plan	Retiree only	Retiree and spouse/ domestic partner	Retiree and children	Retiree and family	Children only[4]
Kaiser Permanente[1]	$74.11	$148.21	$125.98	$200.10	$59.72
Delta Dental Premier[2]	$71.09	$142.16	$120.84	$191.93	$60.41
Delta Dental PPO[2]	$65.69	$131.36	$111.66	$177.35	$55.83
Willamette Dental[3]	$62.25	$124.52	$105.92	$168.17	$52.89
Delta Dental Premier Part-time[2]	$51.15	$102.31	$86.97	$138.11	$43.47
Kaiser Permanente Part-time[1]	$54.94	$109.87	$93.41	$148.34	$44.21

1 Available to PEBB eligible participants in plan service area.
2 Available to PEBB eligible participants.
3 Available to PEBB eligible participants; in plan facilities.
4 Children only coverage is available only to COBRA and retiree participants.

Self–Pay Member Information

Open Enrollment is Oct. 1–31, 2026!

Self-Pay members must complete Open Enrollment if:

- You want to enroll in a medical plan.
- You enrolled in a medical plan and want to enroll in vision coverage.
- You enrolled in a medical plan and want to enroll in dental coverage.

If you're enrolled in a medical plan for 2026 and don't complete Open Enrollment, you won't have medical coverage in 2027.

Forgot your username or password?

- Go to **PEBBenroll.com**.
- Click the red "Get it Now" button (upper left of the screen).
- Use your PEBB Benefit Number to reset your password.

Contact BenefitHelp Solutions (BHS)

Phone: 503-412-4257
Toll free: 877-433-6079
Fax: 888-393-2943
Mail: BenefitHelp Solutions (BHS)
PO Box 40548
Portland, OR 97240-0548

Visit a Top Provider and get repaid!

Retiree members are eligible to use the Garner directory to find a Top Provider and get repaid for qualified costs. Review **Garner's online guide** to learn more.

How to enroll

Review the **health plan regions, premiums, and coverage**. You have two ways to enroll:

- **Online:** Go to **PEBBenroll.com**.
  - Select "Enroll Now".
  - Follow the instructions on each screen.
  - Save and print the benefit statement provided at the end of the enrollment process.
- **Form:** Fill out the Self-Pay Enrollment Form at **https://www.oregon.gov/oha/PEBB/Pages/forms.aspx**.
  - Mail or fax the form to BenefitHelp Solutions (BHS) by Oct. 31, 2026.

Self-Pay monthly premium rates

As a Self-Pay participant, you'll pay the full cost of coverage, as shown in the tables below.

Note: All rates include 0.4% commission and 0.9% PEBB administration cost.

Medical

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family
Kaiser Traditional[1]	$1,111.25	$2,211.89	$1,881.69	$2,982.33
Kaiser Deductible[1]	$973.09	$1,935.57	$1,646.83	$2,609.33
Moda PPO[3]	$1,005.99	$2,001.37	$1,702.75	$2,698.15
Moda Coordinated Care[2]	$1,062.11	$2,113.61	$1,798.17	$2,849.71

1 Available to PEBB eligible participants in plan service area. Includes Kaiser routine vision services.

2 Available to PEBB eligible participants in plan service area.

3 Available to PEBB eligible participants.

Vision

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family
VSP Basic	$7.98	$15.94	$13.56	$21.54
VSP Plus	$15.04	$30.12	$25.60	$40.64

Dental

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family
Kaiser Permanente[1]	$73.66	$147.32	$125.24	$198.90
Delta Dental Premier[2]	$70.66	$141.32	$120.12	$190.78
Delta Dental PPO[2]	$65.30	$130.58	$111.00	$176.30
Willamette Dental[3]	$61.88	$123.78	$105.28	$167.16

1 Available to PEBB eligible participants in plan service area.

2 Available to PEBB eligible participants.

3 Available to PEBB eligible participants; in plan facilities.

Definitions

COBRA: A federal law that requires an employer to let you continue your group health coverage if you become ineligible. You pay the full amount for COBRA coverage.

Coinsurance: The percentage of health care costs you pay after you meet your annual deductible.

Copayment (copay): A fixed dollar amount you pay for certain services.

Core benefits: Medical, dental, vision, and employer-paid life insurance.

Deductible: The amount you pay each year before your plan starts to pay for any covered services you use.

Dependent: A person who qualifies for benefits based on their relationship to you. Some examples include:

- Spouse.
- Domestic partner.
- Child.
- Stepchild.

Early retiree: A person who retires before the age of 65. To be eligible for early retiree benefits, you:

- Must not be eligible for Medicare due to age or disability, and
- Must be eligible to receive PERS retirement benefits.

In-network provider: A provider or facility who has a contract with a health plan to provide services at a discount.

Maximum benefit: The most your health plan will pay for a specific service each year.

Medicare eligible: A person who currently qualifies for Medicare benefits by:

- Disability, or
- Age (65 or older).

Out-of-network provider: A provider or facility that does not have a contract with your health plan to provide services at a discount.

Out-of-pocket maximum: The maximum amount you'll pay each year before your plan begins paying 100% of eligible expenses.

PCP 360 (applies only to Moda Health medical plans): A primary care provider who has agreed to be accountable for your health and coordinates with other providers as needed. If you receive services from a primary care provider that's not designated as a PCP 360, your visit will be considered out-of-network, and you'll pay out-of-network costs.

Pre-authorization (or prior authorization): Approval needed from your health plan before it will cover certain services.

Premiums: The amount taken from your paycheck to pay for benefits. Some services are fully covered, while others may require you to pay extra, like copays or deductibles.

Preventive care: The care you receive to prevent an illness or disease.

Primary care provider: The medical professional you contact first when you have a health concern. Your primary care provider also delivers continuing care for ongoing medical conditions.

Qualified Status Change (QSC): A life event that allows you to change your plan elections outside the annual open enrollment period. Go to **https://www.oregon.gov/oha/PEBB/Documents/AppendixA-QSC.pdf** for a full list of QSCs.

Self-insured: An employer (PEBB) pays for health care costs (claims) rather than the insurance company. A third-party administrator (Moda Health) processes the claims for the employer.

Enrollment Checklist

Use this checklist to make sure you've completed Open Enrollment.

- **Decide early, enroll early.** PEBB and insurance vendor offices are closed on weekends and holidays.
- **Review your current coverage.** Make sure the plans you're enrolled in still meet your needs.
- **Verify your dependent coverages.** You need to add each dependent to each plan (medical, dental, vision, etc.) if you want them covered.
- **Review the definitions of eligible dependent.** All dependents you want to cover must meet at least one of the definitions of an eligible dependent.

  Find definitions of eligible dependents including child, spouse, and eligible domestic partner at **https://www.oregon.gov/oha/PEBB/Pages/Dependent-Eligibility-Review.aspx**.
- **Make sure your plan providers are in-network.** Some plans have limited networks or do not have out-of-network coverage. Be sure your plan covers services where you want to receive them.

Important reminder: Some plans require using network providers

If you enroll in a Kaiser Permanente or Willamette Dental plan, network providers must be used for all care. In some counties, fewer network providers may be available than with other vendor partners.

Additionally, you may need to travel to reach a network provider. There is no out-of-network or out-of-area coverage, except in emergencies. Check with network providers in your area **before you enroll** to make sure they're taking new patients.

- **Choose a PCP 360 through Moda Health.** If you enroll in Moda Coordinated Care, you must choose a PCP 360 after you enroll. Be sure to contact your health plan with your PCP 360 before you have services to avoid out-of-network charges. If you receive services from a primary care provider that's not designated as a PCP 360, your visit will be considered out-of-network, and you'll pay out-of-network costs.
- **Decide if a Flexible Spending Account (FSA) is right for you.** You must enroll or re-enroll in FSAs each year.
  - **Health Care FSA:** reimburses your or your dependents' medical, dental, and vision out-of-pocket expenses.
  - **Dependent Care FSA:** reimburses you for work-related child or elder care costs such as daycare. You can't use a dependent care account for out-of-pocket health care expenses.
- **Decide if a parking or transit account is right for you.** You're not eligible for a parking or transit account if you already have these expenses withheld from your pay. Note: You must either contribute to your account or file a claim at least once every six months to keep your account active.

Contacts

PEBB stands for the Public Employees' Benefit Board. PEBB serves state, university, and local government employees. The PEBB Board decides what insurance plans and benefits to offer. PEBB holds the legal contracts with the insurance vendors. PEBB is also the plan administrator and knows the most about your benefits.

Contact…	If you need help with…
PEBB	→ Logging into or navigating the **PEBB Benefit Management (Enrollment) System (PEBBenroll.com)**. → Understanding rules. → Verifying enrollments. → Understanding your benefits or wellness programs.
Vendors (the insurance companies that pay your providers for some or all your healthcare services)	→ Calculating how much you'll pay for a procedure. → Understanding how a claim was paid. → Finding in-network providers. → Completing the online health assessment. → Getting a new ID card.
Your agency or university benefit office	→ Making a change to your benefits due to a life event (such as getting married or having a baby). → Determining your monthly cost for coverage. → Understanding or correcting your payroll deductions. → Planning for benefits when you retire.
Providers (the doctors, dentists, specialists, etc. who provide healthcare services, diagnose illnesses, and recommend treatments)	→ Making an appointment. → Estimating the total cost of a procedure. → Paying your portion (copay or coinsurance) for a service. → Getting advice regarding symptoms or results of lab tests.

pebb	503-373-1102 www.pebbinfo.com
moda HEALTH DELTA DENTAL Delta Dental of Oregon & Alaska	Medical: 844-776-1593 Dental only members: 844-827-7100 Dental (Both Medical and Dental members): 833-681-2217 www.modahealth.com/pebb
Judi Rx	833-895-9846 https://enrollment.cap-rx.com/?client=oregonpebb
KAISER PERMANENTE	800-813-2000 choose.kaiserpermanente.org/pebb
vsp VISION	800-877-7195 https://pebb.vspforme.com/
Willamette Dental	855-433-6825 www.willamettedental.com/pebb
ASI FLEX	800-659-3035 www.asiflex.com/orpebb
revive	800-433-2320 https://canopy.myrevive.health
lyra	877-235-7812 https://osu.lyrahealth.com/
TheStandard	800-242-1888 www.standard.com/mybenefits/pebb
BenefitHelp SOLUTIONS	877-433-6079 www.benefithelpsolutions.com/members/group-members/pebb

Contact PEBB

The PEBB Benefits Team is here to help!

Phone: 503-373-1102

Monday–Friday, 8 a.m.–5 p.m.

Language assistance is available.

Email: pebb.benefits@odhsoha.oregon.gov.

Online: Explore PEBB benefits at **PEBBinfo.com**.
Enroll in PEBB benefits at **PEBBenroll.com**.

10/2027