

OPEN

ENROLLMENT

GUIDE

BEGIN QUEST

You must enroll between
Oct. 1 and Oct. 31, 2019



Enroll at www.PEBBenroll.com



Medical



Vision



Dental



Optional



pebb

Public Employees' Benefit Board

2020 PEBB Benefits

www.PEBBinfo.com



You MUST complete open enrollment between Oct. 1 and Oct. 31, 2019

Enroll at www.PEBBEnroll.com

Call PEBB at 503-373-1102 during the following times:

Monday–Friday, 8 a.m.–5 p.m.

During open enrollment – Oct. 1–31, 2019

Monday–Friday, 7 a.m.–6 p.m.

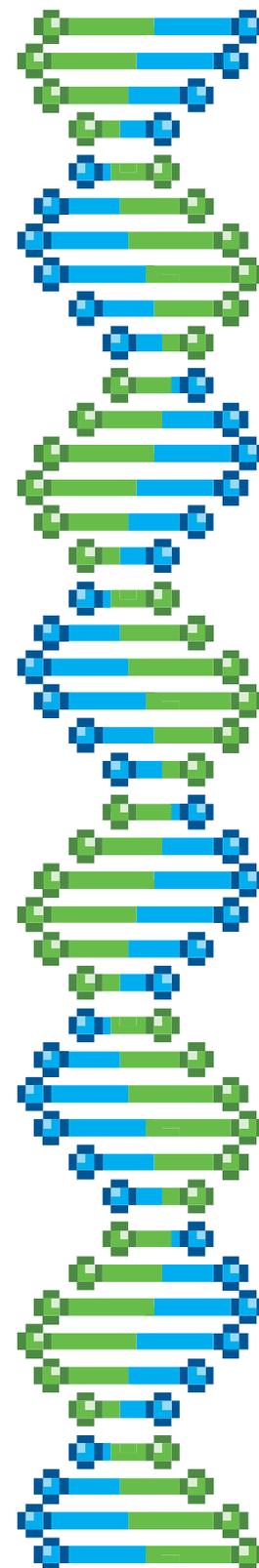
Email PEBB at: inquiries.pebb@dhsosha.state.or.us

Don't forget to take your HEM health assessment between Sept. 1 through Oct. 31:

<https://www.oregon.gov/OHA/PEBB/Pages/HEM-FAQ.aspx>

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What's new for 2020?

Providence Choice	Providence PEBB Statewide
Will add coverage for varicose vein surgery	Will add coverage for varicose vein surgery
Will require a review after 12 physical or occupational therapy visits	Will require a review after 12 physical or occupational therapy visits
Will add massage therapy to its spinal manipulation services	

Moda Health
Will introduce a new coordinated care option (PCP 360) through the Synergy network requiring members to select a PCP 360
Combines Synergy and Summit networks under the name Synergy
Will add coverage for varicose vein surgery
Will add massage therapy to its spinal manipulation services

Kaiser Traditional (new name for Kaiser Permanente HMO)	Kaiser Deductible
Will require a referral for ophthalmology (eye-related) services	Will require a referral for ophthalmology (eye-related) services
	Will add massage therapy to its spinal manipulation services
	Will add alternative care benefit to part-time plan

Delta Dental
Will add coverage for composite fillings

Willamette Dental
Will change coverage for dental implant surgery to a \$1,500 annual maximum. Implants are limited to one tooth space per year.

VSP
Will add SunCare to both VSP plans. Coverage includes a covered in-full eye exam after your applicable copay. In most cases, you can get non-prescription sunglasses from a VSP provider in place of prescription glasses or contacts.

Good news! Double coverage and opt out incentives are not going away!

In 2017, the Legislature made some decisions (SB 1067) that would have changed your benefits in 2020. Members expressed some concerns about those changes. Your voices were heard! New legislation this year changed many things back. As of Jan. 1, 2020:

- > Your family can continue **double coverage** on more than one state plan.
- > You can continue to receive a monthly incentive if you have other group coverage and **opt out** of your PEBB medical coverage.

Some parts of SB 1067 remain intact. PEBB will:

- > Keep yearly premium increases at or below 3.4%.
- > Continue to review dependent eligibility records.

Why you must enroll

All active PEBB members must log into www.PEBBenroll.com between Oct. 1 and Oct. 31 to make 2020 benefit selections. Open enrollment is the one time per year you can:

- > Make changes to benefits without a major life event.
- > Choose to take part in the Health Engagement Model (HEM). This keeps your deductible low. You can also receive a monthly incentive.
- > Review and update your:
 - Dependents
 - Tobacco usage
 - Spouse's other group coverage
 - Personal information
 - Beneficiaries

Take action during open enrollment!
Make sure you have the coverage you
and your family need!

Important! You still must complete open enrollment, even if you opt out of medical or decline all benefits.

Note:

- > If you chose to opt out of medical benefits in 2019 and do not complete open enrollment for 2020:
 - You will 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 will have to appeal if you want to enroll in a medical plan or choose to opt out again.
- > If you declined all benefits in 2019 and do not complete open enrollment for 2020:
 - You will continue with no benefits in 2020.
 - If you want to enroll in core benefits you will have to send an appeal.

Before you enroll

Learn the basics about health coverage

See *What does that mean?* near the back of this guide.

See what plans are available to you

- > The coordinated care model: <https://bit.ly/20yGxrn>
- > Lower and higher cost plans by county: <https://www.oregon.gov/OHA/PEBB/Pages/Medical-Index.aspx>

Use your plan's provider directory to make sure your providers are in the plan's network

- > Kaiser Permanente Traditional and Deductible healthy.kaiserpermanente.org/care/doctors-locations
- > Moda Synergy www.modahealth.com/ProviderSearch/faces/webpages/home.xhtml
- > Providence PEBB Statewide and Providence Choice <http://phppd.providence.org>

Before you enroll — continued

Find out how the plan handles referrals to specialists — call the plan to ask

Coordinated care model plans — Providence Choice, Moda Synergy and Kaiser Permanente

- Providence Choice — you typically pay less for specialty services when you see a specialist referred by your primary care provider or medical home.
- 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).
- Moda Synergy — you will now choose a “PCP 360” provider. This is a primary care provider who has agreed to be accountable for your health. Family members can pick the same PCP 360 or a different one. The choice is yours.

The Providence PEBB Statewide Plan is a preferred provider organization (PPO) plan. You may see any provider. However, you pay more when you see out-of-network providers, including specialists.

Determine which plan meets you and your family’s needs for costs and benefits

- Compare premium rates (See table of contents near the front of this guide.)
- Compare plan benefits www.mypebb.com/compareBenefits.php
- Estimate monthly payroll deductions www.mypebb.com
- Estimate your health care costs using ALEX the virtual benefits counselor tool: myalex.com/pebb/2020

Covering domestic partners

Covering a domestic partner and partner’s children has tax implications that lower your take-home pay. www.oregon.gov/oha/pebb/benefits/domestic-partners.pdf

Opt out of PEBB medical plans

You can opt out (not enroll) in a PEBB medical plan if you are covered under another group plan. You will receive part of your employer’s premium contribution if you opt out. The opt out payment is determined by the PEBB Board. <https://www.oregon.gov/oha/PEBB/Documents/opt-out.pdf>

You can still enroll in vision 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! You still must complete the **required** open enrollment **even if** you opt out of medical benefits or decline all coverage.

Surcharges

Tobacco use

Employees and spouses who are enrolled in a PEBB medical plan and use tobacco products pay a monthly fee. The fee is deducted from the employee’s pay.

- \$25 for employee
- \$25 for spouse/partner
- \$50 if both employee and spouse/partner

Before you enroll — continued

Employees and spouses who opt out of a PEBB medical plan are not subject to this fee.

Tobacco usage status can be updated at any time during the plan year using a mid-year change form.

Spouse/partner other employer group coverage

Employees will pay a monthly fee of \$50 if spouse or partner chooses to waive their own employer (not PEBB) coverage.

Employees can submit a mid-year change form if this changes during the plan year. The employee must send in the change request within 30 days of status change to their payroll or university benefits office.

Employee premium share for core benefits

Employees pay a share of premium for core benefits. Your core benefits include:

- > Medical
- > Dental
- > Vision
- > Employee only basic life

Your employer pays the rest. The amount you pay may vary depending on your agency or university. Many full-time state employees pay either 1% or 5% of the monthly premium. It depends on your health plan choice. Some university employees pay either 3% or 5%.

PEBB does not control the premium share. Contact your agency or university benefits office for information. Look for your benefit contact under “Other contacts” here: https://www.oregon.gov/oha/PEBB/Pages/Contact_Us.aspx.

You pay the same premium percentage for all core benefits. If you opt out of medical your premium share is always 5% for your other coverages.

For employees of executive branch agencies:

Full-time employees:

- > Only full-time plans are available to full-time employees.
- > You pay 5% of the total premium if you enroll in either of the two higher cost plans – Providence PEBB Statewide or Kaiser Traditional.
- > If you enroll in any other full-time plan – all of which have lower cost – your premium share is 1%.

Part-time employees:

- > Both full-time and part-time plans are available to part-time employees.
- > You pay either 1% or 5% of the total premium based on the medical plan you choose:
 - Your premium share in the full-time or part-time Providence PEBB Statewide or Kaiser Traditional plan is 5%.
 - Your premium share in any other full-time or part-time plans is 1%.
- > You pay any premium balance after your employer pays its premium share based on the hours you work each month.
- > If you enroll in a part-time plan:
 - Your employer pays a flat premium subsidy for medical based on your coverage tier.



PEBB Dependent Eligibility Review

In 2017 the Oregon Legislature passed a law that requires PEBB to verify your dependents' eligibility. The purpose of the review is to ensure that only eligible dependents receive benefits. This helps keep health care costs down!

Are you adding someone to your PEBB insurance during open enrollment? If you are, PEBB will ask you to provide documents to verify their eligibility in November after open enrollment closes.

PEBB will send you a Dependent Eligibility Review packet:

- > Carefully review the documents in your packet and
- > Mail, email or fax copies of the required proof.

Once PEBB completes the review we will send you a confirmation letter. The letter will confirm your eligibility.

Who is considered an eligible dependent?

- > **Spouse** is the person you married under any state or country law.
- > **Domestic Partner by Affidavit** is the unmarried person of the same or opposite sex with whom you are in a partnership.
- > **Child** is your biological child, adopted child, stepchild or your partner's child, according to your current or previous year federal 1040 tax form.
- > **Grandchild by Affidavit** means you are covering both the grandchild and your child (the parent of your grandchild). Both the parent and grandchild must live with you. You must claim both of them as your IRS tax dependent. The parent cannot be married and cannot have a domestic partner.
- > **Child by Affidavit** is the court order placement of a child (guardianship), and lives with the eligible employee and is the employee's IRS tax dependent.

You will be asked to provide one or more documents to verify eligibility for each of your dependents. Your dependent eligibility packet will tell you exactly what to send. Below are some of the documents you may need to provide.

- > Marriage certificate or license
- > Federal 1040 tax form
- > PEBB Affidavit of Domestic Partnership, Grandchild by Affidavit or Child by Affidavit of Dependency (this is the form you had notarized and gave to your payroll or human resource department)
- > Government issued birth certificate
- > Naturalization certificate
- > Report of birth abroad
- > Adoption paperwork
- > Court ordered guardianship paperwork
- > Mortgage or residential lease showing your name and your partner's name
- > Copies of your and your partner's driver's licenses
- > Auto insurance policy showing your name and your partner's name
- > Utility bills showing your name and your partner's name
- > Joint bank account or credit card statement
- > Joint car loan lease or title
- > Beneficiary statement from your life insurance

PEBB Dependent Eligibility Review — continued

How will my documents be kept secure and private?

Your information and privacy are very important to us. Copies of documents submitted to PEBB will be destroyed following the review. No documents will be retained! That is why it is important that you provide only copies.

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 dependent's coverage will end. You will need to fill out the appeal form. Submit it along with your previously requested eligibility documents to add dependents to benefits. This must be in within 60 days of the coverage end date.

What can I do if I think my dependent is not eligible or if I have questions about the review?

Call PEBB if you think that a dependent is not eligible, or you have questions about the review. You can contact Member Services with questions. Our phone number is 503-373-1102. Our email is pebb.dependenteligibility@dhsosha.state.or.us.

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

Yes, even if you already gave documents to payroll or human resources. Failure to provide documents to PEBB during your review will result in your dependents' coverage ending.

How often does PEBB conduct an eligibility review?

PEBB conducts a new eligibility review of members in batches every 60 days.

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



Health Engagement Model (HEM) — active employees only

Learn about your health risks and save money too!

The Health Engagement Model (HEM) pays employees an incentive to learn their health risks and take steps to reduce those risks when possible. When you take part in HEM:

- > PEBB pays you a taxable incentive of \$17.50 per month.
- > You keep your medical plan deductible low.

If you decide not to take part, you will have a higher deductible. You will also miss out on a monthly incentive.

HEM supports you and your provider.

Participating in HEM helps you learn about your health risks so you can take action to reduce them in partnership with your provider.

Three easy steps to take part in HEM

- 1:** Enroll in a PEBB medical plan for 2020 between Oct. 1 and Oct. 31, 2019 (Be sure to state you plan to take part in HEM).
- 2:** Take your health assessment on your **current** PEBB medical plan's website between Sept. 1 and Oct. 31, 2019. **Health assessments done outside of these dates will not be accepted.**
<https://www.oregon.gov/oha/PEBB/Pages/Health-Assessment.aspx>
- 3:** Complete two health actions during the plan year. You don't have to report them. You just need to let us know you did them at open enrollment next year.
www.oregon.gov/oha/pebb/Pages/HEM-Activities.aspx

Just some reminders:

- > Spouses and partners don't take part in HEM. They still get the advantage of your low family deductible though.
- > Retiree, COBRA and self-pay members are not eligible for HEM.
- > Newly hired employees can take part in 2020 if they are enrolled and receive benefits by Oct. 1, 2019.

Your privacy is assured.

PEBB and your health plan are committed to the privacy and confidentiality of your protected health information (PHI). Your PHI includes your responses to the health-related questions in your health assessment.



Health Engagement Model (HEM) — active employees only — continued**Q & A****What happens if I don't enroll Oct. 1–31, 2019?**

Only members who actively enroll during October and choose to take part in HEM can take advantage of the incentive and lower deductible.

Can I take part in HEM if my benefits start on Nov. 1, 2019?

No. Only members currently active in PEBB with benefits starting Oct. 1, 2019 or earlier can take part in HEM.

I'm out on leave; do I have to enroll to participate in HEM?

Yes, even if you are on leave you still need to enroll and choose to take part in HEM between Oct. 1 and 31, 2019.

I'm currently enrolled in a medical plan but will switch to a different plan this open enrollment. Under which plan do I take my health assessment?

Take your health assessment under your **current** (2019) carrier since your new plan doesn't start until Jan. 1, 2020.

I currently opt out of medical benefits or decline all benefits. I don't have a current PEBB medical plan. What do I do?

Call PEBB at 503-373-1102 or email us at inquiries.pebb@dhsosha.state.or.us for an access code so you can complete your health assessment.

I did my health assessment last year. Do I have to do a new one this year?

Yes, you need to complete a new health assessment each year between Sept. 1 and Oct. 31 to qualify for the HEM.

I took my health assessment before or after the deadline. Is this okay?

No. PEBB will only accept health assessments completed between Sept. 1 and Oct. 31, 2019.

How do I know my health assessment is complete?

The best way to know if you completed the health assessment is to print out a copy of your certificate of completion. That way you can verify the date you completed it.

What if I can't remember my password to take the health assessment?

Some of the medical carriers have an online password reset function. Your password change will be immediate.

Some medical carriers require you to answer the "challenge questions" you created when you set up the account. If you can answer the questions, you can reset your password online. If you cannot answer the questions, you can request the carrier mail you a letter with your password. If you use this method, it can take up to two weeks to get your password. So, don't wait until the last minute. Go in now and check your password to make sure you are not left in a bind.





ALEX the virtual benefits counselor is back!

ALEX has been updated with new information. Even if you used the tool before, take a look again this year. Benefits have changed, so talk to ALEX to make sure your favorite plans still make sense for you and your family. Being in the right plan can save you money and stress.

You'll answer a few questions about your estimated health care needs. Then ALEX will crunch some numbers and point out what might make the most sense for you. You might even learn something new about your benefits!

How does ALEX know what plan is best for me?

ALEX takes the monthly premium amount each plan would cost and adds that to the amount it would cost for the services you said you might use. Then he'll recommend the least expensive plan for your needs. Remember to check your network and providers.

Can I use ALEX on my phone?

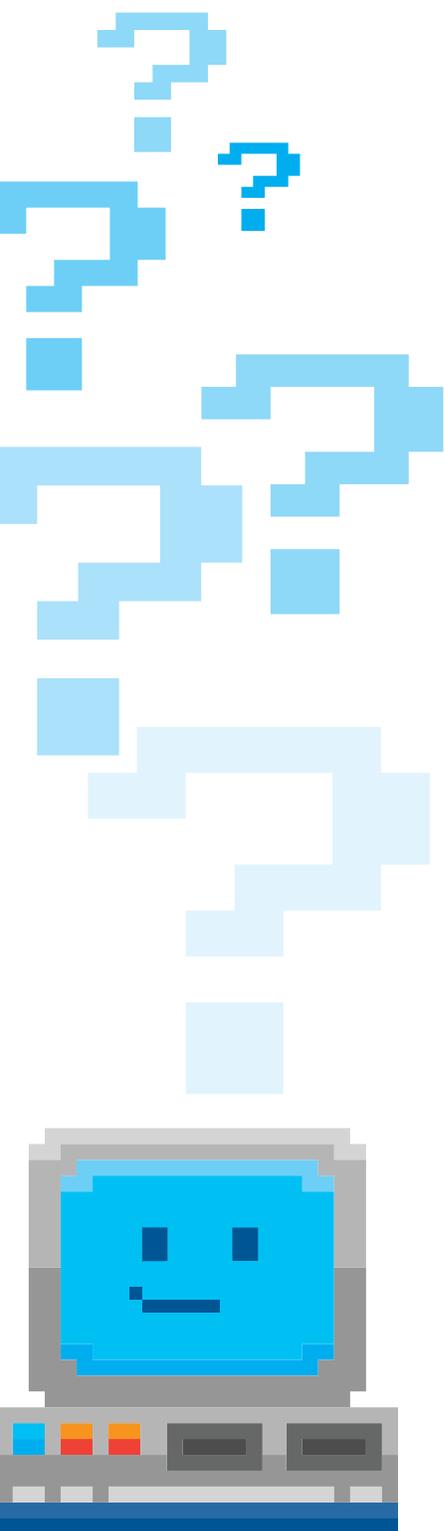
Oh yeah. ALEX is optimized for any device you've got.

Can I trust ALEX with my secrets?

Yes! Your ALEX experience is totally private. He doesn't maintain personal info or submit it back to your employer (or anyone else). It's completely anonymous.

Get benefits guidance that's (dare we say) fun at myalex.com/pebb/2020

IMPORTANT! Using the ALEX tool does not automatically enroll you in your benefits! You still need to complete your enrollment online at www.PEBBenroll.com or by paper form.



2020 rates

2020 Employee medical plan monthly premium rates

	Employee	Employee & spouse/partner	Employee & children	Employee & family
Kaiser Traditional ¹	\$816.38	\$1,632.79	\$1,387.86	\$2,204.26
Kaiser Deductible ¹	\$749.34	\$1,498.71	\$1,273.91	\$2,023.26
Moda Synergy ²	\$744.87	\$1,489.73	\$1,266.28	\$2,011.14
Providence PEBB Statewide ³	\$855.57	\$1,711.12	\$1,454.46	\$2,310.03
Providence Choice ⁴	\$716.66	\$1,433.36	\$1,218.36	\$1,935.03
Kaiser Traditional part-time ⁵	\$691.12	\$1,382.24	\$1,174.88	\$1,866.01
Kaiser Deductible part-time ⁵	\$617.96	\$1,235.94	\$1,050.54	\$1,668.51
Moda Synergy part-time ⁶	\$606.42	\$1,212.85	\$1,030.93	\$1,637.34
Providence PEBB Statewide part-time ⁷	\$695.02	\$1,390.05	\$1,181.55	\$1,876.57
Providence Choice part-time ⁸	\$580.78	\$1,161.56	\$987.31	\$1,568.11

¹ Available to PEBB eligible full-time and part-time employees in plan service area. 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 Available to PEBB eligible full-time and part-time employees in plan service area.

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

⁶ Additional option available to eligible part-time employees in plan service area.

⁷ Additional option available to eligible part-time employees.

⁸ Additional option available to eligible part-time employees in plan service area. Vision exam only.

2020 Employee vision plan monthly premium rates

	Employee	Employee & spouse/partner	Employee & children	Employee & family
VSP	\$8.54	\$17.08	\$14.52	\$23.06
VSP Plus	\$14.95	\$29.89	\$25.41	\$40.35

VSP Plus plan 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.

2020 Employee dental plan monthly premium rates

	Employee	Employee & spouse/partner	Employee & children	Employee & family
Kaiser ¹	\$64.74	\$129.48	\$110.06	\$174.81
Delta Dental Premier ²	\$58.31	\$116.62	\$99.13	\$157.43
Delta Dental PPO ³	\$53.88	\$107.76	\$91.59	\$145.47
Willamette Dental Group ⁴	\$56.12	\$112.24	\$95.45	\$151.58
Delta Dental part-time ⁵	\$41.96	\$83.93	\$71.34	\$113.31
Kaiser part-time ⁶	\$48.28	\$96.56	\$82.09	\$130.36

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.

⁴ Available to PEBB eligible full-time and part-time employees in plan facilities.

⁵ Additional option available to eligible part-time employees; in plan facilities.

⁶ Additional option available to eligible part-time employees; in plan service area.

Note: All rates include 0.13% commission and 0.35% PEBB administration cost



Kaiser Permanente Medical



Quality care when and where you need it

At Kaiser Permanente, care and coverage come together – so you get everything you need to stay on top of your health in one easy-to-use package.

Your doctor, nurses, and other specialists are connected to each other, and to you, through your electronic health record. That way, you get personalized care that's right for you.



Convenient care near you

With multiple locations to choose from, it's easy to find one near home or work. You can also see different doctors at different locations – whatever works best for you. Choosing a convenient place to get care is simple – just hop online or grab your smartphone.

- Visit [kp.org/locations](https://www.kp.org/locations) to search by ZIP code, keyword, or the type of service you need.
- Search on your smartphone with the location finder on the Kaiser Permanente mobile app.¹



Getting care in Lane County

In addition to our Kaiser Permanente medical office in Eugene, you have access to 4 PeaceHealth medical offices and more than 650 contracted specialty care providers in Lane County.²

Visit my.kp.org/pebb to learn more or see a list of providers near you at kp.org/finddoctors.



Many services under one roof

Most of our facilities offer a variety of care and services, so you can take care of several health care needs in one visit. You can see your doctor or specialist, get a lab test or an X-ray, and pick up your medications – all without leaving the building.



Getting care anytime, anywhere

Urgent care

Many facilities offer services for nonemergency, urgent medical needs that require immediate attention – open 7 days a week.³

Emergency care

If you ever need emergency care, you're covered. You can always get care at any Kaiser Permanente or non-Kaiser Permanente hospital emergency department.⁴

Care while traveling

You're covered for urgent and emergency care anywhere in the world.⁵ We can also help you before you leave town by checking to see if you need a vaccination, refilling prescriptions, and more. Just call our 24/7 Away from Home Travel Line at **951-268-3900** or visit kp.org/travel.

Visiting member care

You can get care in all or parts of California, Colorado, Georgia, Hawaii, Maryland, Virginia, Washington, and Washington, D.C. as a visiting member. Call our Away from Home Travel Line at **951-268-3900** and let them know you plan to visit another Kaiser Permanente service area for care.

Dependent children are covered for routine, continuing, and follow-up care when they are residing outside the service area. We also cover urgent and emergency care.

¹To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.

²Some specialties require a referral from your personal doctor. You don't need referrals for certain specialized departments, including obstetrics-gynecology, mental health, optometry, and physical therapy.

³An urgent care need is one that requires prompt medical attention, usually within 24 or 48 hours, but is not an emergency medical condition. This can include minor injuries, backaches, earaches, sore throats, coughs, upper-respiratory symptoms, and frequent urination or a burning sensation when urinating.

⁴If you reasonably believe you have an emergency medical condition, call **911** or go to the nearest emergency department. An emergency medical condition is a medical or psychiatric condition that requires immediate medical attention to prevent serious jeopardy to your health. For the complete definition of an emergency medical condition, please refer to your Evidence of Coverage (EOC) or other coverage documents.

⁵Routine services like prevention, exams, checkups, and services for ongoing medical conditions aren't covered, so make sure to get them before your trip if you're traveling elsewhere. Please refer to your EOC or other coverage documents for details.



Kaiser Permanente Medical — continued

Your care, your way

Get care where, when, and how you want it. With more options to choose from, it's easier to stay on top of your health.

Choose how you get care



In person

Visit your doctor for routine care, preventive services, care when you're not feeling well, and more.



Phone

Have a condition that doesn't require an in-person exam? Save yourself a trip to the office by scheduling a call with a Kaiser Permanente doctor.^{1,2}



Video

Want a convenient, secure way to see a doctor wherever you are? Meet face-to-face with a Kaiser Permanente doctor on your computer, smartphone, or tablet.^{1,2} Learn more at kp.org/telehealth/nw or call us to see if video visits are available to you.



E-visits powered by SmartExam

New for 2019: Sign in to kp.org for an online medical consultation about your symptoms and conditions. Answer a series of questions online, and a Kaiser Permanente doctor will provide an assessment and treatment plan.

Other ways to get care in the moment



24/7 care and advice by phone

Call us for advice when you need it most. We'll help you find out what care is right for you, schedule appointments, and more.



Email

Message your doctor's office anytime with nonurgent health questions.² You'll get a response usually within 2 business days.



Online

Manage your health, find nearby locations, and take advantage of health guides and other resources. You can also download the Kaiser Permanente app to keep up with your care on the go.³

¹When appropriate and available.

²These features are available when you get care at Kaiser Permanente facilities.

³To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.



Moda Health



Better care. Better cost. **Better health!**

Enjoy better care for a better cost. With our coordinated care plans, you'll receive excellent care from high-quality providers who will work together to help you be your healthy best. You'll pay less out of your pocket and have support to help you meet your health goals.



Choose a Moda Synergy Health plan to enjoy:

- Medical and pharmacy benefits from one health partner and one network to cover your care in all of Oregon. Oregon Health & Science University (OHSU) care is included! Plus, you'll have access to a caring customer service team who will help you easily navigate and make the most of your benefits.
- A wide selection of high-quality primary care providers in Oregon, Washington and Idaho without the need for referrals.
- Alternative care with a NEW massage benefit! We have the largest network of alternative care providers. And, NEW this year, you can take advantage of our massage therapy benefit for only a \$10 copay when you see an in-network, licensed massage therapist. You can find in-network, licensed massage therapists on myModa under Find Care.
- No referrals, no fuss! Moda does not require referrals for in-network specialist visits. Plus, you'll only pay a \$10 copay.
- Extra programs and resources to help you get and stay healthy

NEW this year ... coordinated care made better

Instead of choosing a medical home, members on the Moda medical plan will now choose a PCP 360 for their primary care. A PCP 360 is a primary care provider who has agreed to be accountable for your health. You can count on them to deliver full-circle, higher-quality care, coordinating with other providers as needed.

Your PCP 360 will offer:

- 24/7 medical advice by phone
- Preventive, short-term and long-term care
- Hospital coordination
- Ongoing health education
- Wellness support
- Opportunities for you to evaluate their services



Each of your covered family members can pick the same PCP 360, or a different one – it's up to each of you.

Also, you can find a directory of in-network PCP 360s on myModa under Find Care or by contacting Moda Customer Service for help.



Follow these simple steps to see if your primary care provider is a PCP 360



- 1 To choose a PCP 360 for yourself or another member on your plan, visit modahealth.com/PEBB
- 2 Choose the **Find Care** link on the left side of the page
- 3 Use the **Search by network** option to select the Synergy Network
- 4 Then, choose “Search by network”
- 5 Choose “PCP 360” from the “Type” dropdown menu
- 6 Enter your ZIP code
- 7 Choose “Search”
- 8 You will know a provider is a PCP 360 if you see the “360” graphic under their phone number

1

Find Care
 Find a doctor, dentist, pharmacy or clinic

USERNAME

At Moda find grea
 designed

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 • Quality
 • Knowle

3

Search by network

Select the **network** of the plan you have or are interested in.

Network ?

Synergy

Search by network 4

8

1 Distance: 1.5 mi
6445 N Greeley Ave
Portland, OR 97217
503-283-6607

Search for a provider

Welcome, guest | [Search as a member](#)

Type of search

Medical

Network ?

Synergy

Name of provider

Type

PCP 360

Specialty ?

- Any specialty -

Location

City

- State -

97217 6

10 miles

Accepting new patients

[More search options](#)

Search 7



Moda Health — continued



Access care statewide through our Synergy Network

Use our Synergy Network to get high-quality care close to home. NEW this year, we've expanded this network to cover care all across Oregon. **Members using the Summit Network will now use the new Synergy Network, which includes all providers who were previously part of Summit.** All members enrolled in a Moda plan will now choose a PCP 360. The Synergy Network's diverse and wide selection of hospitals includes:

- Adventist Health (OHSU partner)
- Asante
- Bay Area Hospital
- Blue Mountain Hospital District
- CHI St. Anthony Hospital
- Columbia Memorial Hospital
- Good Shepherd Healthcare System
- Grande Ronde Hospital
- Harney District Hospital
- Kadlec District Hospital
- Lake Health District Hospital
- Legacy Health
- Legacy Silverton Hospital
- Mid-Columbia Medical Center
- Oregon Health & Science University (OHSU)
- PeaceHealth
- Pioneer Memorial Hospital – Heppner
- Saint Alphonsus Health System
- Salem Health Hospitals and Clinics
- Samaritan Health Services
- Santiam Hospital
- Sky Lakes Medical Center
- St. Charles Health System
- St. Luke's Hospital
- Tillamook Regional Medical Center
- Trios Health
- Tuality Healthcare (OHSU partner)
- Wallowa County Memorial Hospital

Travel network – First Health Network

When you hit the road, care is never far. When traveling outside the network service area, you can receive emergency care and urgent care through the First Health Travel Network, paid at the in-network benefit level.

The Moda Synergy plan covers dependents who live outside of the service area (for example: college students). Out of area dependents will need to select a PCP 360 and utilize that provider when they are in the service area. When they are away from the service area they have access to our travel network. Please contact your employer and Moda Customer Service to update their address with Moda Health.

Explore the extras

All of our health plans come with special programs and care teams.

Extras include:

- Access to health tools and resources created to help you manage your health and benefits. Use your Member Dashboard (myModa) to find in-network providers, select or change your PCP 360, see your benefits and Member Handbook, check claims and find claims forms, review electronic explanations of benefits (EOB)s, and more.
- Virtual Care. Use one of our three Virtual Care services to get care from the comfort of your home or wherever you like. Services include Virtual Visits, Registered Nurse Advice Line and eDoc.
- Health coaching. Get help for a variety of health matters from one of our personal health coaches.
- Prescription price check tool. Compare prescription prices across pharmacies.
- Healthcare Cost Estimator. Compare costs across providers to find out what you will pay for healthcare services before you have them.



Providence



Providence makes it easier to get the resources you need.



Providence Express Care clinics, virtual and Web-direct visits – Get care how and when you want—a same-day office visit at a retail clinic; online with secure video and audio; or fill out an online health form and get a response by email.



Travel assistance – Enjoy peace of mind, free from dealing with complex decisions and financial considerations during difficult times away from home. With a single phone call to Assist America, members get access to a unique global emergency assistance program. It immediately connects you to doctors, hospitals, pharmacies and other services if you experience a medical or non-medical emergency while traveling 100 miles away from home or are in another country.



Health coaching – Whether you'd like to lose weight, increase your physical activity or just feel better, give us a call and join the 93 percent of Providence health coaching participants who've made a lifestyle improvement.



Active&Fit Direct™ – Tired of paying expensive health club membership fees? Save with Active&Fit Direct. Choose from more than 10,000 participating fitness centers nationally, and pay just \$25 a month (plus a \$25 enrollment fee and applicable taxes; 3-month commitment required).



ID protection – With Assist America's Identity Theft Protection, eligible members who enroll are protected from the often devastating consequences of identity theft. This program provides tools to help prevent theft of personal data, and restore its integrity if used fraudulently.



LifeBalance – Offers exclusive discounts at more than 20,000 locations throughout the U.S. and includes: fitness; sports gear, camps and classes; outdoor adventures; ski/snowboard lift tickets; movie, performing arts and sports tickets; travel; attractions; eating well; and spa and relaxation.



ProvRN – Provides you with telephone access to an advice nurse 24 hours a day, seven days a week.

More resources to keep you healthy

FitTogether™ – A suite of wellness programs and services to help you find your fit at home or work, with family and friends, and within the community.

Prescription drug formulary – The comprehensive formulary is designed to promote safe, effective and affordable drug therapy. It includes a list of FDA-approved generic, brand-name and specialty medications.

Care management – This program offers personalized support to individuals who are managing a chronic or complex health condition. Support during pregnancy is also available through the maternity program.

Wellness Central – Within your secure myProvidence account, you'll find Wellness Central, an integrated online health and wellness hub that helps translate your wellness goals into meaningful action. Visit your personalized Wellness Central dashboard to take a health assessment, monitor activities and track progress toward your health goals.



Providence Choice



Enjoy more than just great coverage.

As a PEBB Providence Choice plan member, you can count on quality, compassionate and coordinated care from a team of providers you know and trust. You'll also enjoy perks designed to support your true health.



Providence Choice is a medical home plan*. Your medical home team coordinates your care, including referrals when needed. If you choose, you can receive care not provided or coordinated by your medical home care team, but with higher out-of-pocket costs.

Availability:

- Providence Choice is offered in most counties in Oregon
- PEBB members who live or work in a county where Providence Choice is available may enroll on this plan

Plan features:

- Access to the Providence Choice Network, with your choice of approximately 300 medical homes
- Care must be provided or arranged by the medical home to be eligible for in-network benefits
- The medical home team coordinates all referrals
- Coverage for urgent/emergent services away from home
- No-cost care visits through Providence Express Care retail clinics, Providence Express Care Virtual and Web-direct (where available)
- Fourth quarter deductible carryover for Providence Health Plan members who re-enroll on a Providence health plan (i.e., any amount paid toward your Providence plan deductible in October, November and/or December 2019 is applied to your 2020 Providence plan deductible)
- Alternative care expanded to include massage therapy

Advantages of the Providence Choice plan:

- The low-cost plan option in most Oregon counties
- The medical home manages your care, including referrals
- In-network copayments provide predictability of out-of-pocket costs
- Low copayments for most covered services
- In- and out-of-network benefits
- Preventive services covered in full

*To receive in-network benefits, be sure to tell Providence which medical home you've selected for each enrolled member, before care is received.



Providence PEBB Statewide



Enjoy more than just great coverage.

As a PEBB Statewide plan member, you can count on quality, choice and compassionate care from providers you know and trust. You'll also enjoy perks designed to support your true health.



The PEBB Statewide plan is a PPO plan, which offers greater flexibility. It allows you to receive care from primary care providers, and from specialists and pharmacies of your choice—*without* a referral. You pay less for in-network services, more for out-of-network services.

Availability:

- Providence PEBB Statewide PPO is offered in all counties in Oregon (i.e., no geographical limitations)
- Any PEBB member may enroll in the Providence PEBB Statewide PPO plan

Plan features:

- Full access to the nationwide Providence Signature Network, with approximately 1 million providers (includes OHSU)
- No referral requirements
- Coverage for medically-necessary services when traveling internationally
- No-cost care visits through Providence Express Care retail clinics, Providence Express Care Virtual and Web-direct (where available)
- Pay less out-of-pocket for certain health care services when receiving care from an Oregon Health Authority-approved Patient-Centered Primary Care Home
- Fourth quarter deductible carryover for Providence Health Plan members who re-enroll on a Providence health plan (i.e., any amount paid toward your Providence plan deductible in October, November and/or December 2019 is applied to your 2020 Providence plan deductible)

Advantages of the PEBB Statewide plan:

- More providers from which to choose
- In-network providers across the country
- Able to self-direct care
- OHSU is in-network
- Pay a low percentage of the bill for in-network covered services
- Preventive services covered in full



Kaiser Permanente Vision



At Vision Essentials by Kaiser Permanente, we see eye care differently. Healthy sight is more than glasses and contact lenses. Our optometrists and ophthalmologists provide comprehensive eye care, including routine eye exams, to help keep your vision sharp and your eyes healthy.

Integrated care

Through our electronic health record system, all your care providers can see a comprehensive picture of your health and act as part of a team to help you make better health care decisions.

Providers will notify you of gaps in your health care and help you schedule preventive appointments, including vaccinations, physicals, and important eye health screenings.

Convenience

We have 10 clinic locations from Salem to Longview, most located in medical offices. To schedule an exam, order contact lenses, or find a location near you, visit kp2020.org or call **1-800-813-2000** (TTY 711).

Care in Eugene and Springfield

Members in our Eugene-Springfield service area can get routine eye exams and order prescription contact lenses at Oregon Eye Associates, a network of ophthalmic practices located in the heart of downtown Eugene.

Visit oea.myezyaccess.com or call **541-484-3937** to schedule an appointment at their office at 1550 Oak St., Eugene, OR 97401.

Members can also receive eye care services through PeaceHealth Eye Care and Optical Shop. To make an appointment, call **458-205-6257**.

For prescription glasses, the Focal Point offers a wide variety of eyewear, frames, and lenses to choose from. Call **541-683-6341** or visit focalpointoregon.com for more information.

Contacts

You can easily reorder your contact lenses online through the Vision Essentials website, kp2020.org. Your new lenses are just a few clicks away.

50/50 protection plan

Glasses purchased at one of our Vision Essentials locations are eligible for a 50% savings off the original retail price within one year of purchase when broken, no matter the reason.

High quality of service and care

Kaiser Permanente Northwest's Medicare and commercial plans received the highest rating in quality and performance among health plans in Oregon and Washington for 2017-2018 according to the National Committee for Quality Assurance (NCQA).*

We offer walk-in screenings for glaucoma and diabetic retinopathy with zero copay to help identify problems early and keep your eyes healthy.

Getting care

To schedule an exam, order contact lenses, or find a location near you, visit kp2020.org or call **1-800-813-2000** (TTY 711).

*NCQA Health Insurance Plan Ratings 2017-2018. NCQA is a private, nonprofit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations. It also recognizes clinicians and practices in key areas of performance. NCQA's HEDIS® reporting system (Healthcare Effectiveness Data and Information Set) is the most widely used performance measurement tool in health care. HEDIS® is a registered trademark of NCQA.

VSP®vsp
Vision care for life

YOUR EYES HAVE OPTIONS

Open enrollment is here! Great news! You now have two VSP plans to choose from that offer you and your family the personalized coverage you deserve.



The choice is yours—stick with the basic plan or choose to enroll in the VSP® Plus plan and get even more coverage.



THE BASICS

You get access to a huge network of exceptional eye doctors and the coverage you expect at low out-of-pocket costs:

- Annual WellVision Exam®
- Glasses or contacts
- Special offers and savings

UPGRADE TO THE PLUS PLAN TO PERSONALIZE YOUR VISION COVERAGE

You and your eyes are unique and your coverage should be too. When you upgrade your plan, you'll get all the above basics, plus a whole lot more.

ENROLL IN VSP TODAY!*

YOU'LL BE GLAD
YOU DID. CONTACT
US AT **800.877.7195**
OR VISIT **VSP.COM**.



HERE'S A LOOK AT WHAT YOU COULD GET

- **Suncare**
Enjoy non-prescription sunglasses
- **Increased Frame Allowance**
Covers more of your favorite designer frames
- **Anti-Reflective Coating**
Reduce glare and combat reflection
- **Progressive Lenses**
See clearly at any distance

Check your member benefits summary for plan details.

*VSP is for Moda and Providence members only.

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VSP, VSP Vision care for life, and WellVision Exam are registered trademarks of Vision Service Plan. All other brands or marks are the property of their respective owners. 51371 VCCM



Kaiser Permanente Dental



We believe in total health, beginning with outstanding dental and oral care. That’s why every member gets a personalized prevention and treatment plan. And that’s why dental preventive care is at the core of our philosophy.



Our philosophy of care

We emphasize preventive care to help keep your teeth and gums healthy. You’ll receive a personalized prevention and treatment plan after we assess your risk for dental disease.

Quality

For more than 2 decades, we’ve received the highest level of accreditation from the Accreditation Association for Ambulatory Health Care (AAAHC). This means our Dental Program has met rigorous national standards. Currently we are the only dental practice in the Pacific Northwest with AAAHC accreditation.

Integrated approach

Our comprehensive electronic health record system gives Dental Program providers access to your health history. Our dentists can communicate with your medical clinicians, providing integrated care, which helps you rest easy, knowing we are looking out for your total health.



Urgent and emergency care

Emergency dental conditions include severe swelling or infection, severe traumatic injury to teeth, bleeding that doesn’t stop, and extreme pain. If you need emergency care, please call the Appointment Center any time, any day.



Getting convenient care

Hours are Monday through Friday, 6:30 a.m. to 6 p.m., and Saturday, 7:30 a.m. to 4 p.m. (Eugene dental office is closed on Wednesdays.)

Member Services.....1-800-813-2000

Language interpretation services:
Use the number above.

TTY (all areas)711

For more information visit kp.org/dental/nw.



Delta Dental of Oregon

Delta Dental of Oregon & Alaska

Dental coverage for your *total health*

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

Dental benefit highlights

- **NEW this year**, Delta Dental is covering composite (white) fillings for the back teeth.
- Freedom to choose your dentist
- Contracted-fee savings from participating dentists
- Savings from in-network dentists
- Cleanings twice per year
- Predetermination of benefits if requested in a pretreatment plan
- No claim forms
- Superior customer service

Our dental plans also include useful online tools, resources and special programs for members who need a little extra attention for their pearly whites.

Is my dentist in the network?

With our big dental networks, chances are good your dentist participates. To find out, visit modahealth.com and use our Find Care tool. Choose a dental network and then search for participating dentists near you. You can look up:

- Delta Dental Premier dentists
- Delta Dental PPO dentists
- Delta Dental dentists nationwide

Pick from two plans

Our PPO and Premier dental plans have participating providers who will not charge more than the Delta Dental of Oregon allowed amount. However, you will pay less with participating in-network providers on the PPO plan.

Delta Dental PPOSM Network

This is one of the largest preferred provider organization (PPO) dental networks in Oregon and across the country. It includes access to more than 1,300 Delta Dental PPO dentists in Oregon and over 112,000 Delta Dental PPO dentists nationwide.

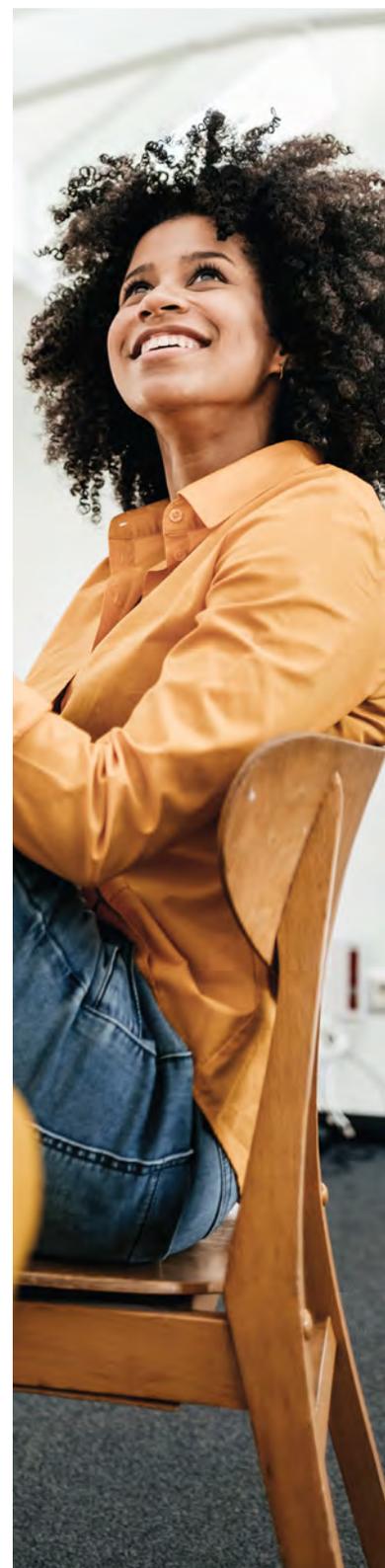
Delta Dental Premier[®] Network

This is the largest dental network in Oregon and nationally. It includes access to more than 2,400 Delta Dental Premier dentists in Oregon and over 156,000 Delta Dental Premier dentists nationwide.

Get greater value out of your dental plan

Our preventive first dental plans cover routine services such as exams and cleanings at 100 percent. Under these plans, preventive services are not subject to the deductible and do not apply to your calendar year maximums.

Delta Dental's Health through Oral Wellness[®] program offers extra dental benefits including additional cleanings, fluoride treatments, sealants and periodontal maintenance to members with a greater risk for oral diseases.





Willamette Dental Group

Willamette Dental Group

For nearly 50 years, Willamette Dental Group has proudly partnered with public employers throughout the Pacific Northwest to offer high quality dental care and comprehensive insurance coverage to educators and their families.

Our evidence-based, proactive treatment approach focuses on what matters most: providing quality, individualized care to each patient that educates for the future rather than only solving the immediate issues at hand.

2020 PLAN CHANGES

Dental Implant Surgery Implant benefit maximum of \$1,500 per calendar year

QUICK FACTS



No annual maximum, no deductibles*



PEBB patient satisfaction averages over 96%



Services covered at predictable, low copays

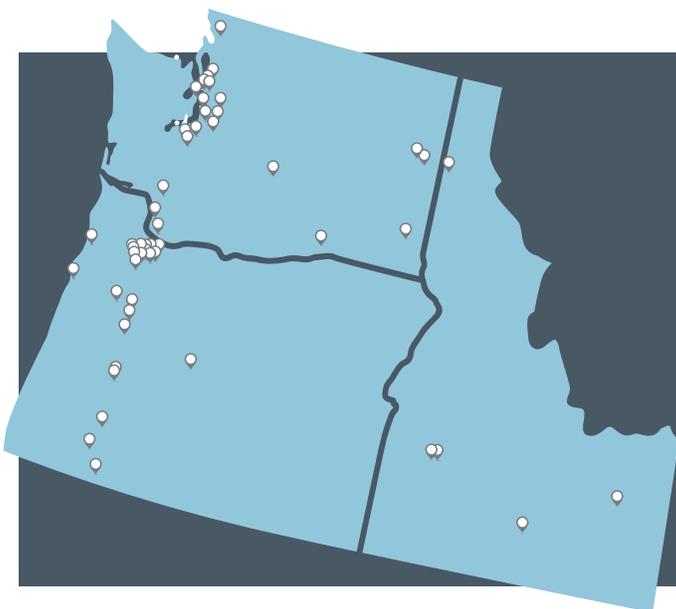


Most offices open 7AM to 6PM Mon – Fri with Saturday appointments available



Affordable orthodontic coverage for adults and children

MORE THAN 50 DENTAL OFFICE LOCATIONS



Locations Include:

- Albany, OR
- Bend, OR
- Boise, ID
- Corvallis, OR
- Eugene, OR
- Grants Pass, OR
- Lincoln City, OR
- Medford, OR
- Meridian, ID
- Portland Metro *(multiple locations)*
- Richland, WA
- Roseburg, OR
- Salem, OR *(2 locations)*
- Springfield, OR *(2 locations)*
- Tillamook, OR
- Vancouver, WA *(2 locations)*

Learn more about providers and locations at pebb.willamettedental.com

* Benefits for implant surgery have a benefit maximum.

State employee health and wellness



You are the state's most valuable resource. Your health and well-being positively influence your ability to:

- > Be productive
- > Feel engaged in your work
- > Care for your family
- > Do things that bring you satisfaction

You are better able to serve Oregonians and slow health care costs when you are healthy and empowered.

You have loads of resources available to support you along the way. You have access to valuable benefits. You also have a variety of other services available at no cost to you or **eligible family members**:

- > Healthy Team Healthy U is a web-based program that provides tools to help you:
 - Improve your diet
 - Increase physical activity
 - Practice healthy behaviors
- > Better Choices Better Health is a six-week online program to help those with chronic conditions:
 - Manage their health
 - Connect with others online
 - Track their progress toward health goals
- > WW, formerly Weight Watchers, is for members who want to:
- > Eat healthier

- > Lose weight
- > Maintain a healthy diet and weight
- > Cascade Centers Employee Assistance Program (EAP) offers employees support and services including:
 - Individual counseling
 - Organizational support
 - Work and family life balance services
- > Virtual Lifestyle Management (VLM) is available to members enrolled in Providence medical plans. VLM is an online Diabetes Prevention Program designed to help those at risk prevent or delay developing diabetes. The program uses:
 - Healthy eating and effective exercise guidance
 - Coaching support
 - Tools to track progress
- > Tobacco cessation offers support for members trying to quit tobacco, including:
 - Coaching
 - A personalized quit plan
 - Nicotine replacement therapy
 - Coverage for certain prescription medications that help you quit

To learn more about what is happening to support your health and well-being, contact your agency's wellness committee.

Cascade Employee Assistance Program



EAP summary of services

A benefit for you and your family members provided by **PEBB**

The Employee Assistance Program (EAP) is a **FREE** and **CONFIDENTIAL** benefit that can assist you and your eligible family members with any personal problems, large or small.

Personal Consultation with an EAP Professional

Three or five counseling sessions face to face, over the phone, or online for concerns such as:

- Marital conflict
- Conflict at work
- Depression
- Stress management
- Family relationships
- Anxiety
- Alcohol or drug abuse
- Grieving a loss
- Career development services

Work / Family / Life

Cascade will help locate resources and information related to eldercare, childcare, identity theft or anything else you may need.

Legal Consultations / Mediation

Call Cascade for a free 30 minute office or telephone consultation. A 25% discount from the attorney's/mediator's normal hourly rate is available thereafter.

Financial Coaching

Coaches will provide 30 consecutive days of financial coaching to help develop better spending habits, reduce debt, improve credit, increase savings, and plan for retirement.

Identity Theft

This service provides members with up to a 60 minute free consultation with a Fraud Resolution Specialist™ (FRS) who will conduct emergency response activities and assist members with restoring their identity and good credit, and dispute fraudulent debts.

Home Ownership Program

Assistance and discounts for buying, selling, and refinancing.

Life Coaching

Life Coaching consists of up to three telephonic sessions with a master's degree level coach. The sessions focus on setting achievable goals, identifying barriers and making a plan to achieve those goals.

Pet Insurance Discounts

Save up to 90% on vet bills for accidents, injuries, illnesses, genetic conditions, and emergency care for dogs and cats. Visit 'My Benefits' in the EAP Member Site.



Cascade Employee Assistance Program — continued

Wellbeing Tools

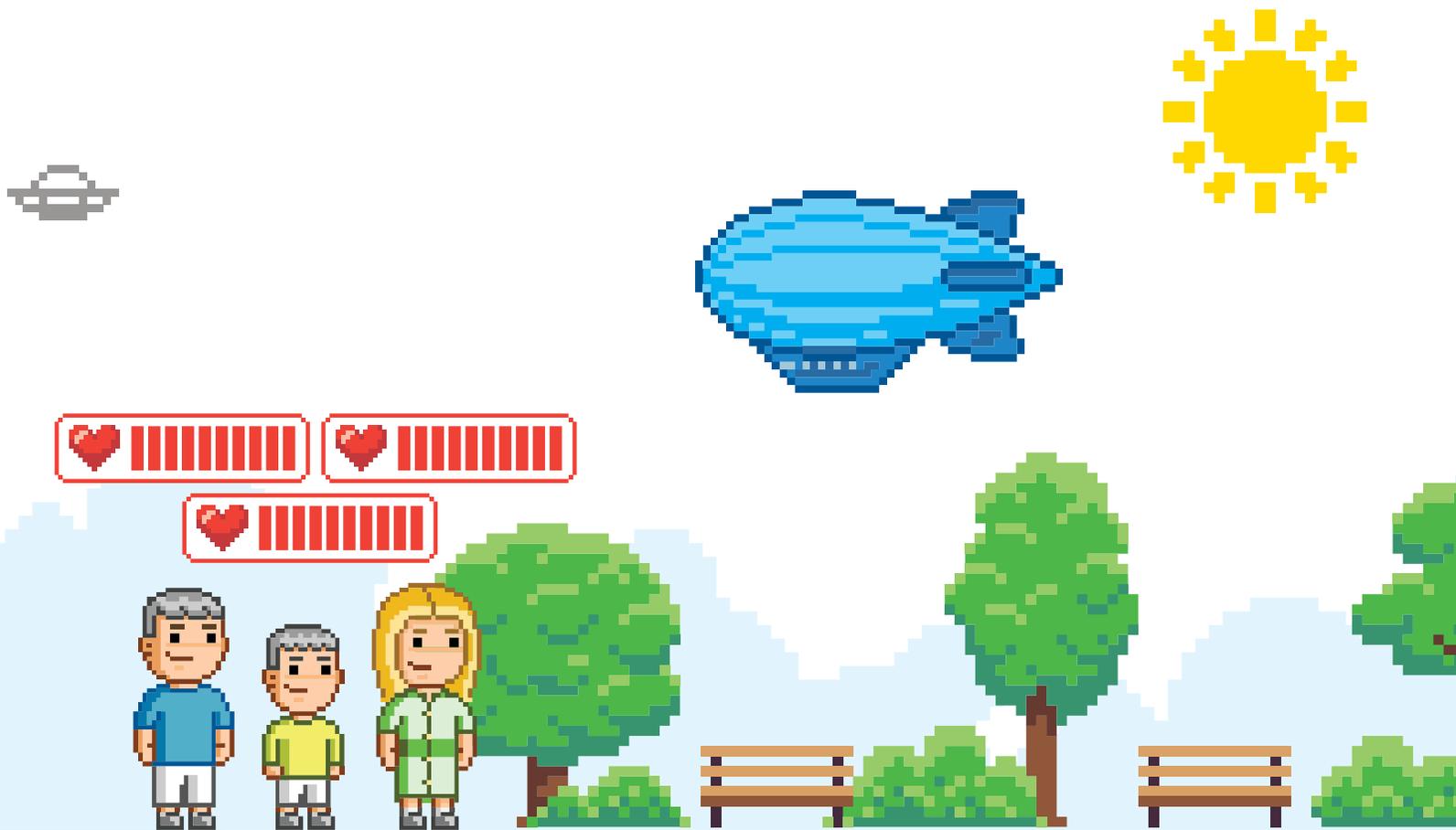
- Will Kit Questionnaire
- Tax Preparation Q&A and discounted services
- Online Legal Tools
- Gym Membership Discounts. Visit: globalfit.com/cascadeEAP

Cascade Personal Advantage - EAP Member Site

Innovative educational tools allowing you to manage your stress and improve quality of life. Chat live with an EAP counselor, take self-assessments, view videos, access personal growth courses, download documents, and more. To access: 1) Go to www.cascadecenters.com 2) Click "Member Log-In" 3) Register as a new user 4) For company name enter: State of Oregon

Crisis Counselors are available **24/7/365**

For Assistance **Call:** 800-433-232 • **Text:** 503-980-1777 • cascadecenters.com



Optional life and accidental death & dismemberment (AD&D) insurance from The Standard



For more details on The Standard's offerings — including needs estimators and premium calculators — visit <https://www.standard.com/mybenefits/pebb/>.

Or visit www.standard.com/edu/state-oregon/18296 to access the Decision Support Tool, which can help you consider your options and choose the level of coverage that is right for you.

Employee or spouse/domestic partner life insurance

Life insurance can be a simple way to provide financial protection to your loved ones in case of an unexpected loss.

You can enroll in or increase optional life insurance coverage for yourself (up to \$600,000) and your spouse or domestic partner (up to \$400,000) during the 2020 enrollment period. Anyone applying for new or increased coverage must complete and return a medical history statement by Dec. 31, 2019.

Employees are responsible for paying the full premium amount for this term life insurance coverage. The policy pays for covered losses as long as you are a PEBB-eligible member and the premium payments are current at the time of the loss.

For complete details and rates, visit:

- > www.oregon.gov/oha/pebb/Pages/Optional-Employee-Life.aspx for employee coverage
- > www.oregon.gov/oha/pebb/Pages/Spouse-Partner-Life.aspx for spouse/domestic partner coverage

Dependent life insurance

Optional employee-paid term life coverage is also available for PEBB-eligible dependents and your spouse or partner, for a single premium payment, regardless of the number of individuals covered. This plan pays a \$5,000 per person benefit as long as you are a PEBB-eligible member and the premium payments are current at the time of the loss.

For complete details and rate information, visit: www.oregon.gov/oha/pebb/Pages/Dependent-Life.aspx.

Accidental death & dismemberment (AD&D) insurance

With optional employee-paid 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.

For complete details and rate information, visit: www.oregon.gov/oha/pebb/Pages/ADD.aspx.





Short term and long term disability insurance from The Standard



Short term disability (STD) insurance

Optional STD insurance is employee-paid. Following a 7-day benefit waiting period, you will receive 60 percent of your insured earnings, based on your weekly earnings in effect on your last full day of work. Insured earnings do not include overtime pay, bonuses, or money received for opting out of medical coverage. STD premiums are tied to work earnings, so a pay increase will result in a premium increase.

The minimum weekly benefit is \$25 and the maximum weekly benefit is \$1,662, before the reduction of deductible income. Deductible income means any other income you are eligible to receive because of your disability. If you are disabled for less than one week, you will be paid one-seventh of the weekly benefit for each day you are disabled.

For complete details and rate information, visit: www.oregon.gov/oha/pebb/Pages/Short-Term-Disability.aspx.

Long term disability (LTD) insurance

Optional LTD insurance is employee-paid, and you may choose your benefit waiting period and benefit amount.

Option	Waiting Period	Coverage
1	90 days	60 percent of first \$12,000 minus deductible income (up to \$7,200); minimum benefit of \$50/month
2	180 days	
3	90 days	66 2/3 percent of first \$12,000 minus deductible income (up to \$8,000); minimum benefit of \$50/month
4	180 days	

Your insured earnings for LTD are based on your monthly earnings in effect on your last full day of work. Insured earnings do not include overtime pay, bonuses, or money received for opting out of medical coverage. LTD premiums are tied to work earnings, so a pay increase will result in a premium increase.

For complete details and rate information, visit: www.oregon.gov/oha/pebb/Pages/Long-Term-Disability.aspx.

Long term care insurance



You may enroll in this insurance at any time – for open enrollment you must enroll via the link provided in PDB (your enrollment system). You should read the entire policy and review all rates on the plan's website at <http://unuminfo.com/pebb/index.aspx>. Long term care insurance provides benefits when you are unable to perform at least two activities of daily living (ADLs). ADLs are:

- > Dressing
- > Bathing
- > Toileting
- > Transferring
- > Eating, and
- > Continence

You are eligible for a monthly benefit after you meet all these conditions:

1. You become disabled;
2. You have met your elimination period; and
3. Your provider certifies that you are unable to perform two or more ADLs for a period of at least 90 days.

Your provider will have to certify your eligibility every 12 months.

The amount of your monthly benefit will be based on: The coverage options you chose, and the place of residence used for long term care.



Health care flexible spending account and dependent care flexible spending account

What are Flexible Spending Accounts?*

Flexible Spending Accounts (FSAs) allow you to set aside money from your paycheck pretax to pay for out-of-pocket health care expenses, or for dependent child/adult daycare expenses while you work. When you pay less in taxes, you have more money in your pocket. Most people save at least 30 percent on each dollar set aside pretax. There are two accounts from which to choose:

- **Health Care FSA** Set aside pretax money to pay for medical, prescriptions, dental, vision, hearing and over-the-counter health care products **for yourself, your qualifying spouse and children.**
- **Dependent Care FSA** Set aside pretax money to pay for work-related **child day care expenses** and, in some cases, elder care expenses. This includes daycare, regular babysitting, before/after school care, nursery/preschool while you and, if married, your spouse are working.

CAUTION! Do not put money into the Dependent Care FSA for health care expenses. This account is for work-related child or adult day care.

How much can I contribute to my FSAs?

Health Care FSA - \$2,700 | Dependent Care FSA - \$5,000 annual maximum.

Important: Deadline to make changes to your contributions is Dec. 20, 2019.

How do I submit claims and get reimbursed?

As you incur expenses, you can submit a claim to be reimbursed. ASIFlex offers several easy ways to submit claims for reimbursement. You do not have to choose only one option; you can use multiple options throughout the year.

- **ASIFlex mobile app** Download the app and log in to your account. Then, just snap a picture of your EOB or itemized receipt and submit a claim via the app.
- **ASIFlex online** Sign in to your online account at asiflex.com/ORPEBB to submit a claim.
- **Toll-free fax or mail** Download and complete a claim form. Then, submit it with your EOB or itemized receipt. Keep a copy for your records.
- **ASIFlex Card** Instead of submitting a claim and being reimbursed from your account, you may use the ASIFlex Card for *health* care expenses. In some cases you will be asked to submit backup documentation to substantiate card transactions.

Reimbursements will be made to you within three business days following receipt of a complete claim. Log in to your ASIFlex account to sign up for direct deposit, as well as email and text alerts.

* Subject to non-discrimination testing.

For more information, view the PEBB plan document or visit ASIFlex.com/ORPEBB to obtain IRS Publication 502, Medical and Dental Expenses and IRS Publication 503 Child and Dependent Care Expenses; a list of eligible expenses; debit card information; and general plan information. You can make changes to your account only if allowed under IRS regulations change in status rules.

Manage your account

Register your account at ASIFlex.com/ORPEBB to see your account statement and balance, submit claims, sign up for email, text alerts and direct deposit.

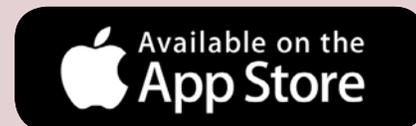
Check out over-the-counter (OTC) products

Bandages, blood pressure monitors, diabetic supplies, contact lens solutions, and sunscreen are just a few of the eligible OTC items. Go to ASIFlex.com/ORPEBB and click on the FSA Store link.

Get the ASIFlex app!

- Submit and view status of a claim.
- Submit documentation.
- Access your balance and account statement.

Search ASIFlex Self Service and download the app today.



ASIFlex Customer Service

ASIFlex.com/ORPEBB
asi@asiflex.com
 P: 800.659.3035
 F: 877.879.9038
 P.O. Box 6044
 Columbia, MO 65203



Commuter Benefit Plans

Parking Reimbursement Account

Mass Transit/Vanpool Reimbursement Account



What are Commuter Benefit Plans?

The Commuter Benefit Plans allow you to pay for work-related commuting expenses you incur going to and from work. Most people save at least 30 percent on each dollar set aside pretax. There is one parking option and one transit option from which to choose.

Parking Reimbursement Account If you park at a location that is not state owned, you can set aside pretax money from your paycheck to pay for parking at or near a location from which you work or commute to work.

CAUTION! Pretax Employer-Sponsored Parking:
If you park at a state-owned lot or garage and you pay the parking expense through payroll deduction, then you do not qualify.

Mass Transit/Vanpool Reimbursement Account You can set aside pretax money from your paycheck to pay for transit expenses such as vanpool, bus, rail, or ferry that you incur to commute to and from work. Bicycles are not included.

How much can I contribute to the Commuter accounts?

Parking Reimbursement Account – \$265 per month | Mass Transit/Vanpool Reimbursement Account – \$265 per month

How do I submit claims and get reimbursed?

As you incur expenses, you can submit a claim to be reimbursed. ASIFlex offers several easy ways to submit claims for reimbursement. You do not have to choose only one option; you can use multiple options throughout the year.

- **ASIFlex Online** Sign in to your online account at asiflex.com/ORPEBB to submit a claim.
- **Toll-free fax or mail** Download and complete a claim form. Then, submit it with your itemized receipt. Keep a copy for your records.
- **ASIFlex Card** Instead of submitting a claim and being reimbursed from your account, you may use the ASIFlex Card for *transit* expenses. In some cases you will be asked to submit backup documentation to substantiate card transactions.

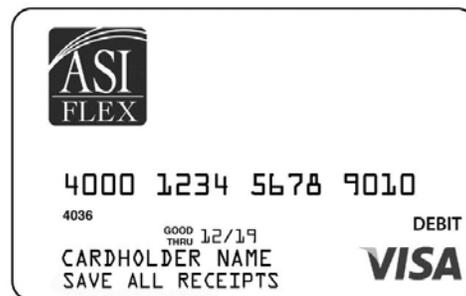
Reimbursements will be made to you within three business days following receipt of a complete claim. Log in to your ASIFlex account to sign up for direct deposit, as well as email and text alerts.

Manage your account

Register your account at ASIFlex.com/ORPEBB to see your account statement and balance, submit claims, sign up for email, text alerts and direct deposit.

ASIFlex Customer Service

ASIFlex.com/ORPEBB
asi@asiflex.com
 P: 800.659.3035
 F: 877.879.9038
 P.O. Box 6044
 Columbia, MO 65203



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

COBRA member information

Open enrollment runs Oct. 1–31, 2019

COBRA members:

- > Must actively sign up each open enrollment period if enrolled in a medical plan
- > If only enrolled in a dental or vision plan, do not have to complete open enrollment
- > Who are enrolled in a medical plan for 2019, but do not complete open enrollment:
 - Will stay in their 2019 plan
 - Will pay \$25 per month for tobacco-use (regardless of actual use)
 - Will pay \$50 per month for spouse or domestic partner coverage
- > May have vision coverage without enrolling in a medical plan
 - Kaiser full-time medical plans include vision.
 - VSP is available to Providence and Moda members.
 - VSP offers both Basic and Plus plans.
- > May enroll in a dental plan for 2020
 - If you choose Delta Dental and didn't sign up when you were first eligible, you may have a waiting period on some services.

To enroll in your 2020 health plans:

Review the health plan regions, premiums and coverage in this Open Enrollment Guide.

- > Go to: <https://www.oregon.gov/oha/PEBB/Pages/forms.aspx> to fill out the COBRA enrollment form.
- > Mail or fax the form by Oct. 31, 2019, to BenefitHelp Solutions (BHS):
PO Box 40548, Portland, OR 97240-0548
Fax: 888-393-2943



How to contact PEBB during open enrollment

Call PEBB at 503-373-1102 during the following times:

- > Monday–Friday, 7 a.m.–6 p.m.

Email PEBB at: inquiries.pebb@dhsoha.state.or.us

How to contact BenefitHelp Solutions (BHS)

Phone: 503-412-4257

Customer service toll free: 1-877-433-6079

Mail or fax the form by Oct. 31, 2019, to:

BenefitHelp Solutions (BHS)

PO Box 40548, Portland, OR 97240-0548

Fax: 888-393-2943

COBRA member information — continued**2020 COBRA medical plan monthly premium rates**

	Self	Self & spouse/partner	Self & children	Self & family	Children only ⁷
Kaiser Traditional ²	\$811.03	\$1,622.07	\$1,378.76	\$2,189.80	\$652.10
Kaiser Deductible ²	\$744.42	\$1,488.88	\$1,265.55	\$2,009.99	\$602.45
Moda Synergy ¹	\$739.98	\$1,479.96	\$1,257.97	\$1,997.94	\$628.98
Providence PEBB Statewide ³	\$849.96	\$1,699.90	\$1,444.92	\$2,294.87	\$722.46
Providence Choice ¹	\$711.97	\$1,423.95	\$1,210.36	\$1,922.34	\$605.19
Kaiser Traditional part-time ⁶	\$686.58	\$1,373.17	\$1,167.17	\$1,853.76	\$552.05
Kaiser Deductible part-time ⁶	\$613.91	\$1,227.83	\$1,043.64	\$1,657.56	\$530.87
Moda Synergy part-time ⁴	\$602.44	\$1,204.89	\$1,024.17	\$1,626.60	\$512.08
Providence PEBB Statewide part-time ⁵	\$690.46	\$1,380.93	\$1,173.80	\$1,864.25	\$586.89
Providence Choice part-time ⁴	\$576.97	\$1,153.93	\$980.84	\$1,557.82	\$490.42

¹ Available to PEBB eligible full-time and part-time individuals in plan service area.

² Available to PEBB eligible full-time and part-time individuals in plan service area. Kaiser routine vision services.

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

⁴ Additional option available to eligible part-time individuals in plan service area.

⁵ Additional option available to eligible part-time individuals.

⁶ Additional option available to eligible part-time individuals in plan service area. Vision exam only.

⁷ Children only coverage is available only to COBRA & retiree participants.

2020 COBRA vision plan monthly premium rates

	Self	Self & spouse/partner	Self & children	Self & family	Children only ⁷
VSP	\$8.71	\$17.42	\$14.81	\$23.52	\$7.41
VSP Plus	\$15.25	\$30.49	\$25.92	\$41.15	\$12.96

2020 COBRA dental plan monthly premium rates

	Self	Self & spouse/partner	Self & children	Self & family	Children only ⁷
Kaiser ¹	\$66.03	\$132.06	\$112.26	\$178.29	\$53.22
Delta Dental Premier ²	\$59.48	\$118.94	\$101.10	\$160.57	\$50.55
Delta Dental PPO ³	\$54.95	\$109.90	\$93.41	\$148.37	\$46.71
Willamette Dental Group ⁴	\$57.23	\$114.48	\$97.36	\$154.60	\$48.63
Delta Dental part-time ⁵	\$42.79	\$85.61	\$72.76	\$115.56	\$36.39
Kaiser part-time ⁶	\$49.24	\$98.48	\$83.72	\$132.96	\$39.64

¹ Available to PEBB eligible individuals in plan service area.

² Available to PEBB eligible individuals.

³ Available to PEBB eligible individuals.

⁴ Available to PEBB eligible individuals; in plan facilities.

⁵ Additional option available to PEBB eligible individuals.

⁶ Additional option available to PEBB eligible individuals; in plan service area.

⁷ Children only coverage is available only to COBRA & retiree participants.

Note: All rates include 0.13% commission and 0.35% PEBB administration cost

Retiree member information

New retirees

An eligible retiree may enroll in PEBB retiree benefits.

Retirees may choose:

- > A full-time or part-time plan
- > Medical, dental or vision-only benefits
- > All available core benefits

Annual retiree “plan change period”

The annual plan change period runs Oct. 1-31, 2019.

Retirees who selected medical the first year must actively enroll in a medical plan each year.

After the first year, retirees may not add any new:

- > Family members [unless there is a Qualified Status Change (QSC)]*
- > Benefit plans

Retirees enrolled in 2019 dental or vision-only coverage do not need to enroll again. Plans will continue in 2020.

- > Kaiser full-time medical plans include vision.
- > VSP vision coverage is available to Providence or Moda members. VSP offers both Basic and Plus plans.

To enroll in your 2020 health plans:

Review the health plan regions, premiums and coverages in this Open Enrollment Guide.

Go to www.PEBBenroll.com and select “Enroll Now.”

- > Follow the instructions on each screen in the enrollment system.
- > Save and print the benefit statement provided at the end of the enrollment process.

If you forgot your user name or password:

- > Click the red “Get it Now” button (upper left of the screen).
- > Use your PEBB Benefit Number to reset your password.

You can enroll using any computer with an internet connection.

You can also enroll using the retiree enrollment form if you are not able to enroll online.

- > Go to: <http://www.oregon.gov/OHA/PEBB/Pages/forms.aspx> to fill out the Retiree enrollment form.
- > Mail or fax the form by Oct. 31, 2019, to BenefitHelp Solutions (BHS).

* Retirees can update benefits due to a life-changing event. Changes are made using a mid year change form. Go to: <http://www.oregon.gov/OHA/PEBB/Pages/forms.aspx>.

How to contact PEBB during open enrollment

Call PEBB at 503-373-1102 during the following times:

- > Monday–Friday, 7 a.m.–6 p.m.

Email PEBB at: inquiries.pebb@dhsoha.state.or.us

How to contact BenefitHelp Solutions (BHS)

Phone: 503-412-4257

Customer service toll free: 1-877-433-6079

Mail or fax the form by Oct. 31, 2019, to:

BenefitHelp Solutions (BHS)

PO Box 40548, Portland, OR 97240-0548

Fax: 888-393-2943

Retiree member information — continued**2020 Retiree medical plan monthly premium rates**

	Retiree	Retiree & spouse/ partner	Retiree & children	Retiree & family	Children only ⁹
Kaiser Traditional ¹	\$799.94	\$1,599.89	\$1,359.90	\$2,159.85	\$643.18
Kaiser Deductible ¹	\$734.24	\$1,468.51	\$1,248.24	\$1,982.50	\$594.21
Moda Synergy ²	\$729.86	\$1,459.72	\$1,240.77	\$1,970.61	\$620.38
Providence PEBB Statewide ³	\$838.33	\$1,676.65	\$1,425.15	\$2,263.48	\$712.58
Providence Choice ⁴	\$702.23	\$1,404.48	\$1,193.80	\$1,896.04	\$596.91
Kaiser Traditional part-time ⁵	\$677.19	\$1,354.39	\$1,151.20	\$1,828.41	\$544.49
Kaiser Deductible part-time ⁵	\$605.51	\$1,211.04	\$1,029.37	\$1,634.89	\$523.61
Moda Synergy part-time ⁶	\$594.20	\$1,188.41	\$1,010.16	\$1,604.35	\$505.07
Providence PEBB Statewide part-time ⁷	\$681.02	\$1,362.04	\$1,157.75	\$1,838.75	\$578.86
Providence Choice part-time ⁸	\$569.08	\$1,138.15	\$967.42	\$1,536.51	\$483.71

¹ Available to PEBB eligible full-time and part-time employees in plan service area. 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 Available to PEBB eligible full-time and part-time employees in plan service area.

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

⁶ Additional option available to eligible part-time employees in plan service area.

⁷ Additional option available to eligible part-time employees.

⁸ Additional option available to eligible part-time employees in plan service area. Vision exam only.

⁹ Children only coverage is available only to COBRA and retiree participants.

2020 Retiree vision plan monthly premium rates

	Retiree	Retiree & spouse/ partner	Retiree & children	Retiree & family	Children only ⁹
VSP	\$8.59	\$17.18	\$14.61	\$23.20	\$7.31
VSP Plus	\$15.04	\$30.07	\$25.56	\$40.59	\$12.78

2020 Retiree dental plan monthly premium rates

	Retiree	Retiree & spouse/ partner	Retiree & children	Retiree & family	Children only ⁹
Kaiser ¹	\$65.12	\$130.26	\$110.72	\$175.85	\$52.49
Delta Dental Premier ²	\$58.66	\$117.31	\$99.72	\$158.37	\$49.86
Delta Dental PPO ³	\$54.20	\$108.40	\$92.14	\$146.34	\$46.07
Willamette Dental Group ⁴	\$56.45	\$112.91	\$96.02	\$152.48	\$47.96
Delta Dental part-time ⁵	\$42.21	\$84.43	\$71.77	\$113.98	\$35.89
Kaiser part-time ⁶	\$48.57	\$97.13	\$82.58	\$131.14	\$39.10

¹ Available to PEBB eligible individuals in plan service area.

² Available to PEBB eligible individuals.

³ Available to PEBB eligible individuals.

⁴ Available to PEBB eligible individuals; in plan facilities.

⁵ Additional option available to PEBB eligible individuals.

⁶ Additional option available to PEBB eligible individuals; in plan service area.

⁷ Children only coverage is available only to COBRA and retiree participants.

Note: All rates include 0.13% commission and 0.35% PEBB administration cost

Self-pay member information

Open enrollment runs Oct. 1–31, 2019

Self-pay members:

- > Must actively enroll in a medical plan each year
- > Who don't actively enroll:
 - Will stay in their 2019 plan
 - Will pay \$25 per month for tobacco-use (regardless of actual use)
 - Will pay \$50 per month for spouse coverage
- > May enroll in vision coverage if you are enrolling in a medical plan
 - Kaiser full-time medical plans include vision.
 - VSP is available to Providence or Moda members.
 - VSP offers both Basic and Plus plans.
- > May enroll in a dental plan for 2020 if you are enrolled in medical
 - If you choose Delta Dental and you didn't sign up when first eligible, you may have a waiting period for some services.

To enroll in your 2020 health plans:

Review health plan regions, premiums and coverage in this Open Enrollment guide.

To enroll online:

Go to www.pebbenroll.com.

- > Follow the instructions on each screen in the enrollment system.
- > Save and print the benefit statement provided at the end of the enrollment process.

If you forgot your user name or password:

- > Click the red "Get It Now" button (upper left of the screen).
- > Use your PEBB Benefit Number to reset your password.

You can enroll using any computer with an internet connection.

You can also enroll using the self-pay enrollment form if you are not able to enroll online.

- > Go to: <https://www.oregon.gov/oha/PEBB/Pages/forms.aspx> to fill out the self-pay enrollment form.
- > Mail or fax the form by Oct. 31, 2019 to BenefitHelp Solutions (BHS).

How to contact PEBB during open enrollment

Call PEBB at 503-373-1102 during the following times:

- > Monday–Friday, 7 a.m.–6 p.m.

Email PEBB at: inquiries.pebb@dhsoba.state.or.us

How to Contact BenefitHelp Solutions (BHS)

Phone: 503-412-4257

Customer service toll free: 1-877-433-6079

Mail or fax the form by Oct. 31, 2018 to:

BenefitHelp Solutions (BHS)

PO Box 40548, Portland, OR 97240-0548

Fax: 888-393-2943

Self-pay member information — continued**2020 Self-pay participants medical plan monthly premium rates**

	Self	Self & spouse/ partner	Self & children	Self & family
Kaiser Traditional ²	\$826.68	\$1,643.09	\$1,398.16	\$2,214.56
Kaiser Deductible ²	\$759.64	\$1,509.01	\$1,284.21	\$2,033.56
Moda Synergy ¹	\$755.17	\$1,500.03	\$1,276.58	\$2,021.44
Providence PEBB Statewide ³	\$865.87	\$1,721.42	\$1,464.76	\$2,320.33
Providence Choice ¹	\$726.96	\$1,443.66	\$1,228.66	\$1,945.33

¹ Available to PEBB eligible individuals in plan service area.

² Available to PEBB eligible individuals in plan service area. Kaiser routine vision services.

³ Available to PEBB eligible individuals.

2020 Self-pay participants vision plan monthly premium rates

	Self	Self & spouse/ partner	Self & children	Self & family
VSP	\$8.54	\$17.08	\$14.52	\$23.06
VSP Plus	\$14.95	\$29.89	\$25.41	\$40.35

2020 Self-pay participants dental plan monthly premium rates

	Self	Self & spouse/ partner	Self & children	Self & family
Kaiser Permanente ¹	\$64.74	\$129.48	\$110.06	\$174.81
Delta Dental Premier ²	\$58.31	\$116.62	\$99.13	\$157.43
Delta Dental PPO ³	\$53.88	\$107.76	\$91.59	\$145.47
Willamette Dental Group ⁴	\$56.12	\$112.24	\$95.45	\$151.58

¹ Available to PEBB eligible individuals in plan service area.

² Available to PEBB eligible individuals.

³ Available to PEBB eligible individuals.

⁴ Available to PEBB eligible individuals; in plan facilities.

Note: All rates include 0.13% commission

What does that mean?

COBRA is a federal law. It requires an employer to let you continue your group health coverage if you become ineligible. You pay for COBRA coverage yourself. Your employer will no longer help pay the cost.

Coinsurance is the percentage of health care costs you pay after you meet your annual deductible.

Copayment (copay) is a flat dollar amount you pay for certain services.

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

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

- > Spouse
- > Domestic partner
- > Child
- > Stepchild

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

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

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

Maximum benefit is the most your health plan will pay for a specific service each year.

Medical home is a team-based health care delivery model. It is intended to provide complete and continuous medical care to patients. The goal of the medical home is to provide care that gets the best health outcomes. If you have a plan that requires it, you need to choose a medical home after you enroll. Be sure to contact your health plan and tell them who you selected before you use services.

What does that mean? — continued

Medicare eligible is a person who currently qualifies for Medicare benefits by:

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

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

Out-of-pocket maximum is the most you will pay each year before your plan begins paying 100% of eligible expenses.

PCP 360 is a primary care provider who has agreed to be accountable for your health. A PCP 360 delivers a full circle of care, coordinating with other providers as needed.

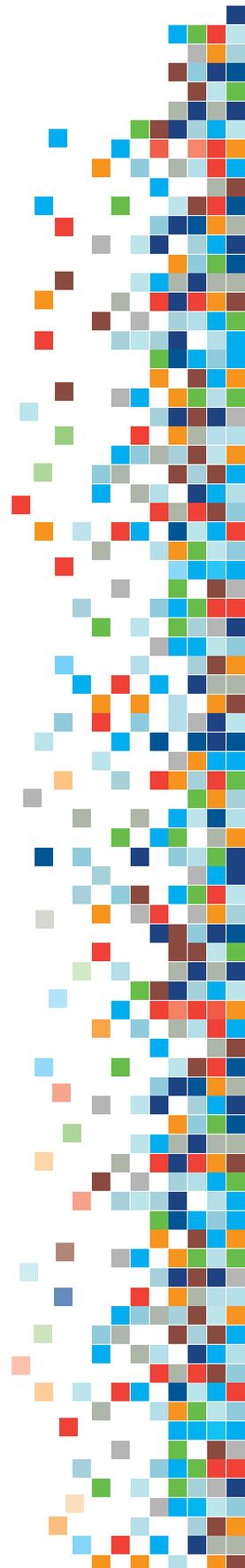
Pre-authorization (or prior authorization) means you must get an approval from your health plan before it will cover certain services.

Preventive care is the care you receive to prevent an illness or disease.

Primary care provider is 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) is a life event that allows you to change your plan elections outside the annual open enrollment period. Visit our website for a full listing of all the QSCs: <https://www.oregon.gov/oha/PEBB/docs/AppendixA-QSC.pdf>

Self-insured means an employer (PEBB) pays for health care costs (claims) instead of the insurance company. A third-party administrator (Moda and Providence) processes the claims for the employer.



Quick tips

Make sure your providers are in-network for the plans you select.

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.

Make sure you have the coverages you need. Double check enrollments to make sure you have the plans you need. Did you enroll in medical, dental and vision plans?

Verify your dependents have the right coverage. You need to add each dependent to each plan (medical, dental, vision, etc.) if you want them covered.

Know the facts if you decide not to enroll in dental for yourself or a dependent. A 12-month wait may apply to certain services. There is a 24 month wait for orthodontic services. The waiting period will apply if you choose to add Delta Dental coverage at a future open enrollment.

Don't wait until the last minute! PEBB and insurance carrier offices are closed on weekends and holidays. Decide early, enroll early.

Don't forget to choose a medical home through Providence! The goal of the medical home is to provide care that gets the best outcomes. If you enroll in Providence Choice, you will need to choose a medical home after you enroll. Be sure to contact your health plan **before you have services** to tell them who you selected to avoid out-of-network charges.

Don't forget to choose a PCP 360 through Moda! The goal of the PCP 360 is to provide care that gets the best outcomes. If you enroll in Moda Synergy, you will need to choose a PCP 360 after you enroll. Be sure to contact your health plan to tell them who you chose **before you have services**. This can help you avoid out-of-network charges.

Select the correct Flexible Spending Account (FSA).

Before you enroll, know the difference!

- > **Health Care FSA** — reimburses you or your dependents out-of-pocket expenses:
 - Medical
 - Dental
 - Vision.
- > **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.

Find out if a parking or transit account is right for you. You may not take part in a parking or transit account if you already have these expenses withheld from your pay.

Also, to keep the account active, at least once every six months, you must either:

- > Contribute to the account, or
- > File a claim

Who to contact for help

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 carriers. PEBB is also the plan administrator that knows the most about your benefits.

Contact PEBB if you need help:

- > Logging into or navigating the PEBB Benefits enrollment system (www.PEBBEnroll.com)
- > Understanding rules
- > Verifying enrollments
- > Understanding your benefits or wellness programs

The carriers are the insurance companies that pay your providers for some or all of your healthcare services.

Contact the carrier if you need help:

- > Calculating how much you will pay for a procedure
- > Understanding how a claim was paid
- > Finding an in-network provider
- > Completing the online health assessment
- > Getting a new ID card

Your agency or university benefit office also knows a lot about benefits. They are your best source for your monthly coverage cost.

Contact your agency or university benefit office if you need to:

- > Make a change to your benefits due to a life event (such as getting married or having a baby)
- > Determine your monthly cost for coverage
- > Understand or correct your payroll deductions
- > Plan for benefits when you retire

Your providers are the professionals (doctors, dentists, specialists, etc.) who:

- > Provide healthcare services
- > Diagnose illnesses
- > Recommend treatments

Contact your provider if you need to:

- > Make an appointment
- > Estimate the total cost of a procedure
- > Pay your portion (copay or coinsurance) for a service
- > Get advice regarding symptoms or results of lab tests



Public Employees' Benefit Board

503-373-1102

www.oregon.gov/oha/PEBB/Pages/index.aspx



HEALTH



Delta Dental of Oregon & Alaska

Medical: 1-877-605-3229

Dental: 1-844-827-7100

www.modahealth.com/pebb



1-800-423-9470

<https://tinyurl.com/ProvidenceHealthPlan>



1-800-813-2000

my.kp.org/pebb



1-800-877-7195

www.vsp.com



1-800-556-3137

www.benefithelpsolutions.com/members/group-members/pebb



1-855-433-6825

www.pebb.willamettedental.com



1-800-659-3035

www.asiflex.com



1-800-433-2320

<https://tinyurl.com/cascadecenters>



1-800-842-1707

www.standard.com/mybenefits/pebb



1-800-227-4165

<http://unuminfo.com/pebb/index.aspx>



You MUST complete open enrollment between Oct. 1 and Oct. 31, 2019

Enroll at www.PEBBenroll.com

How to contact PEBB during open enrollment

Call PEBB at 503-373-1102 during the following times:
Monday–Friday, 8 a.m.–5 p.m.

During open enrollment – Oct. 1–31, 2019

Monday–Friday, 7 a.m.–6 p.m.

Email PEBB at: inquiries.pebb@dhsosha.state.or.us

Easy to find PEBB web pages

www.PEBBinfo.com — explore the PEBB homepage

www.PEBBenroll.com — enroll in PEBB benefits

www.PEBBreminders.com — sign up for text or email reminders

www.PEBBwebinars.com — register for upcoming webinars

www.PEBBondemand.com — find all kinds of “on demand” resources, such educational videos, presentation slides, carrier supplemental handouts.

You can get this document in other languages, large print, braille or a format you prefer. Contact PEBB at 503-373-1102 or email inquiries.pebb@dhsosha.state.or.us. We accept all relay calls or you can dial 711.