

Benefits Corrections – Frequently Asked Questions

Personal Information:

Question: How do I update my personal information?

Answer:

- Update your own address at www.pebbenroll.com.
- Update a dependents name, address, or date of birth with your Human Resources Office or Payroll.
- Be sure to update your information in Workday.

Period Ending 12/31/2021				Pay Date 01/01/2022	
Earnings				Deductions	
Description	Hours	Rate	Amount	Vendor	Description
TOTAL REG		10,398.00	10,398.00	EMP AD&D	POSTAX/200K
HEM INCENT			17.50	LONGTERM DIS	90 DAY/66%
GROSS PAY			10,415.50	DEF/COMP	PRE TAX
FED TAX			1,553.79	DEP LIFE	5K/DEPNDT
OTT			8.88	DLT PRE DT5%	EMP&FAMILY
STATE TAX			683.00	ROTH 457	POST TAX
SOC SEC TAX			632.60	SPOUSE INS	EMP&SPOUSE
MEDICARE TAX			147.95	BASIC LIFE5%	PRETAX/10K
WBF TAX			1.91	SHORTERM DIS	60% BENEFIT
EMPL DEDNS			2,472.32	PRSW 250 5%	EMP&FAMILY
NET DEPOSIT			4,915.05	EMP LF/55-59	040K PRETAX
NET CHECK			.00	EMP LF/55-59	260K POSTTAX
FEDERAL S 00				SP/DP 55-59	POSTAX/200K
STATE S 00				VISION PLUS	EMP&FAMILY
				VSP 5%	EMP&FAMILY
				EMPLOYEE PAID	RETIREMENT
				EE YTD/SUBS	EE YTD/SUBS

Pay Date	Total Net Deposit	Total Net Check	Total Net Deposit + Check
01/01/2022	4,915.05	.00	4,915.05

Period Ending 12/31/2021				Pay Date 01/01/2022	
Earnings				Deductions	
Description	Hours	Rate	Amount	Vendor	Description

Health Engagement Model:

Question: What steps did I need to take to participate in the Health Engagement Model (HEM) in 2022?

Answer: To participated in HEM you must:

- Complete Open Enrollment during October 2021, and
 - Select that you wanted to take part in HEM
 - Confirm that you completed two health actions in 2021
- Take the Health Assessment:
 - Through your 2021 PEBB medical plan between Sept. 1 and Oct. 31, 2021, or
 - Using a special access code if you didn't have a medical plan in 2021.
- Request to have the health assessment requirement waived during October Open Enrollment

Question: Do I qualify for HEM if I am a new employee?

Answer: If your benefits were effective on or after Nov. 1, 2021, you did not qualify for HEM in 2022. You won't receive the monthly HEM incentive. You will get the benefit of the lower deductible.

Question: What happens if I didn't complete all the required steps to take part in HEM? Can I correct this now?

Answer: Unfortunately if you didn't complete the required steps you are not eligible for HEM in 2022. This is not correctable. This means:

- You will have a higher deductible of \$350
- You will not receive the \$17.50 monthly incentive
- Your next chance to sign up to participate is Oct. 2022 during Open Enrollment.

Question: I followed all the steps to take part in HEM. How can I tell if I'm enrolled?

Answer: Check your paystub to make sure you are receiving the HEM incentive

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12/31/2021			01/01/2022		
Earnings			Deductions		
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TOTAL REG		10,398.00	10,398.00	EMP AD&D	POSTAX/200K
HEM INCENT			17.50	LONGTERM DIS	90 DAY/66%
GROSS PAY			10,415.50	DEF/COMP	PRE TAX
FED TAX			1,553.79	DEP LIFE	5K/DEPNDT
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STATE S 00				VISION PLUS	EMP&FAMILY
				VSP 5%	EMP&FAMILY
				EMPLOYEE PAID	RETIREMENT
				EE YTD/SUBS	EE YTD/SUBS

Question: What if I followed all the steps, but the HEM incentive isn't on my paycheck?

Answer: Follow these steps:

- Go to www.pebbenroll.com.
- Look at your Benefit Summary
- Do you see the following on your Summary?

Plan	Coverage Tier	Effect. Date	End Date
Medical Providence PEBB Statewide Plan	Employee, Spouse & Children	01-01-2022	
Health Engagement Model HEM Participant	Employee Only	01-01-2022	
Vision			

If you see HEM coverage for 2022 on the Benefit Summary, PEBB has record that you completed your Health Assessment. PEBB is unable to fix this. Contact your payroll office to add the incentive to your paycheck.

Question: What if I did my Health Assessment but it doesn't show on my Benefit Summary?

Answer: If your PEBB Benefit Summary (in PDB) doesn't show HEM coverage:

- Send a copy of your health assessment confirmation to PEBB
- PEBB will verify completion with your carrier and update your HEM status

Open Enrollment

Question: What if I'm a medical "opt out" and didn't take part in open enrollment?

Answer: Here's what happens if you didn't take part in open enrollment:

- Your medical enrollment was changed to "not enrolled." This means you will not receive your monthly "opt out" incentive.
- We left your other plan enrollments the same as last year.
- If this was an error, PEBB can correct it prospectively. You will need to turn in a correction form.

Description	Earnings			
	Hours	Rate	Amount	
TOTAL REG	176.00			EMP/D
INS RETURN			232.15	LONG
GROSS PAY				MED C
FED TAX				BASIC
OTT				SHOR
STATE TAX				EMP L
SOC SEC TAX				EMP L
MEDICARE TAX				EMP L

Question: I didn't have any enrollment changes, so I didn't do open enrollment. What happens?

Answer: Open enrollment was required this year. If you missed it PEBB made some assumptions about you and your dependents. We took the following actions:

- Defaulted you to a HEM non-participant plan. This means your deductible increased to \$350. You also lost your monthly \$17.50 HEM incentive.
- Defaulted you to a tobacco user status. We added a tobacco surcharge for you and your spouse/domestic partner.
- Added a surcharge for your spouse/domestic partner waiving other group coverage.

Question: What should I be checking on my PEBB Benefit Summary?

Answer: Check to be sure:

- Your HEM participation status is correct
- We applied the correct surcharges
- You are enrolled in the right core plans – Medical, Dental, and Vision
- The correct dependents are enrolled:
 - Spouse/domestic partner
 - Children – *remember, your former spouse or domestic partner's children are not eligible*
- Your optional plan selections are correct– short term disability, long term disability, optional life and AD&D coverage.
 - Did you turn in any required medical evidence by 12/31/2021?
 - Are you enrolled in the right coverage? Are the coverage amounts correct?

Dependents Marked YES?

Plan	Coverage Tier	Effect. Date	End Date	Dependents		
				Elandra	Corban	Vernon
Medical Providence PEBB Statewide Plan	Employee, Spouse & Children	01-01-2022		Yes	Yes	Yes
Health Engagement Model HEM Participant	Employee Only	01-01-2022				
Vision VSP PLUS Plan (includes VSP Vision Service Plan)	Employee, Spouse & Children	01-01-2022		Yes	Yes	Yes
Dental Delta Dental Premier	Employee, Spouse & Children	01-01-2022		Yes	Yes	Yes
Basic Life Standard Insurance - Basic Life	Employee Only \$10K	01-01-2022				
Tobacco Tobacco Use Program	Both my spouse and I do not currently use tobacco	01-01-2022				
Other Employer Group Coverage Other-Employer Group Coverage Program	My spouse has other employer group coverage available and waives that coverage	01-01-2022				
Surcharge Double coverage surcharge (PEBB/OEBB)	No, I do not cover a spouse or dependent that is enrolled in a PEBB or OEBB medical plan.	01-01-2022				

Got HEM?

Surcharges Correct?

Amounts Correct?

Coverages Correct?

Plan	Coverage Tier	EMK Type	Effect. Date	End Date
Employee Optional Life Standard Insurance - Optional Life	Non-Tobacco-Employee Only, Age 55 to 59, Amount \$300,000	OPEN	01-01-2022	
Spouse/Partner Optional Life Standard Insurance - Optional Life	Non-Tobacco-Spouse Only, Age 55 to 59, Amount \$200,000	OPEN	01-01-2022	
Dependent Life Standard Insurance - Dependent Life	Dependent \$5K	OPEN	01-01-2022	
Accidental Death & Dismemberment Standard Insurance - Accidental Death & Dismemberment	Employee Only - \$200,000	OPEN	01-01-2022	
Long Term Disability Standard Insurance - Long Term Disability	90-Day @ 66 2/3%	OPEN	01-01-2022	
Short Term Disability Standard Insurance - Short Term Disability	60% Benefit	OPEN	01-01-2022	

DAS IT APPLICATIONS ePayroll Home	
8/30/2019	TOTAL-REG
8/1/2019	HEM INCENT
7/1/2019	GROSS PAY
5/31/2019	FED TAX
5/1/2019	OTT
4/1/2019	STATE TAX
3/1/2019	SOC SEC TAX
2/1/2019	MEDICARE TAX
1/15/2019	WBF TAX
1/1/2019	EMPL DEDNS
	NET DEPOSIT
	NET CHECK
	FEDERAL S 00
	STATE S 00
Manual Checks	
	Gross Pay
	9,391.50
ePayroll Help	
Pay Code Guide	
Deduction Code Guide	
Terms and Conditions	
	Leave Type
	PSNL BUS
	SICK
	VACATION

Question: What is the deadline for making open enrollment corrections?

Answer: Correction requests must be submitted by February 28, 2022.

Question: What actions are correctable?

Answer: You can correct some enrollment actions. You can:

- Make changes to the plans you selected. These changes will take effect the first of the next month.
- Add or delete spouse or child dependents
- Correct surcharges applied incorrectly for:
 - Tobacco
 - Other group coverage
 - Double coverage
- Correct HEM if you took all three actions:
 - Completed open enrollment,
 - Marked that you planned to take part in HEM, and
 - Completed your health assessment on your carrier's website

Question: What actions am I not allowed to correct?

Answer: There are certain open enrollment actions you cannot correct. If you did not:

- Take your health assessment, you will have to wait until next open enrollment
- Complete open enrollment it can't be fixed. You will default to last year's enrollments. Your medical plan will be the higher deductible \$350 non-HEM plan.
- Select "HEM participation" when completing open enrollment, it can't be fixed until next year. The same is true if you didn't confirm that you had done two health actions.
- Enroll in a health care or dependent care flexible spending account (FSA) during open enrollment, you cannot enroll until next year unless you experience a qualifying event.

Question: Where do I find information about open enrollment errors and how to correct them?

Answer: You can find information at: OAR 101-020-0037 Section 20 <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=249463>.

Flexible Spending Accounts (FSA) – Health Care and Dependent Care

Question: I didn't complete Open Enrollment. Can I sign up for a Health Care or Dependent Care FSA now?

Answer: If you didn't do Open Enrollment, you can't participate in an FSA unless you experience a Qualified Status Change (QSC).

Question: What do I need to know about FSA Corrections?

Answer: FSAs are federally regulated by the Internal Revenue Service. PEBB is restricted on what changes we can or cannot make.

- You cannot cancel your Health Care or Dependent Care FSA after 12/31/2021 unless you experience a QSC.
- We cannot retroactively enroll or correct an FSA enrollment.
- We cannot allow prospective FSA increases or decreases without a QSC.

Medical Homes – Providence Choice and Moda Synergy

Question: What do I need to know about Providence Choice.

Answer: The Providence Choice network requires you to select a Medical Home prior to receiving services to avoid any out-of-network charges. If you selected a medical home in 2021 you don't have to reselect one unless you want to make a change.

- Providence Choice network is different than Providence Statewide.
- Providence Choice does not include OHSU
- You need a referral for Providence Choice Services

Question: What do I need to know about Moda Synergy?

Answer: Moda Synergy and Summit networks have been combined under the Moda Synergy plan (as of 2020).

- Moda Synergy is still available statewide.
- Members must now select a PCP 360 before receiving services for an in-network benefit. To select a PCP 360, you can call Moda or use your MyModa account.

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Look for this symbol
to find a PCP 360

