

open

ENROLLMENT

guide

It's just the *key* you need – enroll now.

Enrollment Required Oct. 1–31, 2018

Enroll at: www.PEBBinfo.com



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What's new for 2019?

Good news! Oregon public employees pay less for health care than other government workers and the private sector.¹

Effective January 2019

Premiums (what you pay monthly) remain low!

- Most members will see premium increases between \$1 and \$4 per month.

Deductibles stay low!

Emergency room copays change.

- Moda, Providence Choice and Providence Statewide will increase the emergency room visit copay to \$150. Your copay is waived if admitted to the hospital.

An increase in Providence Statewide out-of-pocket maximum.

- \$1900 per individual
- \$5700 per family

An increase in various Willamette Dental copays.

- Office visits to \$10; fillings to \$20; crowns and bridges to \$250; dentures to \$290; root canals to \$150; surgical extractions to \$40; and orthodontia to \$2,500

Delta Dental increases benefit options.

- Adds nitrous oxide benefit

PEBB policy on child dependent coverage will change.

- Coverage will end the last day of the month in which the child turns 26.
 - Previously, children could stay covered until the end of the plan year in which they turned 26.
 - This helps PEBB avoid major benefit cuts and saves money.

A self-insured model for Moda.

- This helps PEBB avoid major benefit cuts and saves money.
- Value for you – it won't affect your out-of-pocket costs.

Flexible Spending Account (FSA) contributions increase.

- Members can contribute up to \$2,650 to a health care FSA in 2019.

Fringe benefit contributions increase

- Commuter benefit monthly maximum for 2019 increases to \$260.

VSP makes vision benefit plan changes.

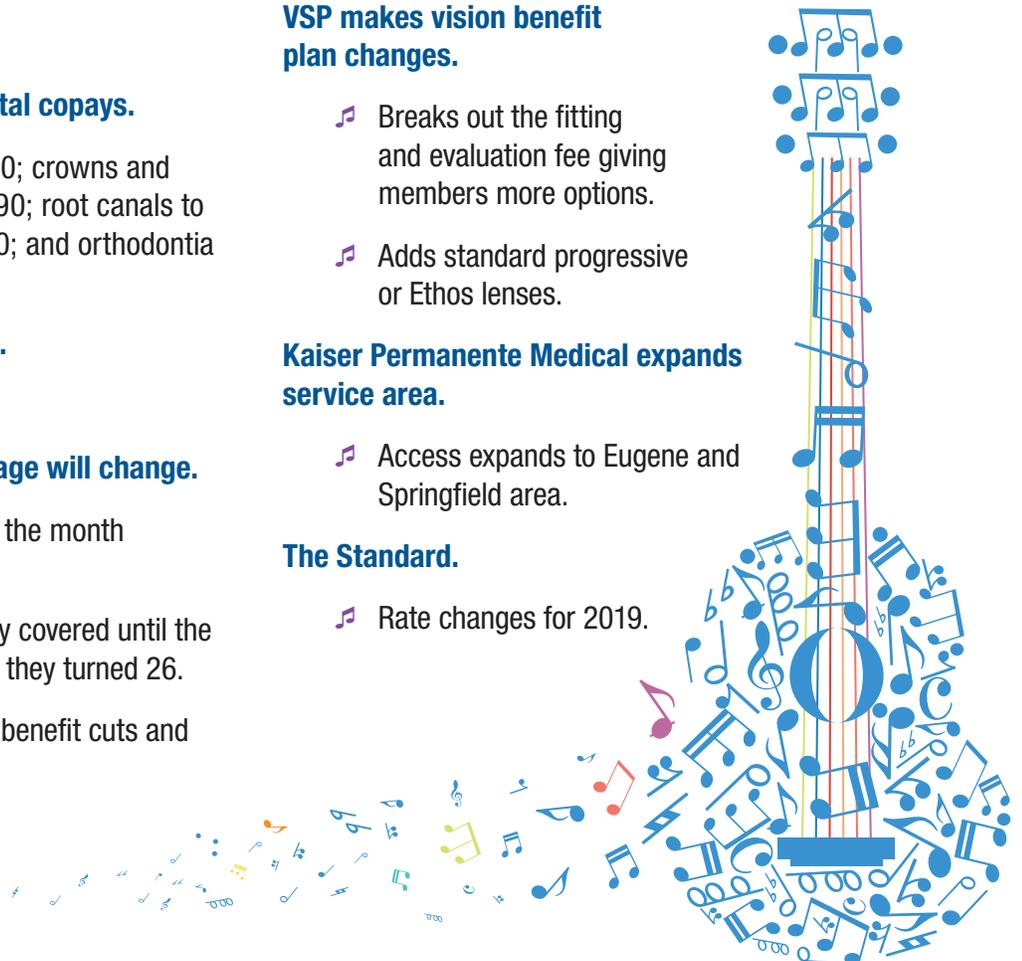
- Breaks out the fitting and evaluation fee giving members more options.
- Adds standard progressive or Ethos lenses.

Kaiser Permanente Medical expands service area.

- Access expands to Eugene and Springfield area.

The Standard.

- Rate changes for 2019.



Who to contact for help

PEBB stands for the Public Employees' Benefit Board. We serve 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 who knows the most about your benefits.

Contact PEBB if you need help:

- ♪ Logging into or navigating the PEBB Benefits enrollment system (www.PEBBinfo.com)
- ♪ Clarifying 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 (like getting married or having a baby)
- ♪ Determine your monthly cost for coverage
- ♪ Plan for retirement
- ♪ Understand or correct your payroll deductions

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

- ♪ Deliver your healthcare
- ♪ 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



503-373-1102
www.oregon.gov/oha/PEBB/Pages/index.aspx



1-855-433-6825
www.willamettedental.com/pebb



Medical: 1-877-605-3229
 Dental: 1-877-277-7280
www.modahealth.com/pebb



1-800-659-3035
www.asiflex.com



Administered by
 1-800-423-9470
<https://tinyurl.com/ProvidenceHealthPlan>



1-800-433-2320
<https://tinyurl.com/cascadecenters>



1-800-813-2000
my.kp.org/pebb



1-800-842-1707
www.standard.com/mybenefits/pebb



1-800-877-7195
www.vsp.com



1-800-227-4165
<http://unuminfo.com/pebb/index.aspx>

Mandatory open enrollment and why

Everyone must log in Oct. 1 - 31 and make 2019 benefit selections. Open enrollment is the one time per year you can make changes without a major life event. Take action during this open enrollment to make sure you have the coverage you and your family need. Choose to participate in the Health Engagement Model (HEM) to receive a lower deductible. Review and update your dependents, tobacco usage, spouse other group coverage, personal information and beneficiaries.

Before you enroll

Learn the basics about health coverage

Glossary of terms near the back of this guide.

See what plans are available to you

- ♪ The Coordinated Care Model <https://bit.ly/2OyGxrn>
- ♪ Lower/higher cost plans by county www.oregon.gov/OHA/PEBB/Documents/Medical%20Plans.pdf

Make sure your providers are in the plan's network — use the plan's provider directory

- ♪ Kaiser Permanente HMO and Deductible healthy.kaiserpermanente.org/care/doctors-locations
- ♪ Moda Synergy and Summit www.modahealth.com/ProviderSearch/faces/webpages/home.xhtml
- ♪ PEBB Statewide and Providence Choice phppd.providence.org

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

Coordinated care model plans — Providence Choice, Moda Synergy/Summit 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 — your care may not be covered if you go to to a non-Kaiser Permanente provider.
- ♪ Moda — your providers work together to coordinate your care. Referrals to specialists are not required. Members may see any provider in the Synergy or Summit network.

The 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

Before you enroll — continued

Covering domestic partners

Covering domestic partners and your 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

When you enroll, you can opt out of PEBB medical plan coverage if you are covered in another group plan. You will receive a portion of your employer's premium contribution that was determined by the PEBB Board. www.oregon.gov/oha/pebb/benefits/opt-out.pdf

You may still enroll in other PEBB benefits.

Decline core benefits

If you decline core benefits you choose not to participate in **any** PEBB benefit. You also decline from the employer premium share for core benefits. www.oregon.gov/oha/pebb/benefits/opt-out-decline.pdf

Employee premium share for core benefits

Employees pay a percentage share of premium for core benefits; the employer pays the balance. Premium share may vary depending on the employing agency or university. For example, premium share for full-time employees in executive branch agencies is 5 percent or 1 percent depending on their choice of health plan; for some universities, it's 5 percent or 3 percent. PEBB does not determine the premium share. Contact your agency or university benefits office for information about premium share. www.oregon.gov/OHA/PEBB/pages/contact_us.aspx.

The same percentage premium share you pay for medical coverage applies to enrollment in other core benefits – dental, vision and employee basic life coverage. If you opt out of medical, your premium share is always 5 percent.

For employees of executive branch agencies:

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

Part-time employees: Both full-time and part-time plans are available to part-time employees. You pay either 5 percent or 1 percent of the total premium based on the medical plan you choose. Also, you pay any premium balance after your employer pays its premium share based on the hours you work each month. Your employer pays a premium subsidy if you enroll in a part-time plan. Your premium share in the full-time or part-time PEBB Statewide or Kaiser Permanente HMO plan is 5 percent. Your premium share in any other full-time or part-time plans is 1 percent. Remember that if you enroll in a part-time medical plan, you also receive a flat premium subsidy amount based on your coverage tier.



PEBB dependent eligibility review

PEBB continues reviewing dependent records. 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:

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

Once PEBB completes the review we will send you a confirmation letter. The letter will verify if your dependent was found eligible, or not.

Who is considered an eligible dependent?

1. **Spouse** is married under the laws of Oregon or any other state or country.
2. **Domestic Partner by Certificate** are two people of the same sex in a partnership recognized by Oregon law.
3. **Domestic Partner by Affidavit** are unmarried people of the same or opposite sex who are in a partnership.
4. **Child** is your biological, adopted, step-child or your partner's child.
5. **Child by Affidavit** is the court ordered placement of a child who lives in your household. The child must also be your IRS tax dependent.

6. **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 must not be over the age of 26. The parent cannot be married and does not have a domestic partner.

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
- ♪ 2016 or 2017 Federal 1040 tax form
- ♪ Oregon state issued certificate of registered domestic partnership
- ♪ 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 you 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 is 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. We are 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. To add them to your benefits, you will need to fill out the appeal form and submit it along with your eligibility documents. This must be in within 60 days of the coverage end date.

What do 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 have questions about the review. Our Member Services phone number is 503-373-1102 or you can send an email to pebb.dependenteligibility@dhsosha.state.or.us

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

Yes, even if you already gave documents to your payroll or personnel office. Failure to provide documents to PEBB will result in your dependents' coverage ending.

How often does PEBB conduct an eligibility review?

PEBB conducts a new eligibility review every 60 days. So, starting in January 2019, PEBB will select an agency and its employees to review.

- 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>

alex[®] | BENEFITS COUNSELOR



ALEX the virtual benefits counselor is back!

The tool has been updated with new information so even if you talked to ALEX before, since there's slight changes to benefits plans, 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 and 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 long will this take?

It depends how much guidance you'd like. ALEX can also save your place, so you can leave to get some ice cream and then pick up where you left off.

How should I prepare?

You don't need to do much of anything. Since no one can see into the future, ALEX will ask you to estimate what type of medical care you might need this year (doctors visits, surgeries, ER visits, prescriptions, etc.). You may want to tally those up and talk to your family about their needs, but ALEX can also help you come up with some estimates.

Alex — continued



How does ALEX know what plan is best for me?

ALEX takes the amount each plan would cost you out of your paycheck (your premium) 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), so it's completely anonymous.



Get benefits guidance that's (dare we say) fun at

myalex.com/PEBB/2019



Health Engagement Model (HEM) — Active members 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. Employees who take part in the HEM earn an incentive of \$17.50 per month in their paycheck. They also keep their health plan deductible low. If you decide not to take part, you will have a higher deductible. You will also miss out on your 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.

There are just three easy steps to participate.

Step 1: Enroll in a medical plan for 2019 between Oct. 1–31, 2018 (Be sure to say you plan to take part in the HEM).

Step 2: Take your confidential health assessment on your current (2018) health plan's website Sept. 1–Oct. 31, 2018. www.oregon.gov/oha/PEBB/Pages/Health-Assessment.aspx

Step 3: Complete two health actions during the plan year. You don't have to track or report your two health actions. The next time you enroll in a health plan during open enrollment, you'll be asked if you completed two health actions. You answer "yes" or "no." It's that easy! www.oregon.gov/oha/pebb/Pages/HEM-Activities.aspx

Just some reminders:

- Spouses and partners don't participate. They still get the advantage of your low family deductible though.
- Retiree, COBRA and self-pay members are not eligible for HEM.
- Employees who are enrolled and receiving benefits by Oct. 31, 2018, can take part in the 2019 HEM.

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.



2019 rates

2019 PEBB employee *medical* plan monthly premium rates (available to both full-time and part-time employees)

Plan	Employee	Employee & Spouse/Partner	Employee & Children	Employee & Family
Kaiser Permanente ¹	\$767.75	\$1,535.51	\$1,305.16	\$2,072.92
Kaiser Permanente Deductible ¹	\$701.30	\$1,402.62	\$1,192.23	\$1,893.54
Moda Synergy/Summit ²	\$698.37	\$1,396.75	\$1,187.23	\$1,885.62
PEBB Statewide PPO	\$786.53	\$1,573.09	\$1,337.12	\$2,123.66
Providence Choice ³	\$682.07	\$1,364.12	\$1,159.51	\$1,841.57

¹ Available in plan's service area. Includes Kaiser Permanente routine vision services.

² Available in plan's service area.

³ Available in plan's service area.

2019 PEBB part-time employee *medical* plan monthly premium rates (available only to part-time employees)

Plan	Employee	Employee & Spouse/Partner	Employee & Children	Employee & Family
Kaiser Permanente ¹	\$649.94	\$1,299.88	\$1,104.87	\$1,754.82
Kaiser Permanente Deductible ¹	\$569.99	\$1,139.99	\$968.98	\$1,538.98
Moda Synergy/Summit ²	\$568.57	\$1,137.14	\$966.57	\$1,535.15
PEBB Statewide PPO	\$638.95	\$1,277.90	\$1,086.23	\$1,725.17
Providence Choice ²	\$552.73	\$1,105.45	\$939.63	\$1,492.35

¹ Additional option available in plan's service area.

² Additional option available in plan's service area.

2019 PEBB full-time *dental* plans (available to both full-time and part-time employees)

Plan	Employee	Employee & Spouse/Partner	Employee & Children	Employee & Family
Kaiser Permanente Dental ¹	\$63.75	\$127.50	\$108.39	\$172.14
Delta Dental PPO ²	\$51.31	\$102.61	\$87.21	\$138.52
Delta Dental Premier ²	\$55.52	\$111.05	\$94.39	\$149.91
Willamette Dental Group ²	\$52.50	\$105.01	\$89.28	\$141.77

¹ Available in plan's service area.

² Available in plan's service area.

2019 PEBB part-time *dental* plans (available to part-time employees only)

Plan	Employee	Employee & Spouse/Partner	Employee & Children	Employee & Family
Kaiser Permanente Dental ¹	\$47.55	\$95.09	\$80.83	\$128.39
Delta Dental Premier ²	\$39.96	\$79.91	\$67.93	\$107.89

¹ Available in plan's service area.

² Available in plan's service area.

2019 PEBB employee *vision* plan monthly premium rates (available to both full-time and part-time employees)

Plan	Employee	Employee & Spouse/Partner	Employee & Children	Employee & Family
VSP	\$8.91	\$17.82	\$15.15	\$24.06
VSP Plus	\$13.38	\$26.73	\$22.73	\$36.10

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.

New for 2019, PEBB employees can access care in Eugene and Springfield with a Kaiser Permanente health plan. Please see your benefits coordinator for eligibility.

Visit kp.org/lane for more information.

Finding the right location

Choosing a convenient place to get care is simple – just hop online or grab your smartphone.

- Visit kp.org/facilities 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

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.²

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.³

Care while traveling

If you get hurt or sick while traveling, we'll help you get care. 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 temporarily 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.

²An 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.

³If 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.

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.

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



Welcome to high-quality, compassionate health coverage at a great value.

We love our health plans – and we hope you will, too. They are meant to help you find moments every day to be your health best.

Lots of value you'll love

Moda plans simply give you bigger benefits at an even better savings. Here are a few highlights:

- \$10 in-network specialist visits
- Referrals are not required for in-network specialist care
- Expansive networks including OHSU, Legacy, Adventist and Salem Health
- Pharmacy benefits, including \$0 copay for value medications and vaccines
- Cost-effective mail-order pharmacy options
- Virtual Visits brings urgent care to the comfort of your home
- Active&Fit Direct™ provides gym membership discounts

➤ Moda does not require a referral for in-network specialist care

Our medical plans also cover most routine in-network preventive care at no cost to you. These services may include:

- Periodic health exams
- Well-baby care
- Women's annual exams
- Many immunizations and lab services
- Preventive cancer and other health screenings

Medical Homes make care personal

Once your Moda plan is active, you'll need to pick a Moda Medical Home. Your Medical Home is the place you go for care and where you see your preferred doctors or primary care physician. They will work together with you and the rest of your team on the best treatments for you. This team-based approach offers:

- Personalized care centered on you
- Faster, easier ways to find care
- Support in meeting your health goals
- Lower out-of-pocket costs with your Moda Medical Home

Moda plans are the best option for you – if you are looking for partners to help you on your healthcare journey. This is also the ideal option if you are managing an existing condition because of its laser focus on wellness, prevention and improving your quality of life.

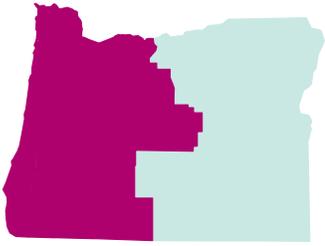
Virtual Visits provides urgent care from home

As part of your medical benefits, Virtual Visits connects you with a licensed Oregon Health Science University (OHSU) doctor, physician assistant or nurse practitioner from your home via computer or mobile device. Moda Health PEBB members receive the Virtual Visits benefit at no cost. To schedule a Virtual Visit, go to ohsu.edu/virtualvisits.

Networks that protect you

Our Moda Synergy and Summit plans offer lower premiums and out-of-pocket costs, coordinated provider choice, and active Medical Home engagement to collaborate with you on your healthcare needs. Providers in Synergy and Summit are agreeing to be accountable for keeping you healthy by coordinating your care.

Moda Health — continued



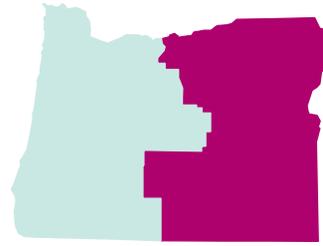
Synergy Network

This network serves you living or working in the Portland metro area, SW Washington, the Oregon coast, the Columbia River Gorge, Salem, Eugene, central and southern Oregon communities. It connects you with high-quality care close to home. You can choose a Medical Home from a diverse and wide selection of participating providers, including:

- Adventist Health (OHSU partner)
- Asante
- Bay Area Hospital
- Columbia Memorial Hospital
- Legacy Health
- Legacy Silverton Hospital
- Mid-Columbia Medical Center
- Oregon Health & Science University (OHSU)
- PeaceHealth
- Salem Health Hospitals and Clinics
- Samaritan Health Services
- Santiam Hospital
- Sky Lakes Medical Center
- St. Charles Health System
- Tillamook Regional Medical Center
- Tuality Healthcare (OHSU partner)

Synergy Network covers these counties:

Benton, Clackamas, Clark, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Hood River, Jackson, Jefferson, Josephine, Klamath, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Wasco, Washington and Yamhill.



Summit Network

This network serves those living or working in eastern Oregon. It connects you with high-quality care at an affordable cost. You can pick a Medical Home from a diverse and wide selection of participating providers in eastern Oregon, SW Washington and Idaho, including:

- Blue Mountain Hospital District
- CHI St. Anthony Hospital
- Good Shepherd Healthcare System
- Grande Ronde Hospital
- Harney District Hospital
- Kadlec District Hospital
- Lake Health District Hospital
- Pioneer Memorial Hospital - Heppner
- Saint Alphonsus Health System
- St. Luke's Hospital
- Trios Health
- Wallowa County Memorial Hospital

Summit Network covers these counties:

Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa and Wheeler.

Providence Statewide

Providence members enjoy more perks

As a PEBB Statewide plan member, you can count on quality, choice and compassionate care from providers you know and trust. You'll have convenient access to care and personal support for any health need—big or small.



The PEBB Statewide plan is a PPO plan. The PEBB Statewide plan is flexible, allowing you to access care from primary care providers, specialists and pharmacies of your choice, without a referral. You pay less for in-network services, more for out-of-network services.

Availability:

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

Plan features:

- Full access to the nationwide Providence Signature Network, with approximately one 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

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

Providence Statewide — continued

WITH CARE AND SUPPORT, PROVIDENCE HELPS YOU ACHIEVE YOUR TRUE HEALTH



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.



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.



NEW IN
2019

ID protection With Assist America's Identify 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.



NEW IN
2019

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.



Active&Fit Direct™ Tired of paying expensive health club membership fees? Save with Active&Fit Direct. Choose from more than 9,000 participating fitness centers nationally, and pay just \$25 a month (plus a \$25 enrollment fee and applicable taxes; 3-month commitment required).



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.

Maintain your health with these resources:

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

Providence members enjoy more perks

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 have convenient access to care and personal support for any health need—big or small.



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 you'll have 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 nearly 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)

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 Choice — continued

WITH CARE AND SUPPORT, PROVIDENCE HELPS YOU ACHIEVE YOUR TRUE HEALTH



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.



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.



NEW IN
2019

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NEW IN
2019

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.

Active&Fit Direct™ Tired of paying expensive health club membership fees? Save with Active&Fit Direct. Choose from more than 9,000 participating fitness centers nationally, and pay just \$25 a month (plus a \$25 enrollment fee and applicable taxes; 3-month commitment required).



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.

Maintain your health with these resources:

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.

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).

Discounts on glasses

Choose from our \$69 and under selection of frames and get 2 pairs of single vision glasses for \$129 or save 30 percent on a second pair of glasses including designer frames. Kids lenses are always 50 percent off full price.

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 percent savings off the original retail price within one year of purchase when broken, no matter the reason.

High quality of service and care

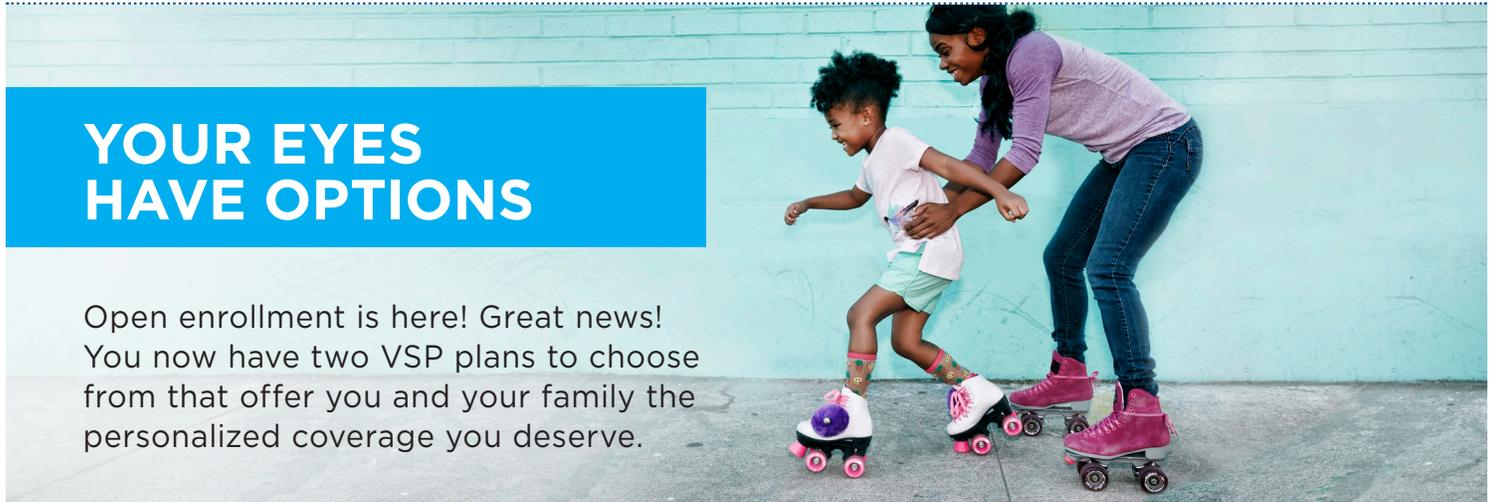
Kaiser Permanente Northwest's Medicare and commercial plans received the highest rating in quality and performance among health plans in Oregon and Washington for 2017-2018 according to the National Committee for Quality Assurance (NCQA).*

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.



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

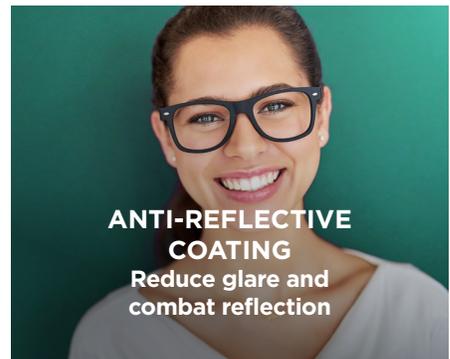
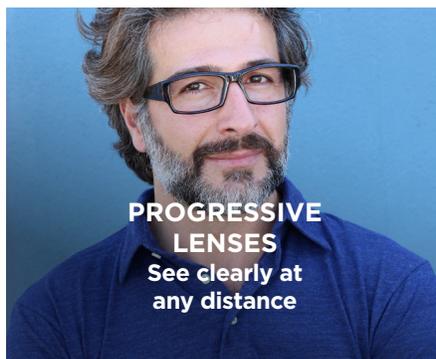
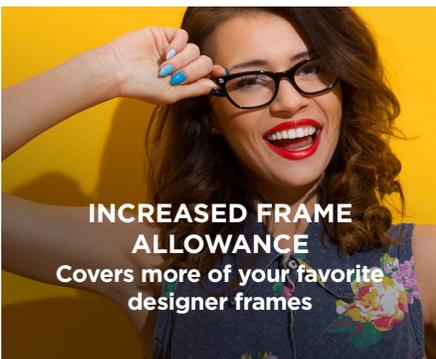
You get access to a huge network of exceptional eye doctors and the coverage you expect at low out-of-pocket costs:

- 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.

Here's a look at what you could get:



ENROLL IN VSP TODAY!

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

Check your member benefits summary for plan details.



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.

Portland	503-286-6868
Salem	503-370-4311
Eugene-Springfield	1-800-448-6118
Vancouver	360-254-9158
Longview.....	360-575-4800

Language interpretation services:
Use the numbers above.

TTY (all areas) 711

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



Delta Dental of Oregon

DELTA DENTAL

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

- 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 108,000 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 154,000 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 almost 50 years, Willamette Dental Group has proudly partnered with public employers throughout the Pacific Northwest, offering high quality dental care and outstanding insurance coverage to more than 450,000 patients.

Our evidence-based, proactive treatment approach to dental care 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.

2019 PLAN CHANGES

Office Visit Copay	\$10
Fillings	\$20
Complete Upper or Lower Denture	\$290
Crowns & Bridges	\$250
Root Canal Therapy	\$150
Surgical Extractions	\$40
Comprehensive Orthodontia	\$2,500

QUICK FACTS

-  No annual maximum, no deductibles
-  Preventive services covered at 100 percent with office visit copay
-  Affordable orthodontic coverage for adults and children
-  Patient satisfaction averages over 92 percent
-  Most offices open 7AM to 6PM Mon – Fri with Saturday appointments available

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 offices)
- Richland, WA
- Roseburg, OR
- Salem, OR (2 offices)
- Springfield, OR
- Tillamook, OR
- Vancouver, WA

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

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 the things that bring you satisfaction

You are better able to serve Oregonians and slow health care cost increases 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 your 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
- ♪ Weight Watchers is for members who want to:
 - » eat healthier
 - » lose weight
 - » just 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 prescribed medications that assist with quitting

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



Flexible Spending Accounts Save You Money!

*Want to save money on Medical or Child Care Expenses?
Sign up for the Flexible Spending Account and
put more money in your pocket!*



Save 25 percent or more on eligible expenses.

A **Flexible Spending Account (FSAs)** allows you to set aside money pre-tax from your paycheck. This money then helps to pay for medical and child or elder care expenses. That means you do not have to pay federal tax. In most cases you won't pay state income or FICA taxes on those dollars either. That means you have more money in your pocket! Most people can save at least 25 percent on each dollar set aside for expenses they pay for anyway!

The FSA is easy to manage. You can take advantage of the spending accounts by following these steps:

- 1) Review your expenses for medical, child or elder care from last year. Make note of what you spent on regular, planned expenses. Think about expenses you may have in the coming year.
- 2) Sign up for your FSA during PEBB's annual open enrollment period.
- 3) Submit claims to ASIFlex for refund of your expenses.

A **Health Care FSA** allows you to pay for out-of-pocket medical, dental, vision and hearing expenses for you, your spouse and dependents.

A **Dependent Care FSA** pays for qualifying work-related child care expenses. You can also use Dependent Care FSA money to pay for the care of older tax dependents not capable of self-care while you are at work. Eligible expenses include:

- ♪ Daycare,
- ♪ Summer day camps (overnight camps are NOT eligible),
- ♪ Babysitting,
- ♪ Before and after school care,
- ♪ Nursery school, and
- ♪ Pre-kindergarten expenses primarily for the protection and well-being of the dependent.

You can review ASIFlex's Eligible Expense list as a reference of the hundreds of eligible expenses.

Remember, the more you set aside, the more you save. So, it is to your advantage to do a full review of your expenses.

Keep in mind, you lose any funds you don't use and claim by the end of PEBB's grace period. You can incur expenses until March 15 following the plan year. You must then claim the expenses by March 31. ASIFlex may ask for additional documentation for some claims.

Visit <https://www.asiflex.com> or [PEBB](#) to learn more!

*ASI FLEX — continued*

Transit and Parking

Want to save money on your Transit and Parking expenses?
Sign up for the Commuter Benefit Plan and save 25 percent or more!



Commuter Benefit Plans allow you to set aside money from your paycheck on a pre-tax basis to pay for work-related commuting expenses, such as:

- ♪ Bus,
- ♪ Train,
- ♪ Subway,
- ♪ Van pooling, and
- ♪ Parking expenses.

That means you do not have to pay federal, and in most cases, state income tax, or FICA taxes on those dollars. Which means you have more money in your pocket! Most people can save at least 25 percent on each dollar that is set aside, for expenses they are paying for anyway!

The Commuter Benefit is easy to manage. You can take advantage of the plan by following these easy steps:

- 1) Review last year's expenses for commuting to and from work. Make note of what you spent on a regular monthly basis.
- 2) Sign up for the plan during PEBB's annual open enrollment period or anytime during the year.
- 3) Submit claims to ASIFlex for reimbursement of your expenses.
- 4) Claims for the current plan year must be submitted by January 15.

Two accounts

There are two accounts – parking and mass transit or van pooling. You may participate in one or both. Remember, eligible expenses are for commuting to and from your place of employment only.

Parking account – You can set aside pretax money* to pay:

- ♪ To park in a parking garage or metered street parking at or near where you work, or
- ♪ To park near where you start your commute using mass transit or van pool.

You may not participate in a parking account if you already have parking expenses withheld from your pay.

You can set aside up to \$260 per month into your parking account.*

Mass transit or van pooling account – You can set aside pretax money* to pay for work-related commuting expenses for: bus, ferry, rail, monorail, streetcar, train, subway or van pooling.

You may not participate in a mass transit or van pooling account if you already have these expenses withheld from your pay.

You can set aside up to \$260 per month into your transit or van pooling account.*

Dependent Care and Healthcare FSA Contributions may change based on Federal Regulatory Requirements.

* **Note:** The monthly limits are set by the IRS each year and are subject to change.



Optional Life and AD&D Insurance from The Standard



Life insurance can be a simple way to provide financial protection to your loved ones in case of an unexpected loss. Protect what is priceless with coverage that offers peace of mind.

Employee or Spouse/Domestic Partner Life Insurance

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 2018/2019 open enrollment period. Anyone applying for new or increased coverage must complete and return a medical history statement no later than Dec. 31, 2018.

Employees are responsible for paying the full premium amount for this term life coverage. The policy pays for covered losses as long as you are a PEBB-eligible state employee 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

www.oregon.gov/oha/pebb/Pages/Spouse-Partner-Life.aspx

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 state employee 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 Insurance (AD&D)

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 Disability (STD) and Long Term Disability (LTD) insurance are designed to pay a benefit to you in the event you cannot work because of a covered illness, injury or pregnancy. These benefits replace a portion of your income, thus helping you meet your financial commitments in your time of need.

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



Optional Life and AD&D Insurance from The Standard — continued

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);
2	180 days	minimum benefit of \$50/month
3	90 days	66 2/3 percent of first \$12,000 minus deductible income (up to \$8,000);
4	180 days	minimum benefit of \$50/month

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 on the Unum website. 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:

- ♪ bathing
- ♪ dressing
- ♪ 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.

Cascade Employee Assistance Program

EAP Summary of Services

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 (3 or 5) counseling sessions face to face, over the phone, or online for concerns such as:

- ♪ Marital conflict
- ♪ Grieving a loss
- ♪ Stress management
- ♪ Depression
- ♪ Anxiety
- ♪ Conflict at work
- ♪ Alcohol or drug abuse
- ♪ 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 percent 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 highly trained Fraud Resolution Specialist™ (FRS) who will conduct emergency response activities and assist members with restoring their identity, good credit, and dispute fraudulent debts.

Home Ownership Program

Assistance and discounts for buying, selling, and refinancing.

Gym Membership Discounts

Discounts for gym and studio memberships, nutrition programs, and wellness resources.

To access, go to: www.globalfit.com/cascadeEAP.

EAP Tools

- ♪ Will Kit Questionnaire and Free Simple Will
- ♪ Tax Preparation Q&A and discounted services
- ♪ Life Coaching for personal or professional goals
- ♪ Online Legal Tools with free forms

Cascade Personal Advantage

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**

Download the LifePilot Mobile App

Download the app to chat with a counselor, view your EAP services, and get the help you need. Search Cascade EAP in the App Store or Google Play.

Crisis Counselors are available 24/7/365



CASCADE CENTERS
INCORPORATED

For assistance:

Call: 800-433-2320

Text: 503-980-1777

www.cascadecenters.com

Cascade Employee Assistance Program — continued

Cascade's Comprehensive Employee Assistance Services



Your Success is Our Compass!

COBRA member information

Open enrollment runs Oct. 1–31, 2018

COBRA members:

- ♪ Must actively sign up each open enrollment period if enrolled in a medical plan.
- ♪ Only enrolled in a dental or vision plan do not have to complete open enrollment.
- ♪ Who are enrolled in a medical plan for 2018, but do not complete open enrollment.
 - » Will stay in their 2018 plan
 - » Will pay \$25 per month for tobacco-use
 - » Will pay \$50 per month for spouse coverage
- ♪ May have vision coverage without enrolling in a medical plan
 - » Vision is included in Kaiser Permanente full-time medical plans.
 - » VSP is available to members enrolled in Providence or Moda.
 - VSP offers both Basic and Plus plans.
- ♪ May enroll in a dental plan for 2019
 - » Delta Dental may have a waiting period on some services for members who didn't sign up when they were first eligible.

To enroll in your 2019 health plans:

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

- ♪ Go to: <http://www.oregon.gov/oha/PEBB/Pages/forms.aspx> to fill out the COBRA enrollment form
- ♪ Mail or fax the form by Oct. 31, 2018 to BenefitHelp Solutions (BHS)

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.
- ♪ Every Wednesday in October until 8 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

COBRA member information — continued**2019 COBRA PEBB *medical* plan monthly premium rates**

Plan	Self	Self & Spouse/ Partner	Self & Child(ren)	Self & Family	Child(ren) Only
Kaiser Permanente	\$794.93	\$1,589.87	\$1,351.38	\$2,146.32	\$639.16
Kaiser Permanente Deductible	\$726.13	\$1,452.27	\$1,234.44	\$1,960.59	\$587.67
Moda Synergy/Summit	\$723.10	\$1,446.20	\$1,229.27	\$1,952.38	\$614.63
PEBB Statewide	\$814.39	\$1,628.79	\$1,384.47	\$2,198.86	\$692.23
Providence Choice	\$706.22	\$1,412.42	\$1,200.56	\$1,906.77	\$600.28
Kaiser Permanente part-time	\$672.95	\$1,345.91	\$1,144.00	\$1,816.96	\$541.09
Kaiser Permanente Deductible part-time	\$590.17	\$1,180.35	\$1,003.29	\$1,593.47	\$511.04
Moda Synergy/Summit part-time	\$588.71	\$1,177.40	\$1,000.80	\$1,589.51	\$500.39
PEBB Statewide part-time	\$661.58	\$1,323.15	\$1,124.68	\$1,786.25	\$562.33
Providence Choice part-time	\$572.30	\$1,144.59	\$972.90	\$1,545.20	\$486.45

2019 COBRA PEBB *dental* plan monthly premium rates

Plan	Self	Self & Spouse/ Partner	Self & Child(ren)	Self & Family	Child(ren) Only
Kaiser Permanente	\$65.02	\$130.05	\$110.55	\$175.57	\$52.41
Delta Dental Premier	\$56.63	\$113.26	\$96.27	\$152.90	\$48.14
Delta Dental PPO	\$52.33	\$104.65	\$88.95	\$141.28	\$44.48
Willamette Dental Group	\$53.55	\$107.10	\$91.06	\$144.60	\$45.50
Delta Dental part-time	\$40.76	\$81.50	\$69.28	\$110.04	\$34.64
Kaiser Permanente part-time	\$48.49	\$96.99	\$82.44	\$130.95	\$39.04

2019 COBRA PEBB *vision* plan monthly premium rates

Plan	Self	Self & Spouse/ Partner	Self & Child(ren)	Self & Family	Child(ren) Only
VSP	\$9.09	\$18.18	\$15.45	\$24.54	\$7.73
VSP Plus	\$13.64	\$27.27	\$23.18	\$36.82	\$11.59

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, 2018.

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 2018 dental or vision-only coverage do not need to enroll again. Plans will continue in 2019.

- ♪ Kaiser Permanente members: vision coverage is included in Kaiser Permanente full-time medical plans.
- ♪ VSP vision coverage is available to members in Providence or Moda plans. VSP offers both Basic and Plus plans.

* Retirees can update benefits due to a life-changing event. Changes are made using a mid-year change form. Go to: <https://www.oregon.gov/oha/PEBB/Benefits/SPD/AppendixA.pdf> for a list of qualifying events.

How to contact PEBB during plan change period

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

- ♪ Monday – Friday, 8 a.m.–5 p.m.
- ♪ Every Wednesday in October until 8 p.m.

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

To enroll in your 2019 health plans:

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

Go to www.PEBBinfo.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 unable 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, 2018, to BenefitHelp Solutions (BHS).

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

*Retiree member information — continued***2019 Retiree PEBB *medical* plan monthly premium rates**

Plan	Retiree	Retiree & Spouse/Partner	Retiree & Child(ren)	Retiree & Family	Child(ren) Only
Kaiser Permanente HMO	\$784.06	\$1,568.13	\$1,332.89	\$2,116.96	\$630.41
Kaiser Permanente Deductible	\$716.20	\$1,432.41	\$1,217.56	\$1,933.77	\$579.63
Moda Synergy/Summit	\$713.21	\$1,426.41	\$1,212.46	\$1,925.67	\$606.22
PEBB Statewide	\$803.25	\$1,606.51	\$1,365.53	\$2,168.78	\$682.77
Providence Choice	\$696.56	\$1,393.10	\$1,184.13	\$1,880.69	\$592.07
Kaiser Permanente HMO part-time	\$663.75	\$1,327.50	\$1,128.35	\$1,792.10	\$533.69
Kaiser Permanente Deductible Part-Time	\$582.10	\$1,164.21	\$989.56	\$1,571.67	\$504.05
Moda Synergy/Summit part-time	\$580.65	\$1,161.30	\$987.11	\$1,567.76	\$493.54
PEBB Statewide part-time	\$652.53	\$1,305.05	\$1,109.30	\$1,761.82	\$554.64
Providence Choice part-time	\$564.47	\$1,128.93	\$959.59	\$1,524.06	\$479.80

2019 Retiree PEBB *dental* plan monthly premium rates

Plan	Retiree	Retiree & Spouse/Partner	Retiree & Child(ren)	Retiree & Family	Child(ren) Only
Kaiser Permanente	\$64.13	\$128.27	\$109.04	\$173.17	\$51.70
Delta Dental Premier	\$55.86	\$111.71	\$94.95	\$150.81	\$47.48
Delta Dental PPO	\$51.62	\$103.22	\$87.74	\$139.35	\$43.87
Willamette Dental Group	\$52.82	\$105.63	\$89.82	\$142.62	\$44.88
Delta Dental Premier part-time	\$40.20	\$80.39	\$68.33	\$108.53	\$34.16
Kaiser Permanente part-time	\$47.83	\$95.66	\$81.32	\$129.16	\$38.50

2019 Retiree PEBB *vision* plan monthly premium rates

Plan	Retiree	Retiree & Spouse/Partner	Retiree & Child(ren)	Retiree & Family	Child(ren) Only
VSP	\$8.96	\$17.93	\$15.24	\$24.21	\$7.62
VSP Plus	\$13.46	\$26.89	\$22.87	\$36.31	\$11.43

Are you retiring in 2018? Are you still actively enrolled? We encourage you to complete your open enrollment this October. Depending on your retirement date you could still be covered in 2019. You want to be able to choose your insurance plan. Retirement plans can change too. Don't be left without insurance in January.

Self-pay member information

Open enrollment runs Oct. 1–31, 2018

Self-pay members:

- ♪ Must actively enroll in a medical plan each year
- ♪ Who don't actively enroll:
 - » Will stay in their 2018 plan
 - » Will pay \$25 per month for tobacco-use
 - » Will pay \$50 per month for spouse coverage
- ♪ May enroll in vision coverage if you are enrolling in a medical plan
 - » Vision is included in Kaiser Permanente full-time medical plans.
 - » VSP is available to members enrolled in Providence or Moda.
 - VSP offers both Basic and Plus plans.
- ♪ May enroll in a dental plan for 2019 if you are enrolled in medical
 - » Delta Dental may have a waiting period for some services for members who didn't sign up when they were first eligible.

To enroll in your 2019 health plans:

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

To enroll online:

Go to www.PEBBinfo.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 self-pay enrollment form if you are unable 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, 2018 to BenefitHelp Solutions (BHS).

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.
- ♪ Every Wednesday in October until 8 p.m.

Email PEBB at: inquiries.pebb@dhs.oha.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**2019 Self-Pay PEBB-*medical* plan monthly premium rates**

	Self-Pay	Self-Pay & Spouse/Partner	Self-Pay & Child(ren)	Self-Pay & Family
Kaiser Permanente HMO	\$789.70	\$1,569.11	\$1,335.27	\$2,114.68
Kaiser Permanente Deductible	\$722.24	\$1,434.20	\$1,220.62	\$1,932.57
Moda Synergy/Summit	\$719.27	\$1,428.24	\$1,215.55	\$1,924.53
PEBB Statewide	\$808.77	\$1,607.26	\$1,367.71	\$2,166.19
Providence Choice	\$702.72	\$1,395.12	\$1,187.40	\$1,879.81

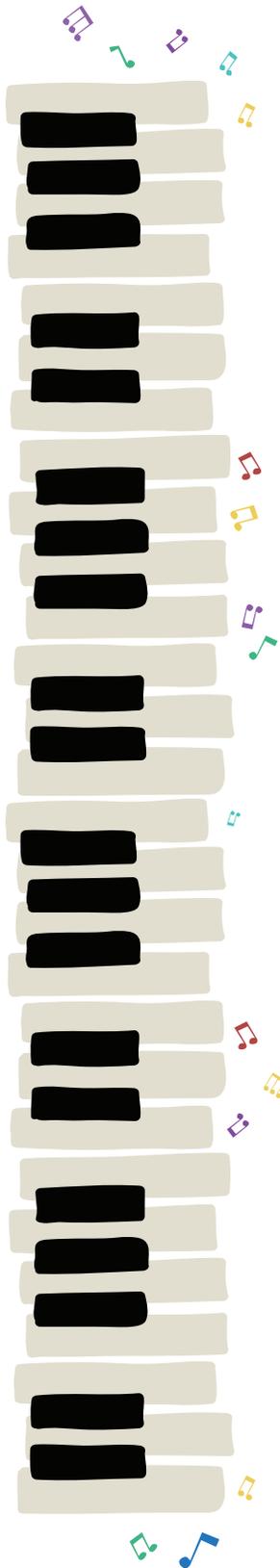
2019 Self-Pay PEBB-*dental* plan monthly premium rates

	Self-Pay	Self-Pay & Spouse/Partner	Self-Pay & Child(ren)	Self-Pay & Family
Kaiser Permanente	\$63.75	\$127.50	\$108.39	\$172.14
Delta Dental Premier	\$55.52	\$111.05	\$94.39	\$149.91
Delta Dental PPO	\$51.31	\$102.61	\$87.21	\$138.52
Willamette Dental Group	\$52.50	\$105.01	\$89.28	\$141.77

2019 Self-Pay PEBB-*vision* plan monthly premium rates

	Self-Pay	Self-Pay & Spouse/Partner	Self-Pay & Child(ren)	Self-Pay & Family
VSP	\$8.91	\$17.82	\$15.15	\$24.06
VSP Plan	\$13.38	\$26.73	\$22.73	\$36.10

What does that mean?



COBRA is the federal law that requires employers to allow you to continue coverage through group health plan if you become ineligible. You pay for COBRA coverage yourself. Your employer will no longer contribute to 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 begins 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
- ♪ Step-child

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

- ♪ May 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 contracted with a health plan to provide services at a discounted rate.

Lifetime maximum is the most a health plan will pay you for certain services during your lifetime.

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

What does that mean? — continued

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. After you enroll, you will need to choose your medical home. Be sure to contact your health plan and tell them who you selected prior to using services.

Medicare eligible refers to someone who currently meets the requirements to receive Medicare benefits by:

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

Out-of-network provider is a provider or facility who does not have a contract with a health plan to provide services at a discounted cost.

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

Pre-authorization (or Prior authorization) requires that a health plan approve a covered service before the date of service.

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

Primary care provider is the person you contact first when you have a health concern. Your primary care provider will also deliver continuing care for your 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 that an employer (PEBB) carries the risk for health care costs (claims) instead of the insurance company (Moda).



Quick tips



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

Some plans have limited networks or no out-of-network coverage. Be sure your plan will cover 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?

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

Before you decide not to enroll in dental for yourself or a dependent it's important to know a 12-month wait may apply to certain 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 and may not be available to help you during these times. Decide early, enroll early.

Don't forget to choose a medical home! The goal of the medical home is to provide care that gets the best outcomes. If you enroll in Providence Choice or Moda Synergy or Summit 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.

Did you select the correct Flexible Spending Account (FSA)?

Before you enroll, know the difference!

- ♪ **Health Care FSA** — reimburses you for out-of-pocket expenses you have paid for you or your dependents' medical, dental or vision services.
- ♪ **Dependent Care FSA** — reimburses you for work-related child or elder care costs like daycare. You can't use a dependent care account for out-of-pocket health care expenses.

Are you thinking about enrolling in a Parking or Transit Account?

You may not participate 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

Enrollment Required Oct. 1–31, 2018

Enroll at: www.PEBBinfo.com

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2019 PEBB BENEFITS



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.