

2018 PEBB Benefits — Open Enrollment

Enrollment Guide

Be a superhero!

Update or enroll Oct. 1–31, 2017



MEDICAL



VISION



DENTAL



OPTIONAL



Here's what's changing for 2018

Effective January 2018

AllCare — *AllCare is no longer a participating health insurance carrier for PEBB effective January 1, 2018.*

Kaiser Permanente Medical plan — No plan changes for 2018.

Moda — Copays for primary and specialty office visits will be \$10 in 2018. Out of network costs are more.

Closed formulary — Moda will now have a closed drug formulary to help bring down costs. The other plans already have closed drug formularies in place. A formulary is a list of medications covered by your insurance plan. **Moda will contact members who will be affected by this change.**

Providence Choice — Copays for primary and specialty office visits will be \$10 in 2018. Out of medical home costs are more.

Providence PEBB Statewide — Out of network costs are more. See changes under **all medical plans**.

All medical plans except Kaiser — PEBB members will pay the same out-of-pocket costs for in-network hospitals as they do now.

Members will pay more for out-of-network hospitals than they did last year. Emergency situations will be treated the same as they are now.

Delta Dental (Moda) — The Health through Oral Wellness program allows members to tailor their plan to meet their needs. Preventive care costs no longer go towards annual maximum.

Kaiser Permanente Dental plan — Effective January 1, 2018, PEBB members will have access to a Kaiser Permanente Dental plan in Lane County. This dental office is located in the Valley River area at: 1011 Valley River Way, Eugene.

Willamette Dental — Mouth guards are covered

ASIFlex — Members can contribute up to \$2,600 to a health care FSA in 2018.

No changes for the 2018 plan year

- ASIFlex Dependant Care Flexible Spending Account
- ASIFlex commuter programs (parking & transportation)
- Cascade Centers Inc., Employee Assistance Program
- VSP, Vision coverage
- The Standard, Life and Disability
- UNUM, Long Term Care Insurance

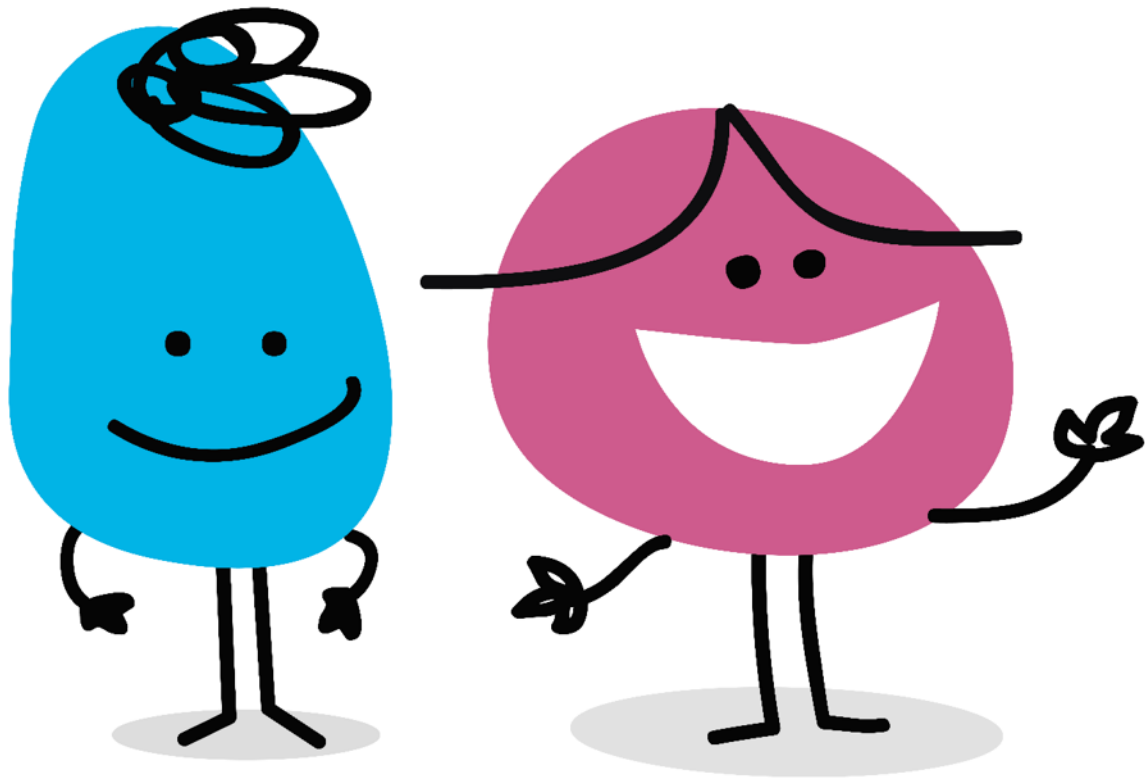
The Health Engagement Model, or HEM, gives employees an incentive to learn their health risks and to take steps to reduce those risks when possible. Employees who take part in HEM earn a small monthly health incentive of \$17.50. They also keep their health plan deductible low. If you decide not to participate you will have a higher deductible. You will also lose your monthly health incentive.

There are just three easy steps to participate:

- Enroll in a health plan for 2018. Be sure to say you plan to participate in HEM;
- Take your health assessment on your current health plan's website; and
- Complete two health actions during the plan year. You don't need to report them. You just need to let us know you did them.

Remember, spouses and partners can no longer participate. They still get the advantage of your low family deductible though.

Reminder: Retiree, COBRA and Self-pay do not participate in the HEM.



Choose the benefit plans that are best for you.

Before you make your benefit selections this year, be sure to spend a few minutes with ALEX to make sure you're in a plan that's right for you and your family. Getting into the right plan can save you hundreds of dollars per year.

Talk to ALEX at myalex.com/PEBB/2018



Meet ALEX:

Who is ALEX anyway? Well, let's chat with ALEX

This enrollment season, PEBB is happy to welcome ALEX the virtual benefits counselor to explain your benefits options and help you choose the plan that's best for you and your family.

Since this is our first time working with ALEX, we thought we'd get to know him a little bit—and find out what he can do.

PEBB: Ok, ALEX, for those who haven't had the chance to chat with you yet, tell us a little about how you'll be helping folks this open enrollment.

ALEX: Sure, so...when it comes to giving solid benefit advice, half the battle is knowing the benefits inside and out. (They teach you that on day one of virtual benefit counselor school.) And, well, I know PEBB benefits like the back of my hand.

PEBB: You have hands?

ALEX: Next question.

PEBB: Ok. If knowing the benefits is half the battle, what's the other half?

ALEX: Being a counselor is more than just being a pretty spreadsheet. You have to be able to translate all the crazy charts and lawyer-ish terminology into plain English. And when I do this during open enrollment, it will help PEBB members understand their options as well as I do.

And that's important because, when it comes to making a decision about your benefits, it's more than just getting a recommendation. It's understanding WHY you got that recommendation, and what to expect when you actually use your benefits.

PEBB: All right. Give us a little preview of your encyclopedic knowledge. What's the number one thing PEBB members need to know this enrollment season?

Works on
any **computer**,
tablet, or
smartphone!



ALEX: Well, actually, there are TWO things. First, this year, PEBB has ME, ALEX! Get to know me – I'm very likeable.

PEBB: What's the second thing?

ALEX: Well, I know a lot about PEBB benefits. Oh, and I'm funny.

PEBB: Fantastic. Ok, last thing: how and when can folks talk to you about their benefits this year

ALEX: All they have to do is go to www.myalex.com/PEBB/2018 starting September 15. PEBB's annual enrollment period for 2018 starts October 1, 2017 and runs through October 31, 2017, but I'll be ready on September 15 so I can help you even before you need to make your decisions.

Oh, and people should know that once I'm available...I'm really, truly available. Ready to talk, 24/7, from anywhere people have an internet connection. If you have a spouse or partner who you want to include in the decision process, just bring that URL home and we can all talk together.

PEBB: That sounds great! Thanks so much for talking with us. We'll see you in September!

ALEX: Awesome. See you all then!

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COUNSELOR

PUBLIC EMPLOYEES'
PEBB
BENEFIT BOARD

How alex[®] works

ALEX[®] is an online tool that will help you select the best benefit plan for you and your family. When you talk to ALEX he'll ask you a few questions about your health care needs, crunch some numbers, and point out what makes the most sense for you. And anything you tell ALEX remains anonymous, so don't be afraid to really let loose about that weird tooth thing.



How long will this take?

Most users spend about 7 minutes with ALEX, but it really just depends how much guidance you'd like. And ALEX can save your place, so you can leave to get some peanut brittle and then pick up right where you left off.

How should I prepare?

You don't need to do much of anything.

ALEX will ask you to estimate what type of medical care you might need this year (doctors visits, surgeries, ER visits, prescriptions, etc.), so 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.

Meet ALEX at
myalex.com/PEBB/2018

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.

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.



This is a mandatory Open Enrollment – use these tools to choose your 2018 health plan

Learn the basics about health coverage

- Glossary of terms www.healthcare.gov/glossary

See what plans are available to you

- The Coordinated Care Model www.oregon.gov/oha/PEBB/2016Benefits/Coordinated_Care_Model.pdf
- Lower/higher cost plans by county. See page 3.

Make sure your providers are in the plan's network – use the plan's provider directory and call the provider

- Kaiser HMO and Deductible healthy.kaiserpermanente.org/care/doctors-locations
- Moda Summit and Synergy 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

- In Coordinated Care Model plans – Providence Choice, Moda Synergy-Summit and Kaiser – you typically pay less for specialty services when you see a specialist referred by your primary care provider/medical home. In Kaiser plans, your care may not be covered if you self-refer to a non-Kaiser provider.
- 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 your and your family's needs for costs and benefits

- Compare premium rates. (See table of contents below.)
- Compare plan benefits www.mypebb.com/compareBenefits.php
- Estimate monthly payroll deductions www.mypebb.com/calc2018.html

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Choose your 2018 health plan

Mandatory open enrollment!

You must enroll in a 2018 medical plan, even if you want to keep your current plan.

Covering domestic partners

Covering domestic partners and partners' 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, for a Board-determined portion of the employer's premium contribution, if you are covered in another group medical plan. New guidelines began in the 2016 plan year.

www.oregon.gov/oha/pebb/benefits/opt-out.pdf

You may still enroll in other PEBB benefits.

Decline core benefits

If you decline, you choose not to participate in any PEBB benefit; you also decline 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% or 1% depending on their choice of health plan; for some universities, it's 5% or 3%. 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.

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 – PEBB Statewide or Kaiser HMO. 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 5% or 1% of the total premium based on the medical plan you choose, and you pay any premium balance remaining after the employer pays its premium share based on your hours of 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 HMO plan is 5%. Your premium share in any other full-time or part-time plans is 1%. Remember that if you enroll in a part-time medical plan, you also receive a flat premium subsidy amount based on your coverage tier.

Higher-cost medical plans have higher employee premium share

The higher-cost plans with higher premium share are both the full-time and part-time Kaiser HMO and PEBB Statewide PPO medical plans. The lower-cost plans with lower premium share are the following full-time and part-time medical plans: Kaiser Deductible, Moda Summit, Moda Synergy and Providence Choice. At least one higher-cost and one lowercost plan is available in each county.

Moving to Standard Tiers

2018 is the second year in the three year process to align our coverage tiers with those of other large employers. This will protect our plans from an impending federal excise tax. The process requires annual increases to premiums for the Employee and Family tier to 2021. We will use the Stabilization Fund to subsidize the employee share of these increases.

The tables below show the monthly premium rate by tier for each of the medical plans. Part-time employees who choose a part-time plan have a subsidy. The subsidy is not shown in the premium rate. It is included in the cost estimator at <http://www.mypebb.com/compareBenefits.php>.

2018 Employee Medical Plan Monthly Premium Rates (available to both full-time and part-time employees)

	Employee	Employee & Spouse/Partner	Employee & Children	Employee & Family
Kaiser ¹	\$745.91	\$1,491.83	\$1,268.06	\$2,013.98
Kaiser Deductible ¹	\$681.35	\$1,362.73	\$1,158.31	\$1,839.68
Moda Summit, Synergy ²	\$671.90	\$1,343.82	\$1,142.24	\$1,814.14
PEBB Statewide ³	\$757.08	\$1,514.17	\$1,287.05	\$2,044.13
Providence Choice ⁴	\$646.86	\$1,293.73	\$1,099.66	\$1,746.53

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.

2018 Part-time Employee Medical Plan Monthly Premium Rates (available only to part-time employees)

	Employee	Employee & Spouse/Partner	Employee & Children	Employee & Family
Kaiser ⁵	\$631.46	\$1,262.92	\$1,073.45	\$1,704.93
Kaiser Deductible ⁵	\$553.78	\$1,107.55	\$941.42	\$1,495.20
Moda Summit, Synergy ⁶	\$547.03	\$1,094.06	\$929.95	\$1,476.98
PEBB Statewide ⁷	\$615.03	\$1,230.06	\$1,045.54	\$1,660.57
Providence Choice ⁸	\$524.21	\$1,048.40	\$891.15	\$1,415.34

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

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.

Medical plans – State Employees

Health Plans by Oregon County

This table shows the higher-cost and lower-cost plans available in each county. A part-time version of each of these plans with an employer subsidy is available to part-time employees. Full-time employees cannot enroll in part-time plans.

County	Lower-cost Plans, Lower Premium Share	Higher-cost Plans, Higher Premium Share
Baker	Moda Summit, Providence Choice	PEBB Statewide
Benton	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Clackamas	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Clatsop	Moda Synergy, Providence Choice	PEBB Statewide
Columbia	Kaiser Deductible, Moda Synergy	Kaiser HMO, PEBB Statewide
Coos	Moda Synergy, Providence Choice	PEBB Statewide
Crook	Moda Synergy, Providence Choice	PEBB Statewide
Curry	Moda Synergy, Providence Choice	PEBB Statewide
Deschutes	Moda Synergy, Providence Choice	PEBB Statewide
Douglas	Moda Synergy, Providence Choice	PEBB Statewide
Gilliam	Moda Summit	PEBB Statewide
Grant	Moda Summit, Providence Choice	PEBB Statewide
Harney	Moda Summit, Providence Choice	PEBB Statewide
Hood River	Moda Synergy, Providence Choice	PEBB Statewide
Jackson	Moda Synergy, Providence Choice	PEBB Statewide
Jefferson	Moda Synergy, Providence Choice	PEBB Statewide
Josephine	Moda Synergy, Providence Choice	PEBB Statewide
Klamath	Moda Synergy, Providence Choice	PEBB Statewide
Lake	Moda Summit	PEBB Statewide
Lane	Moda Synergy, Providence Choice	PEBB Statewide
Lincoln	Moda Synergy, Providence Choice	PEBB Statewide
Linn	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Malheur	Moda Summit, Providence Choice	PEBB Statewide
Marion	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Morrow	Moda Summit, Providence Choice	PEBB Statewide
Multnomah	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Polk	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Sherman	Moda Summit	PEBB Statewide
Tillamook	Moda Synergy, Providence Choice	PEBB Statewide
Umatilla	Moda Summit, Providence Choice	PEBB Statewide
Union	Moda Summit, Providence Choice	PEBB Statewide
Wallowa	Moda Summit, Providence Choice	PEBB Statewide
Wasco	Moda Synergy, Providence Choice	PEBB Statewide
Washington	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Wheeler	Moda Summit, Providence Choice	PEBB Statewide
Yamhill	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide

This is a summary only. See the plan documents for details. In the case of a discrepancy, the plan document will apply. See footnotes, page 11.

Medical plans – University Employees

Health Plans by Oregon County- Low Cost Plan for University Employees

This table shows the higher-cost and lower-cost plans available in each county. A part-time version of each of these plans with an employer subsidy is available to part-time employees. Full-time employees cannot enroll in part-time plans.

County	Low Cost Plan	Higher Cost Plan
Baker	Providence Choice	Moda Summit, PEBB Statewide
Benton	Providence Choice	Kaiser Deductible, Moda Synergy, Kaiser HMO, PEBB
Clackamas	Providence Choice	Kaiser Deductible, Moda Synergy, Kaiser HMO, PEBB Statewide
Clatsop	Providence Choice	Moda Synergy, PEBB Statewide
Columbia	Moda Synergy	Kaiser Deductible, Kaiser HMO, PEBB Statewide
Coos	Providence Choice	Moda Synergy, PEBB Statewide
Crook	Providence Choice	Moda Synergy, PEBB Statewide
Curry	Providence Choice	Moda Synergy, PEBB Statewide
Deschutes	Providence Choice	Moda Synergy, PEBB Statewide
Douglas	Providence Choice	Moda Synergy, PEBB Statewide
Gilliam	Moda Summit	PEBB Statewide
Grant	Providence Choice	PEBB Statewide
Harney	Providence Choice	Moda Summit, PEBB Statewide
Hood River	Providence Choice	Moda Synergy, PEBB Statewide
Jackson	Providence Choice	Moda Synergy, PEBB Statewide
Jefferson	Providence Choice	Moda Synergy, PEBB Statewide
Josephine	Providence Choice	Moda Synergy, PEBB Statewide
Klamath	Providence Choice	Moda Synergy, PEBB Statewide
Lake	Moda Summit	PEBB Statewide
Lane	Providence Choice	Moda Synergy, PEBB Statewide
Lincoln	Providence Choice	Moda Synergy, PEBB Statewide
Linn	Providence Choice	Kaiser Deductible, Moda Synergy, Kaiser HMO, PEBB Statewide
Malheur	Providence Choice	Moda Summit, PEBB Statewide
Marion	Providence Choice	Kaiser Deductible, Moda Synergy, Kaiser HMO, PEBB Statewide
Morrow	Providence Choice	Moda Summit, PEBB Statewide
Multnomah	Providence Choice	Kaiser Deductible, Moda Synergy, Kaiser HMO, PEBB Statewide
Polk	Providence Choice	Kaiser Deductible, Moda Synergy, Kaiser HMO, PEBB Statewide
Sherman	Moda Summit	PEBB Statewide
Tillamook	Providence Choice	Moda Synergy, PEBB Statewide
Umatilla	Providence Choice	Moda Summit, PEBB Statewide
Union	Providence Choice	Moda Summit, PEBB Statewide
Wallowa	Providence Choice	Moda Summit, PEBB Statewide
Wasco	Providence Choice	Moda Synergy, PEBB Statewide
Washington	Providence Choice	Kaiser Deductible, Moda Synergy, Kaiser HMO, PEBB Statewide
Wheeler	Providence Choice	Moda Summit, PEBB Statewide
Yamhill	Providence Choice	Kaiser Deductible, Moda Synergy, Kaiser HMO, PEBB Statewide

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Kaiser Permanente NW Deductible

<https://my.kp.org/pebb/>

Service Area: Benton, Clackamas, Columbia, Hood River, Linn, Marion, Multnomah, Polk, Washington and Yamhill; Clark, Cowlitz, Lewis, Skamania & Wahkiakum WA

	Full-time	Part-time
Standard deductible²	\$250/individual, \$750/family Some services not subject to deductible	\$250/individual, \$750/family Some services not subject to deductible
Additional non-HEM participant deductible³	Additional deductible: \$100/individual, \$300/family applies to all services unless otherwise noted	
Out-of-pocket max	\$1500/individual \$4500/family	\$1500/individual, \$4500/family
Providers	Kaiser Permanente network of providers	
Referrals	Referrals to non-Kaiser Permanente providers only from Kaiser provider	
Primary care visit	\$5, deductible waived	\$30, deductible waived
Chronic care visit⁵	\$5, deductible waived	\$30, deductible waived
Specialty visit	\$5 w/referral, deductible waived	\$30 w/referral, deductible waived
Outpatient mental health care	\$5, deductible waived	\$30, deductible waived
Substance abuse treatment	\$0, deductible waived	\$0, deductible waived
Prenatal, first postnatal visit	\$0, deductible waived	\$0, deductible waived
Delivery	Inpatient delivery subject to inpatient hospital charges	
Preventive	\$0, deductible waived	\$0, deductible waived
Lab & X-ray	\$15, deductible waived	\$20, deductible waived
Inpatient hospital per admission	\$50/day up to \$250 max	\$500
Emergency department⁶	\$75	\$100
Durable medical equipment	15%, deductible waived	50%, deductible waived
Insulin & diabetic supplies	\$0 or 0%, deductible waived	
Additional Cost Tier \$100 copay⁸	\$100 copay, deductible waived	\$100 copay, deductible waived
Additional Cost Tier \$500 copay	Standard copay only, applies to out of pocket maximum	Standard copay only, applies to out of pocket maximum
Alternative care provider visits¹³	\$10, deductible waived	\$30, with physician's authorization referral, deductible waived
Spinal manipulation, acupuncture services¹³	\$10, deductible waived	\$30 with physician's authorization referral, deductible waived
Prescription drugs	No deductible Copays accumulate to out-of-pocket maximum \$5 generic \$25 brand 50% up to \$100 max non-formulary brand \$50 Specialty Mail order (31-90 day), \$5 generic, \$25 formulary brand, 50% up to \$100 max non-formulary brand	No deductible Copays accumulate to out-of-pocket maximum \$10 generic \$25 brand \$50 Specialty Mail order 2 copays for up to 90-day supply

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Kaiser Permanente NW HMO

<https://my.kp.org/pebb/>

Service Area: Benton, Clackamas, Columbia, Hood River, Linn, Marion, Multnomah, Polk, Washington and Yamhill; Clark, Cowlitz, Lewis, Skamania & Wahkiakum WA

	Full-time	Part-time
Standard deductible	\$0	\$0
Additional HEM non-participant deductible ³	Additional deductible: \$100/individual, \$300	
Out-of-pocket max	\$600/individual, \$1200/family	\$1500/individual, \$3000/family
Providers	Kaiser Permanente Network of providers	
Referrals	Referrals to non-Kaiser Permanente providers only from Kaiser provider	
Primary care visit	\$5	\$30
Specialty visit	\$5, with referral	\$30, with referral
Outpatient mental health care	Same cost as physical health services	
Substance abuse treatment	\$0	\$0
Prenatal, first postnatal visit	\$0	\$0
Delivery	Inpatient delivery subject to inpatient hospital charges	
Preventive	\$0	\$0
Lab & X-ray	\$0	\$10
Inpatient hospital per admission	\$50/day, up to \$250 max	\$500
Emergency department ⁶	\$75	\$100
Durable medical equipment	\$0	50%
Insulin & diabetic supplies	\$0	
Additional Cost Tier \$100 copay ⁸	\$100 copay	\$100 copay
Additional Cost Tier \$500 copay	Does not apply in this plan	Does not apply in this plan
Alternative care provider visits ¹³	\$10	\$30, with physician's authorization approval
Spinal manipulation, acupuncture services ¹³	\$10	\$30, with physician's authorization approval
Prescription drugs	<ul style="list-style-type: none"> • No deductible • Copays accumulate to out-of-pocket maximum • \$1 generic • \$15 brand • \$50 Specialty • Mail order (31-90 day), \$1 generic, \$15 brand 	<ul style="list-style-type: none"> • No deductible • Copays accumulate to out-of-pocket maximum • \$10 generic • \$25 brand • \$50 Specialty • Mail order 2 copays for up to 90-day supply

This is a summary only. See the plan documents for details. In the case of a discrepancy, the plan document will apply. See footnotes, page 11.

**Moda Synergy,
Summit**
Modahealth.com/pebb

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

Summit Service Area: Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler

	Full-time		Part-time	
Providers	In Medical home ¹	Out of network ¹	In Medical home ¹	Out of network ¹
Standard deductible²	\$250/individual, \$750/family	\$500/individual, \$1500/family	\$500/individual, \$1500/family	\$1000/individual, \$3000/family
Additional non-HEM participant deductible³	\$100/individual, \$300/family applies to all services unless otherwise noted			
Out-of-pocket max (some deductibles, copays, services don't apply)	\$1500/individual, \$4500/family	\$4000/individual \$12,000/family	\$2500/individual \$7500/family	\$6000/individual, \$18,000/family
Primary care visit	\$10, first 4 visits deductible waived	30%	\$40, first 4 visits deductible waived	50%
Chronic care visit⁵	\$0, deductible waived	30%	\$0, deductible waived	50%
Specialty visit	\$10	30%	\$40	50%
Outpatient mental health care	\$10, deductible waived	30%	\$40, deductible waived	50%
Substance abuse treatment	\$0, deductible waived	30%	\$0, deductible waived	50%
Physician, midwife maternity services	\$0, deductible waived	30%	\$0, deductible waived	50%
Delivery	Inpatient delivery subject to inpatient hospital charges			
Preventive	\$0, deductible waived	30%	\$0, deductible waived	50%
Lab & x-ray	\$0, deductible waived	30%	\$0, Quest provider, deductible waived, or 20%	50%
Inpatient hospital per admission	\$50/day to \$250 max	\$500 + 40%	\$500	\$500 + 50%
Outpatient surgery in a hospital setting	\$50/day to \$250 max	\$100 + 40%		
Urgent care	\$25	\$25	\$40 in network	40%
Emergency department⁶	\$100	\$100	\$100	\$100
Durable medical equip.	15%	30%	20%	50%
Insulin, diabetic supplies	\$0, deductible waived			
Additional Cost Tier \$100 copay⁷	\$100	\$100 + 30%	\$100	\$100 + 50%
Additional Cost Tier \$500 copay⁹	\$500	\$500 + 30%	\$500	\$500 + 50%
Alternative care provider visits	\$10	30%	\$40	50%
Spinal manipulation, acupuncture services¹³	\$10 up to \$1,000/yr max combined. Not applied to out-of-pocket max.	30% up to \$1,000/yr max combined. Not applied to out-of-pocket max.	\$40 up to \$1000/yr max combined. Not applied to out-of-pocket max.	50% up to \$1000/yr max combined. Not applied to out-of-pocket max.

**Moda Synergy,
Summit**
Modahealth.com/pebb

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

Summit Service Area: Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler

	Full-time		Part-time	
Providers	In Medical home ¹	Out of network ¹	In Medical home ¹	Out of network ¹
Prescription drugs	<ul style="list-style-type: none"> \$50/individual, \$150/family deductible¹⁰ \$1000 out-of-pocket maximum¹¹ \$0 Value, not subject to deductible¹² \$10 generic \$30 preferred brand Copay x 2.5 for 90-day \$100 specialty 	<ul style="list-style-type: none"> In-network deductible, out-of-pocket max apply \$0 Value, not subject to deductible¹² \$10 generic \$30 preferred brand \$100 specialty Copay x 2.5 for 90-day Member pays difference between in-network rate and billed amount 	<ul style="list-style-type: none"> \$50/individual, \$150/family deductible¹⁰ \$1000 out-of-pocket maximum¹¹ \$0 Value, not subject to deductible¹² \$20 generic \$50 preferred brand Copay x 2.5 for 90-day \$100 specialty 	<ul style="list-style-type: none"> In-network deductible, out-of-pocket max apply \$0 Value, not subject to deductible¹² \$20 generic \$50 preferred brand \$100 specialty Copay x 2.5 for 90-day Member pays difference between in-network rate and billed amount

This is a summary only. See the plan documents for details. In the case of a discrepancy, the plan document will apply. See footnotes, page 10.

PEBB statewide
<http://Providencehealthplan.com/PEBB>

Service Area: Statewide and Nationwide

	Full-time		Part-time	
Providers	In Network	Out of Network	In Network	Out of Network
Standard deductible²	\$250/individual, \$750/family Four primary care visits not subject	\$500/individual, \$1500/family	\$500/individual, \$1500/family Four primary care visits not subject	\$1000/individual, \$3000/family
Additional non-HEM participant deductible³	\$100/individual, \$300/family applies to all services unless otherwise noted			
Out-of-pocket max (some deductibles, copays, services don't apply)	\$1500/individual \$4500/family	\$4000/individual \$12,000/family	\$2500/individual \$7500/family	\$6000/individual \$18,000/family
Primary care visit	15% or 10% 4 visits, deductible waived	30%	20% or 15% 4 visits, deductible waived	50%
Chronic care visit⁵	0%, deductible waived	30%	0%, deductible waived	50%
Specialty visit	15%	30%	20%	50%
Outpatient mental health care	15%, deductible waived	30%	20%, deductible waived	50%

PEBB statewide

<http://Providencehealthplan.com/PEBB>

Service Area: Statewide and Nationwide

	Full-time		Part-time	
Providers	In Network	Out of Network	In Network	Out of Network
Substance abuse treatment	0%, deductible waived	30%	0%, deductible waived	50%
Pre-natal	0%, deductible waived	30%	0%, deductible waived	50%
Delivery and postnatal	15%	30%	20%	50%
Preventive	0%, deductible waived	30%	0%, deductible waived	50%
Lab & x-ray	15%	30%	20%	50%
Inpatient hospital per admission	15%	\$500 + 40%	20%	\$500 + 50%
Outpatient surgery in a hospital setting	15%	\$100 + 40%		
Urgent care	15%	15%	20%	20%
Emergency department⁶	\$100 + 15%	\$100 + 15%	\$100 + 20%	\$100 + 20%
Durable medical equip.	15%	30%	20%	50%
Insulin, diabetic supplies	0% deductible waived			
Additional Cost Tier \$100 copay⁷	\$100 + 15%	\$100 + 30%	\$100 + 20%	\$100 + 50%
Additional Cost Tier \$500 copay⁹	\$500 + 15%	\$500 + 30%	\$500 + 20%	\$500 + 50%
Alternative care provider visits	15%	30%	20%	50%
Spinal manipulation, acupuncture services¹³	15%, up to 60 services/yr max combined. Not apply to out of pocket max.	30%, up to 60 services/yr max combined. Not apply to out of pocket max.	20%, up to 60 services/yr max combined. Not apply to out of pocket max.	50%, up to 60 services/yr max combined. Not apply to out of pocket max.
Prescription drugs	<ul style="list-style-type: none"> \$50/individual, \$150/family deductible¹⁰ \$1000 out-of-pocket maximum¹¹ \$0 Value, not subject to deductible¹² \$10 generic \$30 brand Copay x 2.5 for 90-day \$100 specialty 	<ul style="list-style-type: none"> Urgent, emergent and out-of-country In-network deductible, out-of-pocket maximum apply Reimbursed as if filled in network; member pays difference between network rate & billed amount 	<ul style="list-style-type: none"> \$50/individual, \$150/family deductible¹⁰ \$1000 out-of-pocket maximum¹¹ \$0 Value, not subject to deductible¹² \$20 generic 40% preferred brand Copay x 2.5 for 90-day \$100 specialty 	<ul style="list-style-type: none"> Urgent, emergent and out-of-country In-network deductible, out-of-pocket maximum apply Reimbursed as if filled in network; member pays difference between network rate & billed amount

This is a summary only. See the plan documents for details. In the case of a discrepancy, the plan document will apply. See footnotes, page 11.

Providence Choice

<http://Providencehealthplan.com/PEBB>

Service Area: Baker, Benton, Clackamas, Clatsop, Coos, Crook, Curry, Deschutes, Douglas, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Multnomah, Polk, Tillamook, Umatilla, Union, Wallowa, Wasco, Wheeler, Yamhill; Clark and Walla Walla, WA; Payette, ID

	Full-time		Part-time	
Providers	In Medical home ¹	Out of medical home ¹	In Medical home ¹	Out of medical home ¹
Standard deductible²	\$250/individual \$750/family, 4 visits not subject	\$500/individual \$1500/family	\$500/individual \$1500/family, 4 visits not subject	\$1000/individual \$3000/family
Additional non-HEM participant deductible³	\$100/individual, \$300/family applies to all services unless otherwise noted			
Out-of-pocket max <small>(some deductibles, copays, services don't apply)</small>	\$1500/individual, \$4500/family	\$4000/individual, \$12,000/family	\$2500/individual, \$7500/family	\$6000/individual, \$18,000/family
Primary care visit	\$10, first 4 visits deductible waived	30%	\$40, first 4 visits deductible waived	50%
Chronic care visit⁵	\$0, deductible waived	30%	\$0, deductible waived	50%
Specialty visit	\$10, with referral	30%	\$40, with referral	50%
Outpatient mental health care	\$10, deductible waived	30%	\$40, deductible waived	50%
Substance abuse treatment	\$0, deductible waived	30%	\$0, deductible waived	50%
Maternity, & childbirth services provider	\$0, deductible waived	30%	\$0, deductible waived	50%
Delivery	Inpatient delivery subject to inpatient hospital charges			
Preventive	\$0, deductible waived	30%	\$0, deductible waived	50%
Lab & x-ray	\$0, deductible waived	30%	20%, deductible applies	50%
Inpatient hospital per admission	\$50/day to \$250 max	\$500 + 40%	\$500	\$500 + 50%
Outpatient surgery in a hospital setting	\$50/day to \$250 max	\$100 + 40%		
Urgent care	\$25	\$25	\$40	\$40
Emergency department⁶	\$100	\$100	\$100	\$100
Durable medical equip.	15%	30%	20%	50%
Insulin, diabetic supplies	\$0, deductible waived			
Additional Cost Tier \$100 copay⁷	\$100	\$100 + 30%	\$100	\$100 + 50%
Additional Cost Tier \$500 copay⁹	\$500	\$500 + 30%	\$500	\$500 + 50%
Alternative care provider visits	\$10	30%	\$40	50%
Spinal manipulation, acupuncture services¹³	\$10/visit, up to \$1000/yr max combined. Not applied to out-of-pocket max.	30%, up to \$1000/yr max combined. Not applied to out-of-pocket max.	\$40/visit, up to \$1000/yr max combined. Not applied to out-of-pocket max.	50% up to \$1000/yr max combined. Not applied to out-of-pocket max.

Providence Choice

<http://Providencehealthplan.com/PEBB>

Service Area: Baker, Benton, Clackamas, Clatsop, Coos, Crook, Curry, Deschutes, Douglas, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Multnomah, Polk, Tillamook, Umatilla, Union, Wallowa, Wasco, Wheeler, Yamhill; Clark and Walla Walla, WA; Payette, ID

	Full-time	Part-time
Prescription drugs	<ul style="list-style-type: none"> • \$50/individual, \$150/family deductible¹⁰ • \$1000 out-of-pocket maximum¹¹ • \$0 Value, not subject to deductible¹² • \$10 generic • \$30 brand • Copay x 2.5 for 90-day • \$100 specialty 	<ul style="list-style-type: none"> • Urgent, emergent and out-of-country. • In-network deductible, out-of-pocket maximum apply. • Reimbursed as if filled in-network; member pays difference between in-network rate and billed amount.
		<ul style="list-style-type: none"> • \$50/individual, \$150/family deductible¹⁰ • \$1000 out-of-pocket maximum¹¹ • \$0 Value, not subject to deductible¹² • \$20 generic • \$50 preferred brand • Copay x 2.5 for 90-day • \$100 specialty
		<ul style="list-style-type: none"> • Urgent, emergent and out-of-country. • In-network deductible, out-of-pocket maximum apply. • Reimbursed as if filled in-network; member pays difference between in-network rate and billed amount.

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Medical plans footnotes

¹ To receive In-Medical Home benefits, members must choose a medical home in the plan, notify the plan of their choice, and receive care through providers from that medical home or from providers referred by their medical home. Otherwise, benefits typically have higher costs or may not be covered. See the list of medical homes on the plan's website.

² All medical plans have a standard plan deductible (except Kaiser HMO). This is the amount a member must pay for covered services before the plan begins to pay its share for medically necessary covered services. Deductibles apply per individual, or the family deductible will apply when there are three or more individuals within a family, based on the employee's choice of coverage tier. Payments toward the deductible accumulate separately for services in-network and out-of-network, and In-Medical Home and Out-of-Medical Home (see 1 above). Certain in-network services are not subject to the deductible. Examples: first four visits per individual to a primary care provider; insulin and diabetic supplies; visits for care of asthma, diabetes, cardiovascular disease or congestive heart failure; and preventive services. On the Kaiser deductible plans, the deductible is waived on additional services; please see the benefit summary for additional details.

³ See Health Engagement Model (HEM), page 14.

⁴ PEBB Statewide plan members whose in-network provider has been recognized by the Oregon Health Authority as a Patient-Centered Primary Care Home will have the lower coinsurance.

⁵ These are visits for care of asthma, diabetes, cardiovascular disease and congestive heart failure. Not subject to deductible in-network.

⁶ Copay amounts for use of a hospital emergency department are waived if the member is admitted directly to the hospital for inpatient treatment. This does not include admittance for observation. Copay does not apply to out-of-pocket maximum except in Kaiser plans. In-plan deductible applies.

⁷ These procedures are MRI, CT, PET and SPECT scans; sleep studies; spinal injections; upper endoscopy; bunionectomy; surgery for hammertoe and Morton's neuroma; and knee viscosupplementation. Copay does not apply to out-of-pocket maximum. Not applied to cancer-related procedures. These procedures may be overused compared with their risks and benefits.

⁸ Applies only to MRI, CT, PET and SPECT scans, and sleep studies in Kaiser plans. Additional copay applies to out of pocket maximum.

⁹ These are surgical procedures for hip or knee replacement or resurfacing; knee or shoulder arthroscopy; bariatric surgery; spine procedures; and sinus surgery. Copay does not apply to out-of-pocket maximum. Not applied to cancer-related procedures. These procedures may have alternatives that provide equal or better outcomes with lower risks and costs.

¹⁰ The prescription drug deductible is \$50 per person or \$150 for families with three or more members. It applies separately from the medical deductible.

¹¹ The prescription drug out-of-pocket maximum is \$1,000 per person, with a family maximum of \$3,000. It accrues separately from the medical out-of-pocket maximum.

¹² All plans have formularies that list covered drugs. Value drugs typically are generic drugs that are used in treating most common chronic conditions. (EHB stands for Essential Health Benefits.)

¹³ Limited to \$1,000/year (combined in Kaiser plans). Limited to 60 visits/year in PEBB Statewide plan max. Copays and coinsurance do not apply to out-of-pocket maximum.

Vision plan

The full-time Kaiser HMO and Kaiser Deductible medical plans include coverage of routine vision services. If you enroll in another medical plan, including a part-time plan or Opt Out, you may (but are not required to) enroll in vision coverage provided by VSP www.vsp.com/signon.html. You may enroll yourself, your spouse or partner, and dependents individually or in any combination.

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

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.

2018 Employee Vision Plan Monthly Premium Rates

	Employee	Employee & Spouse/Partner	Employee & Child(ren)	Employee & Family
Basic Plan	\$8.66	\$17.32	\$14.72	\$23.38
Plus Plan	\$13.00	\$25.98	\$22.09	\$35.08

VSP Basic Plan

Benefits	Description	Copay	Frequency
Well Vision Exam	Focuses on your eyes and overall wellness	\$10	Every calendar year
Prescription Glasses		\$25	See frames and lenses
Frames	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 allowance at Costco 	Included in prescription glasses	Every calendar year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in prescription glasses	Every calendar year
Lens Enhancements	Standard progressive lenses	\$50	Every calendar year
	Premium progressive lenses	\$80 - \$90	
	Custom progressive lenses	\$120 - \$160	
	Average savings of 35-40% on other lens enhancements		
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$200 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every calendar year

VSP Plus Plan (includes coverage in Basic Plan)

Benefits	Description	Copay	Frequency
Frames	<ul style="list-style-type: none"> \$225 allowance for a wide selection of frames 20% savings on the amount over your allowance \$125 allowance at Costco 	Included in prescription glasses	Every calendar year
Lenses	Anti-reflective Coatings and Progressive Lenses	Each covered in full after \$20 copay	Every calendar year

This is a summary only. See the plan documents for details. In the case of a discrepancy, the plan document will apply.

Dental plans

You are not required to enroll in a dental plan, but to enroll in a dental plan you must be enrolled in a medical plan choice (Opt Out is a medical plan choice). You may enroll yourself, your spouse/domestic partner, and your dependents individually or in any combination. Full-time plans are available to both full-time and part-time employees. Part-time plans are available only to part-time employees. If you enroll in Opt Out and choose to enroll in a dental plan, your premium share is 5%. See details in the plan's member handbook.

Delta Dental (Moda) plans Modahealth.com/pebb

- When you enroll in the PPO plan, your coinsurance amount drops by 10% per year down to 0% at year three if you see your in network dentist at least once per year.
- Individuals who enroll for coverage in a Delta Dental (Moda) plan during an open enrollment period after they were initially eligible may have a 12-month waiting period for basic and major services and a 24-month waiting period for orthodontia. See the Delta Dental (Moda) plans member handbooks for details.
- Preventive charges do not accrue toward the annual maximum.

Willamette Dental Group plan www.willamettedental.com/pebb

- Services are provided only by Willamette Dental Group providers and only in Willamette Dental Group facilities.
- A \$5 office visit copayment is due at each visit, including visits for orthodontia.
- The copayment varies for visits related to implants.
- The plan has a \$1,500 comprehensive copayment for orthodontia.

Kaiser Plans My.kp.org/pebb

- Kaiser offers both medical and dental plans. You do not need to enroll in a Kaiser medical plan to be able to enroll in a Kaiser dental plan, and vice versa.
- You can enroll in a Kaiser dental plan if you live or work in the Kaiser service area.
- Services are provided only by Kaiser providers only in Kaiser facilities.
- Kaiser continues to expand its service area, including a new dental plan in Lane County opening on January 1, 2018

2018 Full-time Dental Plans Comparison (available to full-time and part-time employees)

Plan	Kaiser Dental	Delta Dental (Moda) PPO		Delta Dental (Moda) Premier	Willamette Dental Group
Provider	Kaiser	In-Network	Out-of-Network	Participating	Willamette
Deductible: individual/family	None	\$50/\$150	\$50/\$150	\$50/\$150	None
Annual max coverage	\$1,750	\$1,750	\$1,750	\$1,750	None
Diagnostic & preventive services	\$5 copay, not applied to annual max coverage	0%	10%	0%	\$5 copay
Basic & maintenance services	\$5 copay + 20%, not applied to annual max coverage	20% year 1 10% year 2 0% year 3	30%	20%	\$5 copay
Crowns	\$5 copay + 25%	50%	50%	50%	\$190 copay
Implants	\$5 copay + 50%	50%	50%	50%	Varies
Dentures	\$5 copay + 50%	50%	50%	50%	\$190 copay
Orthodontia	\$5 copay + 50% to \$1500	50% to \$1500	50% to \$1500	50% to \$1500	\$1500 copay

This is a summary only. See the plan documents for details. In the case of a discrepancy, the plan document will apply. See footnotes, page 10

2018 Part-time Dental Plans Comparison (available only to part-time employees)

Plan	Delta Dental (Moda) Part Time	Kaiser Part Time
Provider	Participating	Kaiser
Deductible per person	\$50	None
Annual max coverage	\$1250	\$1250
Diagnostic & preventive services	0%	0%, not applied to annual max coverage
Basic & maintenance services	50%	50%
Crowns	50%	50%
Implants	Not covered	Not covered
Dentures	50%	50%
Orthodontia	Not covered	Not covered

Dental Plan Rates

The following table shows monthly premium costs for full-time and part-time dental plans. For both full-time and part-time employees, your premium contribution is at the same percentage rate as medical coverage percentage. If you enroll in Opt Out and choose to enroll in a dental plan, your contribution share is 5% of the premium.

Kaiser Permanente ¹	\$61.68	\$123.35	\$104.86	\$166.53
Delta Dental (Moda) Premiere ²	\$54.44	\$108.88	\$92.55	\$146.99
Delta Dental (Moda) PPO ³	\$50.31	\$100.60	\$85.51	\$135.81
Willamette Dental Group ²	\$50.79	\$101.56	\$86.33	\$137.12
Delta Dental (Moda) Part-time ⁵	\$39.18	\$78.35	\$66.61	\$105.79
Kaiser Permanente Part-time ⁶	\$45.99	\$91.98	\$78.18	\$124.17

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.

⁵ Available to eligible part-time employees; in plan facilities.

⁶ Available to eligible part-time employees; in plan service area.

This is a summary only. See the plan documents for details. In the case of a discrepancy, the plan document will apply.

Heath Engagement Model (HEM)

— Active members only

Reminder: Retirees, COBRA and Self-pay do not participate in the HEM.

The goal of the HEM program is to engage as many people as possible in improving their health. Becoming healthier together can help contain health care costs for all of us over time.

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.

Participating takes just two steps.

Step 1: Complete your confidential online health assessment on your current (2017) health plan's website Sept 1-Oct. 31. www.oregon.gov/oha/PEBB/Pages/Health-Assessment.aspx

Step 2: Enroll in HEM when you enroll in benefits during Open Enrollment Oct. 1-31, 2018 – the only time employees can enroll in the 2018 HEM program. www.oregon.gov/oha/PEBB/Documents/HEM-agreement.pdf

When you enroll in the HEM program, you agree to complete two health actions of your choice by next Open Enrollment. www.oregon.gov/oha/pebb/Pages/HEM-Activities.aspx

There's no tracking or reporting to PEBB.

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 just be asked if you completed two health actions by then. You answer "yes" or "no." It's that easy!

Participants have a financial incentive in their monthly pay during 2018

Only employees may participate in the 2018 HEM programs. Their covered spouses or partners may not participate, but receive the same low deductible as participating employees. Employee HEM participants receive a taxable \$17.50 health incentive in their monthly pay.

Non-Participants have a higher deductible in their medical plan.

Employees who choose not to participate in the 2018 HEM program will have a \$100-per-person deductible added to the standard deductible in their medical plan, to a family maximum of \$300 in additional deductible.

Your privacy is assured.

PEBB and your health plan are committed to the privacy and confidentiality of your personal information, defined as Protected Health Information (PHI). Your PHI includes your responses to the health-related questions in your health assessment.

PEBB sent all eligible employees a copy of the privacy notice required by the Equal Employment Opportunity Commission (EEOC) that details your privacy protections. Download a copy from www.oregon.gov/oha/pebb/benefits/privacy-eeoc.pdf. Neither your employer nor PEBB has access to any of your protected health information.

Optional insurance

Optional Employee or Spouse/Domestic Partner Life Insurance

www.oregon.gov/oha/pebb/Pages/Optional-Employee-Life.aspx

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

You can enroll in or increase optional life insurance for yourself and your spouse or partner during Open Enrollment. There is no guaranteed issue available during open enrollment. You must complete the medical history statement by December 15, 2017. You pay the full premium for this coverage. Applications require approval of a medical history statement.

This is term life. The policy pays if you (the subscriber who purchases the coverage) are still a PEBB-eligible state employee, and the premium payments are current.

Higher tobacco rates apply to individuals who have used tobacco in the prior 12 months. The premium rates increase when the age of covered individuals moves them into a new age tier. All age-related tier rate changes are held until the next plan year and go into effect Jan. 1 of that year.

Age Tier	Thru 24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 & up
Rate Per \$10,000	\$0.40	\$0.48	\$0.62	\$0.69	\$0.75	\$1.18	\$1.74	\$3.30	\$5.13	\$9.95	\$16.30	\$16.40

**Purchased in \$20,000 increments, only*

Age Tier	Thru 24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 & up
Rate Per \$10,000	\$0.64	\$0.74	\$0.96	\$1.06	\$1.16	\$1.78	\$2.62	\$4.80	\$7.40	\$13.90	\$22.00	\$21.50

**Purchased in \$20,000 increments, only*

Optional Dependent Life Insurance

www.oregon.gov/oha/pebb/Pages/Dependent-Life.aspx

You pay the full premium for this term life insurance that covers all your PEBB-eligible dependents and your spouse or partner for the single premium payment of \$1.29 per month to cover the entire group. The benefit amount is \$5,000 per person. You, the beneficiary, receive the benefit payment to cover the entire group if the covered person dies while covered under the policy, and you are still a PEBB-eligible state employee, and premium payments for the coverage are current.

Accidental Death & Dismemberment Insurance (AD&D)

www.oregon.gov/oha/pebb/Pages/ADD.aspx

The AD&D plan provides 24-hour coverage for accidental loss of life, limb, hand, foot, hearing, speech, sight or thumb and index finger (of the same hand). You pay the full premium for this insurance. The premium rate for you as the employee is \$1.00 per \$50,000 in coverage. The family rate (employee and PEBB-eligible dependents) is \$1.70 per \$50,000 in coverage. You may select a coverage amount from \$50,000 to \$500,000 in increments of \$50,000.

This is a summary only. See the plan documents for details. In the case of a discrepancy, the plan document will apply.

Short-Term Disability Insurance

www.oregon.gov/oha/pebb/Pages/Short-Term-Disability.aspx

This insurance covers a portion of your salary if you become disabled (as defined in the policy) for a short period. You pay the full amount for this coverage.

Premium rate = 0.0064 x gross monthly salary. Example: 0.0064 x \$3,234 (gross monthly salary) = \$22.70 monthly premium deducted from salary.

Following a 7-day benefit waiting period, this insurance covers 60 percent of your insured earnings. The insured earnings amount is based on your weekly earnings in effect on your last full day of work. When your insured earnings increase (for example, with a pay increase), your premium rate increases. Insured earnings does not include overtime pay, bonuses or dollars received when you opt out of medical coverage.

The maximum of insured earnings for short-term disability insurance is limited to \$2,769.

- The maximum weekly benefit is \$1,662 before reduction of deductible income.
- The minimum weekly benefit is \$25 following reduction of deductible income.
- The benefit if you are disabled less than one week is one-seventh of the weekly benefit for each day you are disabled.

Deductible income means other income you are eligible to receive because of your disability.

Long-Term Disability Insurance

www.oregon.gov/oha/pebb/Pages/long-term-disability.aspx

This insurance covers a portion of your salary if you become disabled (as defined in the policy) for a long period. You pay the full amount for this coverage.

You determine the benefit percentage of your monthly insured earnings when you choose from the four options. For long-term disability, the insured earnings amount is based on your monthly earnings in effect on your last full day of work. When your insured earnings increase (for example, with a pay increase), your premium rate increases. Insured earnings do not include overtime pay, bonuses, or dollars received when you opt out of medical coverage.

Option	Premium Rate	Waiting Period	Coverage	Coverage Maximum/Minimum
1	\$0.0051	90 days	60% of first \$12,000 minus deductible income	\$7,200 before reduction by deductible income/\$50
2	\$0.0018	180 days		
3	\$0.0106	90 days	66 2/3% of first \$12,000 minus deductible income	\$8,000 before reduction by deductible income/\$50
4	\$0.0027	180 days		

Here is an example of determining premium rate. You choose option 1 – with a 90-day waiting period and a monthly benefit amount of 60 percent of your pre-disability earnings.

Your gross monthly salary (before any deductions)	\$1,900
Times premium	X 0.0051
Premium amount you pay each month	\$9.69

This is a summary only. See the plan documents for details. In the case of a discrepancy, the plan document will apply.

Optional insurance

The long-term disability benefit is a percentage of the first \$12,000 of your pre-disability earnings. The maximum monthly benefit (before reduction of deductible income) is \$7,200 if you choose option 1 or 2, or \$8,000 if you choose option 3 or 4. The minimum is \$50. The maximum weekly benefit is \$1,662 before reduction of deductible income. Deductible income means other income you are eligible to receive because of your disability.

Long Term Care Insurance

www.oregon.gov/oha/pebb/Pages/Long-Term-Care.aspx

You may enroll in this insurance at any time – for open enrollment you must enroll on the Unum 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, transferring, toileting, eating and continence. You are eligible for a monthly benefit after you meet all these conditions:

- You become Disabled;
- You are receiving services in a Long Term Care Facility or Assisted Living Facility/Adult Foster Home; or Professional Home Care Services if your plan includes a Professional Home Care Services benefit; or Total Home Care if your plan includes a Total Home Care benefit;
- You have satisfied your Elimination Period; and
- A Physician has certified that you are unable to perform, without Substantial Assistance from another individual, two or more ADLs for a period of at least 90 days, or that you require Substantial Supervision by another individual to protect you and others from threats to health or safety due to Severe Cognitive Impairment. You will be required to submit a Physician certification 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. If your coverage includes Professional Home Care Services, the benefit payment will be based on the number of days you receive these services.

You should read the entire policy and review all rates; they are available on the plan's website: <http://unuminfo.com/pebb/index.aspx>.

Tax-saving accounts

Flexible spending accounts (FSAs)

<http://tfada508c.asiflex.com/orpebb/>

Because FSAs help you save on income tax, they adhere to IRS code. These are annual accounts and are USE OR LOSE IT ACCOUNTS (see below). These plans automatically terminate at the end of each year. If you want an FSA for the coming plan year, you must enroll during Open Enrollment. You can't revoke your participation in an FSA after it goes into effect.

FSAs allow you to use pre-tax dollars to reimburse yourself for IRS-qualified expenses.

- Use a Health Care FSA for IRS-qualified medical and dental expenses not covered in your plan.
- Use a Dependent Care FSA for IRS-qualified day care expenses that allow you to work.

You choose an annual amount to contribute to your account, and your payroll department deducts your salary contribution (which must be at least \$20) before calculating your taxes. Paying for eligible expenses with these pre-tax dollars saves on your taxes.

A Health Care FSA allows you to pay for deductibles, copays and coinsurance with pre-tax dollars. Some examples are dental and orthodontic expenses above the plan maximum, lasik eye surgery, and certain over-the-counter medications for which you have a prescription.

A Dependent Care FSA allows you to use pre-tax dollars to pay for qualified dependent care expenses that allow you to work.

Things to know about these accounts:

- FSAs operate according to IRS code.
- The annual employee contribution limit for an individual health care FSA is \$2,600 (an increase of \$50 from 2017).
- The annual employee contribution limit for an individual dependent care FSA is \$5,000.
- The minimum monthly contribution amount is \$20.
- When you enroll, you enroll for the entire plan year; plan accordingly.
- These are USE IT OR LOSE IT accounts. You lose any funds that you don't use and claim for valid expenses by the end of PEBB's grace period (incurred by March 15 and claimed by March 31 in the following year).
- Your payroll department will deduct even portions (which must be at least \$20) of your annual total election amount from each paycheck over the course of the year. For academic-year employees, this may be nine or 10 months. Ask your benefits office if this applies to you.

PEBB contracts with ASIFlex to administer the FSA program under PEBB administrative rules and in keeping with IRS code. For more information visit ASIFlex online at <http://tfada508c.asiflex.com/orpebb/>.

This is a summary only. These plans adhere to IRS Code.

Commuter Accounts

<http://tfada508c.asiflex.com/orpebb/>

Commuter Accounts are individual fringe benefits defined and regulated by IRS Code. They allow you to save on taxes by paying eligible employment-related commuting expenses with pretax dollars. There are two types of accounts. You can enroll in either or both.

1. **Transportation Account:** Use this pretax account to pay for qualified expenses for commuting by bus, ferry, rail, monorail, streetcar, train, subway or vanpool when the expenses are not deducted by your agency from your pay pre-tax. Commuting means traveling between your home and your place of work on a regular basis. The monthly maximum contribution and reimbursement in a Transportation Account is \$255.
2. **Parking Account:** Use this pretax account to pay for qualified expenses incurred for parking your personal vehicle at or near your employer-provided workplace or at a location from which to commute to the workplace by mass transit facilities, commuter highway vehicle or carpool. Personal vehicle includes car, truck, motorcycle and bicycle. The monthly maximum contribution and reimbursement in a Parking Account is \$255.

You can't use a Commuter Transportation Account to pay for agency-sponsored transit passes when Payroll already deducts the value of those passes from your pay pre-tax. The total monthly contribution and monthly deduction for commuter expenses can't exceed the monthly account maximum of \$255.

You can't use a Commuter Parking Account to pay for monthly state lot parking, because Payroll already deducts that cost from your pay pre-tax. When added together, a Parking Account monthly contribution and the monthly cost for state parking can't exceed the monthly account maximum of \$255.

Enrolling In and Changing Accounts

You can enroll in a new account, or terminate or make changes to an existing account, at any time during the year. Commuter accounts are not automatically terminated at the end of the calendar year; the account rolls over into the new calendar year. To enroll (outside of Open Enrollment), terminate or change an account, complete the Commuter form available online at www.oregon.gov/oha/pebb/pages/forms.aspx and submit it to your agency or university. Changes are prospective; they go into effect the first of the month following receipt of the form.

Using the Account

PEBB contracts with ASIFlex to administer Commuter Accounts to ensure they align with federal tax code. Use the ASIFlex website for claim forms and administrative information at <http://tfada508c.asiflex.com/orpebb/>. The deadline for submitting claims for qualified expenses is January 15 for expenses incurred in the previous plan year. If a claim from the previous year is denied, funds in the account are still available for expenses incurred in the current plan year, and you can adjust your monthly contribution as needed.

You can be reimbursed for qualifying expenses incurred in one month only to the IRS-allowed limit: \$255 per month for a Transportation Account and \$255 per month for a Parking Account. Expenses must be "incurred or paid" before being reimbursed.

It's a good idea to make prospective changes to your monthly contribution amount when you anticipate a reduction in future monthly expenses. This allows you to keep your account in balance with no excess contribution. Note that all changes are prospective; they cannot be retroactive.

If your account is inactive for six months, no contributions or reimbursements are made, your account terminates and funds are forfeited.

This is a summary only. These plans adhere to IRS Code.

Enroll in your 2018 benefits

What to have at-hand to register or recall password:

- ID number of your choice from the following:
 - PEBB benefit number - P followed by 8 digits: You'll receive a letter with your P number separately (also on your dental card if you're enrolled in Delta Dental -Moda)
 - Oregon employee ID number (begins with OR) for state employees
 - University ID number for university employees
- Password of your choice (must be at least 8 characters and include at least one capital letter but no special characters such as @ ~ % = ^ & * + = () or ends in a "1" or "y")
- Answers to two security questions you select

What to have at-hand to log in and enroll:

- ID and password for https://pebbbenefits.oha.oregon.gov/bms_web!/pb.main
- Birth dates of eligible dependents
- Plan choices for medical, vision and dental coverage
(Use the tools at www.oregon.gov/oha/pebb.)
- Plan choices for optional benefits – life, AD&D, disability and long-term care insurance
- Annual amount choices for FSAs

Follow these steps to enroll in 2018 PEBB benefits:

Each screen in the process gives guidance on enrolling and many include links to details.

- 1. Log in at https://pebbbenefits.oha.oregon.gov/bms_web!/pb.main**
(Click "Forgot user name or password" if you have forgotten your user name or password.)
 - Turn off your browser's pop-up blocker.
 - Read the steps to enroll during Open Enrollment.
 - Verify your Authorization and Certification.
 - Review your personal information. Contact your agency to correct name, gender or birth date. Add or correct mail, phone or email information.
- 2. Elect to participate or not to participate in the 2018 Health Engagement Model (HEM).**
To participate in 2018, you must complete your health assessment on your current (2017) health plan website Sept. 1-Oct. 31, 2017 and enroll in HEM and a health plan during Open Enrollment.
- 3. Add eligible dependents to coverage and provide their contact information.**
If these individuals gain eligibility by affidavit, you must provide any required forms and documentation to your agency by Nov. 4, 2017, for coverage for newly added individuals to go into effect Jan. 1, 2018.
www.oregon.gov/oha/pebb/pages/forms.aspx
- 4. Provide information on Medicare eligibility, ethnicity and race.** This information helps to identify healthcare disparities in our population. It will not affect your enrollment as an active employee.

5. Enroll yourself and eligible dependents in core benefits.

When you enroll in 2018 benefits, you can keep your 2017 medical, dental and vision plans, drop a dental or vision plan, or select new plans. Opt Out is a choice of medical plan. To decline is to decline participation in any aspect of the benefit program, including the employer premium share. To decline, you must submit a paper form to your agency. You cannot decline online.

6. Select your status in Health Improvement and Cost Containment programs.

Select your current tobacco use status and that of your spouse or domestic partner.
Select your status on spouse or domestic partner waiving other employer group coverage.

7. Review, enroll, increase, reduce or change optional life insurance.

Select status on use of tobacco in the prior 12 months for you and your enrolled spouse or domestic partner. Remember to submit medical history to Standard for enrollments and increases that require approval before they go into effect. Medical history statements must be submitted to Standard by December 15, 2017.

8. Review, enroll or change disability insurance.

9. Review, enroll or change long-term care insurance.

Remember to submit medical history to Unum for enrollments and increases that require approval before they go into effect. Members must go through Unum to make any changes at <http://unuminfo.com/pebb/index.aspx>.

10. Enroll in a health care or dependent care flexible account if you want one in 2018.

FSAs are annual accounts. If you want an FSA for 2018, you must enroll by Oct. 31, 2017.

11. Change designation of beneficiaries, only if you want to.

12. Review your Benefit Statement. Print it for your records.

13. Log out.

You can log in to change your elections as many times as you like during Open Enrollment. You must complete the enrollment process each time to implement your latest elections. Print your benefit summary each time you re-enroll.

COBRA members information

This Open Enrollment Guide contains the information you need to enroll in PEBB health coverage for 2018 during Open Enrollment, Oct. 1 through 31, 2017.

If you are in a medical plan now and don't actively enroll during Open Enrollment, you will have the same plan in 2018 but with a \$25 surcharge (\$50 if covering spouse/partner) for not answering the tobacco-use question and a \$50 surcharge (if covering spouse/partner) for not answering the spouse coverage question.

You can enroll in vision coverage without enrolling in a medical plan. Kaiser full-time medical plans include Kaiser vision coverage. If you are not enrolled in one of those plans, you can enroll in vision coverage through VSP. VSP offers both Basic and Plus plans

You can enroll in a dental plan for 2018. Please note: The ODS (Moda) dental plans may impose waiting periods for major service and orthodontia if you enroll in these plans after you were first eligible.

New for 2018:

See inside front cover for what's new this year.

Here's how to enroll in your 2018 PEBB health plans.

1. Review health plan regions, premiums and coverage.
2. Complete a COBRA form available at: <http://www.oregon.gov/oha/PEBB/Pages/forms.aspx>.
3. Mail or fax the form by Oct. 31, 2017 to:

BenefitHelp Solutions (BHS)

P.O. Box 40548 Portland, OR 97240-0548

Fax 888-393-2943 toll free

Phone 503-412-4257 toll free 877-433-6079

Contact Information

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.
- Wednesday Oct. 4, 11, 18, and 25, until 8 p.m.
- Monday Oct. 31, until 8 p.m. Fax PEBB at 503-373-1654

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

How to Contact BenefitHelp Solutions

BenefitHelp Solutions

(Retiree, COBRA and Self-pay administrator)

Website: <http://www.oregon.gov/oha/PEBB/Pages/forms.aspx>

Phone: 503-412-4257

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

How to Contact the Plans – see page 33 of this guide for plan contact information

2018 COBRA Medical Plan Monthly Premium Rates

2018 COBRA Medical Plan Monthly Premium Rates

	Self	Self & Spouse/ Partner	Self & Child(ren)	Self & Family	Child(ren) Only
Kaiser HMO	\$772.32	\$1,544.66	\$1,312.96	\$2,085.29	\$620.98
Kaiser Deductible	705.48	1,410.98	1,199.33	1,904.83	570.95
Moda Synergy/Summit	695.69	1,391.40	1,182.68	1,878.38	563.29
PEBB Statewide	783.89	1,567.79	1,332.62	2,116.51	666.32
Providence Choice	669.77	1,339.54	1,138.60	1,808.37	569.30
Kaiser Part-time	653.81	1,307.63	1,111.46	1,765.29	525.70
Kaiser Deductible Part-Time	573.39	1,146.77	974.76	1,548.15	496.51
Moda Synergy/Summit part-time	566.39	1,132.80	962.88	1,529.27	456.45
PEBB Statewide Part-Time	636.80	1,273.61	1,082.57	1,719.37	541.29
Providence Choice Part-Time	542.76	1,085.52	922.70	1,465.46	461.35

2018 COBRA Dental Plan Monthly Premium Rates

	Self	Self & Spouse/ Partner	Self & Child(ren)	Self & Family	Child(ren) Only
Kaiser	\$62.90	\$125.81	\$106.95	\$169.85	\$50.69
Delta Dental (Moda) Premier	55.52	111.05	94.40	149.92	47.19
Delta Dental (Moda) PPO	51.31	102.61	87.21	138.52	43.61
Willamette Dental Group	51.80	103.59	88.05	139.85	44.03
Delta Dental (Moda) Part-Time	39.96	79.91	67.94	107.90	33.96
Kaiser Part-time	46.91	93.81	79.74	126.65	37.76

2018 COBRA Vision Plan Monthly Premium Rates

	Self	Self & Spouse/ Partner	Self & Child(ren)	Self & Family	Child(ren) Only
VSP	\$8.83	\$17.67	\$15.01	\$23.85	\$7.51
VSP Plus	13.25	26.50	22.53	35.78	11.26

Self-pay members information

This Open Enrollment Guide contains the information you need to enroll in PEBB health coverage for 2018 during Open Enrollment, Oct. 1-31, 2017.

If you are in a medical plan now and don't actively enroll during Open Enrollment, you will have the same plan in 2018 but with a \$25 surcharge (\$50 if covering spouse/partner) for not answering the tobacco-use question a \$50 surcharge (if covering spouse/partner) for not answering the spouse coverage question.

You can enroll in VSP vision coverage if you enroll in a medical plan (except Kaiser full-time plans, which include vision coverage). VSP now offers both Basic and Plus plans.

You can enroll in a dental plan for 2018. Please note: The ODS (Moda) dental plans may impose waiting periods for major service and orthodontia if you enroll in these plans after you were first eligible.

New for 2018:

See inside front cover for what's new this year.

Here's how to enroll.

1. Review the health plan regions, premiums and coverages in this Open Enrollment Guide
2. Go to www.oregon.gov/oha/pebb and select "Log In." If you forgot your user name or password: Click the red "Get It Now" button at the upper left of the screen, and use your PEBB Benefit Number (upper right on this page) to reset your password.
3. Follow the instructions on each screen in the enrollment system.
4. Save and print the benefit statement provided at the end of the enrollment process.

Note: You can enroll using any computer with an Internet connection. If you can't enroll online, you can do so using the Retiree Enrollment form at <http://www.oregon.gov/oha/PEBB/Pages/forms.aspx>. If you use a form, complete and submit it by Oct. 31, 2017 to BenefitHelp Solutions. If you have questions, please contact BenefitHelp Solutions.

BenefitHelp Solutions (BHS)

P.O. Box 40548 Portland, OR 97240-0548

Fax 888-393-2943 toll free | Phone 503-412-4257 toll free 877-433-6079

Contact Information

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.
- Wednesday Oct. 4, 11, 18, and 25, until 8 p.m.
- Monday Oct. 31, until 8 p.m. Fax PEBB at 503-373-1654

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

How to Contact BenefitHelp Solutions

BenefitHelp Solutions

(Retiree, COBRA and Self-pay administrator)

Website: <http://www.oregon.gov/oha/PEBB/Pages/forms.aspx>

Phone: 503-412-4257

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

How to Contact the Plans – see page 33 of this guide for plan contact information

2018 Self-pay Medical Plan Monthly Premium Rates

	Self-Pay	Self-Pay & Spouse/ Partner	Self-Pay & Child(ren)	Self-Pay & Family
Kaiser HMO	\$756.21	\$1,502.13	\$1,278.36	\$2,024.28
Kaiser Deductible	691.65	1,373.03	1,168.61	1,849.98
Moda medical plans	682.20	1,354.12	1,152.54	1,824.44
PEBB Statewide	767.38	1,524.47	1,297.35	2,054.43
Providence Choice	657.16	1,304.03	1,109.96	1,756.83

2018 Self-Pay Dental Plan Monthly Premium Rates

	Self-Pay	Self-Pay & Spouse/ Partner	Self-Pay & Child(ren)	Self-Pay & Family
Kaiser	\$61.68.	\$123.35	\$104.86	\$166.53
Delta Dental (Moda) Premier	54.44	108.88	92.55	146.99
Delta Dental (Moda) PPO	50.31	100.60	85.51	135.81
Willamette Dental Group	50.79	101.56	86.33	137.12

2018 Self-Pay Vision Plan Monthly Premium Rates

	Self-Pay	Self-Pay & Spouse/ Partner	Self-Pay & Child(ren)	Self-Pay & Family
VSP	\$8.66	\$17.32	\$14.72	\$23.38
VSP Plus	13.00	25.98	22.09	35.08

Retiree members information

This Open Enrollment Guide contains the information you need to enroll in PEBB health coverage for 2018 during the annual Retiree Plan Change Period, Oct. 1 through 31, 2017.

If you are not in a medical plan now, you cannot add that coverage during the Plan Change Period. If you are in a medical plan now and don't actively enroll, your medical plan will stay the same; however, you will have a \$25 surcharge (\$50 if covering spouse/partner) for not answering the tobacco use question and a \$50 surcharge (if covering spouse/partner) for not answering the spouse coverage question.

If you are currently enrolled only in a dental plan, you do not need to enroll for 2018 during the plan change period. Your current coverage will continue in 2018.

You can't add coverage not already in place during 2017 except for vision coverage. You can enroll in vision coverage without enrolling in a medical plan. Kaiser full-time medical plans include Kaiser vision coverage. If you are not enrolled in one of those plans, you can enroll in vision coverage through VSP.

You cannot add new family members to any coverage during the Plan Change Period.

Here's how to enroll.

1. Review the health plan regions, premiums and coverages in this Open Enrollment Guide
2. Go to www.oregon.gov/oha/pebb and select "Log In." If you forgot your user name or password: Click the red "Get It Now" button at the upper left of the screen, and use your PEBB Benefit Number (upper right on this page) to reset your password.
3. Follow the instructions on each screen in the enrollment system.
4. Save and print the benefit statement provided at the end of the enrollment process.

Note: You can enroll using any computer with an Internet connection. If you can't enroll online, you can do so using the Retiree Enrollment form at <http://www.oregon.gov/OHA/PEBB/Pages/forms.aspx>. If you use a form, complete and submit it by Oct. 31, 2017 to BenefitHelp Solutions. If you have questions, please contact BenefitHelp Solutions.

New for 2018:

See inside front cover for what's new this year.

Contact Information

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.
- Wednesday Oct. 4, 11, 18, and 25, until 8 p.m.
- Monday Oct. 31, until 8 p.m. Fax PEBB at 503-373-1654

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

How to Contact BenefitHelp Solutions

BenefitHelp Solutions

(Retiree, COBRA and Self-pay administrator)

Website: <http://www.oregon.gov/oha/PEBB/Pages/forms.aspx>

Phone: 503-412-4257

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

How to Contact the Plans – see page 33 of this guide for plan contact information

2018 Retiree Medical Plan Monthly Premium Rates

	Retiree	Retiree & Spouse/ Partner	Retiree & Child(ren)	Retiree & Family	Child(ren) Only
Kaiser HMO	\$761.76	\$1,523.53	\$1,295.00	\$2,056.77	\$612.48
Kaiser Deductible	695.83	1,391.68	1,182.92	1,878.77	563.14
Moda medical plans	686.18	1,372.36	1,166.51	1,852.68	555.59
PEBB Statewide	773.17	1,546.34	1,314.39	2,087.56	657.20
Providence Choice	660.61	1,321.21	1,123.03	1,783.64	561.51
Kaiser Part-time	644.87	1,289.75	1,096.26	1,741.15	518.51
Kaiser Deductible Part-Time	565.54	1,131.08	961.43	1,526.97	489.72
Moda medical plans Part-Time	558.65	1,117.30	949.71	1,508.35	450.21
PEBB Statewide Part-Time	628.09	1,256.19	1,067.76	1,695.85	533.88
Providence Choice Part-Time	535.34	1,070.68	910.07	1,445.41	455.04

2018 Retiree Dental Plan Monthly Premium Rates

	Retiree	Retiree & Spouse/ Partner	Retiree & Child(ren)	Retiree & Family	Child(ren) Only
Kaiser	\$62.04	\$124.09	\$105.48	\$167.53	\$50.00
Delta Dental (Moda) Premier	54.77	109.53	93.11	147.87	46.55
Delta Dental (Moda) PPO	50.61	101.20	86.02	136.63	43.01
Willamette Dental Group	51.09	102.17	86.85	137.94	43.43
Moda medical plans Part-Time	39.41	78.82	67.01	106.42	33.50
Kaiser Part-time	46.27	92.53	78.65	124.92	37.24

2018 Retiree Vision Plan Monthly Premium Rates

	Retiree	Retiree & Spouse/ Partner	Retiree & Child(ren)	Retiree & Family	Child(ren) Only
VSP	\$8.71	\$17.42	\$14.81	\$23.52	\$7.41
VSP Plus	13.07	26.14	22.22	35.29	11.10

Required notices

Important Notice from PEBB about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Public Employees' Benefit Board (PEBB) and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. PEBB has determined that the prescription drug coverage offered by PEBB is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan? You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan? Your current PEBB group coverage pays for other health care expenses, in addition to prescription drugs. If you decide to join a Medicare drug plan, your current PEBB group coverage will not be affected. However, if you decide to join a Medicare drug plan and drop your current PEBB group coverage, be aware that you and your dependents will lose health care and prescription drug coverage through PEBB and may not be able to get this coverage back prior to open enrollment or a change-in-status event.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan? You should also know that if you drop or lose your current coverage with PEBB and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information about This Notice or Your Current Prescription Drug Coverage: Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through PEBB changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage: More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for the telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call 1-800-772-1213 (TTY 1-800-325 0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: Aug. 19, 2018. Name of Entity/Sender: PEBB. Contact: Benefits Manager
Address: 500 Summer St NE, E-89, Salem, OR 97301-1063; Phone number: 503-373-1102.

Notice of Women's Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your Plan Administrator at 503-373-1102 for more information.

Special Enrollment Rights

Under the special enrollment provisions of HIPAA, you will be eligible, in certain situations, to enroll in a PEBB medical plan during the year, even if you previously declined coverage. This right extends to you and all eligible family members.

You will be eligible to enroll yourself (and eligible dependents) if, during the year you or your dependents have lost coverage under another plan because:

- Coverage ended due to termination of employment, divorce, death, or a reduction in hours that affected benefits eligibility;
- Employer contributions to the plan stopped;
- The plan was terminated;
- COBRA coverage ended; or
- The lifetime maximum for medical benefits was exceeded under the existing medical coverage option.

If you gain a new dependent during the year as a result of marriage, birth, adoption or placement for adoption, you may enroll that dependent, as well as yourself and any other eligible dependents, in the plan — again, even if you previously declined medical coverage. Coverage will be retroactive to the date of the birth or adoption for children enrolled during the year under these provisions.

You will also be eligible to enroll yourself and any eligible dependents if either of two events occurs: (1) You or your dependent loses Medicaid or Children's Health Insurance Program (CHIP) coverage because of a loss of eligibility. (2) You or your dependent qualifies for state assistance in paying employer group medical plan premiums.

Regardless of other enrollment deadlines, you will have 60 days from the date of the Medicaid/CHIP event to request enrollment in the employer medical plan.

Please note that special enrollment rights allow you to either enroll in current medical coverage; or enroll in any medical plan benefit option for which you and your dependents are eligible.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP) If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-3272.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2014. Contact your State for more information on eligibility — To see if any other states have added a premium assistance program since January 31, 2014, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov 1-877-267-2323, Menu Option 4, Ext. 61565

ALABAMA – Medicaid Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120
ALASKA – Medicaid Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	MINNESOTA – Medicaid Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629
ARIZONA – CHIP Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
COLORADO – Medicaid Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943	MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/MemberServices Phone: 1-800-694-3084
FLORIDA – Medicaid Website: http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/medicaid Phone: 1-877-357-3268	NEBRASKA – Medicaid Website: www.ACCESSNebraska.ne.gov Phone: 1-800-383-4278
GEORGIA – Medicaid Website: http://dch.georgia.gov/ - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150	NEVADA – Medicaid Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
IDAHO – Medicaid Medicaid Website: http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx Medicaid Phone: 1-800-926-2588	NEW HAMPSHIRE – Medicaid Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
INDIANA – Medicaid Website: http://www.in.gov/fssa Phone: 1-800-889-9949	NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
IOWA – Medicaid Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	NEW YORK – Medicaid Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
KANSAS – Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	NORTH CAROLINA – Medicaid Website: https://dma.ncdhhs.gov/medicaid Phone: 919-855-4100
KENTUCKY – Medicaid Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
LOUISIANA – Medicaid Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447	OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MAINE – Medicaid Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/apply.aspx Phone: 1-800-699-9075

Required notices

PENNSYLVANIA – Medicaid

Website: <http://www.dhs.pa.gov/citizens/healthcaremedicalassistance/>

Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Website: www.ohhs.ri.gov

Phone: 401-462-5300

SOUTH CAROLINA – Medicaid

Website: <http://www.scdhhs.gov>

Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <https://hhs.texas.gov/services/health/medicaid-chip>

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Website: <https://medicaid.utah.gov/>

Phone: 1-866-435-7414

VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/>

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website: http://www.dmas.virginia.gov/Content_pgs/rcp-home.aspx

Medicaid Phone: 1-800-432-5924

CHIP Website: <http://www.famis.org/>

CHIP Phone: 1-866-873-2647

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/free-or-low-cost-health-care/apple-health-medicaid-coverage>

Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website: www.dhhr.wv.gov/bms/

Phone: 1-877-598-5820, HMS Third Party Liability

WISCONSIN – Medicaid

Website: <http://www.badgercareplus.org/pubs/p-10095.htm>

Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/>

Phone: 307-777-7531

Contact information

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.
- Wednesday Oct. 4, 11, 18, and 25, until 8 p.m.
- Monday Oct. 31, until 8 p.m.

Fax PEBB at 503-373-1654

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

How to Contact the Plans

Kaiser Permanente NW (medical and dental plans)

Website <https://my.kp.org/pebb/>

Log in to Kaiser Total Health Assessment
<https://kp.org/tha>

Customer service toll free 1-800-813-2000;
in Portland 503-813-2000

Hearing impaired 1-800-735-2900

Opt in for direct messaging kp-info-nw@kp.org

Moda Health Plan

(medical plans and Delta Dental plans)

Website www.modahealth.com/pebb

Customer service Medical toll free 1-844-776-1593;

Pharmacy toll free 1-844-776-1594;

Dental toll free 1-888-217-2365.

Hearing impaired 711

Email pebbcustomerservice@modahealth.com

Opt in for direct messaging

www.modahealth.com/pebb

Providence Health Plan

(PEBB Statewide & Providence Choice medical plans)

Website www.ProvidenceHealthPlan.com/PEBB

Log in to Personal Health Assessment

www.myProvidence.com

Customer service toll free 1-800-423-9470,

Hearing impaired 711

Opt in for direct messaging

www.ProvidenceHealthPlan.com/PEBBsignup

Willamette Dental (dental plan)

Website www.willamettedental.com/pebb

Customer service toll free 1-855-4DENTAL (433-6825)

Hearing impaired 711

Email pebb@willamettedental.com

The Standard

(life, AD&D and disability insurance plans)

Website <https://www.standard.com>

Customer service toll free 1-800-242-1888;

UNUM (long-term care plan)

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

Customer service 1-800-227-4165

ASIFlex

(flexible spending and commuter accounts)

Website <http://orpebb.asiflex.com>

Customer service toll free 1-800-659-3035

BenefitHelp Solutions

(retiree, COBRA and self-pay administrator)

Website <http://www.benefithelpsolutions.com/pebb/pebb.shtml>

Customer service

Retiree toll free 1-855-289-6314;

COBRA toll free 1-877-433-6079

VSP

(Vision Plan)

Web site - www.vsp.com

Customer service toll free - 1-800-877-7195



500 Summer St NE
Salem OR 97301

Access benefits
information and forms at
[Oregon.gov/oha/pebb](https://oregon.gov/oha/pebb)