

2025 PEBB Enrollment Guide



**Open Enrollment
October 1–31, 2024
www.PEBBinfo.com**



pebb
Public Employees' Benefit Board



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

Use this guide to:



Review your benefit options



Understand how the plans work



Learn about the tools and resources available with each plan



Select the benefits that are best for you



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

Questions?

The PEBB Benefits Team is here to help!

Phone: 503-373-1102

Monday–Friday, 8 a.m.–5 p.m.

Language assistance is available

Email: pebb.benefits@odhsoha.oregon.gov

Health Engagement Model (HEM) Reminder!

HEM enrollment is Sept. 1 - Oct. 31, 2024.

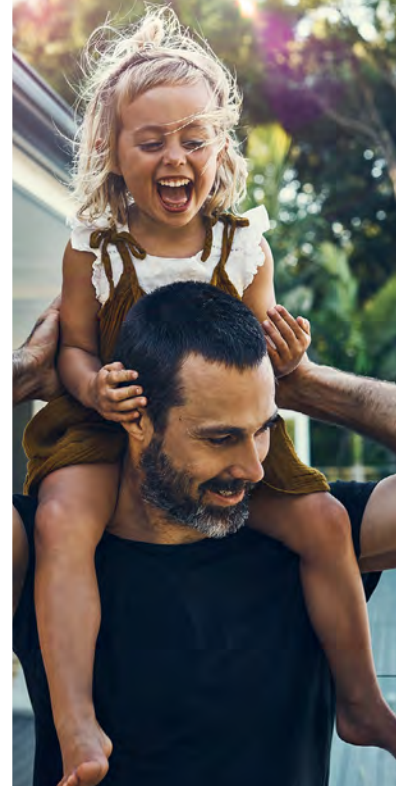
Visit <https://www.oregon.gov/oha/PEBB/Pages/HEM.aspx> and review the [Decision Chart](#) to see if you need to take action for 2025.





Table of contents

2025 Open Enrollment	5
Do you need to complete Open Enrollment?	5
After Open Enrollment	6
What's New for 2025	7
Costs	7
Plan changes	7
Benefits Education Tools	10
Before You Enroll	12
Learn how the plans work	12
Explore your plan options	13
Compare plans and estimate your costs	13
Find in-network providers	14
Specialist referrals	14
PEBB Dependent Eligibility Review	15
Who's an eligible dependent?	15
Tax implications for domestic partner coverage	15
Eligibility verification	16
Health Engagement Model (HEM)	17
Member Costs	19
Medical (cost shared by you and your employer)	19
Vision (cost shared by you and your employer)	20
Dental (cost shared by you and your employer)	20
Core Benefits: Cost Sharing	21
Employee premium share for core benefits	21
State employees	21
University employees	21
Local government employees	21
Additional Member Costs and Incentives	22
Tobacco usage surcharge	22
Double coverage surcharge	22
Spouse/domestic partner waives other employer group coverage	22
Domestic partner coverage	22
Opt out of PEBB medical plans	23
Decline core benefits	23
Medical Benefits	24
Providence Health Plan	24





Kaiser Permanente	25
Moda Health	26
Vision Benefits.....	27
VSP	27
Kaiser Permanente.....	27
Dental Benefits	28
Delta Dental of Oregon	28
Kaiser Permanente Dental.....	28
Willamette Dental Group	29
Wellbeing Programs	30
Employee Assistance Program (EAP)	31
Life and AD&D Insurance	33
Basic life insurance.....	33
Optional life insurance.....	33
Optional AD&D insurance.....	34
Cost of coverage.....	34
Optional Disability Insurance	35
Short-Term Disability (STD)	35
Long-Term Disability (LTD)	36
Long-Term Care Insurance	37
Flexible Spending Accounts (FSAs) and Commuter Benefit Accounts.....	38
COBRA Member Information	40
COBRA monthly premium rates.....	41
Medical	41
Vision	42
Dental.....	42
Retiree Member Information	43
Retiree monthly premium rates	44
Medical	44
Vision	45
Dental.....	45
Self-Pay Member Information	46
Self-Pay monthly premium rates	47
Medical	47
Vision	47
Dental.....	47
Definitions.....	48
Enrollment Checklist	50
Who to Contact	52





2025 Open Enrollment

Open Enrollment is the one time each year you can make changes to your plans or dependents without a Qualified Status Change (QSC).

Do you need to complete Open Enrollment?

This year's Open Enrollment is "passive" (or non-mandatory). This means:

- **If you're satisfied with your current benefit plan selections**, you don't need to do anything. Your current enrollments will roll over to the next plan year. Your benefits will stay the same. **Note: You must enroll or re-enroll each year to have a Flexible Spending Account (FSA).**
- **If you want to make benefit changes**, you must log in to PEBBenroll.com during Open Enrollment and make your selections. This includes:
 - » Enrolling or re-enrolling in a Health Care or Dependent Care Flexible Spending Account (FSA)
 - » Changing your plan selections
 - » Changing your Health Engagement Model (HEM) status
 - » Enrolling as a new hire
 - » Adding or dropping a dependent
 - » Updating your surcharge answers, personal information, or beneficiaries

Review the detailed [Decision Chart](#) to see if you need to take action during Open Enrollment.

If required, log in to PEBBenroll.com to make your plan selections.

For those who opt out and decline coverage

If you want to continue to opt out or decline coverage in 2025, you don't need to do anything. Your current selections will roll over to the next plan year.

If you want to have benefits coverage in 2025, you must log in to PEBBenroll.com during Open Enrollment and make your selections.

PEBB's Open Enrollment is Oct. 1–31, 2024.

Take action if you want an FSA in 2025

You must enroll or re-enroll during Open Enrollment to have a Flexible Savings Account (FSA) in 2025. FSA enrollments **do not roll over** to the next plan year.



After Open Enrollment

Be sure to check your Benefit Summary carefully. If you find an error, notify the PEBB Benefits Team during the correction periods noted below.

- **Health Care and Dependent Care Flexible Spending Accounts (FSAs) corrections:**
 - » You must enroll or re-enroll in an FSA during Open Enrollment (Oct. 1 – Oct. 31, 2024), to make changes to your FSA during the correction period.
 - » You can only change your FSA selections and contribution amounts during the correction period.
 - » The FSA correction period is Nov. 1 through Dec. 13, 2024.
- **Other enrollment corrections:**
 - » The correction period for other enrollments is Nov. 1, 2024, through Feb. 28, 2025.
 - » Corrections made before Dec. 31, 2024, are effective Jan. 1, 2025.
 - » Corrections made after Dec. 31, 2024, are effective the first of the month following the date your payroll office receives the correction request. For example:
 - If your payroll office receives the correction in January, the change is effective Feb. 1.
 - If your payroll office receives the correction in February, the change is effective March 1.
- **Health Engagement Model (HEM) enrollment:**
 - » You can't make corrections to HEM enrollment after Open Enrollment.
- **Qualified Status Change (QSC):**
 - If you experience a QSC, go to <http://www.oregon.gov/OHA/PEBB/Pages/forms.aspx> and fill out the Midyear Change Form.

Important!

If you choose not to participate in the passive Open Enrollment, you won't be able to make corrections during the correction period. You'll need a qualifying life event to make any changes.





What's New for 2025

The following benefit plan changes and enhancements become effective January 1, 2025.

Costs

The costs for your medical, dental, and vision plans may change. Use the [Premium Estimator Tool](#) to calculate your estimated costs for benefits in 2025.

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

Plan changes

All medical plans

- **Doula services now covered.** Doula services are available to medical plan enrollees. Doulas are trained birth companions. They provide support to pregnant people and families during pregnancy, during birth, and beyond. Services include eight combined pre- and postnatal visits, plus delivery.

The cost for doula services will depend on the service and the plan in which you enroll. The tables below show costs for doula services received from in-network and out-of-network providers.

Doula services				
Providence Statewide PPO	Providence Choice	Kaiser Deductible	Kaiser Traditional	Moda Synergy Coordinated Care
\$0, deductible waived; up to 8 prenatal and postnatal visits/ pregnancy, plus 1 labor and delivery visit	\$0, deductible waived; up to 8 prenatal and postnatal visits/ pregnancy, plus 1 labor and delivery visit	\$0, deductible waived; up to 8 prenatal and postnatal visits/ pregnancy, plus 1 labor and delivery visit	\$0; up to 8 prenatal and postnatal visits/ pregnancy, plus 1 labor and delivery visit	\$0, deductible waived; up to 8 prenatal and postnatal visits/ pregnancy, plus 1 labor and delivery visit

Providence Health medical plans

- **Generic medication requirement.** You'll be required to use generic medications instead of brand-name medications when a generic equivalent is available.
- **Alopecia medications.** You can request an exception to the exclusion of hair growth medications if you're diagnosed with severe alopecia areata.

Good News!

PEBB will continue to offer the same medical, dental, and vision plans in 2025.



- **Rx Savings Solutions program.** This program will be available to help you identify potential cost-saving opportunities. When the program identifies a savings opportunity, you will receive an email. If you agree, the program will reach out to your provider for approval to switch prescriptions.
- **Changes to some covered drugs.** The list of “value tier” drugs will be updated. This list includes low-cost generic drugs used to treat the most common chronic conditions. Also, the plan will no longer cover certain over-the-counter drugs.
- **Fertility and family-building benefits.** Services will include:
 - » Coverage for reversal of voluntary sterilization.
 - » You can receive up to two advanced reproductive technology cycles per year if the first cycle doesn’t work. This includes all necessary tests and accommodations.
- **Progyny.** You can access fertility and family-building benefits through Progyny. You also have access to support and advocacy from a dedicated care team, expert providers, and exclusive Progyny resources. Progyny includes expanded in-network facility options.

Moda Health medical plans

- **Virtual primary care provided through Teladoc.** [Teladoc](#) connects you with a primary care provider via a phone or video call. A dedicated team can create a personalized plan for next steps and follow-ups. Care through Teladoc will be part of Moda’s Coordinated Care Model network. Select Teladoc as your PCP 360 and receive the benefits of participating in a coordinated care plan. This option is available to Moda members ages 18 years and older.
- **Nutritional therapy.** Services will be covered without requiring a diagnosis. There is no cost for the first two visits. Additional visits are \$10, with deductible waived.
- **Fertility and family-building benefits.** Services will include:
 - » Creating embryos using the intended parent’s sperm if you’re part of a same-sex male couple.
 - » Coverage for reversal of voluntary sterilization.
- **Kindbody.** You can access fertility and family-building benefits, comprehensive care services, and concierge patient advocacy through [Kindbody](#). Kindbody clinics will be added to expand in-network facility options.
- **Costco pharmacies:** You can now fill \$0 cost-share value tier prescriptions at Costco for a six-month supply. (Costco membership not required.)
- **Changes to some over-the-counter drugs.** The plan will no longer cover certain over-the-counter drugs.





Kaiser Permanente medical plans

- **Fertility services and benefits.** Remain the same.
- **Omada weight management program.** Omada offers an alternative approach to weight management. This includes one-on-one guidance from coaches and weekly interactive lessons. You can also track your health using your smart device. This program is available at no cost for Kaiser members ages 18 years and older.
- **Prescription drug costs will increase for the full-time Traditional and Deductible plans.** These costs are listed below.

	2024		2025	
	Retail	Mail order	Retail	Mail order
Generic drugs	\$1	\$1	\$5	\$5
Preferred brand drugs	\$15	\$15	\$25	\$25
Non-preferred brand drugs	\$15	\$15	50% of the cost, up to \$100	50% of the cost, up to \$100

Delta Dental dental plans

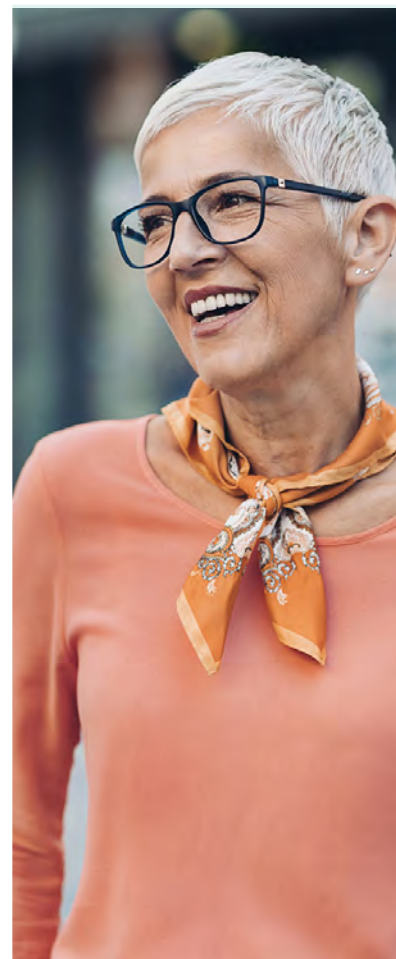
- **Additional services for members with intellectual or developmental disabilities will be covered.** Services include visits before the first treatment, two additional cleanings per year, and silver diamine fluoride for cavities. Services also include care enhancements for patients with sensory or behavioral challenges.

Kaiser Permanente dental plans

- **Nightguards:** Your cost for occlusal nightguards will increase from 10% to 35%. Occlusal nightguards are now covered once every five years.
- **Mouthguards:** Your cost for athletic mouthguards will increase from 10% to 35%.

VSP Plus Plan

- **Contact lens:** The allowance for contact lens will increase to \$225 each calendar year.





Benefits Education Tools

Use these online tools to learn about your PEBB benefits!

Premium Estimator Tool

pebb Plan Year 2025: Premium Estimator

Welcome | FAQ | Help | Print | Save

Complete the information in all tabs to obtain the most accurate estimated monthly deductions below.

1. Basic Info | 2. Core Benefits | 3. Life & Disability Benefits | 4. Spending/Commuter Accounts | 5. Surcharges/PEM | 6. Estimated Deductions

Review your total estimated premium deductions below. Estimated monthly costs are shown based on the plans in which you might enroll. Premium deductions are estimates only.

- To save a copy of this estimate, click the Print button in the top right corner. Print a hardcopy or save a PDF.
- To enroll in benefits, go to [PEBBenroll.com](https://pebbenroll.com). (You can't enroll for benefits through this premium estimator tool.)
- For questions about PEBB's benefit plans, go to [PEBBinfo.com](https://pebbinfo.com).

< Prev

Detailed Monthly Deductions | Detailed Estimate of Core Benefit Costs | Filter Plans

Below is a summary of your estimated monthly premium deductions. This summary shows your estimated out-of-pocket costs. Employer costs are not included.

Benefit Groups	Kaiser Traditional Full-Time	Kaiser Deductible Full-Time	Kaiser Synergy Full-Time	Providence Statewide Full-Time	Providence Choice Full-Time	Opting Out of Medical *
Core Benefits	\$132.81	\$23.02	\$23.26	\$129.23	\$23.03	\$1.60
Life & Disability Benefits	\$21.59	\$21.59	\$21.59	\$21.59	\$21.59	\$21.59
Spending/Commuter Accounts	\$198.00	\$198.00	\$198.00	\$198.00	\$198.00	\$198.00
Surcharges/HEM/VSP Plus	\$32.50	\$32.50	\$32.50	\$32.50	\$32.50	\$0.00
TOTAL	\$384.90	\$275.11	\$275.35	\$381.22	\$275.12	\$221.19

If you choose this medical plan, your estimated premiums are...

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

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

Visit

PEBBPremiumEstimator.com to see what you may pay each month.



Explore Your Benefits

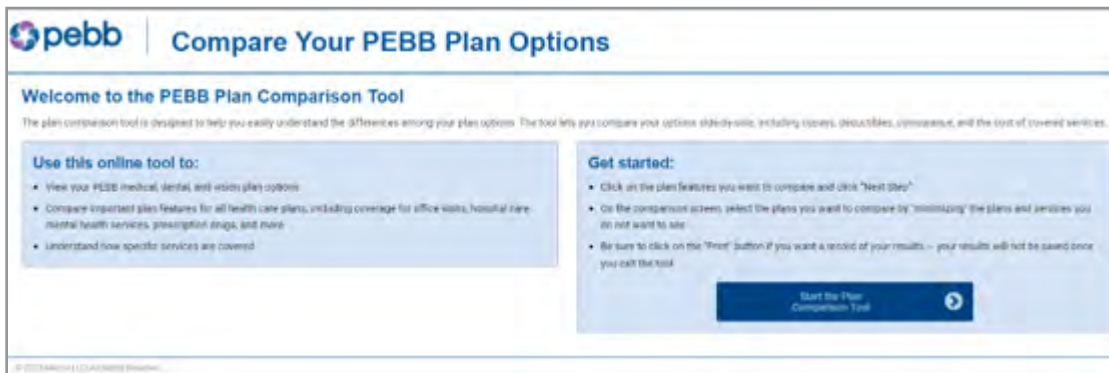


Make learning about your PEBB benefits fun!

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



Online Plan Comparison Tool



Use this tool to see the medical, dental, and vision plans available to you side-by-side. You can also compare specific services by plan. This includes copays, deductibles, and coinsurance. Print your customized comparison if you want!

Visit

PEBBExploreYourBenefits.com/2025 to start learning about your benefits.

Visit

ComparePEBBPlans.com to compare your health care plan options.



Before You Enroll

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

Learn how the plans work

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

Healthcare Service Contractor (HCSC)

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

If you seek care elsewhere, the plan may not pay or may pay a reduced amount. The Kaiser Permanente Traditional and Kaiser Permanente Deductible plans are available for those who live or work (at least 50 percent of the time) in the Kaiser Permanente service area. Contact [Kaiser Permanente Member Services](#) for the ZIP codes in the service area.

Coordinated Care Model

Medical home

PEBB offers Providence Choice as a medical home plan. A medical home is a clinic staffed by health care professionals who work together as a team. Led by your primary provider, this team coordinates all your health care, including referrals to outside providers or specialists when necessary. The team gives you connected health care by staying informed about and actively participating in all aspects of your care.

In the Providence Choice plan, you must choose your medical home and inform the plan of your selection before beginning services to ensure you have access to the full benefits of your plan. This includes having claims paid at the medical home benefit level and not the out-of-network level. You may select different medical homes for yourself and your dependents. Find a Providence Choice medical home at <http://phppd.providence.org>.

PCP 360 Plans

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

What does that mean?

[See Definitions](#) to learn the basics about health coverage.



In the Moda Health Synergy plan, you must choose your PCP 360 and inform the plan of your selection before beginning services to ensure you have access to in-network benefits for primary care services. If you do not select a PCP 360, all primary care services will be paid at the out-of-network benefit level. Referrals from your PCP 360 are not required to see a specialist. You may select a different PCP 360 for yourself and your dependents. Find a PCP 360 at <http://www.modahealth.com/ProviderSearch/faces/webpages/home.xhtml>.

Preferred Provider Organization (PPO) Plan

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

In the Providence Statewide PPO plan, you pay less for services if you use an in-network state-recognized patient centered primary care home (PCPCH). Your coinsurance rate for primary care services drops from 15% to 10% when you use a PCPCH.

Explore your plan options

- Start with the PEBB website for all benefit information: pebbinfo.com
- Compare lower and higher cost plans by county: <https://www.oregon.gov/oha/PEBB/Documents/medical-plans-by-county.pdf>
- Understand out-of-area coverage: https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/Ie-698450_7_2025.pdf

Compare plans and estimate your costs

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

- [Compare premium rates](#)
- [Premium Estimator Tool](#)
- [Online Plan Comparison Tool](#)
- [Summary of Benefits](#)
- [Explore Your Benefits interactive learning tool](#)





Find in-network providers

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

- **Providence Statewide and Providence Choice:** <http://phppd.providence.org>
- **Kaiser Permanente Traditional and Deductible Plans:** healthy.kaiserpermanente.org/care/doctors-locations
- **Moda Synergy:** <http://www.modahealth.com/ProviderSearch/faces/webpages/home.xhtml>
- **Kaiser Dental:** If you enroll in the Kaiser Dental plan, you must use Kaiser dental providers. There's no out-of-area coverage, except for emergencies. Find providers at kaiserpermanentedentalnw.org/dentists-locations/dentists
- **Willamette Dental Group:** If you enroll in the Willamette Dental plan, you must use Willamette Dental Group providers. There's no out-of-area coverage, except for emergencies. Wait times vary, and you may need to travel. Check if local providers are accepting new patients before enrolling. Willamette Dental Member Services can help schedule the earliest appointment.

Questions about Willamette Dental Group provider access and availability?

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

Specialist referrals

Find out how the plans handle referrals to specialists. [Call the plan](#) for more details.

Coordinated care plans:

- **Providence Choice:** You must choose a medical home before getting services. You'll usually pay less for specialists if your primary care provider refers you. You can choose different medical homes for yourself and your dependents.
- **Kaiser Permanente:** All your care will be provided by Kaiser Permanente network providers unless you get a referral from your Kaiser Permanente provider (excludes emergencies).
- **Moda Synergy:** You will choose a "PCP 360" provider. This is a primary care provider who has agreed to be accountable for your health. Family members can pick the same PCP 360 or a different one. Referrals are not required to see a specialist.

Preferred Provider Organization (PPO) plan:

- **Providence Statewide PPO:** You may see any provider. However, you pay more when you see out-of-network providers, including specialists.





PEBB Dependent Eligibility Review

The Oregon state legislature requires PEBB to verify your dependents' eligibility. This ensures only eligible dependents receive benefits, which helps keep health care costs down.

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

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

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

You'll receive an eligibility confirmation letter once PEBB completes the review.

Who's an eligible dependent?

- **Spouse** — the person you married under any state or country law.
- **Domestic Partner by Affidavit** — the unmarried person of the same or opposite sex with whom you are in a partnership.
- **Child** — your biological child, adopted child, stepchild, or your partner's child, according to your current or previous year federal 1040 tax form.
- **Grandchild by Affidavit** — the grandchild you're covering (along with your child, the parent of your grandchild). Both the parent and grandchild must live with you. You must claim both as your IRS tax dependent. The parent cannot be married or have a domestic partner.
- **Child by Affidavit** — the child placed with you by court order (guardianship). The child lives with you and is claimed as your IRS tax dependent.
- **Disabled Dependent** — your adult (age 26 or older) disabled child who qualifies when:
 - » A medical provider confirms the disability before age 26, AND
 - » The dependent has not had a break in coverage.

The disabled dependent must also meet certain tax criteria. [Learn more.](#)

Tax implications for domestic partner coverage

Covering a domestic partner and partner's children has tax implications that lower your take-home pay: <https://www.oregon.gov/oha/PEBB/Documents/Domestic-Partner-FAQ.pdf>.

What does that mean?

See Definitions to learn the basics about health coverage.



Eligibility verification

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

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

Are the documents I provide secure and private?

Keeping your information private and secure is very important. PEBB will destroy all copies of submitted documents following the review. **Documents aren't retained!** That's why it's important you only provide copies.

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

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

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

Your dependent's coverage will end, and you'll need to fill out the appeal form. Submit it along with your previously requested eligibility documents to add dependents to benefits. You must do this within 60 days of the coverage end date.

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

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

How often does PEBB conduct an eligibility review?

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

Questions about dependent eligibility or the review process?

Contact the PEBB Dependent Eligibility team by:

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

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

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



Health Engagement Model (HEM)

Learn about your health risks and save money too!

HEM pays active employees an incentive to learn your health risks and take steps to reduce those risks when possible. When you participate in HEM:

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

If you decide not to participate, you'll have a higher deductible. You'll also miss out on a monthly incentive.

How to participate in HEM

HEM participation will look a bit different because of passive enrollment. Below is an overview. Review the detailed [Decision Chart](#) to see if you need to take action during Open Enrollment.

Current medical plan enrollees

If you're participating in HEM in 2024 and:

- **You aren't making any benefit changes for 2025**, you don't have to do anything. Your enrollment will automatically roll over to 2025. You do not need to take the health assessment in 2024. You will continue to receive the lower medical plan deductible and incentive.
- **You want to change your medical plan for 2025**, you must enroll in the new medical plan during Open Enrollment. **Be sure to state you plan to participate in HEM.** You do not need to take the health assessment in 2024. You will continue to receive the lower medical plan deductible and incentive.

If you don't currently participate in HEM and want to participate in 2025, you must:

1. Enroll in a PEBB medical plan for 2025 between Oct. 1 and Oct. 31, 2024. **Be sure to state you plan to participate in HEM.**
2. Take your health assessment on your **current** medical carrier's website between Sept. 1 and Oct. 31, 2024. Health assessments done outside of these dates will not be accepted. Proof of completion is not required. We recommend taking a screenshot of your health assessment score for your records.
3. Complete two health actions during the plan year. You don't have to report them. You just need to let us know you did them at Open Enrollment next year.

Who's eligible for HEM?

Active employees are eligible to participate in HEM.

Retiree, COBRA, and Self-Pay members **are not** eligible for HEM.



Employees without medical coverage

(Opt-out, decline members, or employees who have never enrolled)

Normally to participate in HEM, members take the health assessment on their current medical plan's website. Even though you're not enrolled in a medical plan this year you can still participate in HEM. You just need to enroll in medical coverage during Open Enrollment. You won't take a health assessment this year. You'll take one next Open Enrollment on your medical carrier's website.

To participate in 2025:

1. Enroll in a PEBB medical plan for 2025 between Oct. 1 and Oct. 31, 2024. **Be sure to state you plan to participate in HEM.**
2. Complete two health actions during the plan year. You don't have to report them. You just need to let us know you did them at Open Enrollment next year.

New hires

- Newly hired employees with **benefit coverage effective Oct. 1, 2024, or earlier are eligible** to participate in HEM in 2025.
- Newly hired employees with **benefit coverage effective Nov. 1, 2024, or later are not eligible** to participate in HEM in 2025. You will not receive the monthly incentive but will be enrolled in the lower deductible plan.

Leave of absence

If you're on a leave of absence, you can still participate in HEM. Review the detailed [Decision Chart](#) to see what actions you need to take during Open Enrollment.

Accessing the health assessment

If you're required to take the health assessment and your benefit coverage is effective Oct.1, 2024 or earlier:

- You must log in to your current medical plan website to take the health assessment.
- You may need to reset your password. Kaiser Permanente can take up to 10 business days to reset your password. Other plans allow you to reset your password online.

Important reminders

- If you're required to take a health assessment, you must complete it between Sept. 1 and Oct. 31, 2024. If you take it before or after these dates, it won't count for HEM in 2025.
- Proof of completion is not required. We recommend taking a screenshot of your health assessment score for your records.
- Spouses and domestic partners don't participate in HEM. However, they will get the advantage of the lower family deductible.
- Retiree, COBRA, and Self-Pay members are not eligible for HEM.

Review the detailed **Decision Chart** to see what actions you need to take during Open Enrollment.

Private and confidential

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



Member Costs

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

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

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

Medical (cost shared by you and your employer)

Plan	Employee only	Employee and spouse/ domestic partner	Employee and children	Employee and family
Kaiser Traditional ¹	\$1,023.11	\$2,046.22	\$1,739.28	\$2,762.39
Kaiser Deductible ¹	\$886.58	\$1,773.16	\$1,507.19	\$2,393.77
Moda Synergy ²	\$898.58	\$1,797.16	\$1,527.59	\$2,426.20
Providence Statewide ³	\$998.42	\$1,996.84	\$1,697.32	\$2,695.77
Providence Choice ²	\$898.58	\$1,797.16	\$1,527.59	\$2,426.20
Kaiser Traditional Part-time ⁴	\$863.58	\$1,727.16	\$1,468.11	\$2,331.69
Kaiser Deductible Part-time ⁴	\$728.61	\$1,457.22	\$1,238.64	\$1,967.25
Moda Synergy Part-time ⁵	\$729.96	\$1,459.92	\$1,240.95	\$1,970.92
Providence Statewide Part-time ⁶	\$811.06	\$1,622.13	\$1,378.83	\$2,189.91
Providence Choice Part-time ⁴	\$729.96	\$1,459.92	\$1,240.95	\$1,970.92

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

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

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

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

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

⁶ Additional option available to eligible part-time employees.





Vision (cost shared by you and your employer)

Plan	Employee only	Employee and spouse/ domestic partner	Employee and children	Employee and family
VSP Basic	\$8.05	\$16.10	\$13.69	\$21.75
VSP Plus	\$15.20	\$30.42	\$25.85	\$41.04

Dental (cost shared by you and your employer)

Plan	Employee only	Employee and spouse/ domestic partner	Employee and children	Employee and family
Kaiser Permanente ¹	\$65.40	\$130.81	\$111.19	\$176.60
Delta Dental Premier ²	\$67.07	\$134.14	\$114.02	\$181.11
Delta Dental PPO ²	\$61.97	\$123.94	\$105.36	\$167.33
Willamette Dental Group ³	\$55.99	\$111.98	\$95.25	\$151.24
Delta Dental Premier Part-time ⁴	\$48.26	\$96.54	\$82.05	\$130.31
Kaiser Permanente Part-time ⁵	\$48.78	\$97.56	\$82.93	\$131.70

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

² Available to PEBB eligible full-time and part-time employees.

³ Available to PEBB eligible full-time and part-time employees; in plan facilities.

⁴ Additional option available to eligible part-time employees; in plan facilities.

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

VSP Cost of Coverage

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

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





Core Benefits: Cost Sharing

Employee premium share for core benefits

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

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

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

State employees

Full-time employees:

- Premium share is 5% for the Providence Statewide or Kaiser Traditional plans
- Premium share is 1% for any other full-time plan

Part-time employees:

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

University employees

- Premium share is 3% or 5%

Local government employees

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

Cost share applies to all core benefits

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



Additional Member Costs and Incentives

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

Tobacco usage surcharge

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

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

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

Double coverage surcharge

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

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

Spouse/domestic partner waives other employer group coverage

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

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

Domestic partner coverage

Covering a domestic partner and partner's children has tax implications that lower your take-home pay: <https://www.oregon.gov/oha/PEBB/Documents/Domestic-Partner-FAQ.pdf>.

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



Opt out of PEBB medical plans

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

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

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

Consider opting out... if you have coverage through both PEBB and OEBB and want to avoid the double coverage surcharge.

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

Decline core benefits

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

Important!

If you opted out or declined in 2024 and take no action during Open Enrollment, your status will stay the same for 2025.





Medical Benefits

Providence Health Plan

Providence Health Plan is dedicated to providing equitable health care and meeting your unique needs by:

- Educating employees and providers
- Creating new programs to increase access
- Easing your way to finding the right provider



Medical plans include:

- Preventive services, in-network at no cost (\$0 deductible)
- Virtual visits, in-network at no cost (\$0 deductible)
- Access to the nationwide Cigna PPO network
- Maternity care, including doula services
- Wellness resources to help with chronic disease, stress, diet, exercise, sleep, and more
- Chiropractic manipulation, acupuncture, and massage therapy (Statewide plan: 15% coinsurance; Choice: \$10 copay)

Additional benefits

- Prescription drug coverage
- Prescription drug savings opportunities through Rx Savings Solution
- Lower cost specialty drugs through Smart RxAssist
- Telehealth: See or talk to a provider in minutes, from your phone or computer
- 24/7 non-urgent medical care through ExpressCare
- Reach a registered nurse by phone 24/7 through ProvRN
- Fertility and family-building services through Progyny
- Access virtual and confidential behavioral health services through Behavioral Health Concierge
- Connect with a Personal Providence Pathfinder who is dedicated to helping you
- Virta for type 2 diabetes reversal
- Omada for diabetes prevention-management
- Kaia Health for digital pain management

Learn More about Providence Health Plan Medical Plans

- Visit ProvidenceHealthPlan.com/PEBB for details about Providence or to find in-network providers.
- Go to ComparePEBBPlans.com to learn more about covered services and prescriptions.

Get the details!

Visit the Providence Health Plan 2025 [Benefits Overview web page](#) to learn more about the medical plans.

Wellness programs

Providence provides many programs to support your overall wellness. Visit the [PEBB Wellness Guide](#) for details.



Kaiser Permanente

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



**KAISER
PERMANENTE®**

Coordinated care



Share your health history and any concerns with your personal doctor.



Your doctor coordinates your care, so you don't have to worry about where to go or who to call next.



Future care teams have a full picture of your health history — without you having to repeat your story.



With your health records in hand, your care team knows your needs in the moment and reminds you to schedule checkups and tests. Plus, you can view your records 24/7.

Connect with Kaiser

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

Additional benefits

- Support for ongoing conditions (diabetes, heart disease)
- Alternative care (chiropractic, acupuncture, and naturopathic services) through The CHP Group network: chpgroup.com
- Prescription delivery
- Gym discounts: kp.org/exercise
- Healthy lifestyle programs: kp.org/healthylifestyles
- Wellness coaching: kp.org/wellnesscoach
- Weight management support: omadahealth.com/pebb
- Mobile apps (kp.org/selfcareapps):
 - » Calm
 - » Headspace Care

Learn More about Kaiser Permanente Medical Plans

- Visit mybenefits.kp.org/PEBB for information about Kaiser.
- Find in-network providers here: kp.org/getcare.
- Go to ComparePEBBPlans.com to learn more about covered services and prescriptions.

Get the details!

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

Wellness programs

Kaiser Permanente provides many programs to support your overall wellness. Visit the [PEBB Wellness Guide](#) for details.



Moda Health

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



- **Large provider network:** A wide choice of quality primary providers in Oregon, SW Washington, and Idaho (including OHSU)
- **No referrals:** Specialist referrals are not required
- **Alternative care:** Pay a \$10 copay for in-network alternative care (including massage therapy)
- **All in one solution:** Medical, pharmacy, and dental benefits by one health partner
- **Out-of-area dependent coverage:** Access to Moda's national network
- **Personalized Member Dashboard:** Live chat with a Health Navigator, get personalized care reminders, and join specialized programs that meet your specific needs
- **A coordinated team:** Team-based, coordinated care that's centered on you

Coordinated care

Each enrolled Moda member must choose a PCP 360 to receive in-network benefits for primary care services. For all other services, members may see any in-network Synergy provider.

A PCP 360 is a primary care provider (PCP) who has agreed to be accountable for your health and will coordinate with other providers as needed.

Visit modahealth.com/PEBB for details or to find a PCP 360 for yourself or another member on your plan. You can also go to the [Summary of Benefits](#) to compare medical plans options.

Additional Benefits

- Moda 360 Health Navigator: modahealth.com/pebb/moda360
- Personalized Member Dashboard just for you: modahealth.com/memberdashboard
- Telehealth: Connect with a provider from your phone or computer: cirrusmd.com/modahealth
- Behavioral telehealth services: benefits.springhealth.com/modahealth
- Mobile mental health support: modahealth.com/meru
- Virtual physical therapy: meet.swordhealth.com/pebb
- Pharmacy benefits: modahealth.com/pebb/members/pharmacy.shtml
- Fertility and family-building services through Kindbody: kindbody.com/moda/pebb
- Virta for type 2 diabetes: virtahealth.com/join/moda-pebb
- Teladoc (Livongo) for Diabetes Prevention Program: livongo.com/healthy-living

Learn More about the Moda Health Medical Plan

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

Get the details!

Visit the Moda Health [2025 member handbooks web page](#) to learn more about the medical plans.

Wellness programs

Moda Health provides many programs to support your overall wellness. Visit the [PEBB Wellness Guide](#) for details.



Vision Benefits

VSP

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

- Annual WellVision Exam®
- Glasses or contacts
- VSP LightCare™
- Vision Therapy
- Special offers and savings



Additional Plus Plan coverage

The Plus Plan includes the basics listed above and the following:

- Increased frame allowance
- Anti-glare coating
- Progressive lenses
- Retinal screening (\$10 copay)

Learn More about VSP Vision Plans

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

Important!

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

Kaiser Permanente

If you're enrolled in a Kaiser Permanente medical plan, it includes full eye care, like routine exams. Care is provided through Vision Essentials by Kaiser Permanente.

Locations extend from Salem to Longview, mostly in medical offices.



Getting care in Lane County

Members in Lane County can get routine eye exams at Oregon Eye Associates or PeaceHealth Eye Care and Optical Shop. Call to make an appointment:

- Oregon Eye Associates: 541-484-3937 or 800-426-3937
- PeaceHealth Eye Care and Optical Shop: 458-205-6257

Learn More about Kaiser Permanente Vision Coverage

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

Get the details!

[Watch a short video](#) to learn about Kaiser Permanente's vision plan details.



Dental Benefits

Delta Dental of Oregon

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



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

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

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

Learn More about the Delta Dental Plans

- Visit modahealth.com/PEBB/dental for details about Delta Dental or to find in-network providers.
- Go to [ComparePEBBPlans.com](https://modahealth.com/PEBBPlans) to learn more about covered services.

Get the details!

Visit the Moda Health/Delta Dental [2025 member handbooks web page](#) to learn more about the dental plans.

Kaiser Permanente Dental

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



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

Know what's important

- **Freedom to choose:** Pick a dentist and hygienist in the Kaiser network and change at anytime
- **Convenience:** Choose to receive care at any of the 21 dental offices located in the service area. You can also take advantage of Kaiser's no-cost virtual dentistry options
- **Teamwork:** Your dental care is an important part of your overall health. Kaiser dentists and doctors are part of the same system working together for and with you
- **Philosophy of care:** Kaiser follows a research-based approach in providing dental care. Kaiser emphasizes prevention care to help keep your teeth and gums healthy

Learn More about Kaiser Permanente Vision Coverage

- Visit kp.org/dental/nw to schedule an exam, order contact lenses, or find a location near you.
- Go to [ComparePEBBPlans.com](https://modahealth.com/PEBBPlans) to learn more about covered services.

Get the details!

[Watch a short video](#) to learn more about covered services.



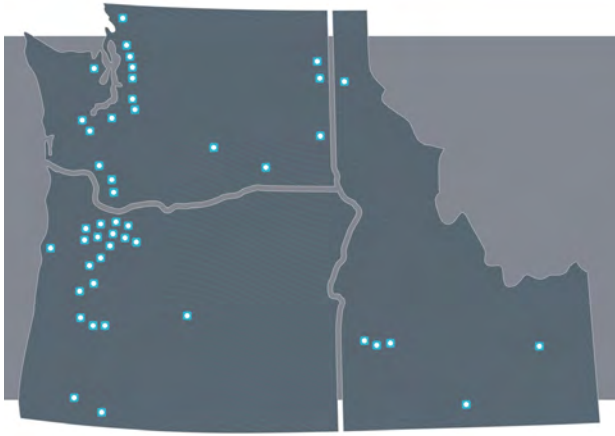
Willamette Dental Group

Willamette Dental Group 

Willamette Dental offers dental care and insurance coverage to more than 425,000 patients in the Pacific Northwest. Their evidence-based, proactive treatment approach to dental care focuses on providing quality, individualized care, and education to each patient.

Highlights

- No annual maximum*, no deductibles
- Services covered at predictable, low copays
- Affordable orthodontic coverage for adults and children
- Extended office hours Mon - Fri, 7 a.m. - 5:30 p.m. and select Saturdays
- No copay changes for 2025



Locations Include:

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

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

Questions about access and availability?

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

* Benefits for implant surgery have a benefit maximum.

Learn More about the Willamette Dental Group Plan

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

Copay waived for new patient visits!

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

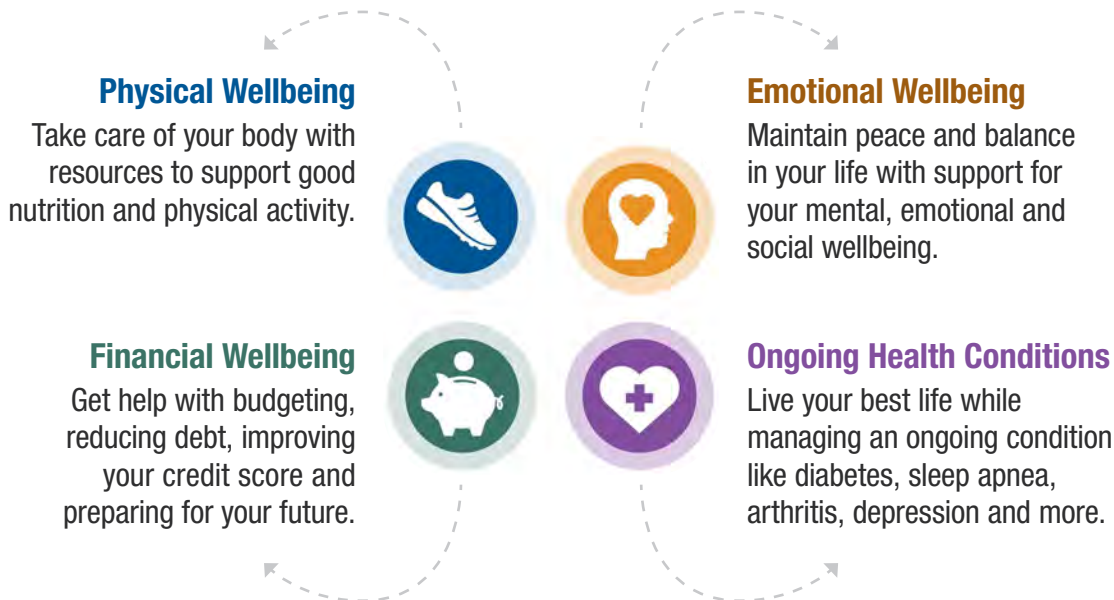


Wellbeing Programs

Your journey, your health

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

Explore PEBB's wellbeing resources for all of life's adventures in the [PEBB Wellness Guide](#). Click any health area below to see what's available.



Visit PEBBWellness.com to learn more.

Health Engagement Model (HEM)

Active members are eligible to participate in HEM. Identify your health risks and save money through HEM. [Learn more.](#)





Employee Assistance Program (EAP)

Canopy EAP

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



Counseling with an EAP professional

You receive 3–8 counseling sessions (varies by agency) face to face, over the phone, or virtually for concerns such as:

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

Additional benefits

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

Feel like no one understands?

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

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

For referrals and additional resources, contact Canopy anytime:

Phone: 800-433-2320

Member site:

my.canopywell.com

(organization name: PEBB)

Email: info@canopywell.com

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



Oregon State University's EAP

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



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

Services include:

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

For more information:

Phone: 877-235-7812

Email: care@lyrahealth.com

Web: <https://osu.lyrahealth.com/>

[OSU Webpage](#)

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

Go to [Lyra's website](#) for provider availability.





Life and AD&D Insurance

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



Need More Information?

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

Basic life insurance

Basic coverage is automatically provided to you:

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

Optional life insurance

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

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

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

*Only applies to new employees or when employees initially become eligible.

Optional Life Insurance Extras

When you purchase optional life insurance, you'll have access to the following extra services:

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

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



Optional AD&D insurance

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

Cost of coverage

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

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





Optional Disability Insurance

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

Short-Term Disability (STD)

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

STD benefit details

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

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

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

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

Questions About Paid Leave Oregon?

Contact Paid Leave Oregon directly for more information.

Phone: 833-854-0166

Email: PaidLeave@Oregon.gov

Online: <https://paidleave.oregon.gov>

What is deductible income?

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



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

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

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

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

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

Important!

Even if you don't apply for Paid Leave Oregon (or an equivalent employer plan), The Standard will reduce your STD benefit by the amount you are eligible to receive.

If you apply for Paid Leave Oregon (or an equivalent employer plan) and are denied, The Standard may still reduce your STD benefit depending on the reason for denial.

Long-Term Disability (LTD)

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

LTD benefit details

- 90- or 180-day waiting period, depending on the plan you choose
- Pays up to \$8,000/month minus deductible income, depending on the plan you choose
- Benefits could last until age 65 if you remain disabled

Cost of coverage

For complete details and rate information, visit:

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

For more information about The Standard's disability plans call 800-842-1707.



Long-Term Care Insurance

Long-term care (LTC) insurance helps pay for the care you may need if you can't independently perform at least two basic activities of daily living (ADLs). ADLs are:



- Dressing
- Bathing
- Toileting
- Transferring
- Eating
- Continence

The plan can help pay for living assistance and facilities. Covered facilities include nursing homes, assisted living, hospice, rehabilitation, and Alzheimer's and residential care.

You're eligible for a monthly benefit after you meet these conditions:

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

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

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

Cost of coverage

Visit <https://unuminfo.com/pebb/enrollment.aspx> for complete details and rate information.

Need More Information?

Go to unuminfo.com/PEBB to learn more.





Flexible Spending Accounts (FSAs) and Commuter Benefit Accounts

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



Account options

You have several FSA and commuter benefit account options.

Type of Account	Description	Maximum Amount You Can Contribute
Health Care FSA	<ul style="list-style-type: none">• Use pretax payroll deductions to help cover eligible medical, dental, and vision expenses• Can be applied to expenses for you and your eligible tax dependents• Find a full list of eligible expenses at https://www.irs.gov/publications/p502• “Use it or lose it” so unused funds are forfeited at the end of the plan year• Must enroll each year to participate	\$3,200/year
Dependent Care FSA*	<ul style="list-style-type: none">• Use pretax payroll deductions to help cover your eligible dependent care expenses• Includes child care for children up to age 13 and care for dependent elders• Find a full list of eligible expenses at https://www.irs.gov/publications/p503• “Use it or lose it” so unused funds are forfeited at the end of the plan year• Must enroll each year to participate	<ul style="list-style-type: none">• \$5,000/year if you’re married and filing jointly• \$2,500/year if you’re single or married and filing separately

*Subject to non-discrimination testing.

You must enroll each year!

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



Type of Account	Description	Maximum Amount You Can Contribute
Parking Reimbursement Account	<ul style="list-style-type: none"> Set aside pretax money from your paycheck to pay for parking at or near a location from which you work or commute to work Parking in a state-owned location is not eligible for reimbursement Important! You don't qualify for the Parking Reimbursement Account if you park at a state-owned lot or garage, and you pay the parking expense through payroll deductions 	\$315/month
Mass Transit/Vanpool Reimbursement Account	<ul style="list-style-type: none"> Set aside pretax money from your paycheck to pay for transit expenses Eligible expenses include vanpool, bus, rail, or ferry that you incur to commute to and from work. Bicycles are not included. 	\$315/month

Contact ASIFlex Customer Service

Phone: 800-659-3035

Email: asi@asiflex.com

Web: ASIFlex.com/ORPEBB

Fax: 877-879-9038

Mail:

ASIFlex

P.O. Box 6044

Columbia, MO 65203

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

Claims and reimbursement

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

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

Manage your account

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



COBRA Member Information

This year's Open Enrollment is "passive" (or non-mandatory). For COBRA members, this means:

- **If you're satisfied with your current benefit plan selections, you don't need to do anything.** Your current enrollments will roll over to the next plan year. Your benefits will stay the same. (This includes your tobacco use status and spouse/domestic partner coverage waiver status.)
- **If you want to make benefit changes, you need to make your selections during Open Enrollment.** This includes:
 - » Changing your current medical plan selection
 - » Enrolling in vision coverage through VSP without enrolling in a medical plan
 - » Enrolling in a dental plan

How to enroll

- Review the [health plan regions, premiums, and coverage](#).
- Fill out the COBRA enrollment form at <https://www.oregon.gov/oha/PEBB/Pages/forms.aspx>
- Mail or fax the form to BenefitHelp Solutions (BHS) by Oct. 31, 2024

Contact BenefitHelp Solutions (BHS)

Phone: 503-412-4257

Customer service toll free: 877-433-6079

Mail or fax forms to:

BenefitHelp Solutions (BHS)
PO Box 40548
Portland, OR 97240-0548
Fax: 888-393-2943

Contact PEBB

Phone: 503-373-1102

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

Email: pebb.benefits@odhsoha.oregon.gov

COBRA Open Enrollment is Oct. 1–31, 2024!



COBRA monthly premium rates

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

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

Medical

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family	Children only ⁵
Kaiser Traditional ¹	\$1,043.39	\$2,086.79	\$1,773.77	\$2,817.17	\$834.71
Kaiser Deductible ¹	\$904.16	\$1,808.32	\$1,537.07	\$2,441.24	\$723.32
Moda Synergy ²	\$916.39	\$1,832.83	\$1,557.88	\$2,474.31	\$778.97
Providence Statewide ³	\$1,018.21	\$2,036.47	\$1,730.98	\$2,749.23	\$865.52
Providence Choice ²	\$916.39	\$1,832.83	\$1,557.88	\$2,474.31	\$778.97
Kaiser Traditional Part-time ⁴	\$880.71	\$1,761.42	\$1,497.21	\$2,377.92	\$704.56
Kaiser Deductible Part-time ⁴	\$743.06	\$1,486.11	\$1,263.20	\$2,006.26	\$594.44
Moda Synergy Part-time ²	\$744.44	\$1,488.90	\$1,265.55	\$2,010.00	\$632.77
Providence Statewide Part-time ³	\$827.15	\$1,654.34	\$1,406.16	\$2,233.34	\$703.07
Providence Choice Part-time ²	\$744.44	\$1,488.90	\$1,265.55	\$2,010.00	\$632.77

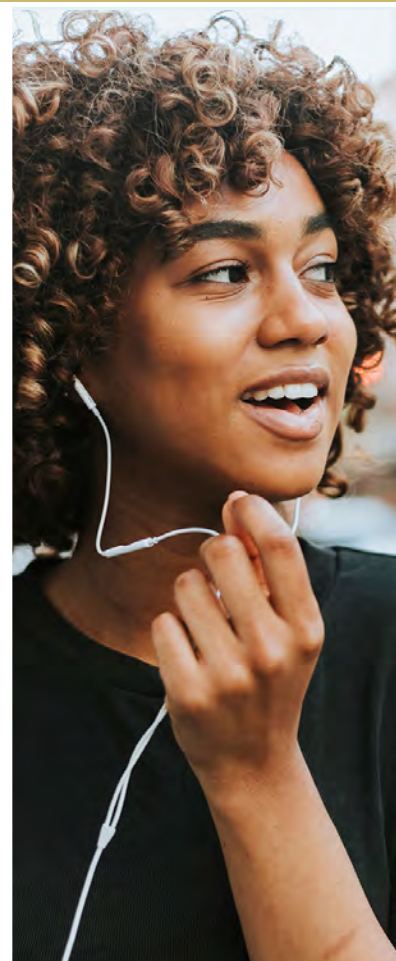
¹ Available to PEBB eligible participants in plan service area. Includes Kaiser routine vision services.

² Available to PEBB eligible participants in plan service area.

³ Available to PEBB eligible participants.

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

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





Vision

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family	Children only
VSP Basic	\$8.21	\$16.42	\$13.96	\$22.18	\$6.98
VSP Plus	\$15.49	\$31.02	\$26.36	\$41.84	\$13.18

Dental

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family	Children only ⁴
Kaiser Permanente ¹	\$66.69	\$133.39	\$113.39	\$180.09	\$53.75
Delta Dental Premier ²	\$68.39	\$136.79	\$116.27	\$184.69	\$58.13
Delta Dental PPO ²	\$63.20	\$126.39	\$107.44	\$170.64	\$53.72
Willamette Dental Group ³	\$57.09	\$114.19	\$97.13	\$154.23	\$48.50
Delta Dental Premier Part-time ²	\$49.21	\$98.45	\$83.67	\$132.89	\$41.82
Kaiser Permanente Part-time ¹	\$49.74	\$99.49	\$84.57	\$134.31	\$40.04

¹ Available to PEBB eligible participants in plan service area.

² Available to PEBB eligible participants.

³ Available to PEBB eligible participants; in plan facilities.

⁴ Children only coverage is available only to COBRA and retiree participants.





Retiree Member Information

New retirees

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

Annual plan change period

Medical Coverage	Dental / Vision Coverage
<p>If you enrolled in medical coverage your first year, you don't need to do anything. Your current enrollment will roll over to the next plan year. Your benefits will stay the same.</p> <p>After your first year of retiree coverage, you can only add benefit plans or new family members if there is a Qualified Status Change (QSC).</p> <p>If you experience a QSC, visit http://www.oregon.gov/OHA/PEBB/Pages/forms.aspx to fill out and submit a Midyear Change Form.</p>	<p>If you enrolled in dental or vision-only coverage in 2024, you don't need to enroll again. Coverage will continue in 2025.</p>

How to enroll

Review the [health plan regions, premiums, and coverage](#). You have two ways to enroll:

- **Online:** Go to www.PEBBenroll.com
 - » Select “Enroll Now”
 - » Follow the instructions on each screen
 - » Save and print the benefit statement provided at the end of the enrollment process
- **Form:** Fill out the Retiree Enrollment Form at <https://www.oregon.gov/oha/PEBB/Pages/forms.aspx>
 - » Mail or fax the form to BenefitHelp Solutions (BHS) by Oct. 31, 2024

Contact BenefitHelp Solutions (BHS)

Phone: 503-412-4257

Customer service toll free: 877-433-6079

Mail or fax forms to:

BenefitHelp Solutions (BHS)
PO Box 40548
Portland, OR 97240-0548
Fax: 888-393-2943

The annual retiree plan change period is Oct. 1–31, 2024.

Forgot your username or password?

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

Contact PEBB

Phone: 503-373-1102

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

Email: pebb.benefits@odhsoha.oregon.gov



Retiree monthly premium rates

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

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

Medical

Plan	Retiree only	Retiree and spouse/ domestic partner	Retiree and children	Retiree and family	Children only ⁵
Kaiser Traditional ¹	\$1,029.20	\$2,058.40	\$1,749.65	\$2,778.85	\$823.36
Kaiser Deductible ¹	\$891.86	\$1,783.72	\$1,516.17	\$2,408.03	\$713.48
Moda Synergy ²	\$903.93	\$1,807.90	\$1,536.69	\$2,440.65	\$768.38
Providence Statewide ³	\$1,004.36	\$2,008.77	\$1,707.43	\$2,711.83	\$853.75
Providence Choice ²	\$903.93	\$1,807.90	\$1,536.69	\$2,440.65	\$768.38
Kaiser Traditional Part-time ⁴	\$868.73	\$1,737.46	\$1,476.85	\$2,345.57	\$694.98
Kaiser Deductible Part-time ⁴	\$732.95	\$1,465.89	\$1,246.01	\$1,978.97	\$586.36
Moda Synergy Part-time ²	\$734.31	\$1,468.64	\$1,248.34	\$1,982.66	\$624.16
Providence Statewide Part-time ³	\$815.90	\$1,631.84	\$1,387.04	\$2,202.96	\$693.51
Providence Choice Part-time ²	\$734.31	\$1,468.64	\$1,248.34	\$1,982.66	\$624.16

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

² Available to PEBB eligible participants in plan service area.

³ Available to PEBB eligible participants.

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

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





Vision

Plan	Retiree only	Retiree and spouse/ domestic partner	Retiree and children	Retiree and family	Children only
VSP Basic	\$8.10	\$16.20	\$13.77	\$21.88	\$6.89
VSP Plus	\$15.29	\$30.60	\$26.00	\$41.28	\$13.00

Dental

Plan	Retiree only	Retiree and spouse/ domestic partner	Retiree and children	Retiree and family	Children only ⁴
Kaiser Permanente ¹	\$65.79	\$131.58	\$111.85	\$177.65	\$53.02
Delta Dental Premier ²	\$67.47	\$134.93	\$114.70	\$182.18	\$57.35
Delta Dental PPO ²	\$62.34	\$124.67	\$105.99	\$168.33	\$52.99
Willamette Dental Group ³	\$56.32	\$112.64	\$95.82	\$152.14	\$47.85
Delta Dental Premier Part-time ²	\$48.55	\$97.12	\$82.54	\$131.09	\$41.26
Kaiser Permanente Part-time ¹	\$49.07	\$98.14	\$83.42	\$132.49	\$39.50

¹ Available to PEBB eligible participants in plan service area.

² Available to PEBB eligible participants.

³ Available to PEBB eligible participants; in plan facilities.

⁴ Children only coverage is available only to COBRA and retiree participants.





Self-Pay Member Information

This year's Open Enrollment is "passive" (or non-mandatory). For Self-Pay members, this means:

- **If you're satisfied with your current benefit plan selections, you don't need to do anything.** Your current enrollments will roll over to the next plan year. Your benefits will stay the same. (This includes your tobacco use status and spouse/domestic partner coverage waiver status.)
- **If you want to make benefit changes, you need to make your selections during Open Enrollment.** This includes if:
 - » You want to enroll in a medical plan
 - » You enrolled in a medical plan and want to enroll in vision coverage
 - » You enrolled in a medical plan and want to enroll in dental coverage

If you're enrolled in a medical plan for 2024 and don't complete open enrollment, you'll:

- Stay in your 2024 plans
- Pay \$25 per month for tobacco-use (regardless of actual use)
- Pay \$50 per month for spouse/domestic partner coverage

How to enroll

Review the [health plan regions, premiums, and coverage](#). You have two ways to enroll:

- **Online:** Go to www.PEBBenroll.com
 - » Select "Enroll Now"
 - » Follow the instructions on each screen
 - » Save and print the benefit statement provided at the end of the enrollment process
- **Form:** Fill out the Self-Pay Enrollment Form at <https://www.oregon.gov/oha/PEBB/Pages/forms.aspx>
 - » Mail or fax the form to BenefitHelp Solutions (BHS) by Oct. 31, 2024

Contact BenefitHelp Solutions (BHS)

Phone: 503-412-4257

Customer service toll free: 877-433-6079

Mail or fax forms to:

BenefitHelp Solutions (BHS)
PO Box 40548
Portland, OR 97240-0548
Fax: 888-393-2943

**Open Enrollment is
Oct. 1–31, 2024!**

Forgot your username or password?

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

Contact PEBB

Phone: 503-373-1102

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

Email: pebb.benefits@odhsoha.oregon.gov



Self-Pay monthly premium rates

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

Note: All rates include 0.13% commission.

Medical

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family
Kaiser Traditional ¹	\$1,033.41	\$2,056.52	\$1,749.58	\$2,772.69
Kaiser Deductible ¹	\$896.88	\$1,783.46	\$1,517.49	\$2,404.07
Moda Synergy ²	\$908.88	\$1,807.46	\$1,537.89	\$2,436.50
Providence Statewide ³	\$1,008.72	\$2,007.14	\$1,707.62	\$2,706.07
Providence Choice ²	\$908.88	\$1,807.46	\$1,537.89	\$2,436.50

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

² Available to PEBB eligible participants in plan service area.

³ Available to PEBB eligible participants.

Vision

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family
VSP Basic	\$8.05	\$16.10	\$13.69	\$21.75
VSP Plus	\$15.20	\$30.42	\$25.85	\$41.04

Dental

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family
Kaiser Permanente ¹	\$65.40	\$130.81	\$111.19	\$176.60
Delta Dental Premier ²	\$67.07	\$134.14	\$114.02	\$181.11
Delta Dental PPO ²	\$61.97	\$123.94	\$105.36	\$167.33
Willamette Dental Group ³	\$55.99	\$111.98	\$95.25	\$151.24

¹ Available to PEBB eligible participants in plan service area.

² Available to PEBB eligible participants.

³ Available to PEBB eligible participants; in plan facilities.





Definitions

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

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

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

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

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

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

- Spouse
- Domestic partner
- Child
- Stepchild

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

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

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

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





Medical home: A team-based health care delivery model intended to provide complete and continuous medical care to patients. The goal of the medical home is to provide care that gets the best health outcomes. If you elect a plan that requires a medical home, you must choose one after you enroll. Be sure to contact your health plan with your chosen medical home before you use services.

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

- Disability, or
- Age (65 or older)

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

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

PCP 360 (applies only to Moda medical plans): A primary care provider who has agreed to be accountable for your health and coordinates with other providers as needed.

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

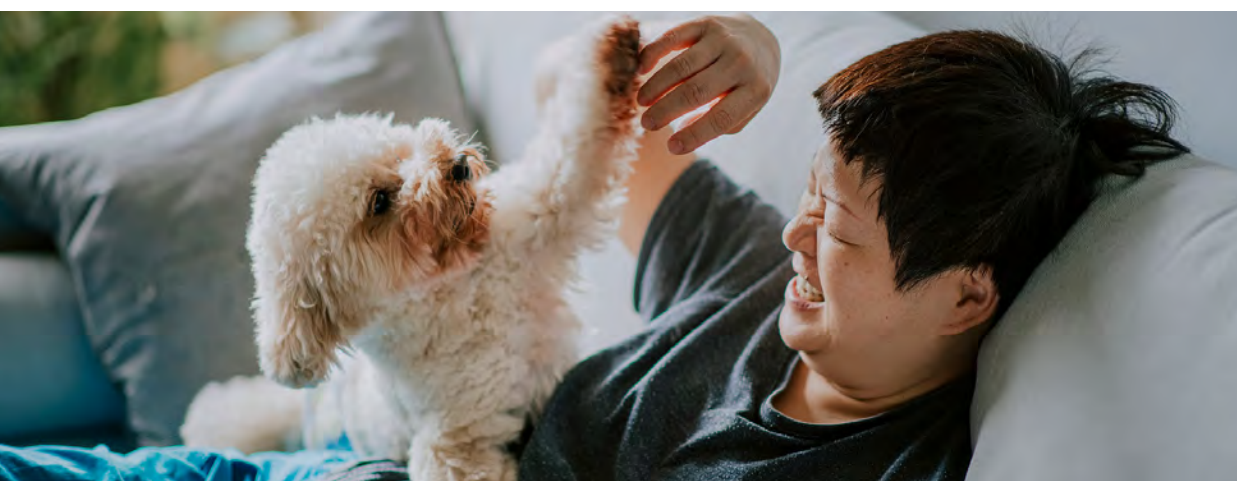
Premiums: The amount taken from your paycheck to pay for benefits. Some services are fully covered, while others may require you to pay extra, like copays or deductibles.

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

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

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

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





Enrollment Checklist

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

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

Find definitions of eligible dependents including child, spouse, and eligible domestic partner at <https://www.oregon.gov/oha/PEBB/Pages/Dependent-Eligibility-Review.aspx>.

- ✓ **Make sure your plan providers are in-network.** Some plans have limited networks or do not have out-of-network coverage. Be sure your plan covers services where you want to receive them.

Important reminder: Some plans require using network providers

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

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

- ✓ **Choose a medical home through Providence.** If you enroll in the Providence Choice plan, you must choose a medical home after you enroll. Be sure to contact your health plan with your medical home before you have services to avoid out-of-network charges.
- ✓ **Choose a PCP 360 through Moda.** If you enroll in the Moda Synergy plan, you must choose a PCP 360 after you enroll. Be sure to contact your health plan with your PCP 360 before you have services to avoid out-of-network charges.





- ✓ **Decide if a Flexible Spending Account (FSA) is right for you.** You must enroll or re-enroll in FSAs each year.
- ✓ **Health Care FSA:** reimburses your or your dependents' medical, dental, and vision out-of-pocket expenses.
- ✓ **Dependent Care FSA:** reimburses you for work-related child or elder care costs such as daycare. You can't use a dependent care account for out-of-pocket health care expenses.
- ✓ **Decide if a parking or transit account is right for you.** You're not eligible for a parking or transit account if you already have these expenses withheld from your pay. Note: You must either contribute to your account or file a claim at least once every six months to keep your account active.





Who to Contact

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

Contact...	If you need help with...
PEBB	<ul style="list-style-type: none">• Logging into or navigating the PEBB Benefit Management (Enrollment) System (www.PEBBEnroll.com)• Understanding rules• Verifying enrollments• Understanding your benefits or wellness programs
Vendors (the insurance companies that pay your providers for some or all your healthcare services)	<ul style="list-style-type: none">• Calculating how much you'll pay for a procedure• Understanding how a claim was paid• Finding in-network providers• Completing the online health assessment• Getting a new ID card
Your agency or university benefit office	<ul style="list-style-type: none">• Making a change to your benefits due to a life event (such as getting married or having a baby)• Determining your monthly cost for coverage• Understanding or correcting your payroll deductions• Planning for benefits when you retire
Providers (the doctors, dentists, specialists, etc. who provide healthcare services, diagnose illnesses, and recommend treatments)	<ul style="list-style-type: none">• Making an appointment• Estimating the total cost of a procedure• Paying your portion (copay or coinsurance) for a service• Getting advice regarding symptoms or results of lab tests





503-373-1102
www.pebbinfo.com



Medical: 844-776-1593
 Dental only members: 844-827-7100
 Dental (Both Medical and Dental members):
 833-681-2217



Delta Dental of Oregon & Alaska

www.modahealth.com/pebb



800-423-9470
www.providencehealthplan.com/public-employees-benefit-board-pebb



800-813-2000
mybenefits.kp.org/pebb



800-877-7195
www.vsp.com



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



800-659-3035
www.asiflex.com/orpebb



800-433-2320
<https://my.canopywell.com>



877-235-7812
<https://osu.lyrahealth.com/>



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



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



877-433-6079
www.benefithelpsolutions.com/members/group-members/pebb





Contact PEBB

The PEBB Benefits Team is here to help!

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

Email: pebb.benefits@odhsoha.oregon.gov

Online: Explore PEBB benefits at [PEBBinfo.com](https://pebbinfo.com)
Enroll in PEBB benefits at [PEBBenroll.com](https://pebbenroll.com)

Alternate formats

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

