

# Retiree member information

## New retirees

An eligible retiree may enroll in PEBB retiree benefits.

Retirees may choose:

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

## Annual retiree “plan change period”

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

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

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

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

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

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

## To enroll in your 2020 health plans:

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

Go to [www.PEBBenroll.com](http://www.PEBBenroll.com) and select “Enroll Now.”

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

If you forgot your user name or password:

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

You can enroll using any computer with an internet connection.

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

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

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

## How to contact PEBB during open enrollment

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

- > Monday–Friday, 7 a.m.–6 p.m.

Email PEBB at: [inquiries.pebb@dhsoha.state.or.us](mailto:inquiries.pebb@dhsoha.state.or.us)

### How to contact BenefitHelp Solutions (BHS)

Phone: 503-412-4257

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

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

BenefitHelp Solutions (BHS)

PO Box 40548, Portland, OR 97240-0548

Fax: 888-393-2943

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

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

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

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

<sup>3</sup> Available to PEBB eligible full-time and part-time employees.

<sup>4</sup> Available to PEBB eligible full-time and part-time employees in plan service area.

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

<sup>6</sup> Additional option available to eligible part-time employees in plan service area.

<sup>7</sup> Additional option available to eligible part-time employees.

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

<sup>9</sup> Children only coverage is available only to COBRA and retiree participants.

**2020 Retiree vision plan monthly premium rates**

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

**2020 Retiree dental plan monthly premium rates**

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

<sup>1</sup> Available to PEBB eligible individuals in plan service area.

<sup>2</sup> Available to PEBB eligible individuals.

<sup>3</sup> Available to PEBB eligible individuals.

<sup>4</sup> Available to PEBB eligible individuals; in plan facilities.

<sup>5</sup> Additional option available to PEBB eligible individuals.

<sup>6</sup> Additional option available to PEBB eligible individuals; in plan service area.

<sup>7</sup> Children only coverage is available only to COBRA and retiree participants.

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