Self-pay member information

Open enrollment runs
Oct. 1–31, 2018

Self-pay members:

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

To enroll in your 2019 health plans:

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

To enroll online:

Go to www.PEBBinfo.com and select “Enroll Now.”

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

If you forgot your user name or password:

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

You can enroll using any computer with an internet connection.

You can also enroll using the self-pay enrollment form if you are unable to enroll online.

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

How to contact PEBB during open enrollment

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

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

Email PEBB at: inquiries.pebb@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, 2018 to:
BenefitHelp Solutions (BHS)
PO Box 40548, Portland, OR 97240-0548
Fax: 888-393-2943
### 2019 Self-Pay PEBB-*medical* plan monthly premium rates

<table>
<thead>
<tr>
<th>Plan</th>
<th>Self-Pay</th>
<th>Self-Pay &amp; Spouse/Partner</th>
<th>Self-Pay &amp; Child(ren)</th>
<th>Self-Pay &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Permanente HMO</td>
<td>$778.05</td>
<td>$1,545.81</td>
<td>$1,315.46</td>
<td>$2,083.22</td>
</tr>
<tr>
<td>Kaiser Permanente Deductible</td>
<td>$711.60</td>
<td>$1,412.92</td>
<td>$1,202.53</td>
<td>$1,903.84</td>
</tr>
<tr>
<td>Moda Synergy/Summit</td>
<td>$708.67</td>
<td>$1,407.05</td>
<td>$1,197.53</td>
<td>$1,895.92</td>
</tr>
<tr>
<td>PEBB Statewide</td>
<td>$796.83</td>
<td>$1,583.39</td>
<td>$1,347.42</td>
<td>$2,133.96</td>
</tr>
<tr>
<td>Providence Choice</td>
<td>$692.37</td>
<td>$1,374.42</td>
<td>$1,169.81</td>
<td>$1,851.87</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Plan</th>
<th>Self-Pay</th>
<th>Self-Pay &amp; Spouse/Partner</th>
<th>Self-Pay &amp; Child(ren)</th>
<th>Self-Pay &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Permanente</td>
<td>$63.75</td>
<td>$127.50</td>
<td>$108.39</td>
<td>$172.14</td>
</tr>
<tr>
<td>Delta Dental Premier</td>
<td>$55.52</td>
<td>$111.05</td>
<td>$94.39</td>
<td>$149.91</td>
</tr>
<tr>
<td>Delta Dental PPO</td>
<td>$51.31</td>
<td>$102.61</td>
<td>$87.21</td>
<td>$138.52</td>
</tr>
<tr>
<td>Willamette Dental Group</td>
<td>$52.50</td>
<td>$105.01</td>
<td>$89.28</td>
<td>$141.77</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Plan</th>
<th>Self-Pay</th>
<th>Self-Pay &amp; Spouse/Partner</th>
<th>Self-Pay &amp; Child(ren)</th>
<th>Self-Pay &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>VSP</td>
<td>$8.91</td>
<td>$17.82</td>
<td>$15.15</td>
<td>$24.06</td>
</tr>
<tr>
<td>VSP Plan</td>
<td>$13.38</td>
<td>$26.73</td>
<td>$22.73</td>
<td>$36.10</td>
</tr>
</tbody>
</table>