Self-pay member information

Open enrollment runs
Oct. 1–31, 2019

Self-pay members:

➢ Must actively enroll in a medical plan each year
➢ Who don’t actively enroll:
  ▪ Will stay in their 2019 plan
  ▪ Will pay $25 per month for tobacco-use (regardless of actual use)
  ▪ Will pay $50 per month for spouse coverage
➢ May enroll in vision coverage if you are enrolling in a medical plan
  ▪ Kaiser full-time medical plans include vision.
  ▪ VSP is available to Providence or Moda members.
    ▪ VSP offers both Basic and Plus plans.
➢ May enroll in a dental plan for 2020 if you are enrolled in medical
  ▪ If you choose Delta Dental and you didn’t sign up when first eligible, you may have a waiting period for some services.

To enroll in your 2020 health plans:

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

To enroll online:

Go to www.pebbenroll.com.

➢ 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 not able 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, 2019 to BenefitHelp Solutions (BHS).

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

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
### 2020 Self-pay participants medical plan monthly premium rates

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Self</th>
<th>Self &amp; spouse/partner</th>
<th>Self &amp; children</th>
<th>Self &amp; family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Traditional²</td>
<td>$826.68</td>
<td>$1,643.09</td>
<td>$1,398.16</td>
<td>$2,214.56</td>
</tr>
<tr>
<td>Kaiser Deductible²</td>
<td>$759.64</td>
<td>$1,509.01</td>
<td>$1,284.21</td>
<td>$2,033.56</td>
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<tr>
<td>Moda Synergy¹</td>
<td>$755.17</td>
<td>$1,500.03</td>
<td>$1,276.58</td>
<td>$2,021.44</td>
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<tr>
<td>Providence PEBB Statewide³</td>
<td>$865.87</td>
<td>$1,721.42</td>
<td>$1,464.76</td>
<td>$2,320.33</td>
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<tr>
<td>Providence Choice¹</td>
<td>$726.96</td>
<td>$1,443.66</td>
<td>$1,228.66</td>
<td>$1,945.33</td>
</tr>
</tbody>
</table>

¹ Available to PEBB eligible individuals in plan service area.
² Available to PEBB eligible individuals. Kaiser routine vision services.
³ Available to PEBB eligible individuals.

### 2020 Self-pay participants vision plan monthly premium rates

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Self</th>
<th>Self &amp; spouse/partner</th>
<th>Self &amp; children</th>
<th>Self &amp; family</th>
</tr>
</thead>
<tbody>
<tr>
<td>VSP</td>
<td>$8.54</td>
<td>$17.08</td>
<td>$14.52</td>
<td>$23.06</td>
</tr>
<tr>
<td>VSP Plus</td>
<td>$14.95</td>
<td>$29.89</td>
<td>$25.41</td>
<td>$40.35</td>
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</table>

### 2020 Self-pay participants dental plan monthly premium rates

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Self</th>
<th>Self &amp; spouse/partner</th>
<th>Self &amp; children</th>
<th>Self &amp; family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Permanente¹</td>
<td>$64.74</td>
<td>$129.48</td>
<td>$110.06</td>
<td>$174.81</td>
</tr>
<tr>
<td>Delta Dental Premier²</td>
<td>$58.31</td>
<td>$116.62</td>
<td>$99.13</td>
<td>$157.43</td>
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<tr>
<td>Delta Dental PPO³</td>
<td>$53.88</td>
<td>$107.76</td>
<td>$91.59</td>
<td>$145.47</td>
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<tr>
<td>Willamette Dental Group⁴</td>
<td>$56.12</td>
<td>$112.24</td>
<td>$95.45</td>
<td>$151.58</td>
</tr>
</tbody>
</table>

¹ Available to PEBB eligible individuals in plan service area.
² Available to PEBB eligible individuals.
³ Available to PEBB eligible individuals.
⁴ Available to PEBB eligible individuals; in plan facilities.

Note: All rates include 0.13% commission