

# 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](http://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@dhs.oha.state.or.us](mailto:inquiries.pebb@dhs.oha.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

**Self-pay member information — continued****2020 Self-pay participants medical plan monthly premium rates**

	Self	Self & spouse/ partner	Self & children	Self & family
Kaiser Traditional <sup>2</sup>	\$826.68	\$1,643.09	\$1,398.16	\$2,214.56
Kaiser Deductible <sup>2</sup>	\$759.64	\$1,509.01	\$1,284.21	\$2,033.56
Moda Synergy <sup>1</sup>	\$755.17	\$1,500.03	\$1,276.58	\$2,021.44
Providence PEBB Statewide <sup>3</sup>	\$865.87	\$1,721.42	\$1,464.76	\$2,320.33
Providence Choice <sup>1</sup>	\$726.96	\$1,443.66	\$1,228.66	\$1,945.33

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

<sup>2</sup> Available to PEBB eligible individuals in plan service area. Kaiser routine vision services.

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

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

	Self	Self & spouse/ partner	Self & children	Self & family
VSP	\$8.54	\$17.08	\$14.52	\$23.06
VSP Plus	\$14.95	\$29.89	\$25.41	\$40.35

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

	Self	Self & spouse/ partner	Self & children	Self & family
Kaiser Permanente <sup>1</sup>	\$64.74	\$129.48	\$110.06	\$174.81
Delta Dental Premier <sup>2</sup>	\$58.31	\$116.62	\$99.13	\$157.43
Delta Dental PPO <sup>3</sup>	\$53.88	\$107.76	\$91.59	\$145.47
Willamette Dental Group <sup>4</sup>	\$56.12	\$112.24	\$95.45	\$151.58

<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.

Note: All rates include 0.13% commission