PEBB
Mandatory
Open
Enrollment

October 1-31, 2023
Customer Service Info

- PEBB Customer Service Hours (note, our staff will be working remotely)
  - 8 AM to 6PM
    - Monday-Friday in October
- Call PEBB: (503) 373-1102
- Fax PEBB: (503) 373-1654
- Email PEBB: pebb.benefits@odhsoha.Oregon.gov
- Enroll: www.pebbenroll.com
- PEBB Forms: https://www.oregon.gov/OHA/PEBB/Pages/forms.aspx
- Plan Info: www.pebbinfo.com
www.PEBBInfo.com

This gets you to the system to enroll or you can go to www.pebbenroll.com
www.PEBBInfo.com

All about HEM

Health Engagement Model (HEM)

HEM enrollment runs Sept. 1 through Oct. 31. You must complete your health 31, 2023 to qualify for a monthly tax incentive and lower deductible.

Visit the HEM page to learn more or to start your HEM enr

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>2024 Benefit Information</td>
<td>2023 Impaired Tax Values</td>
</tr>
<tr>
<td>2025 Benefit Information</td>
<td>Dependent Eligibility</td>
</tr>
<tr>
<td>Alex, Virtual Benefits Counselor</td>
<td>Forms</td>
</tr>
<tr>
<td>New Hire Resources</td>
<td>Insurance Company Plan Documents</td>
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<tr>
<td>Part-Time University (SB 551)</td>
<td>News and Events</td>
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<td>Optional Insurance Plans</td>
<td>Premium Estimator Tool</td>
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<tr>
<td>Commuter Account</td>
<td>Qualified Status Change (QSC) Matrix</td>
</tr>
<tr>
<td>Dependent Flexible Spending Account</td>
<td>Summary Plan Description</td>
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<tr>
<td>Health Care Flexible Spending Account</td>
<td>Required Notices</td>
</tr>
<tr>
<td>Travel Assistance by The Standard</td>
<td></td>
</tr>
</tbody>
</table>
Mandatory OE

• What does Mandatory OE mean?
  – You must do OE, or you will not be able to participate in HEM and receive the lower deductible and monthly incentive
  – Surcharges will apply if you don’t do OE (tobacco and other group coverage for spouse)
  – Opt Out’s need to reconfirm other group coverage each year
    • If you don’t do OE, then your Opt Out turns to a Medical Not Enrolled and you will not receive the monthly incentive
  – If you want a Dependent Care (DC FSA) or Health Care (HC FSA) Flexible Spending Account, you must re-enroll each year
    • If you fail to do OE, then you will not be eligible for an FSA (unless you have a QSC)
  – We will explore the Open Enrollment Decision Chart aka Napoleon Chart to discuss Mandatory OE
The Open Enrollment Decision Chart

There are three easy steps to take part in HEM:

1. Enroll in a PEBB medical plan at pebbenroll.com between Oct. 1 and Oct. 31, 2023. (Be sure to state you plan to take part in HEM)

2. Take your Health Assessment on your current medical plan’s website between Sept. 1 and Oct. 31, 2023. (Health Assessments done outside of this window will not be accepted.) If you are not currently enrolled in a PEBB medical plan, don’t forget to do open enrollment during October and be sure to state you plan to take part in HEM.

3. Complete two health actions during the plan year.

Plan early to complete your Health Assessment. You may need to have your password reset. Kaiser Permanente may require 10 business days to reset your password.
### Health Engagement Model (HEM)

<table>
<thead>
<tr>
<th></th>
<th>Do I have to complete my Health Assessment?</th>
<th>Do I have to complete my Open Enrollment?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>I am participating in the Health Engagement Model (HEM) in 2023. I am not making any changes to my enrollments for 2024.</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>I am participating in the Health Engagement Model (HEM) in 2023. I need to make changes to my plans and/or dependents. I also said I want to be a HEM Participant.</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>I am not enrolled in a medical plan in 2023. I want to enroll in medical. I also want to participate in HEM for 2024.</td>
<td>❌</td>
<td>✔️</td>
</tr>
<tr>
<td>I opted out of medical for an incentive in 2023. I want to enroll in a medical plan and participate in HEM for 2024.</td>
<td>❌</td>
<td>✔️</td>
</tr>
<tr>
<td>I was not able to take part in HEM in 2023 because I was a new hire and my coverage started on or after Nov. 1, 2021. I want to participate in HEM in 2024 and receive a monthly incentive of $17.50. I know I must complete the process to keep my deductible low and receive the monthly incentive</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>I don’t currently take part in HEM. I want to participate in 2024.</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>I don’t currently take part in HEM and I don’t plan to take part in 2024. I do want to make plan or dependent changes for 2024.</td>
<td>❌</td>
<td>✔️</td>
</tr>
</tbody>
</table>
**FSAs**

**HC FSA $3050 limit**

**DC FSA $5000 family limit**

**Commuter Accounts $300 monthly**

<table>
<thead>
<tr>
<th>Do I have to complete my Health Assessment?</th>
<th>Do I have to complete my Open Enrollment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>NO</td>
<td>NO</td>
</tr>
</tbody>
</table>

**Flexible Spending Accounts (FSAs)**

I want to **FOR THE FIRST TIME** in a Health Care and/or Dependent Care Flexible Spending Account (FSA).

*Follow the examples under HEM to decide if you need to do a Health Assessment.*

You must complete Open Enrollment between Oct. 1 and Oct. 31 to be eligible for a FSA.

I want to **RE-ENROLL** in a Health Care and/or Dependent Care FSA

*Follow the examples under HEM to decide if you need to do a Health Assessment.*

Even if you have an FSA right now, you must re-enroll each year during Open Enrollment to renew this plan. If you don’t take this action your FSA will terminate Dec. 31, 2023.
# Surcharges

<table>
<thead>
<tr>
<th>Surcharge</th>
<th>Do I have to complete my Health Assessment?</th>
<th>Do I have to complete my Open Enrollment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

**Surcharges**

- I am not changing my answers to surcharge questions in 2023 (including tobacco use and spouse/dependent group coverage).  
  *Follow the examples under HEM to decide if you need to do a Health Assessment.*

  - If you don’t complete open enrollment certain surcharges will default. This means you may have added deductions taken from your pay. You may correct these surcharges until Dec. 31, 2023. After Jan. 1, the correction will be effective the first of the next month.

- I have updated one of my surcharge answers. I am also making enrollment changes because of the new OEBB/PEBB or PEBB/PEBB medical double coverage surcharge.  
  *Follow the examples under HEM to decide if you need to do a Health Assessment.*

  - If you don’t complete open enrollment certain surcharges will default. This means you may have added deductions taken from your pay. You may correct these surcharges until Dec. 31, 2023. After Jan. 1, the correction will be effective the first of the next month.
## Medical Opt Out

<table>
<thead>
<tr>
<th>Do I have to complete my Health Assessment?</th>
<th>Do I have to complete my Open Enrollment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>NO</td>
<td>NO</td>
</tr>
</tbody>
</table>

### Medical Opt Out

I opted out of medical for an incentive in 2023. I want to continue to opt out and keep everything else the same.

*Follow the examples under HEM to decide if you need to do a Health Assessment.*

To continue to opt out of medical benefits in 2024 you must:
- Attest that you still have other group (employer) coverage to receive the opt out incentive.

If you don’t complete open enrollment you will remain without medical coverage and lose your monthly incentive.
Medical Opt Outs

• If Medical Opt Outs want to enroll in medical, they need to go in and complete the OE process:
  – They will have to select a medical plan during OE
  – If they want to participate in HEM, they will need to choose to participate during the Open Enrollment process

• *The Health Assessment Access Code does not exist.*
  – Members new to a PEBB medical plan that want to participate in HEM only need to choose the participation during Open Enrollment
  – They do not need to take the Health Assessment
New to PEBB Medical Members

No Health Assessment Access Code

• This process started last year….PEBB members that are currently NOT ENROLLED in a PEBB medical plan:
  – New Hires, Opt Outs and Medical Not Not Enrolled
• That now WANT to participate in HEM and enroll in a PEBB medical plan
• Must do OE and during OE choose to participate in HEM
• They don’t have to do a Health Assessment
• They will get the lower deductible
• They will get the monetary incentive of $17.50/month
# New Hires

## New Hires with an October 1, 2023 Effective Date

I am a new hire with an Oct. 1, 2023 coverage effective date. I want to participate in HEM.

*Follow the examples under HEM to decide if you need to do a Health Assessment.*

<table>
<thead>
<tr>
<th>Do I have to complete my Health Assessment?</th>
<th>Do I have to complete my Open Enrollment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

- **YES**: You must also complete open enrollment between Oct. 1 and Oct. 31, 2023 to have coverage in 2024.
- **NO**: When you complete open enrollment:
  - Be sure to say you want to take part in HEM.

I am a new hire with an Oct. 1, 2023 effective date. I want to enroll in an FSA for 2024.

*Follow the examples under HEM to decide if you need to do a Health Assessment.*

<table>
<thead>
<tr>
<th>Do I have to complete my Health Assessment?</th>
<th>Do I have to complete my Open Enrollment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

- **YES**: You must also complete open enrollment between Oct. 1 and Oct. 31, 2023 to have coverage in 2024.
- **NO**: During open enrollment you can choose to enroll in an FSA for the 2024 plan year.
New Hires

• New Hire’s with a coverage effective start date of 11/1/2023 or after do not qualify for HEM
  – They get the lower deductible, but they do not get the $17.50 incentive
  – They are eligible to participate in HEM during Open Enrollment 2024
Medical Not Enrolled

• These are folks that just didn’t do their open enrollment last year; basically, they don’t do anything.
• Why not?
• If you don’t need medical, then you are missing out on a $233 (based on FTE) monetary incentive each month added to your pay
• If you want medical, dental and vision (along with optionals), you must do something…..
QSCs and Ex Spouses

• These are Qualified Status Changes
• Many members notice an ex-spouse during the OE timeframe
• You should report any mid-year events within 30 days of the event
• These ex’s need to come off the plan the end of the month in which the divorce was final
• If you notice you still have an ex on the plan, please let us know so we can terminate them correctly
• **NEVER** keep an ex-spouse on the plans as this may harm your employment and they aren’t eligible
OE Correction Deadline

ALL OPEN ENROLLMENT CORRECTIONS ARE DUE BY FEBRUARY 29, 2024*

- Plan corrections
- Dependent corrections
  - HEM
- Tobacco Surcharge
- Other Coverage Surcharge

*FSA corrections due by Friday, December 8, 2023

Division 20, Correcting Enrollment Errors and Open Enrollment Errors

https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=249463
Thank You!

For More Information, Please Contact
Linda Freeze, Benefits Manager
(503) 881-8749 (cell)
linda.freeze@oha.Oregon.gov
2024 Open Enrollment Webinar

Thank you for your patience, the webinar will begin soon!

Closed Captioning will be available next week in our YouTube recording. We will send a follow-up email when it’s available.
Webinar Tips

Closed Captioning will be available next week in our YouTube recording.

We will send a follow-up email when it’s available.
Webinar Tips

Around 11:20 PT a National Alert Test will be sent to cell phones, TVs, and radios.

Please turn off or move your phones & devices.
Webinar Tips

• Type in questions anytime during the live webinar

• After the live webinar, email questions to: pebb.benefits@odhsoha.oregon.gov or call 503-373-1102

• Find the recordings, slides, and tools at PEBBinfo.com

• You will receive a follow-up email with the recording by Friday 10/6
Agenda

- PEBB: Overview & Highlights
- PEBB: Open Enrollment Notifications and Tools
- Moda Health & Delta Dental: Medical & Dental Plans
- Providence: Medical Plans
- Kaiser Permanente: Medical, Dental, & Vision Plans
- Willamette Dental Group: Dental Plan
- VSP: Vision Plans
- The Standard: Life/AD&D Insurance, Short- and Long-Term Disability Insurance
- Canopy: Employee Assistance Program
PEBB Communications
2024 Plan Year

1. Open Enrollment Communications Timeline
2. PEBB’s Digital Tools
PEBBinfo.com

PEBB Home

CLICK HERE TO ENROLL
LOG INTO YOUR PEBB ACCOUNT

PEBB Home
2024 Benefit Information
2023 Benefit Information

About Us
Contact Carriers
Contact PEBB
Forms
Retiree, COBRA, Self-Pay
The Board
Wellness Central

Benefits
2024 Benefit Information

Resources
2023 Imputed Tax Values
Dependent Eligibility
Forms

Wellness Central
Wellness Central
Wellness Programs
EAP Services

Click Here to Enroll Now

Haga clic para inscribirse ahora

Everyone must complete Open Enrollment between Oct. 1 and Oct. 31. Go to PEBBEnroll.com to make your plan selections.
Todos deben completar la Inscripción Abierta entre el 1 y el 31 de octubre. Vaya a PEBBEnroll.com para seleccionar su plan.

HEM enrollment runs Sept. 1 through Oct. 31. You must complete your health assessment by October 31, 2023 to qualify for a monthly tax incentive and lower deductible.

Visit the HEM page to learn more or to start your HEM enrollment.
Benefit Materials

Materials are in **English** and **Spanish**

- Website text = Use the Languages tool
- Other Tools & Documents = Spanish versions available

*Spanish Enrollment Guide expected by mid-October
*Spanish Explore Your Benefits expected by mid-October
Open Enrollment Communications

September
• HEM email Sept 1.
• Mailed Summary of Benefits Mid-Sept.
• “Sneak peek” email to members with links to: Mid-Sept.
• Premium estimator tool LIVE!

October: Open Enrollment Oct. 1 – 31
• “OE is here” email Oct. 2
• Explore Your Benefits Live!
• Open Enrollment webinar Today!
• FSA/commuter accounts webinar Oct. 5 (Tomorrow!)
• Reminder emails Each week

November/December/ January
• Corrections email Early Nov. and Dec.
• FSA mailer to homes Early Nov.
• Understand your FSA webinar Mid-Nov.
• FSA email Early Dec.
• Check your paystub email Early Jan.

Virtual benefits fair LIVE!
Premium estimator tool LIVE!
Dependent eligibility verification process email Late Sept.
Online plan comparison tool LIVE!

PEBBinfo.com
Flexible Spending and Commuter Account Webinar
Thursday Oct. 5 @ 2:30-3:30 PT

- What are Flexible Spending Accounts?
- Health Care FSAs
- Dependent Care FSAs
- Commuter Benefit Accounts
- Important Dates
Premium Estimator Tool

Estimate monthly benefit premiums

• 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

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

PEBBinfo.com
Explore Your Benefits

Interactive benefits learning tool

• A simulated benefits video game with entertaining modules about PEBB’s benefits and wellness programs
• Fun education with mini knowledge tests
• Earn wellness badges for smart wellbeing actions

Home page “map”

Videos
Wellness badges
Links to videos, games, quizzes, and vendor partner spotlights

PEBBinfo.com
Virtual Benefits Fair

Connect members with benefits and vendor partners

- Watch videos and download PDFs
- Explore resources available at no additional cost to PEBB members, like discounts on exercise equipment, mental health apps, legal or financial planning services, and more.
- Explore wellness, and emotional wellbeing resource centers
- Connect with vendor partners during scheduled times

PEBBinfo.com
Summary of Benefits

Sent to your mailbox last month

See plan features for medical, dental, and vision plans

Compare plan copays, deductibles, coinsurance, and the cost of covered services.
Online Plan Comparison Tool

Compare medical, dental, and vision plans online

• Compare plan features for medical, dental, and vision

• Compare plan copays, deductibles, coinsurance, and the cost of covered services.

• Print the plans and services you want to see

Enter the tool

Step 1: Choose the features you want to see

Step 2: Choose the plans you want to view
Alex: the Virtual Benefits Counselor

- ALEX walks you through the process of picking your benefits
- Provides easy-to-understand explanations for any questions you might have along the way.
Questions?
2024 Open Enrollment Webinar

Q&A
A Deeper Dive into the 2024 Moda Health and Delta Dental Open Enrollment
## Plan summary overview – Synergy Network

<table>
<thead>
<tr>
<th>Medical</th>
<th>Full-time Medical Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-network</td>
</tr>
<tr>
<td>Deductible per person</td>
<td>$250</td>
</tr>
<tr>
<td>Deductible per family</td>
<td>$750</td>
</tr>
<tr>
<td>Out-of-pocket max per person</td>
<td>$1,500</td>
</tr>
<tr>
<td>Out-of-pocket max per family</td>
<td>$4,500</td>
</tr>
</tbody>
</table>

### Medical

<table>
<thead>
<tr>
<th>Medical</th>
<th>Full-time Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care (PCP 360)¹</td>
<td>$10</td>
</tr>
<tr>
<td>Specialist Office Visit²</td>
<td>$10</td>
</tr>
<tr>
<td>Office visits for Chronic Conditions</td>
<td>$0</td>
</tr>
<tr>
<td>Urgent Care³</td>
<td>$25</td>
</tr>
<tr>
<td>Alternative care³</td>
<td>$10</td>
</tr>
<tr>
<td>Diagnostic Labs &amp; X-ray</td>
<td>$0</td>
</tr>
<tr>
<td>Emergency Room⁴</td>
<td>$150</td>
</tr>
</tbody>
</table>

¹ Deductible is waived of the first 4 PCP visits, per plan year
² Referrals are not required for in-network specialist care
³ Acupuncture is limited 12 visits per plan year, spinal manipulation is limited 20 visits per plan year, and massage therapy is limited a $1,000 benefit maximum
⁴ Copayments does not apply to out-of-pocket maximums
# Pharmacy benefits

<table>
<thead>
<tr>
<th>Plan-year costs</th>
<th>Full-time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible per person</td>
<td>$50</td>
</tr>
<tr>
<td>Deductible per family</td>
<td>$150</td>
</tr>
<tr>
<td>Out-of-pocket max per person</td>
<td>$1,000</td>
</tr>
<tr>
<td>Out-of-pocket max per family</td>
<td>$3,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Full-time*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retail (30-day supply)</strong></td>
<td></td>
</tr>
<tr>
<td>Value</td>
<td>$0</td>
</tr>
<tr>
<td>Generic</td>
<td>$10</td>
</tr>
<tr>
<td>Preferred</td>
<td>$30</td>
</tr>
<tr>
<td><strong>Mail &amp; Preferred Retail (90-day supply)</strong></td>
<td></td>
</tr>
<tr>
<td>Value</td>
<td>$0</td>
</tr>
<tr>
<td>Generic</td>
<td>$25</td>
</tr>
<tr>
<td>Preferred</td>
<td>$75</td>
</tr>
<tr>
<td><strong>Specialty (30-day supply)</strong></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$100</td>
</tr>
<tr>
<td>Brand</td>
<td>$10</td>
</tr>
</tbody>
</table>

*Copays apply after the deductible has been met*
## Travel and out-of-area dependent network

<table>
<thead>
<tr>
<th>Travel Network</th>
<th>Out-of-Area Dependents</th>
</tr>
</thead>
<tbody>
<tr>
<td>When traveling outside of the Synergy Network, you will have access to Moda’s national network, Aetna PPO® through Aetna Signature Administrators® for urgent and emergent services.</td>
<td>Dependent who live outside of the Synergy Network service area (i.e., college student) will also use Moda’s national network, Aetna PPO® through Aetna Signature Administrators®.</td>
</tr>
<tr>
<td></td>
<td>Dependent who live outside of the Synergy Network service area (i.e., college student) will also use Moda’s national network, Aetna PPO® through Aetna Signature Administrators®, for urgent and emergent services.</td>
</tr>
<tr>
<td></td>
<td>Dependent living outside of the Synergy service area will use Moda’s National network, Aetna PPO® network, for in-network benefits away from home, except members living in Alaska and Idaho.</td>
</tr>
<tr>
<td></td>
<td>If you have a dependent who lives in Idaho, they will have access to both the Synergy network, and the First Health Network. If they live in Alaska, they will use the First Health Network.</td>
</tr>
</tbody>
</table>
|                                                                                | To ensure your dependent is using the correct network, you will need to update their address in the PEBB system.
### PCP 360

<table>
<thead>
<tr>
<th>Use your PCP 360 for all of your primary care needs</th>
<th>You must choose a PCP 360 for each covered individual for all their primary care needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choose a PCP 360 with Moda</td>
<td>A PCP 360 is a primary care provider who is part of a facility that has been certified by the Oregon Patient-Centered Primary Care program or other similar programs</td>
</tr>
<tr>
<td>Each member of your family gets a choice</td>
<td>Each enrolled member can pick the same PCP 360 or a different one to receive in-network benefits for primary care services</td>
</tr>
<tr>
<td>No referrals</td>
<td>No referrals are required to see specialists</td>
</tr>
</tbody>
</table>
How to choose a Moda PCP 360

Call a Moda 360 Health Navigator
844-776-1593. You can also message one instantly through your Member Dashboard or email them at pebbcustomerservice@modahealth.com

Log in to your Member Dashboard

Existing medical PEBB Synergy members
If you have already selected a PCP 360, you do not have to re-select a PCP 360 unless you would like to change your PCP 360. You may change PCP 360 providers any time during the year.

Each enrolled member can choose their own PCP 360.
How to find a PCP 360

1. To find a PCP 360, visit modahealth.com/PEBB
2. Click the Find Care link on the left side of the page
3. Use the Search by network option to select the Synergy Network
How to find a PCP 360

4 Then, click PCP 360 from the ‘Type’ drop-down menu and look for a PCP 360

5 You will know a provider is a PCP 360 if you see the “ıc” graphic under their phone number
New programs and enhancements (effective 1/1/2024)

- Moda is adding the Virta program
  - Virta is a provider-led treatment that can help reverse type 2 diabetes.
  - The program provides:
    - Continuous remote medical care
    - Nutritional therapy
    - Assistance in lowering blood sugar
    - Helps with reducing medications
    - Helps members with weight loss
  - Eligible members will receive an invite for the program and at no cost to them.

- Medical and Rx fertility benefits
  - There is currently a combined $35k annual benefit maximum for medical and pharmacy fertility expenses.
  - Effective 1/1/24, there will now be a $25K annual benefit maximum for medical expenses and no annual benefit maximum for pharmacy expense
New programs and enhancements (effective 1/1/2024)

- **Copay Max Plus** is an industry-leading copay program that allows you to utilize the full benefit of manufacturer assistance to offset your costs at the point-of-sale.
  - It looks for manufacturer assistance and applies it at the point-of-sale, if available.
  - Assistance will no longer accrue toward the pharmacy deductible and the medical maximum cost share.
  - Applies to more than 450 drugs

- **Health assessment (Effective 9/1)**
  - Moda has partnered with a new vendor to offer this year’s health assessment, which you can access through your Member Dashboard account. For instructions how to register, please visit our website: [https://www.modahealth.com/pebb/health_assessment.shtml](https://www.modahealth.com/pebb/health_assessment.shtml)
New programs and enhancements (effective 1/1/2024)

• Moda has partnered with Spring Health to give you access to behavioral health telehealth services through your phone, tablet, or computer. Services include:
  − Mental health therapy
  − Psychiatry
  − Care navigation
  − Digital cognitive behavioral therapy

• Call a Moda 360 Health Navigator at 844-776-1593.
• You can access Spring Health through your Member Dashboard modahealth.com/memberdashboard.
With Moda 360, you can:

- Live chat with a Health Navigator
- Find specialized program matches
- Timely personalized care reminders
- And so much more, which is easily accessible through your Member Dashboard.
Moda 360 – Health Navigators

- Moda 360 Health Navigators can help you with:
  - Assistance with appointment scheduling
  - Connecting members with care programs
  - Assistance with prior authorizations
  - Selecting a PCP 360
  - Claims and provider billing support
  - Closing gaps in care
Member Dashboard

New Member Dashboard launched in January 2023

Enhanced, easy to use layout

Personalized to each member
Moda 360 programs

Healthcare can be complicated. That’s why we created Moda 360 personalized programs to help you on your health journey.

**Comprehensive Coordinated Care (C3)**
Your PCP 360 visits and in-network mental health visits are covered when you enroll.

**Text a doctor with CirrusMD**
Never be without a doctor. Text a medical doctor about non-emergency health concerns 24/7.

**Case management**
Navigate the healthcare system with our registered nurses or licensed clinical social workers.

Additional resources
[View all programs](#)
Moda 360 programs

Moda 360 Programs

Filters

Program Status
- Eligible

Category
- Medical: Virtual Care

Text a doctor with CirrusMD
Never be without a doctor. Text a medical doctor about non-emergency health concerns 24/7.

Virtual visits with OHSU
Get care from home. See a licensed OHSU doctor from your computer or mobile device.
Moda 360 programs

Mental health support with Spring Health

Through our partnership with Spring Health, we make sure you and your covered family members have the mental health care and support you need and deserve. With Spring Health, you can access a range of telehealth services, including mental health therapy, psychiatry, care navigation and digital cognitive behavioral therapy, from your phone, tablet or computer. A diverse network of passionate therapists and physicians are ready to help you feel your very best.

Learn more and enroll

Call health navigator: 866-923-0409
The CirrusMD app connects you with a doctor via text, 24/7, with no cost sharing.

The app allows you to:
- Ask urgent or general health questions
- Message, share photos or video chat

Provides convenience and flexibility, and is available in all 50 states.

Providers can also prescribe medications.

Access CirrusMD through your Member Dashboard at modahealth.com/memberdashboard or the CirrusMD website at cirrusmd.com/modahealth.
A digital physical therapy program designed to provide treatment for all musculoskeletal issues at no cost to you.

To learn more, log into your Member Dashboard at modahealth.com/memberdashboard or visit the Sword website at https://enroll.swordhealth.com/pebb

Call the Sword team at 888-492-1860 or email them at help@swordhealth.com
Equip

- Equip offers fully virtual eating disorders treatment for patients ages 6-24.

- Each patient has a dedicated interdisciplinary 5-person care team including a peer mentor, family mentor, physician therapist, and dietitian.
NOCD

- In-network mental health providers that offers virtual mental health outpatient therapy for OCD.
- NOCD specialize in exposure and response therapy
- To schedule an appointment
Cyti Psychological

- Telehealth benefit that delivers high-quality individual, family, and couples counseling on PEBB members’ terms.
- Cyti therapists are licensed and accredited, and available 24/7.
- Available to Moda members who reside in Oregon only
Delta Dental plans
Delta Dental plan changes

• There are **NO** changes to the coinsurances and deductibles to the existing plan designs. We will continue to offer the Delta Dental Premier and the Delta Dental PPO.

• PEBB members have the **Preventive First program**. This means preventive services do not accrue towards the annual benefit maximum, leaving additional dollars to use for basic and major services.
## Dental plan options

<table>
<thead>
<tr>
<th>Plan options</th>
<th>Full-time Delta Dental PPO</th>
<th>Full-time Delta Dental Premier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network</td>
<td>In-network</td>
<td>Out-of-network</td>
</tr>
<tr>
<td>Deductible</td>
<td>$50</td>
<td></td>
</tr>
<tr>
<td>Benefit maximum</td>
<td>$1,750</td>
<td></td>
</tr>
<tr>
<td><strong>In-network, members pay</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive(^1)/diagnostic services</td>
<td>0(^2)</td>
<td>10%</td>
</tr>
<tr>
<td>Basic services</td>
<td>20% - 0%</td>
<td>30%</td>
</tr>
<tr>
<td>Major services</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Occlusal guards(^3)</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Nitrous oxide</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontic (--) Lifetime maximum - $1,800</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

\(^1\) Preventive services will not accrue toward the plan maximum.

\(^2\) Deductible waived.

\(^3\) $150 maximum, once every 5 years.

---

Preventive services will not accrue toward the plan maximum.

Deductible waived.

$150 maximum, once every 5 years.
Health through Oral Wellness® (HtOW)

- All PEBB members have access to the HtOW program
  - Patient-centered wellness program that helps members maintain better oral health through a risk assessment, education and additional evidence-based preventive care

- Providers participating in the program use an oral health assessment to find out the member’s risk of tooth decay, gum disease and oral cancer

- Members may qualify for the following services depending on their risk score:
  - Additional cleanings
  - Fluoride treatment
  - Sealants
  - Periodontal maintenance
  - Nutritional counseling

- For more details about the program, visit deltadentalor.com/oralwellness/members

To see which providers are actively participating in the Health through Oral Wellness program, look for a green badge shown in Find Care.

Gentle Family Dentistry LLC
17497 SE McLoughlin Blvd
Milwaukie, OR 97267
503-726-5949

Accepting new patients
More details >
Health Equity/Provider Diversity
Provider diversity – FindCare

The following fields available to display in our online provider directory:

- Race
- Ethnicity
- Gender Identity
- Preferred Pronouns
- Ages Serviced
- Professional Expertise
- Cultural Competency Training Completed
- ADA Accessibility
- Materials available in other formats
- Bi-lingual Staff Available
Member data

Race and Ethnicity

1. How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?

2. Which of the following describes your racial or ethnic identity? Please check ALL that apply.

- Hispanic and Latino/a/x
- American Indian and Alaska Native
- Native Hawaiian and Pacific Islander
- Black and African American
- White
- Middle Eastern/North African
- Other White

A. LOGISTICAL QUESTIONS

Logistical questions are not demographic in nature but help to ensure respectful communications and data matching/verifications that might occur in systems involving insurance and eligibility for services.

1. What is your first and last name you want to use?
   Jane (This is my legal name)

2a. Are there any other names we should know about, such as on your insurance card?
   No

2b. What pronouns do you use?
   They/Them
   She/Her

3. What title do you use?
   Ms
Member Resources
PEBB dedicated website

modahealth.com/pebb
Health Navigators

Available Monday through Friday from 7:30 a.m. to 5:30 p.m. Pacific time.

Medical/Vision
844-776-1593

Pharmacy
844-776-1594

Dental with Moda Medical
833-681-2117
Dental Only
844-827-7100

Or email Moda Health at PEBBquestions@modahealth.com.

You can also chat with the Moda 360 Health Navigator team instantly through your Member Dashboard.
Thank you
Welcome to Providence Health Plan’s presentation on your benefits

Available January 1st, 2024
What’s new for 2024

No changes to deductibles, copays, and coinsurance

Medical Plan Updates

• Choice Plan
  • Referral no longer required to see a specialist

• Statewide Plan
  • Massage Therapy benefit added. 15% coinsurance after deductible. $1,000 annual benefit

Providence Updates

• Increasing Behavioral Health Virtual Solutions - Focused on broad access and additional specialty support.
  • Talkspace: telehealth provider of virtual psychotherapy for adults and teens 13+, and available through text, voice, or video options.
  • Equip: virtual, eating disorder treatment for kids and young adults ages 6-24 using Family Based Treatment (FBT).
  • Charlie Health: Intensive Outpatient Program (IOP) delivered virtually and available 24/7 for teens and young adults ages 11-30
Advancing health equity for all

Our vision, Health for a Better World, is driven by a belief that health is a human right. Every person deserves the chance to live their healthiest life.

At Providence, we recognize that long-standing inequities and systemic injustices exist in the world. This has led to health disparities among communities that have been marginalized because of their race, ethnicity, gender, sexual orientation, age, ability, religion or socioeconomic status.

Each year, we serve more than 6 million people of every walk of life. We value each member of our diverse communities for their identities, journeys and experiences. We promise to strengthen the diverse communities we serve, inclusive of those who identify as LGBTQIA+. Our commitment is to welcome all and treat one another with respect and dignity.
Your Providence health plan options

OPTION 1: PEBB Providence Statewide
- Pay more for flexibility
- OHSU and Adventist in-network
- No referrals required
- Self-directed care
- Massage therapy covered

OPTION 2: PEBB Providence Choice
- Pay less for predictability
- Medical home care team
- No referrals required
- Low copayments
- Massage therapy covered
Providence Choice

As a Providence Choice member, you will be required to choose a medical home. Before you receive health care services and schedule an appointment:

• Communicate your selection to Providence via one of the following options:
  • myProvidence account
    • Choose “Medical Home Selection” under the “My Providers” drop down in the top navigation bar.
    • Review your options, then click on the “set As A Medical Home Clinic” button.
  • Customer service
    • We’re here to help! (503) 574-7500 or 800 878-4445 (TTY: 711) from 8AM to 5PM (Pacific Time), Monday through Friday.
Navigating the Providence directory

1. Visit [providencehealthplan.com/findaprovider](providencehealthplan.com/findaprovider)
2. Search by member ID or plan type and network
3. Tailor your search by provider, place, name, keyword or location
4. Customize results based on preferences — specialty, location, gender, language
2024 Medical and Prescription Plan Overview
### Cost share overview – no changes in 2024!

Benefit summaries may be found online at: [www.providencehealthplan.com/pebb](http://www.providencehealthplan.com/pebb)

#### PEBB STATEWIDE PPO

<table>
<thead>
<tr>
<th>Cost Share</th>
<th>Calendar year deductible</th>
<th>Out-of-pocket maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-network</td>
</tr>
<tr>
<td><strong>PEBB STATEWIDE PPO</strong></td>
<td>$250 / person</td>
<td>$500 / person</td>
</tr>
<tr>
<td></td>
<td>$750 / family</td>
<td>$1,500 / family</td>
</tr>
</tbody>
</table>

Any portion of the medical deductible met in the 4th quarter of the year applies to the next year’s deductible.

#### PROVIDENCE CHOICE

<table>
<thead>
<tr>
<th>Cost Share</th>
<th>Calendar year deductible</th>
<th>Out-of-pocket maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROVIDENCE CHOICE</strong></td>
<td>$250 / person</td>
<td>$500 / person</td>
</tr>
<tr>
<td></td>
<td>$750 / family</td>
<td>$1,500 / family</td>
</tr>
</tbody>
</table>
Prescription drug coverage

- Prescription drug benefits do not apply to medical deductible or medical out-of-pocket maximum

<table>
<thead>
<tr>
<th>Drug Coverage Category</th>
<th>Copay or Coinsurance</th>
<th>Calendar year deductible</th>
<th>Calendar year out-of-pocket maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>All participating &amp; preferred retail pharmacies (up to a 30-day supply)</td>
<td>Covered in full</td>
<td>Does not apply</td>
<td>$1,000 per person $3,000 per family (3 or more)</td>
</tr>
<tr>
<td>Value Drug</td>
<td>Covered in full</td>
<td>Does not apply</td>
<td>$1,000 per person $3,000 per family (3 or more)</td>
</tr>
<tr>
<td>Generic drug</td>
<td>$10</td>
<td>$100</td>
<td>$1,000 per person $3,000 per family (3 or more)</td>
</tr>
<tr>
<td>Brand name drug</td>
<td>$30</td>
<td>$100</td>
<td>$1,000 per person $3,000 per family (3 or more)</td>
</tr>
</tbody>
</table>

- PEBB’s Value Formulary includes a list of medications that are covered in full

PEBB’s prescription drug lists (formularies) are available online: [www.ProvidenceHealthPlan.com/PEBB](http://www.ProvidenceHealthPlan.com/PEBB)
Get the right care at the right time in the right place

**ProvRN Free**
- Connect with a registered nurse 24/7
- Easy first step when you have symptoms and want to know if you need face-to-face care

**ExpressCare Virtual Free**
- Talk with a provider from anywhere using your tablet, smartphone, or computer
- Available nationwide

**ExpressCare Clinics Free**
- Same-day, in-person treatment
- With many convenient locations (some in your local Walgreens), it’s easy to find a clinic near you

**Primary Care $**
- Your primary healthcare partner for check-ups, managing chronic conditions, and specialist referrals
- Appointment required

**Urgent Care $$**
- When you need help right away and can’t wait for an appointment
- Hours vary by location

**Emergency $$$**
- When you think you may be in danger
- Available 24/7

If you ever think your life or well-being could be in serious danger, call 911 immediately.
Express care virtual visits

- See a provider in minutes, from anywhere
  - Live video visits from your smartphone, tablet or computer
  - No appointment necessary
  - Board-certified providers treat many common conditions such as cough, cold/flu, sinus/ear/eye infections, etc.

- Extended hours
  - 8am to 8pm in OR, WA, MT, AK, CA and 24/7 nationwide through our network partner

- No Cost Option for Care
  - Free for PEBB members
  - Visit information is shared with PCP for care continuity support
Providence Behavioral Health

We're here for you when you need us.

• Enhanced behavioral health and substance use services to simplify the way you get whole self-care
• 24/7 access to a crisis-trained behavioral health and substance use service support team

Help is available 24 hours per day, 7 days per week: Call us 503-574-7500 or 800-878-4445

Find your behavioral health providers
Visit providencehealthplan.com/findaprovider
Behavioral Health Concierge

Virtual behavioral health visits *at no cost to PEBB members*

- Schedule same-day or next-day access to virtual counseling
- Access appointments with a licensed counselor from 7AM to 8PM (Pacific Time)
- Available for all PEBB members in Oregon, Washington, Idaho, Montana, California, and Texas

Call: 877-744-9355

Learn more about behavioral health concierge [ProvidenceHealthPlan.com/BehavioralHealth](http://ProvidenceHealthPlan.com/BehavioralHealth)
Member well-being resources

At Providence, we value whole self-care for all members. We offer resources across the behavioral health continuum, so members and their families can get the care they need.

Mental Health Education Tools
- Learn about the signs, symptoms and treatments for mental health conditions

Resources to Relax & Recharge
- Save on massage therapy, yoga, meditation and more through LifeBalance and ChooseHealthy

Stress Management Health Coaching
- Get one-on-one support to reduce stress or just feel better every day

Learn to Live
- Enroll in a digital program to learn to overcome stress, anxiety, depression, insomnia, and substance use

Behavioral Health Concierge
- Access virtual and confidential same-day or next-day appointments at no cost

Broad Behavioral Health Network
- Find a provider you trust and make an in-person or virtual appointment, no referral required

24/7 Crisis Line
- Get behavioral health and substance abuse service support right away from our crisis-trained staff

Low severity
- Moderate severity
- High severity
Talkspace is the leading virtual behavioral health care provider for mild to moderate needs.

**Therapy**
Dedicated behavioral health and emotional well-being support from a licensed clinician.

**Psychiatry**
Evaluation, prescription, and medication management from a licensed prescriber.

**Self-Help Tools**
Exercises, such as meditation and journaling, are available to use anytime.
Online resources and tools
ID cards – printable ID cards

Access ID cards via MyProvidence

• Subscriber and spouse/partner may also choose to print a PDF version of the ID card for themselves or individual dependents

• Everyone can access
Resources on the web

Tools available on our website include:

- myProvidence, secure member portal
- Pharmacy resources
- Searchable Provider Directory
- Numerous wellness tools & resources
- Behavioral Health Concierge
- Kaia Health digital pain management program
- Virta Health Type 2 diabetes reversal program
- Omada Type 2 diabetes prevention program
- Talkspace - Virtual behavioral health benefits

→Get Started

Go to www.providencehealthplan.com/pebb to explore the tools and resources available to you online.
myProvidence

- Connect to your personal health plan information
- Take a personal health assessment to find out what you’re doing well and where you can improve
- Estimate the cost of care or prescriptions before you receive them
- Access exclusive member discounts on fitness memberships, travel and more
- Easily manage your health plan with user preferences
- Visit Wellness Central, a personal health and wellness hub to track your health goals

➔ Get Started
Sign up for your account at myProvidence.com

Don’t forget HEM
September 1st through October 31st
Wellness assessment (HEM)

- Employees answer health and lifestyle questions
  - General health
  - Preventive health
  - Nutrition
  - Physical activity
  - Mental and emotional health
  - Safety
  - Tobacco and alcohol
  - Readiness to change
  - Productivity

- Approximately 10 minutes to complete

- Member receives personalized recommendations with areas to focus on, an overall wellness score, and a detailed personal health analysis, lifestyle risks and health conditions, programs and tools to achieve health goals

This information is NOT shared with PEBB or your employer!

Don’t forget HEM
September 1st through October 31st
Additional member well-being resources
Health coaching

• **Standard health coaching program**
  • Guidance to help members identify and take action toward healthier lifestyle and behavior choices
  • Empower members to lose weight, improve diet, manage stress, exercise or stop using tobacco
  • Evidence-based coaching techniques
  • Sessions are 1:1
Omada for diabetes prevention

- Members get pre-connected cellular scales to report data and track progress in real time
- Omada care teams receive automatic updates and provide relevant, evidence-based guidance
- Personal health coaches and specialists update best clinical practices for each member based on data points
  - 19% of participants lost 5% or more of their initial weight
  - 58% of participants achieved normal A1C at 12 months in the program
Kaia Health digital pain management

• Kaia helps you fight aches and pains, in as little as 15 minutes per day
  • Ready when you are! No equipment or wearables needed
  • Direct audio and video feedback on how you are performing your exercises by Kaia’s Motion Coach™
    • Real time feedback ensures good form & optimal results
    • Clinically validated -- feedback as effective as in-person PT
  • Kaia is designed to fit into your lifestyle and is available 24/7 from the comfort of your own home
Virta Health type 2 diabetes reversal

Virta helps to naturally reverse type 2 diabetes

- Virta is a non-surgical, medical treatment that is clinically proven to reverse Type 2 diabetes
  - Lower blood sugar and lose weight while eliminating the need for medications
- PEBB members currently living with type 2 diabetes may be eligible to enroll in Virta Health at **NO COST**

To learn more, visit [www.virtahealth.com](http://www.virtahealth.com)
Member support and navigation

- **Providence Pathfinder**
  - Single point of access for medical, behavioral health, and pharmacy benefit support
  - 24/7, 365 access to a crisis-trained support team
  - Secure chat and email via MyProvidence, with history stored in the member’s account
- **24/7, 365 access to commonly requested services**
  - Real time benefits, cost share details, PA and referral information, and ID card requests
Get answers to your health plan questions

Online: [www.ProvidenceHealthPlan.com/PEBB](www.ProvidenceHealthPlan.com/PEBB)

PHONE: 503-574-7500 or 800-878-4445 (TTY: 711)
Customer Service is available 8 a.m. to 5 p.m. (Pacific Time) Monday through Friday

SECURE EMAIL AND CHAT: [myprovidence.com](myprovidence.com)
We all deserve True Health

www.ProvidenceHealthPlan.com/PEBB

☑ Complete the health assessment at myProvidence.com by October 31st
☑ Enroll in Providence Statewide or Providence Choice by October 31st
2024 PEBB Open Enrollment

Care for all that is you

With medical care designed to help you thrive

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest.
500 NE Multnomah St., Suite 100, Portland, OR 97232.
It’s easier to find your healthy place with connected care

We combine care and coverage:

- Doctors and dentists
- Hospitals
- Health plan
- Dental plan

Care feels easier and faster and is centered around you.

If you are switching to us from a non-Kaiser Permanente plan, you will need to select a new provider from our network.
Care that is close to home or work

No matter what life throws their way, our members have many ways to connect to convenient, high-quality care.

Kaiser Permanente locations
- 31 medical offices
- 21 dental offices
- 2 Kaiser Permanente hospitals
- 2 Care Essentials by Kaiser Permanente clinics

Access to affiliate providers including, but not limited to:
- OHSU Doernbecher Children's Hospital
- PeaceHealth Southwest Medical Center
- The Portland Clinic
- Salem Hospital
- Willamette Valley Medical Center
- Select PeaceHealth locations in Lane County*

*Our partnership with PeaceHealth only includes the Santa Clara, RiverBend Pavilion, Cottage Grove, and Florence locations. Not all providers at these primary care locations are part of our network. Go to kp.org/doctors to verify network participation.
Quality care when you need it
Same-day, next-day, and weekend appointments are available at most locations and by phone and video.¹

Visit us in person at a location near you.

Talk to a health care professional by phone or video.¹,²

24-hour virtual care on your schedule

- NEW — If a trip to the doctor’s office doesn’t fit your schedule, it’s easy to get fast, personalized support — daytime, nighttime, anytime.
- Schedule a phone or video visit with a doctor or clinician.¹,²
- Get 24/7 care advice from a registered nurse by phone.
- With e-visits, complete an online questionnaire and receive a treatment plan and prescriptions, if needed.

1. When appropriate and available. For high deductible health plan members, e-visits, phone visits, and video visits are subject to your plan’s annual deductible. 2. To have a video visit, members must be registered on kp.org and have a camera-equipped computer or mobile device. If you travel out of state, phone and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state.
Mental health services — care for the whole you

Your thoughts and feelings affect your overall well-being. We’re committed to helping you achieve and maintain optimal health for your mind, body, and spirit.

- Get support for a wide range of conditions, like anxiety, depression, substance use disorder, and autism spectrum disorders.
- Find care with psychiatrists, psychologists, therapists for you or a covered family member.
- Make an appointment for therapy within Kaiser Permanente without a referral.
- Use a wide range of online self-care resources at any time to help you relieve stress, improve sleep, practice mindfulness, and more.

Learn more at kp.org/mentalhealth.
Many areas of focus
Wellness coaches can help your employees with stress, sleep, smoking cessation, and more. They’re not mental health care providers, but they can set up an action plan to keep your employees motivated toward their health goals.

Convenient scheduling
Phone sessions are available 5 days a week and typically last 20 minutes.

Dedicated support
The same coach will get to know your employee over multiple sessions — providing tailored guidance at whatever time and frequency works best.
Mental health and emotional wellness apps

Everyone needs support for total health — mind, body, and spirit. These wellness apps can help members navigate life's challenges, and make small changes to improve your sleep, mood, relationships, and more.¹

### Calm
Meditation and relaxation app designed to help strengthen mental fitness and help with stress, anxiety, insomnia, depression, and more

### myStrength²
Personalized program with interactive activities to track current emotional states and ongoing life events to help improve awareness and change behaviors

### ClassPass
Access to thousands of on-demand workout videos, plus live-streaming and in-person exercise classes from top studios worldwide

### Ginger
On-demand emotional support through the Ginger app. Ginger's emotional support coaches are available 24/7 to help with stress, low mood, sleep troubles, and more.

¹ These services aren't covered under your health plan benefits and aren't subject to the terms set forth in your Evidence of Coverage or other plan documents. These services may be discontinued at any time without notice. Only available to Kaiser Permanente members with medical coverage. ² myStrength® is a trademark of Livongo Health, Inc., a wholly owned subsidiary of Teladoc Health, Inc.

Go to kp.org/selfcare to learn more and download apps.
Access from anywhere

Knowing your employees can always connect to care gives you the peace of mind that they’re covered in and out of the office.

**Away from Home Travel Line:** 951-268-3900 (TTY 711)
- 24/7 support while traveling
- Get immunization information from our travel clinic
- Find care in another Kaiser Permanente service area
- Assistance with claims reimbursement

**24/7 advice by phone**
Get advice 24/7 by talking to a clinician. No need for an appointment. Phone numbers vary by service area.

**Urgent and emergency care**
Get help anywhere in the world. And at many locations outside Kaiser Permanente states (Cigna PPO Network, MinuteClinic®, and Concentra), your employees won’t need to file a claim later.

**Kaiser Permanente app and online at kp.org/travel**
Find locations and get answers to common care and coverage questions.
## 2023-2024 medical plan benefits

<table>
<thead>
<tr>
<th>Plan benefits</th>
<th>Full-Time Traditional Copayment Plan</th>
<th>Full-Time $250 Deductible Plan</th>
<th>Part-Time Traditional Copayment Plan</th>
<th>Part-Time $250 Deductible Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan year deductible</td>
<td>$0</td>
<td>$250/individual $750/family</td>
<td>$0</td>
<td>$250/individual $750/family</td>
</tr>
<tr>
<td>Preventive care services</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Primary and specialty office visit copay</td>
<td>$5</td>
<td>$5</td>
<td>$30</td>
<td>$30</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>$5</td>
<td>15% after deductible</td>
<td>$30</td>
<td>15% after deductible</td>
</tr>
<tr>
<td>Hospital inpatient care</td>
<td>$50/day up to $250/admission</td>
<td>$50/day after deductible up to $250/admission</td>
<td>$500/admission</td>
<td>$500/admission after deductible</td>
</tr>
<tr>
<td>Lab tests and X-rays</td>
<td>$0</td>
<td>$15</td>
<td>$10</td>
<td>$20</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$5</td>
<td>$25</td>
<td>$30</td>
<td>$50</td>
</tr>
<tr>
<td>Emergency room copay</td>
<td>$150</td>
<td>$150 after deductible</td>
<td>$150</td>
<td>$150 after deductible</td>
</tr>
<tr>
<td>Prescriptions</td>
<td>$1 generic $15 formulary brand $15 nonformulary brand $50 specialty</td>
<td>$5 generic $25 formulary brand 50% up to $100 nonformulary $50 specialty</td>
<td>$10 generic $25 formulary brand $25 nonformulary brand $50 specialty</td>
<td>$10 generic $25 formulary brand $25 nonformulary brand $50 specialty</td>
</tr>
<tr>
<td>Self-referred chiropractic &amp; acupuncture</td>
<td>$10</td>
<td>$10</td>
<td>Not covered</td>
<td>$10</td>
</tr>
<tr>
<td>Self-referred massage therapy</td>
<td>Not covered</td>
<td>$25</td>
<td>Not covered</td>
<td>$25</td>
</tr>
<tr>
<td>Self-referred naturopathy</td>
<td>$5</td>
<td>$5</td>
<td>$30</td>
<td>$30</td>
</tr>
</tbody>
</table>
Alternative Care

- 20-visit limit for chiropractic*
- 12-visit limit for acupuncture*
- 12-visit limit for massage therapy
- Naturopathy services same as primary care benefit
- No referral required
- Services covered by CHP network

<table>
<thead>
<tr>
<th>Plan benefits</th>
<th>Full-Time Traditional Copayment Plan</th>
<th>Full-Time $250 Deductible Plan</th>
<th>Part-Time Traditional Copayment Plan</th>
<th>Part-Time $250 Deductible Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-referred chiropractic and acupuncture</td>
<td>$10</td>
<td>$10</td>
<td>Not covered</td>
<td>$10</td>
</tr>
<tr>
<td>Self-referred massage therapy</td>
<td>Not covered</td>
<td>$25*</td>
<td>Not covered</td>
<td>$25</td>
</tr>
<tr>
<td>Self-referred naturopathy</td>
<td>$5</td>
<td>$5</td>
<td>$30</td>
<td>$30</td>
</tr>
</tbody>
</table>

*All plans except for the part–time traditional plan have access to chiropractic and acupuncture services.
Treating eye care as a part of your overall health

We care for the entire visual system and treat the eye as a component of your total health.

- Comprehensive eye exams
- Wide selection of eyeglass frames, ranging from value frames to designer brands
- Reorder contact lenses online
- No additional charge for shipping contact lenses or glasses
Vision care with Vision Essentials

Close by when you need us:

- 6 Vision Essentials locations
- Many locations in or near a Kaiser Permanente medical office
- Affiliated providers in Eugene

Visit kp2020.org to find a convenient location near you.
# PEBB vision benefits for 2023–2024

for full-time employees

| Vision hardware and optical services  
(for members age 19 and older) | You pay |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision exam</td>
<td>$5</td>
</tr>
<tr>
<td>Frames, lenses and contact lenses</td>
<td>Any amount over the $200 annual allowance</td>
</tr>
<tr>
<td>(up to $100 of this allowance may be used for nonprescription sunglasses or nonprescription digital eyestrain glasses.)</td>
<td></td>
</tr>
</tbody>
</table>

| Pediatric vision hardware and optical services  
 | You pay |
|----------------------------------|---------|
| Vision exam (limited to one exam per year) | $5      |
| Standard eyeglasses  
(limitated one pair per year) | $0      |
| Contact lenses, in lieu of eyeglasses  
(limitated one pair per year for conventional lenses or up to a 12-month supply of disposable contact lenses per year. | $0      |

1. Must be enrolled in a Kaiser Permanente medical plan to enroll in the Kaiser Permanente vision plan. 2. Pediatric vision covered until the end of the month in which the member turns 19.

Review your full plan details at [my.benefits.kp.org/pebb/plans](http://my.benefits.kp.org/pebb/plans)
Our focus on total health

Your dentist will build a care plan based on your needs and work with your care team to deliver high-quality, personalized care.

- Preventive dental care is at the core of our philosophy
- Personalized prevention and treatment plan
- Independently recognized as a leader in high-quality dental care

95% of our member say they would recommend Kaiser Permanente Dental to family and friends.

---

1. Continuously accredited by the Accreditation Association for Ambulatory Health Care (AAAHC) since 1990. Kaiser Permanente Dental is the only AAAHC-accredited dental home in the Northwest, and the third in the nation to achieve dental home accreditation.
Kaiser Permanente Dental

With care and coverage working conveniently together, Kaiser Permanente Dental is uniquely designed to be your partner in total health so you can feel your best.

21 dental offices

Service area from Longview, WA, to Eugene, OR

Many dental offices located in or near our medical offices

Visit kp.org/dental/nw to find a location near you.
Quality care with you at the center

Your dentist will build a care plan based on your needs and work with your care team to deliver high-quality, personalized care.

Consistent, coordinated, high-quality care

Doctors who can focus on your total health

Dentists who can detect health symptoms and connect with your doctor

Important health reminders

Additional benefits to look for when choosing a dental plan

Medical-dental integration

Shared medical record

Coordinated approach to care
Virtual dentistry

When the pandemic emerged, we quickly stood up virtual dental care options to continue to meet members’ needs. Members like these convenient virtual visits because dentists can cover a member’s dental history, assess the severity of the concern, and provide recommendations and next steps.

- **Telephone advice 24 hours a day, 7 days a week**
- **Telephone and video visits available after a member is triaged**
- **Dental advice email on kp.org and the Kaiser Permanente app**
- **Ability to email patient photos through kp.org and the Kaiser Permanente app**

---

1. When appropriate and available. 2. These features apply to care you get at Kaiser Permanente facilities. 3. To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org. 4. Available for members with both Kaiser Permanente medical and dental.
# PEBB dental benefits for 2024

<table>
<thead>
<tr>
<th></th>
<th>Full-Time</th>
<th>Part-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yearly deductible</strong></td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Annual benefit maximum</strong></td>
<td>$1,750</td>
<td>$1,250</td>
</tr>
<tr>
<td><strong>Plan benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental office visit copay</td>
<td>$5</td>
<td>$5</td>
</tr>
<tr>
<td>Oral exams, X-rays, cleaning, fluoride treatments, and space maintainers</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Routine fillings, inlays, and simple tooth extractions</td>
<td>20%</td>
<td>50%</td>
</tr>
<tr>
<td>Surgical tooth extractions</td>
<td>20%</td>
<td>50%</td>
</tr>
<tr>
<td>Periodontics</td>
<td>20%</td>
<td>50%</td>
</tr>
<tr>
<td>Endodontics</td>
<td>20%</td>
<td>50%</td>
</tr>
<tr>
<td>Major restorative, crowns and bridges</td>
<td>20%</td>
<td>50%</td>
</tr>
<tr>
<td>Full and partial dentures, relines, rebases</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontic treatment ($1,500 lifetime benefit maximum)</td>
<td>50%</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Implant services</td>
<td>50% up to the benefit maximum</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

This is a summary of some benefits and their copays and coinsurance. For specific information about your covered dental plan benefits, limitations, and exclusions, including those not listed in this summary, please see your Evidence of Coverage.

*Services must be provided by a contracted Kaiser Permanente provider for benefits to be payable. See Evidence of Coverage for details.
A better experience from the start

We guide you through each step of joining Kaiser Permanente, so you can start getting the care you need from day one.

Create your online account
- Visit kp.org/newmember.
- Download the Kaiser Permanente app.

Pick a provider and change at any time
- View doctor profiles at kp.org/doctors.
- Pick a provider near your home or work.

Transition your care and prescriptions
- Visit kp.org/newmember to get started.
Want to learn more?

Choosing a health plan is a big decision — so we’re here to answer any of your questions.

Ask about the essentials

- Where to get care
- Specialty care services
- How our doctors, hospitals, and health plan work together to make your life easier

Or about our extra features

- Video visits* and other convenient ways to get care
- Apps, podcasts, and other self-care resources available to you at no additional cost

*These features available when you get care at Kaiser Permanente facilities. For high deductible health plan members, phone and video appointments are subject to your plan’s annual deductible. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. To have a video visit, members must be registered on kp.org and have a camera-equipped computer or mobile device.

Call 1-800-514-0985 (TTY 711), Monday through Friday, 7 a.m. to 6 p.m. Pacific time.

*When appropriate and available.
Thank you

Member Services
1-800-813-2000 (TTY 711)

More information
mybenefits.kp.org/pebb
PEBB OPEN ENROLLMENT
2024 PLAN YEAR

Willamette Dental Group

Public Employees' Benefit Board
OFFICE LOCATIONS & HOURS

Extended Office Hours
M-F, 7:00 am – 5:30 pm Select Saturdays

CONVENIENT LOCATIONS

OREGON 21 Offices
Locations on the I-5 corridor, from Portland to Medford, Bend to Lincoln City

WASHINGTON 19 Offices
Locations from Bellingham to Vancouver, Silverdale to Spokane

IDAHO 6 Offices
Boise, Nampa, Meridian, Twin Falls, Idaho Falls, Coeur d’Alene

GENERAL CARE All Offices
Our General Dentists provide outstanding care

SPECIALTY CARE Select Offices
High caliber specialists including Orthodontists, Endodontists, Oral Surgeons & Periodontists
## SUMMARY OF BENEFITS

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>General and Ortho Office Visit</td>
<td></td>
<td>$10 per Visit</td>
</tr>
<tr>
<td>Diagnostic and Preventive Services</td>
<td></td>
<td>Covered at 100%</td>
</tr>
<tr>
<td>Fillings</td>
<td></td>
<td>$20 copay</td>
</tr>
<tr>
<td>Crown or Bridge</td>
<td></td>
<td>$250 copay</td>
</tr>
<tr>
<td>Complete Upper or Lower Dentures</td>
<td></td>
<td>$290 copay</td>
</tr>
<tr>
<td>Root Canal Therapy</td>
<td></td>
<td>$150 copay</td>
</tr>
<tr>
<td>Surgical Extraction</td>
<td></td>
<td>$40 copay</td>
</tr>
<tr>
<td>Comprehensive Orthodontic Treatment</td>
<td></td>
<td>$2,500 copay</td>
</tr>
<tr>
<td>Dental Implant Surgery</td>
<td></td>
<td>$1,500 maximum</td>
</tr>
<tr>
<td>Specialty Office Visit</td>
<td></td>
<td>$10 per Visit</td>
</tr>
</tbody>
</table>

- No maximum, No deductible
- No waiting periods
- Predictable copays
- Orthodontic benefit for all ages
- Office visit copay waived for new patient visit, only for members who have never been seen a WDG provider.
WE’RE DIFFERENT – A UNIQUE APPROACH TO ORAL HEALTH

• Willamette Dental Group’s practice philosophy focuses on proactive dental care.

• Proactive care means focusing on preventing disease rather than treating it surgically.

• This is achieved by practicing evidence-based dentistry

• Cleaning frequencies
  • Vary based on each individual person and oral health risks
  • Range from 1-4 cleanings per year, as recommended by Dentist
DENTIST RATINGS AND PROFILES

• Patient feedback ratings and comments online for each dentist
• NRC Health partner
• Over 4.5 average star rating

Visit our website at willamettedental.com/oebb
VISIT WILLAMETTEDENTAL.COM/PEBB
Explore our website to find information about our locations, provider profiles and patient reviews.

SCHEDULE YOUR APPOINTMENT
Call to schedule your new patient appointment at 1.855.433.6825. Appointments are available within days or weeks – we can’t wait to meet you!

APPOINTMENTS OR EMERGENCIES
855.433.6825
M-F: 7:00 am – 5:30 pm / Sat: 7:00 am – 1:00 pm
For dental emergencies call 24 hrs/7 days a week

QUESTIONS ABOUT YOUR BENEFITS?
memberservices@willamettedental.com
Member Services Hours: M-F: 8:00 am – 5:00 pm
It's Time to Enroll
Get to Know Your VSP Vision Benefits.

PEBB VSP Vision Plans
Open Enrollment is 10/1/23 – 10/31/23
Effective 1/1/24
Keep yourself healthy with a yearly eye exam from a VSP network doctor.

Did you know?

Annual eye exams provide an unobstructed view of the blood vessels and can help detect early signs of serious eye and health conditions like glaucoma, diabetes, high cholesterol, and high blood pressure.

- Nearly **96 million** US adults are living with **pre-diabetes** and **84%** don’t know they have it.

*Centers for Disease Control and Prevention (CDC)*
PEBB – VISION PLANS

PEBB offers two VSP vision plans for you to choose from.

The VSP Basic Plan

The VSP Plus Plan
## Your VSP Plan Options at a Glance

<table>
<thead>
<tr>
<th>Exams</th>
<th>Basic Plan</th>
<th>Plus Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>• WellVision Exam® covered every calendar year $10 Copay</td>
<td></td>
<td>• Retinal Imaging exam covered every calendar year with up to $39 Copay</td>
</tr>
<tr>
<td>• Retinal Imaging exam covered every calendar year with up to $39 Copay</td>
<td></td>
<td>• Retinal Imaging exam covered every calendar year with a $10 Copay</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frame Allowance</th>
<th>Basic Plan</th>
<th>Plus Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>• $150 Frame allowance every calendar year</td>
<td>• $25 Frame allowance every calendar year</td>
<td></td>
</tr>
<tr>
<td>• $170 featured frame brands allowance</td>
<td>• $245 featured frame brands allowance</td>
<td></td>
</tr>
<tr>
<td>• $150 Walmart®/Sam’s Club® frame allowance</td>
<td>• $225 Walmart®/Sam’s Club® frame allowance</td>
<td></td>
</tr>
<tr>
<td>• $80 Costco® frame allowance</td>
<td>• $125 Costco® frame allowance</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lenses</th>
<th>Basic Plan</th>
<th>Plus Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription lenses covered every calendar year with $25 Copay</td>
<td>• Fully covered single vision, lined bifocal, or lined trifocal lenses</td>
<td></td>
</tr>
<tr>
<td>• Impact-resistant lenses for children</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lens Enhancements</th>
<th>Basic Plan</th>
<th>Plus Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Standard Progressive lenses - $0 copay</td>
<td>• Standard Progressive lenses - $0 copay</td>
<td></td>
</tr>
<tr>
<td>• 40% average savings on other lens enhancements</td>
<td>• Anti-glare coating - $20 copay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Premium or Custom Progressive lenses - $20 copay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 40% average savings on other lens enhancements</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Lens Allowance (instead of glasses)</th>
<th>Basic Plan</th>
<th>Plus Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>$200 allowance for contacts lenses and copay up to $60 for contacts lens exam (fitting and evaluation)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Retinal screening photos are images of the inside of the eye that are used as baseline documentation of a healthy eye or to screen for potential disease(s).

These images can be compared year after year to monitor even the most subtle changes in the eyes, helping detect signs of eye disease and systemic disease as early as possible.

- **Basic Plan** members pay no more than a $39 copay for retinal screening each year.
- **Plus Plan** members pay a $10 copay for retinal screening each year.
- Members with diabetes receive fully covered retinal screening each year.
Digital screens and fluorescent lighting emit blue light that can contribute to headaches, blurred vision, and sore eyes. Wearing blue light filtering glasses indoors can reduce exposure to blue light and glare.

Keep Your Eyes Protected

Visit a VSP network doctor and choose either prescription eyewear coverage, or use your frame and lens allowance toward ready-to-wear:

• non-prescription sunglasses, or
• non-prescription blue light filtering glasses

Register and log in to vsp.com to review your benefit information. Based on applicable laws; benefits may vary by location.
Vision therapy

What’s Vision Therapy?

• Sessions cover diagnosis and treatment of turned eye, eye teaming, lazy eye, eye focusing, and general eye movement ability

What’s included?

• Fully covered evaluation
• 75% off approved therapy sessions up to $750 annually

**Check with your doctor to see if you qualify
Exclusive Member Extras

Get the Savings You Need.

Visit vsp.com to see all the Exclusive Member Extras. VSP puts members first by providing you with exclusive special offers from leading industry brands, totaling more than $3,000 in savings. Discover great deals on glasses, sunglasses, contact lenses, and more.

Enjoy an Extra $20 on Featured Frame Brands.

Save up to 40% on popular lens enhancements*. Offers vary based on state and benefit plan. Brands and offers subject to change.

*Savings based on doctor’s retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.
Convenient Access You Want

With thousands of in-network doctors, it’s easy to find an eye doctor near you.

With Even More Options

Maximize your benefits at a Premier Program location (at no extra cost) including thousands of private practice doctors and over 700 Visionworks® retail locations nationwide.

• Exclusive bonus offers and savings
• A wide selection of featured frame brands
• Advanced eye exam technology, like retinal imaging
Participating Retail Chains

There are more than 10,000 retail chain locations in the VSP network in addition to Visionworks, including:

• Costco Optical
• Walmart Vision Center
• Pearle Vision
• MyEyeDr
• Clarkson Eyecare
• RxOptical
• And more
As a VSP-owned company, **Eyeconic** seamlessly connects your VSP vision benefits to your account.

Eyeconic offers a variety of well-known brands and contact lenses. Choose from more than 70 eyewear brands like Calvin Klein, Cole Haan, Nike, and more.

Find your product, customize your order and we do the rest. Start saving today at [eyeconic.com®](http://eyeconic.com) today.
Using Your Benefit is Easy

Once you’re enrolled…

• Create an account at vsp.com and review your personalized benefit information.

• You can find a VSP in-network doctor by visiting pebb.vspforme.com or calling 800.877.7195.

• At your appointment, simply tell them you have VSP. No ID card needed—and we’ll take care of the rest! There are no claim forms to fill out when you see a VSP network doctor.
Enroll Today!

VSP helps you see well and be well with the coverage and quality care you deserve.

Questions? Contact us. Call 800.877.7195 or visit vsp.com.
Life and Disability Insurance

For Members of the Oregon Public Employees’ Benefit Board
Today’s Agenda

The Standard’s offerings:

• Life Insurance (Basic and Optional)
• Voluntary Accidental Death & Dismemberment (AD&D)
• Short Term Disability
• Long Term Disability

Next Steps:

• PEBB microsite
• Decision support tool
Basic and Optional Life Insurance
Basic and Optional Life Coverage

Coverage amounts

• Basic Life = $10,000
• Optional Employee Life = $20,000 to $600,000
• Optional Spouse/Domestic Partner Life = $20,000 to $400,000
• Dependent Life = $5,000 (Spouse/Domestic Partner and Child)
• Retiree Life = 50% of Life Insurance amount in effect prior to retirement, up to $200,000

Guarantee issue levels

• Basic Life, Dependent Life and Retiree Life = all guarantee issue
• Optional Employee Life = $100,000*
• Optional Spouse/Domestic Partner Life = $20,000*

*If applying for coverage within the first 30 days of becoming eligible
Value Added Features

Accelerated Benefit
Provides up to 75% of Life Insurance benefit prior to death for terminally ill employee/spouse/domestic partner

Waiver of Premium
Continues Life Insurance for members who are under age 60 and totally disabled without payment of premium

Portability
Allows you to take your insurance with you upon termination of employment (not retirement) at the same rates

Travel Assistance*
Provides services to employee and immediate family members when traveling more than 100 miles from home

Life Services Toolkit*
Timely and compassionate support services for members and beneficiaries

*Provided by a third-party administrator
Travel Assistance

An included service that connects you and family members to resources when traveling more than 100 miles from home.

- Travel planning guidance
- Assistance replacing lost credit cards and passports, transferring funds and locating missing luggage
- Medical and legal assistance
- Emergency medical evacuation and repatriation services
- Return transportation for dependent children and traveling companions

Travel Assistance is provided by Assist America, Inc. Travel Assistance is subject to the terms and conditions, including exclusions and limitations of the Travel Assistance Program Description. Assist America, Inc is solely responsible for providing and administering the included service. Travel Assistance is not an insurance product. This service is only available while insured under The Standard’s group policy.
Life Services Toolkit is automatically available to you as an insured member under your group Life insurance policy. Life Services Toolkit is also available to your beneficiary. Access is available for up to 12 months after claim approval. Services for beneficiaries include:

**Grief and loss support.** Confidential "in moment" phone support and 6 face-to-face sessions.

**Books to help children cope.** Age-appropriate books can be sent to children and adults coping with loss.

**Support Services.** Work-life advisors can guide beneficiaries to resources to help manage household repairs and chores; find child care and elder care providers; or organize a move or relocation.

**Online Resources.** Beneficiaries can easily access additional services and features on the Life Services Toolkit website for beneficiaries, including online resources to help in planning a funeral, writing obituaries, and copy with grief.

**Legal services.** Includes a 30-minute legal consultation by phone or in-person; 25% rate reduction thereafter.

---

**Employee Services**

Online portal for all covered members offers:

- Online Will template
- Identity theft prevention
- Financial planning online tools
- Funeral planning resources
- Health and wellness resources

---

The Life Services Toolkit is provided through an arrangement with Health Advocate and is not affiliated with The Standard. Health Advocate is solely responsible for providing and administering the included service. This service is not an insurance product. The Life Services Toolkit is not available to Life insurance beneficiaries who are minors or to non-individual entities such as trusts, estates or charities.
Voluntary Accidental Death & Dismemberment
Voluntary AD&D Coverage

Coverage amounts

• Member = $50,000 to $500,000
• Spouse/Domestic Partner only = 50% of member’s amount
• Children only = 15% of member’s amount for each child
• Family coverage (spouse/domestic partner and children) = 40% of member’s amount for spouse/domestic partner and 15% of member’s amount for each child

All amounts are guarantee issue
Short Term Disability Benefits
## Short Term Disability Insurance

The STD plan includes each of the following:

| Weekly Benefit                           | $1,662 Maximum benefit*  
|                                         | $25 Minimum benefit      
|                                         | *before reduction by deductible income |
| Benefit Percentage                       | 60% of the first $2,770  
|                                         | (based on weekly predisability earnings) |
| Benefit Waiting Period                   | 0 days for accident      
|                                         | 7 days for sickness      |
| Maximum Benefit Period                   | 13 weeks                
|                                         | 4 weeks for preexisting conditions |

* Deductible income is other sources of income your employee receives or is eligible to receive while STD benefits are payable, such as Paid Family Medical Leave, Workers’ Compensation, Social Security and PERS.

Reminder:  
Paid Leave Oregon became effective September 3, 2023
STD Added Features and Services

Return to Work Incentive
Allows member to receive up to full salary while working part-time

Waiver of Premium
Continues insurance without payment of premium while you are disabled

Telephonic/Online Claim Submission
File STD claims over the phone or online

Tax-free Benefit
Because premium for STD coverage is paid for by the member with post-tax dollars, benefits paid are non-taxable
Oregon Paid Family Medical Leave
What is Oregon Paid Family Medical Leave?

Oregon Paid Family Medical Leave, also referred to as Paid Leave Oregon, is a new program that ensures individuals and families have the time and support they need to care for themselves and their loved ones when they need it most.

Employees earning at least $1,000 over the last 12 months are eligible

Work-study employees are not eligible

Job protection is available for employees employed by their employer for at least 90 days before taking leave.
# The Basics: Oregon Paid Family Medical Leave

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Date</td>
<td>Sept. 3, 2023</td>
</tr>
<tr>
<td>Contributions</td>
<td>• 1% of earnings up to Consumer Price Index West (updated annually)</td>
</tr>
<tr>
<td></td>
<td>• Employee pays 60%</td>
</tr>
<tr>
<td></td>
<td>• Employer pays 40%</td>
</tr>
<tr>
<td>State Avg. Weekly Wage*</td>
<td>$1269.69</td>
</tr>
<tr>
<td>Leave Reasons</td>
<td>• Own serious health condition (including pregnancy)</td>
</tr>
<tr>
<td></td>
<td>• Bonding with a child in the first 12 months after birth, adoption, or foster care placement</td>
</tr>
<tr>
<td></td>
<td>• Caring for a qualifying family member with a serious health condition</td>
</tr>
<tr>
<td></td>
<td>• Safe leave (survivors of sexual assault, domestic violence, harassment, or stalking)</td>
</tr>
<tr>
<td>Relationships</td>
<td>Spouse, domestic partner, child, parent, Grandchild, Grandparent, Sibling, parent of your spouse or domestic partner, “In Loco Parentis” may apply, any individual related by blood or affinity who is the equivalent of a family relationship</td>
</tr>
<tr>
<td>Calendar Year</td>
<td>52-week period beginning on the Sunday immediately preceding the date of which the leave commences</td>
</tr>
<tr>
<td>Benefit Period</td>
<td>12 weeks and up to an additional 2 weeks due to complications related to pregnancy</td>
</tr>
<tr>
<td>Waiting Period</td>
<td>0 days</td>
</tr>
<tr>
<td>Min / Max Benefit*</td>
<td>$63.48 / $1523.63</td>
</tr>
</tbody>
</table>

*Minimum/Maximum benefit amounts subject to change following annual State Average Weekly Wage review by Oregon Employment Department
How much will I receive?

Benefits will depend on your earnings compared to Oregon’s State Average Weekly Wage*. Here are examples based on annual earnings:

<table>
<thead>
<tr>
<th>Annual Earnings</th>
<th>Weekly Earnings</th>
<th>Weekly Benefit</th>
<th>Income Replacement</th>
</tr>
</thead>
<tbody>
<tr>
<td>$40,000</td>
<td>$769.23</td>
<td>$769.23</td>
<td>100%</td>
</tr>
<tr>
<td>$65,000</td>
<td>$1,250.00</td>
<td>$1,037.65</td>
<td>83%</td>
</tr>
<tr>
<td>$80,000</td>
<td>$1,538.46</td>
<td>$1,181.88</td>
<td>77%</td>
</tr>
<tr>
<td>$120,000</td>
<td>$2,307.69</td>
<td>$1,523.63</td>
<td>66%</td>
</tr>
</tbody>
</table>

You can estimate your PFML benefit at: [https://paidleave.oregon.gov/employees/benefits-calculator.html](https://paidleave.oregon.gov/employees/benefits-calculator.html)

*State Average Weekly Wage for 7/1/2023 through 6/30/2024 is $1,269.69. This is reevaluated annually on July 1st by Oregon Employment Department.
How does OR PFML impact Short Term Disability benefits

OR PFML benefits are considered Deductible Income under the terms of your Short Term Disability (STD) policy.

STD benefits are reduced by benefits you are eligible to receive from OR PFML because of your own health condition.

STD benefit amount will be the difference between what you are eligible to receive from OR PFML and the maximum benefit amount of your STD claim.

Even if you do not apply for OR PFML for your own health condition, your STD benefit will be reduced.
Long Term Disability Benefits
## Long Term Disability Insurance

The LTD plan includes each of the following:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maximum Monthly Benefit</strong>*</td>
<td>$7,200</td>
</tr>
<tr>
<td></td>
<td>(before reduction by deductible income***</td>
</tr>
<tr>
<td><strong>Benefit Percentage</strong></td>
<td>60% of the first $12,000</td>
</tr>
<tr>
<td></td>
<td>662/3% of the first $12,000</td>
</tr>
<tr>
<td></td>
<td>(based on monthly predisability earnings)</td>
</tr>
<tr>
<td><strong>Benefit Waiting Period</strong></td>
<td>90 days</td>
</tr>
<tr>
<td><strong>Maximum Benefit Period</strong></td>
<td>To age 65 with or age-grading</td>
</tr>
<tr>
<td></td>
<td>(consult your certificate of insurance for actual coverage maximums)</td>
</tr>
</tbody>
</table>

* Deductible income is other sources of income your employee receives or is eligible to receive while LTD benefits are payable, such as Workers’ Compensation, Social Security and PERS.
LTD Added Features and Services

**Return to Work Incentive**
Allows member to receive up to full salary while working part-time

**Assisted Living Benefit**
Increases income replacement level to 80% for severely disabled members

**Family Care Expense Benefit**
Helps offset family care expenses

**Rehabilitation Plan Provision**
Reimbursement for rehabilitation plan expenses

**Waiver of Premium**
Continues insurance without payment of premium while you are disabled

**Tax-free Benefit**
Since LTD premium is paid for by the member with post-tax dollars, benefits paid are **non-taxable**

**Survivors Benefit**
3 times maximum LTD benefit without reduction by deductible income
Next Steps
Time to Enroll

Please visit The Standard’s PEBB microsite at: www.standard.com/mybenefits/pebb
Here you will find our decision support tool to help you make informed benefit choices.

These policies have exclusions, limitations, reductions of benefits and terms under which the policy may be continued in force or terminated.
The Standard is a marketing name for StanCorp Financial Group, Inc., and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon, in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of 360 Hamilton Avenue, Suite 210, White Plains, New York Product features and availability vary by state and company and are solely the responsibility of each subsidiary. Each company is solely responsible for its own financial condition. Standard Insurance Company is licensed to solicit insurance business in all states except New York. The Standard Life Insurance Company of New York is licensed to solicit insurance business in only the state of New York.
Employee Assistance Program

A **FREE** and **CONFIDENTIAL** service for employees and their family members to get help for a wide range of personal problems
Eligibility

• Employees
• Spouse/Domestic Partner
• Family members living in household
• Dependents up to 26 years old – regardless of location
• Family members can contact Canopy on their own
Canopy Service Summary
Free and Confidential

Mental Health Hotline 24/7/365
In-the-moment consultations and assistance from a mental health professional

Counseling
3, 5, 6, or 8 sessions to address a wide range of issues, to feel better and move forward. Able to match based on diversity criteria and health plan participation. In-person or virtual.

Behavioral Coaching
Coaching to support personal goals

Virtual Peer Support
24/7/365 moderated anonymous online peer support and resources

Resources for Life
• Childcare
• Eldercare
• Resource retrieval
• Unlimited financial coaching
• Legal referrals and forms
• Identity theft services
• Fertility health support
• Home ownership program
• Gym and pet insurance discounts

Member Site
Self-care courses, tips, forms, and videos

WholeLife Directions App
dCBT

call: 800-433-2320 • visit: my.canopywell.com • email: info@canopywell.com
Member Hub

- Self-Assessments
- Videos
- Quizzes
- Courses
- Webinars
- Legal and tax forms
- Resources to manage stress, work, family life, and more

Access at my.canopywell.com
organization code: State of Oregon or PEBB
No Cost Virtual Peer Support

Anonymous
Virtual peer-to-peer chat support is available to you through Canopy EAP!
What is Supportiv Virtual Peer Support?

- Live, 24/7, ANONYMOUS small group chats
- No appointment – connect in <30 seconds
- Precision-matched by struggle - all struggles welcome
- Facilitated & safeguarded by trained moderators
- Real-time resources
How Do I Access Supportiv Virtual Peer Support?

And learn more at: supportiv.com/PEBB
How Do I Access Supportive Virtual Peer Support?
Key Takeaways

- Free and Confidential
- For Employees AND Family
- 24/7/365
- Member Hub
- Anonymous Virtual Peer Support
Questions?
Thank you