

2017 Benefits Enrollment Guide

Choose your 2017 health plan for
better health, better care and lower costs!



PICK YOUR PEBB
HEALTH PLAN

2017

Public Employees' Benefit Board Open Enrollment
Healthier, Together.

A Word from your Board

PEBB members play an important part in Oregon's health care transformation, which aims at achieving the triple aim—better health, better care and lower costs. Results show we are making headway toward that shared goal.

Better health. In our latest [statistically controlled survey](#), we report healthier habits. We're eating more fruit and vegetables and having age-appropriate screenings. Nine in 10 of us are working on losing or maintaining weight.

Plus, we have cut our smoking rate in half! Good news for everyone!

Better care. More than half of PEBB members have moved from coverage in our traditional insurance plan—with its higher costs and uncoordinated care—to plans organized around the [coordinated care model](#).

Coordinated care keeps people healthy through prevention, treats their health needs with evidence-based care, and offers support to help them meet their individual health goals.

Health care providers work as teams, focusing on the total health needs of each patient. They work to improve patient care and cut waste of resources.

Holding down costs. The legislature charged PEBB with keeping cost increases for health benefits at or below 3.4%. Together, we're meeting that challenge by choosing health plans based on both their cost and quality of care, and by working to maintain our health.

We can do more. We can continue to advance the Oregon way by focusing on better health through healthier habits, better care through coordinated care, and lower costs by staying with current and future budgets.

Healthier, Together

Mark Fairbanks, Chair
Shaun Parkman, Vice Chair

Here's what's NEW for 2017 *(See your plan's member handbook for details)*

Medical

- Outpatient visits to in-network providers for mental health services will have no deductible.
- Providence Choice will expand into Grant, Harney, Morrow, Tillamook and Wheeler counties.
- Moda Synergy will be expand into Coos, Crook, Curry, Deschutes, Douglas, Hood River, Jackson, Jefferson, Josephine and Klamath counties.
- Kaiser will have a \$50 copayment for Specialty Drugs.

Dental

- ODS (Moda) plans will cover Athletic Mouth Guards and Night Bite Guards.
- Kaiser Dental will have a \$5 copay for visits for non-preventive services.
- Kaiser Dental will cover Athletic Mouth Guards.
- Willamette Dental will cover Night Bite Guards.

Vision

- VSP will offer a second plan - the VSP Plus plan - with better coverage for frames, coatings and progressive lenses. The employee pays the employee premium share for the Basic plan plus the difference in premium cost between the Basic and Plus plans.



These flags point to web pages that provide more information about each topic. If you use the online version of this guide, just click the web address in grey; it will open the information page. If you use the paper version, type the web address into your browser address bar to access the online information page.

Information in this document is summary information only. It does not fully describe plans in detail. In the case of a conflict between this summary and your plan handbook, the plan handbook will prevail.

Use these tools to choose your 2017 health plan

Learn the basics about health coverage

- Glossary of terms www.healthcare.gov/glossary
- Overview video on medical insurance oregonpebb.a.guidespark.com/videos/4630

See what plans are available to you

- Medical Plans Comparison video oregonpebb.a.guidespark.com/videos/4308
- The Coordinated Care Model
www.oregon.gov/oha/OHPB/Documents/Coordinated_Care_Model.pdf
- Lower/higher cost plans by county www.oregon.gov/OHA/PEBB/Benefits/Counties.pdf

Make sure your providers are in the plan's network – use the plan's provider directory and call the provider

- AllCare PEBB www.allcarepebb.com/provider-search.aspx
- Kaiser HMO and Deductible healthy.kaiserpermanente.org/care/doctors-locations
- Moda Summit and Synergy www.modahealth.com/ProviderSearch/faces/webpages/home.xhtml
- PEBB Statewide and Providence Choice phppd.providence.org

Find out how the plan handles referrals to specialists – call the plan and ask

- In Coordinated Care Model plans – Providence Choice, Moda Synergy-Summit, Kaiser and AllCare PEBB – you typically pay less for specialty services when you see a specialist referred by your primary care provider/medical home. In Kaiser plans, your care may not be covered if you self-refer to a non-Kaiser provider.
- The PEBB Statewide Plan is a preferred provider organization (PPO) plan. You may see any provider; however you pay more when you see out-of-network providers, including specialists.

Determine which plan meets your and your family's needs for costs and benefits

- Compare premium rates www.oregon.gov/OHA/PEBB/Pages/rates.aspx
- Compare annual costs www.pebb-estimator.com
- Compare plan benefits www.mypebb.com/compareBenefits.php
- Estimate monthly payroll deductions www.mypebb.com/calc2017.html



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Choose your 2017 health plan

Covering domestic partners

Covering domestic partners and partners' children has tax implications that lower your take-home pay. www.oregon.gov/oha/pebb/benefits/domestic-partners.pdf

Opt out of PEBB medical plans

When you enroll, you can opt out of PEBB medical plan coverage, for a Board-determined portion of the employer's premium contribution, if you are covered in another group medical plan.

www.oregon.gov/oha/pebb/benefits/opt-out.pdf

Decline core benefits

If you decline, you choose not to participate in any PEBB benefit; you also decline the employer premium share for core benefits. www.oregon.gov/oha/pebb/benefits/opt-out-decline.pdf

Employee premium share for core benefits

Employees pay a percentage share of premium for core benefits; the employer pays the balance. Premium share may vary depending on the employing agency or university. For example, premium share for full-time employees in Executive Branch agencies is 5% or 1% depending on their choice of health plan; for some universities, it's 5% or 3%. PEBB does not determine the premium share. Contact your agency or university benefits office for information about premium share.

www.oregon.gov/OHA/PEBB/pages/contact_us.aspx.

The same percentage premium share you pay for medical coverage applies to enrollment in other core benefits – dental, vision and employee basic life coverage.

For employees of Executive Branch agencies:

- **Full-time employees:** Only full-time plans are available to full-time employees. Your employer pays a premium subsidy if you enroll in a part-time plan, but not a full-time plan. You pay 5% of the total premium if you enroll in either of the two higher cost plans – PEBB Statewide or Kaiser HMO. If you enroll in any other full-time plan – all of which have lower cost – your premium share is 1%.
- **Part-time employees:** Both full-time and part-time plans are available to part-time employees. You pay either 5% or 1% of the total premium based on the medical plan you choose, and you pay any premium balance remaining after the employer pays its premium share based on your hours of work each month. Your premium share in the full-time or part-time PEBB Statewide or Kaiser HMO plan is 5%. Your premium share in any other full-time or part-time plans is 1%. Remember that if you enroll in a part-time medical plan, you also receive a flat premium subsidy amount based in your coverage tier.

Higher-cost medical plans have higher employee premium share

The higher-cost plans with higher premium share are both the full-time and part-time Kaiser HMO and PEBB Statewide PPO medical plans. The lower-cost plans with lower premium share are the following full-time and part-time medical plans: AllCare PEBB, Kaiser Deductible, Moda Summit, Moda Synergy and Providence Choice. At least one higher-cost and one lower-cost plan is available in each county.

Moving to Standard Tiers

We have begun a three-year process to align our coverage tiers with those of other large employers. This will protect our plans from an impending federal excise tax. The process requires annual increases to premiums for the Employee and Family tier to 2021. We will use the Stabilization Fund to subsidize the employee share of these increases.

Choose your 2017 health plan (continued)

The tables below show the monthly premium rate by tier for each of the medical plans. Part-time employees who choose a part-time plan have a subsidy. The subsidy is not shown in the premium rate. It is included in the cost estimators at www.oregon.gov/oha/pebb.

2017 Employee Medical Plan Monthly Premium Rates (available to both full-time and part-time employees)

	Employee	Employee & Spouse/ Partner	Employee & Children	Employee & Family
AllCare PEBB ¹	\$748.06	\$1,234.29	\$1,047.27	\$1,496.11
Kaiser ²	\$893.14	\$1,473.66	\$1,250.38	\$1,786.25
Kaiser Deductible ²	\$816.24	\$1,346.78	\$1,142.73	\$1,632.46
Moda Summit, Synergy ¹	\$790.74	\$1,304.71	\$1,107.02	\$1,581.47
PEBB Statewide ¹	\$910.51	\$1,502.33	\$1,274.71	\$1,821.01
Providence Choice ¹	\$763.18	\$1,259.24	\$1,068.45	\$1,526.35

¹ No in-plan vision coverage

² Kaiser routine vision care

2017 Part-time Employee Medical Plan Monthly Premium Rates (available only to part-time employees)

	Employee	Employee & Spouse/ Partner	Employee & Children	Employee & Family
AllCare PEBB ¹	\$642.68	\$1,060.42	\$899.75	\$1,285.35
Kaiser ²	\$756.08	\$1,247.53	\$1,058.49	\$1,512.15
Kaiser Deductible ²	\$663.07	\$1,094.08	\$928.30	\$1,326.15
Moda Summit, Synergy ¹	\$641.39	\$1,058.28	\$897.93	\$1,282.75
PEBB Statewide ¹	\$739.66	\$1,220.43	\$1,035.51	\$1,479.31
Providence Choice ¹	\$618.47	\$1,020.47	\$865.85	\$1,236.93

¹ No in-plan vision coverage

² Vision exam only

This is a summary only. See the plan's documents for details. In the case of a discrepancy, the plan document will apply.

Health Plans by Oregon County

This table shows the higher-cost and lower-cost plans available in each county. A part-time version of each of these plans with an employer subsidy is available to part-time employees. Full-time employees cannot enroll in part-time plans.

County	Lower-cost Plans, Lower Premium Share	Higher-cost Plans, Higher Premium Share
Baker	Moda Summit, Providence Choice	PEBB Statewide
Benton	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Clackamas	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Clatsop	Moda Synergy, Providence Choice	PEBB Statewide
Columbia	Kaiser Deductible, Moda Synergy	Kaiser HMO, PEBB Statewide
Coos	Moda Synergy, Providence Choice	PEBB Statewide
Crook	Moda Synergy, Providence Choice	PEBB Statewide
Curry	AllCare PEBB, Moda Synergy, Providence Choice	PEBB Statewide
Deschutes	Moda Synergy, Providence Choice	PEBB Statewide
Douglas*	Moda Synergy, Providence Choice	PEBB Statewide
Gilliam	Moda Summit	PEBB Statewide
Grant	Moda Summit, Providence Choice	PEBB Statewide
Harney	Moda Summit, Providence Choice	PEBB Statewide
Hood River	Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Jackson	AllCare PEBB, Moda Synergy, Providence Choice	PEBB Statewide
Jefferson	Moda Synergy, Providence Choice	PEBB Statewide
Josephine	AllCare PEBB, Moda Synergy, Providence Choice	PEBB Statewide
Klamath	Moda Synergy, Providence Choice	PEBB Statewide
Lake	Moda Summit	PEBB Statewide
Lane	Moda Synergy, Providence Choice	PEBB Statewide
Lincoln	Moda Synergy, Providence Choice	PEBB Statewide
Linn	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Malheur	Moda Summit, Providence Choice	PEBB Statewide
Marion	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Morrow	Moda Summit, Providence Choice	PEBB Statewide
Multnomah	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Polk	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Sherman	Moda Summit	PEBB Statewide
Tillamook	Moda Synergy, Providence Choice	PEBB Statewide
Umatilla	Moda Summit, Providence Choice	PEBB Statewide
Union	Moda Summit, Providence Choice	PEBB Statewide
Wallowa	Moda Summit, Providence Choice	PEBB Statewide
Wasco	Moda Synergy, Providence Choice	PEBB Statewide
Washington	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide
Wheeler	Moda Summit, Providence Choice	PEBB Statewide
Yamhill	Kaiser Deductible, Moda Synergy, Providence Choice	Kaiser HMO, PEBB Statewide

*AllCare PEBB in Azalea and Glendale

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Medical Plans

Kaiser Permanente NW Deductible

my.kp.org/pebb

Service Area: Benton, Clackamas, Columbia, Hood River, Linn, Marion, Multnomah, Polk, Washington and Yamhill; Clark, Cowlitz, Lewis, Skamania & Wahkiakum WA

	Full-time	Part-time
Standard deductible²	\$250/individual, \$750/family Some services not subject to deductible	\$250/individual, \$750/family Some services not subject to deductible
Additional non-HEM participant deductible³	Additional deductible: \$100/individual, \$300/family applies to all services unless otherwise noted	
Out-of-pocket max	\$1500/individual \$4500/family	\$1500/individual, \$4500/family
Providers	Kaiser Permanente network of providers	
Referrals	Referrals to non-Kaiser Permanente providers only from Kaiser provider	
Primary care visit	\$5, deductible waived	\$30, deductible waived
Chronic care visit⁵	\$5, deductible waived	\$30, deductible waived
Specialty visit	\$5 w/referral, deductible waived	\$30 w/referral, deductible waived
Outpatient mental health care	\$5, deductible waived	\$30, deductible waived
Substance abuse treatment	\$0, deductible waived	\$0, deductible waived
Prenatal, first postnatal visit	\$0, deductible waived	\$0, deductible waived
Delivery	Inpatient delivery subject to inpatient hospital charges	
Preventive	\$0, deductible waived	\$0, deductible waived
Lab & X-ray	\$15, deductible waived	\$20, deductible waived
Inpatient hospital per admission	\$50/day up to \$250 max	\$500
Emergency department⁶	\$75	\$100
Durable medical equipment	15%, deductible waived	50%, deductible waived
Insulin & diabetic supplies	\$0 or 0%, deductible waived	
Additional Cost Tier \$100 copay⁸	\$100 copay, deductible waived	\$100 copay, deductible waived
Additional Cost Tier \$500 copay	Standard copay only, applies to out of pocket maximum	Standard copay only, applies to out of pocket maximum
Alternative care provider visits¹³	\$10, deductible waived	\$30, with physician's authorization referral, deductible waived
Spinal manipulation, acupuncture services¹³	\$10, deductible waived	\$30 with physician's authorization referral, deductible waived
Prescription drugs	<ul style="list-style-type: none"> No deductible Copays accumulate to out-of-pocket maximum \$5 generic \$25 brand 50% up to \$100 max non-formulary brand \$50 Specialty Mail order (31-90 day), \$5 generic, \$25 formulary brand, 50% up to \$100 max non-formulary brand 	<ul style="list-style-type: none"> No deductible Copays accumulate to out-of-pocket maximum \$10 generic \$25 brand \$50 Specialty Mail order 2 copays for up to 90-day supply

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Medical Plans (continued)

Kaiser Permanente NW HMO

my.kp.org/pebb

Service Area: Benton, Clackamas, Columbia, Hood River, Linn, Marion, Multnomah, Polk, Washington and Yamhill; Clark, Cowlitz, Lewis, Skamania & Wahkiakum WA

	Full-time	Part-time
Standard deductible	\$0	\$0
Additional HEM non-participant deductible ³	Additional deductible: \$100/individual, \$300/family applies to all services unless otherwise noted	
Out-of-pocket max	\$600/individual, \$1200/family	\$1500/individual, \$3000/family
Providers	Kaiser Permanente Network of providers	
Referrals	Referrals to non-Kaiser Permanente providers only from Kaiser provider	
Primary care visit	\$5	\$30
Specialty visit	\$5, with referral	\$30, with referral
Outpatient mental health care	Same cost as physical health services	
Substance abuse treatment	\$0	\$0
Prenatal, first postnatal visit	\$0	\$0
Delivery	Inpatient delivery subject to inpatient hospital charges	
Preventive	\$0	\$0
Lab & X-ray	\$0	\$10
Inpatient hospital per admission	\$50/day, up to \$250 max	\$500
Emergency department ⁶	\$75	\$100
Durable medical equipment	\$0	50%
Insulin & diabetic supplies	\$0	
Additional Cost Tier \$100 copay ⁸	\$100 copay	\$100 copay
Additional Cost Tier \$500 copay	Does not apply in this plan	
Alternative care provider visits ¹³	\$10	\$30, with physician's authorization approval
Spinal manipulation, acupuncture services ¹³	\$10	\$30, with physician's authorization approval
Prescription drugs	<ul style="list-style-type: none"> No deductible Copays accumulate to out-of-pocket maximum \$1 generic \$15 brand \$50 Specialty Mail order (31-90 day), \$1 generic, \$15 brand 	<ul style="list-style-type: none"> No deductible Copays accumulate to out-of-pocket maximum \$10 generic \$25 brand \$50 Specialty Mail order 2 copays for up to 90-day supply

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Medical Plans (continued)

Moda Synergy, Summit

Modahealth.com/pebb

Synergy Service Area: Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Hood River, Jackson, Jefferson, Josephine, Klamath, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Wasco, Washington, Yamhill, and Clark in Washington

Summit Service Area: Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler

Providers	Full-time		Part-time	
	In Medical home ¹	Out of network ¹	In Medical home ¹	Out of network ¹
Standard deductible²	\$250/individual, \$750/family	\$500/individual, \$1500/family	\$500/individual, \$1500/family	\$1000/individual, \$3000/family
Additional non-HEM participant deductible³	\$100/individual, \$300/family applies to all services unless otherwise noted			
Out-of-pocket max (some deductibles, copays, services don't apply)	\$1500/individual, \$4500/family	\$2500/individual \$7500/family	\$2500/individual \$7500/family	\$4500/individual, \$13500/family
Primary care visit	\$5, first 4 visits deductible waived	30%	\$30, first 4 visits deductible waived	50%
Chronic care visit⁵	\$0, deductible waived	30%	\$0, deductible waived	50%
Specialty visit	\$5, with referral	30%	\$30, with referral	50%
Outpatient mental health care	\$5, deductible waived	30%	\$30, deductible waived	50%
Substance abuse treatment	\$0, deductible waived	30%	\$0, deductible waived	50%
Physician, midwife maternity services	\$0, deductible waived	30%	\$0, deductible waived	50%
Delivery	Inpatient delivery subject to inpatient hospital charges			
Preventive	\$0, deductible waived	30%	\$0, deductible waived	50%
Lab & x-ray	\$0, deductible waived	30%	\$0, Quest provider, deductible waived, or 20%	50%
Inpatient hospital per admission	\$50/day to \$250 max	30%	\$500	50%
Urgent care	\$5 in network	30%	\$30 in network	50%
Emergency department⁶	\$100	\$100	\$100	\$100
Durable medical equip.	15%	30%	20%	50%
Insulin, diabetic supplies	\$0, deductible waived			
Additional Cost Tier \$100 copay⁷	\$100	\$100 + \$30	\$100	\$100 + 50%
Additional Cost Tier \$500 copay⁹	\$500	\$500 + 30%	\$500	\$500 + 50%
Alternative care provider visits	\$5	30%	\$30	50%
Spinal manipulation, acupuncture services¹³	\$5 up to \$1,000/yr max combined. Not applied to out-of-pocket max.	30% up to \$1,000/yr max combined. Not applied to out-of-pocket max.	\$30 up to \$1000/yr max combined. Not applied to out-of-pocket max.	50% up to \$1000/yr max combined. Not applied to out-of-pocket max.
Prescription drugs	<ul style="list-style-type: none"> \$50/individual, \$150/family deductible¹⁰ \$1000 out-of-pocket maximum¹¹ \$0 Value, not subject to deductible¹² \$10 generic \$30 brand Copay x 2.5 for 90-day \$100 specialty 	<ul style="list-style-type: none"> In-network deductible, out-of-pocket max apply \$0 Value, not subject to deductible¹² \$20 generic \$50 preferred brand \$100 specialty Copay x 2.5 for 90-day Member pays difference between in-network rate and billed amount 	<ul style="list-style-type: none"> \$50/individual, \$150/family deductible¹⁰ \$1000 out-of-pocket maximum¹¹ \$0 Value, not subject to deductible¹² \$20 generic \$50 preferred brand Copay x 2.5 for 90-day \$100 specialty 	<ul style="list-style-type: none"> In-network deductible, out-of-pocket max apply \$0 Value, not subject to deductible¹² \$20 generic \$50 preferred brand \$100 specialty. Copay x 2.5 for 90-day Member pays difference between in-network rate and billed amount

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Medical Plans (continued)

PEBB Statewide

Service Area: Statewide and Nationwide

Providencehealthplan.com/PEBB

	Full-time		Part-time	
Providers	In Network	Out of Network	In Network	Out of Network
Standard deductible²	\$250/individual, \$750/family Four primary care visits not subject	\$500/individual, \$1500/family	\$500/individual, \$1500/family Four primary care visits not subject	\$1000/individual, \$3000/family
Additional non-HEM participant deductible³	\$100/individual, \$300/family applies to all services unless otherwise noted			
Out-of-pocket max (some deductibles, copays, services don't apply)	\$1500/individual \$4500/family	\$2500/individual \$7500/family	\$2500/individual \$7500/family	\$4500/individual \$13500/family
Primary care visit	15% or 10% ⁴ , deductible waived	30%	20% or 15% ⁴ , deductible waived	50%
Chronic care visit⁵	0%, deductible waived	30%	0%, deductible waived	50%
Specialty visit	15%	30%	20%	50%
Outpatient mental health care	15%, deductible waived	30%	20%, deductible waived	50%
Substance abuse treatment	0%, deductible waived	30%	0%, deductible waived	50%
Pre-natal	0%, deductible waived	30%	0%, deductible waived	50%
Delivery and postnatal	15%	30%	20%	50%
Preventive	0%, deductible waived	30%	0%, deductible waived	50%
Lab & x-ray	15%	30%	20%	50%
Inpatient hospital per admission	15%	30%	20%	50%
Urgent care	15%	15%	20%	20%
Emergency department⁶	\$100 + 15%	\$100 + 15%	\$100 + 20%	\$100 + 20%
Durable medical equip.	15%	30%	20%	50%
Insulin, diabetic supplies	0% deductible waived			
Additional Cost Tier \$100 copay⁷	\$100 + 15%	\$100 + 30%	\$100 + 20%	\$100 + 50%
Additional Cost Tier \$500 copay⁹	\$500 + 15%	\$500 + 30%	\$500 + 20%	\$500 + 50%
Alternative care provider visits	15%	30%	20%	50%
Spinal manipulation, acupuncture services¹³	15%, up to 60 services/yr max combined. Not apply to out of pocket max.	30 %, up to 60 services/yr max combined. Not apply to out of pocket max.	20%, up to 60 services/yr max combined. Not apply to out of pocket max.	50%, up to 60 services/yr max combined. Not apply to out of pocket max.
Prescription drugs	<ul style="list-style-type: none"> \$50/individual, \$150/family deductible¹⁰ \$1000 out-of-pocket maximum¹¹ \$0 Value, not subject to deductible¹² \$10 generic \$30 brand Copay x 2.5 for 90-day \$100 specialty 	<ul style="list-style-type: none"> Urgent, emergent and out-of-country In-network deductible, out-of-pocket maximum apply Reimbursed as if filled in network; member pays difference between network rate & billed amount 	<ul style="list-style-type: none"> \$50/individual, \$150/family deductible¹⁰ \$1000 out-of-pocket maximum¹¹ \$0 Value, not subject to deductible¹² \$20 generic \$50 preferred brand Copay x 2.5 for 90-day \$100 specialty 	<ul style="list-style-type: none"> Urgent, emergent and out-of-country In-network deductible, out-of-pocket maximum apply Reimbursed as if filled in network; member pays difference between network rate & billed amount

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Medical Plans (continued)

Providence Choice

Providencehealthplan.com/PEBB

Service Area: Baker, Benton, Clackamas, Clatsop, Coos, Crook, Curry, Deschutes, Douglas, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Multnomah, Polk, Tillamook, Umatilla, Union, Wallowa, Wasco, Washington, Wheeler, Yamhill; Clark and Walla Walla, WA; Payette, ID

	Full-time		Part-time	
Providers	In Medical home ¹	Out of medical home ¹	In Medical home ¹	Out of medical home ¹
Standard deductible²	\$250/individual \$750/family, 4 visits not subject	\$500/individual \$1500/family	\$500/individual \$1500/family, 4 visits not subject	\$1000/individual \$3000/family
Additional non-HEM participant deductible³	\$100/individual, \$300/family applies to all services unless otherwise noted			
Out-of-pocket max <small>(some deductibles, copays, services don't apply)</small>	\$1500/individual, \$4500/family	\$2500/individual, \$7500/family	\$2500/individual, \$7500/family	\$4500/individual, \$13500/family
Primary care visit	\$5, first 4 visits deductible waived	30%	\$30, first 4 visits deductible waived	50%
Chronic care visit⁵	\$0, deductible waived	30%	\$0, deductible waived	50%
Specialty visit	\$5, with referral	30%	\$30, with referral	50%
Outpatient mental health care	\$5, deductible waived	30%	\$30, deductible waived	50%
Substance abuse treatment	\$0, deductible waived	30%	\$0, deductible waived	50%
Maternity, & childbirth services provider	\$0, deductible waived	30%	\$0, deductible waived	50%
Delivery	Inpatient delivery subject to inpatient hospital charges			
Preventive	\$0, deductible waived	30%	\$0, deductible waived	50%
Lab & x-ray	\$0, deductible waived	30%	20%, deductible applies	50%
Inpatient hospital per admission	\$50/day to \$250 max	30%	\$500	50%
Urgent care	\$25	\$25	\$30	\$30
Emergency department⁶	\$100	\$100	\$100	\$100
Durable medical equip.	15%	30%	20%	50%
Insulin, diabetic supplies	\$0, deductible waived			
Additional Cost Tier \$100 copay⁷	\$100	\$100 + 30%	\$100	\$100 + 50%
Additional Cost Tier \$500 copay⁹	\$500	\$500 + 30%	\$500	\$500 + 50%
Alternative care provider visits	\$5	30%	\$30	50%
Spinal manipulation, acupuncture services¹³	\$5/visit, up to \$1000/yr max combined. Not applied to out-of-pocket max.	30%, up to \$1000/yr max combined. Not applied to out-of-pocket max.	\$30/visit, up to \$1000/yr max combined. Not applied to out-of-pocket max.	50% up to \$1000/yr max combined. Not applied to out-of-pocket max.
Prescription drugs	<ul style="list-style-type: none"> \$50/individual, \$150/family deductible¹⁰ \$1000 out-of-pocket maximum¹¹ \$0 Value, not subject to deductible¹² \$10 generic \$30 brand Copay x 2.5 for 90-day \$100 specialty 	<ul style="list-style-type: none"> Urgent, emergent and out-of-country. In-network deductible, out-of-pocket maximum apply. Reimbursed as if filled in-network; member pays difference between in-network rate and billed amount. 	<ul style="list-style-type: none"> \$50/individual, \$150/family deductible¹⁰ \$1000 out-of-pocket maximum¹¹ \$0 Value, not subject to deductible¹² \$20 generic \$50 preferred brand Copay x 2.5 for 90-day \$100 specialty 	<ul style="list-style-type: none"> Urgent, emergent and out-of-country. In-network deductible, out-of-pocket maximum apply. Reimbursed as if filled in-network; member pays difference between in-network rate and billed amount.

This is a summary only. See the plan's documents for details. In the case of a discrepancy, the plan document will apply. See footnotes, page 11.

Medical Plans (continued)

AllCare PEBB

Service Area: Curry, Jackson, Josephine Counties; Glendale and Azalea in Douglas County.

[Allcarehealth.com/
public-employees](http://Allcarehealth.com/public-employees)

	Full-time			Part-time		
Providers	Preferred	Participating	Out-of-network	Preferred	Participating	Out-of-network
Standard deductible	\$250/individual, \$750/family	\$500/individual, \$1500/family	\$500/individual, \$1500/family	\$500/individual, \$1500/family	\$1000/ individual, \$3000/family	\$1000/ individual, \$3000/family
	Apply toward each other			Apply toward each other		
Additional HEM non-participant deductible³	\$100/individual, \$300/family (applies to all services unless otherwise noted)					
Out-of-pocket max <small>(some deductibles, copays, services don't apply)</small>	\$1500/ individual, \$4500/family	\$2500/ individual, \$7500/family	\$2500/ individual, \$7500/family	\$2500/ individual, \$7500/family	\$4500/ individual, \$13500/family	\$4500/ individual, \$13500/family
	Apply toward each other			Apply toward each other		
Primary care visit	\$5, deductible waived	\$20, deductible waived	30%	\$5, deductible waived	\$30, deductible waived	50%
Chronic care visit⁵	\$0, deductible waived	\$10, deductible waived	30%	\$0, deductible waived	\$10, deductible waived	50%
Specialty visit	\$20, w referral	\$30	30%	\$30, w referral	\$60	50%
Outpatient mental health care	\$5, deductible waived	\$20, deductible waived	30%	\$5, deductible waived	\$20, deductible waived	50%
Substance abuse treatment	\$0, deductible waived		Cost same as medical services	\$0, deductible waived		Cost same as medical services
Maternity, childbirth provider	\$0, deductible waived		30%	\$0, deductible waived		50%
Delivery	\$0, deductible waived	\$100/day up to \$500 max	30%	\$0, deductible waived	40%	50%
Preventive	\$0, deductible waived		30%	\$0, deductible waived		50%
Lab & X-ray	\$0	30%	30%	20%	40%	50%
Inpatient hospital per admission	\$50/day up to \$250 max	\$100/day up to \$500 max	30%	\$500	40%	50%
Emergency department	\$100					
Durable medical equip.	15%		30%	50%		
Insulin, diabetic supplies	\$0 or 0%, deductible waived					
Additional Cost Tier \$100 copay⁷	\$100	\$100 + 30%	\$100 + 50%	\$100	\$100 + 40%	\$100 + 50%
Additional Cost Tier \$500 copay⁹	\$500	\$500 + 30%	\$500 + 50%	\$500	\$500 + 40%	\$500 + 50%
Alternative care provider visits	\$10	\$20	30%	\$30	40%	50%
Spinal manipulation, acupuncture services¹³	\$10 up to \$1000/yr max combined. Not applied to out-of- pocket max.	\$20 up to \$1000/yr max combined. Not applied to out-of- pocket max.	30% up to \$1000/yr max combined. Not applied to out-of- pocket max.	\$30 up to \$1000/yr max combined. Not applied to out-of- pocket max.	40% up to \$1000/yr max combined. Not applied to out-of- pocket max.	50% up to \$1000/yr max combined. Not applied to out-of- pocket max.
(continued on following page)						

This is a summary only. See the plan's documents for details. In the case of a discrepancy, the plan document will apply. See footnotes, page 11.

Medical Plans (continued)

AllCare PEBB (continued)

Service Area: Curry, Jackson, Josephine, Glendale and Azalea in Douglas

Providers	Full-time			Part-time		
	Preferred	Participating	Out-of-network	Preferred	Participating	Out-of-network
Prescription drugs	<ul style="list-style-type: none"> • \$50/individual, \$150/family deductible¹⁰ • \$1000 out-of-pocket maximum¹¹ • \$0 preventive/EHB, not subject to deductible • \$10 generic • \$30 brand • \$60 non-preferred • Copay x 2 for 90-day • \$100 specialty 		Out-of-Network. Member pays full cost and may be reimbursed for AllCare PEBB share of cost.	<ul style="list-style-type: none"> • \$50/individual, \$150/family deductible¹⁰ • \$1000 out-of-pocket maximum¹¹ • \$0 preventive/EHB, not subject to deductible • \$15 generic • \$40 brand • \$75 non-preferred • Copay x 2 for 90-day • \$100 specialty 		Out-of-Network. Member pays full cost and may be reimbursed for AllCare PEBB share of cost.

This is a summary only. See the plan's documents for details. In the case of a discrepancy, the plan document will apply.

Medical Plans Footnotes

¹ To receive In-Medical Home benefits, members must choose a medical home in the plan, notify the plan of their choice, and receive care through providers from that medical home or from providers referred by their medical home. Otherwise, benefits typically have higher costs or may not be covered. See the list of medical homes on the plan's website.

² All medical plans have a standard plan deductible (except Kaiser HMO). This is the amount a member must pay for covered services before the plan begins to pay its share for medically necessary covered services. Deductibles apply per individual, or the family deductible will apply when there are three or more individuals within a family, based on the employee's choice of coverage tier. Payments toward the deductible accumulate separately for services in-network and out-of-network, and In-Medical Home and Out-of-Medical Home (see 1 above). Certain in-network services are not subject to the deductible. Examples: first four visits per individual to a primary care provider; insulin and diabetic supplies; visits for care of asthma, diabetes, cardiovascular disease or congestive heart failure; and preventive services. On the Kaiser deductible plans, the deductible is waived on additional services; please see the benefit summary for additional details.

³ See Health Engagement Model (HEM), page 15.

⁴ PEBB Statewide plan members whose in-network provider has been recognized by the Oregon Health Authority as a Patient-Centered Primary Care Home will have the lower coinsurance.

⁵ These are visits for care of asthma, diabetes, cardiovascular disease and congestive heart failure. Not subject to deductible in-network.

⁶ Copay amounts for use of a hospital emergency department are waived if the member is admitted directly to the hospital for inpatient treatment. This does not include admittance for

observation. Copay does not apply to out-of-pocket maximum except in Kaiser plans. In-plan deductible applies.

⁷ These procedures are MRI, CT, PET and SPECT scans; sleep studies; spinal injections; upper endoscopy; bunionectomy; surgery for hammertoe and Morton's neuroma; and knee viscosupplementation. Copay does not apply to out-of-pocket maximum. Not applied to cancer-related procedures. These procedures may be overused compared with their risks and benefits.

⁸ Applies only to MRI, CT, PET and SPECT scans, and sleep studies in Kaiser plans. Additional copay applies to out of pocket maximum.

⁹ These are surgical procedures for hip or knee replacement or resurfacing; knee or shoulder arthroscopy; bariatric surgery; spine procedures; and sinus surgery. Copay does not apply to out-of-pocket maximum. Not applied to cancer-related procedures. These procedures may have alternatives that provide equal or better outcomes with lower risks and costs.

¹⁰ The prescription drug deductible is \$50 per person or \$150 for families with three or more members. It applies separately from the medical deductible.

¹¹ The prescription drug out-of-pocket maximum is \$1,000 per person, with a family maximum of \$3,000. It accrues separately from the medical out-of-pocket maximum.

¹² All plans have formularies that list covered drugs. Value drugs typically are generic drugs that are used in treating most common chronic conditions. (EHB stands for Essential Health Benefits.)

¹³ Limited to \$1,000/year (combined in Kaiser plans). Limited to 60 visits/year in PEBB Statewide plan max. Copays and coinsurance do not apply to out-of-pocket maximum.



Vision Plan [Click here to download the brochure.](#)

The full-time Kaiser HMO and Kaiser Deductible medical plans include coverage of routine vision services. If you enroll in another medical plan, including a part-time plan or Opt Out, you may (but are not required to) enroll in vision coverage provided by VSP www.vsp.com/signon.html. You may enroll yourself, your spouse or partner, and dependents individually or in any combination.

You pay a share of premium if you enroll in the VSP Basic Plan. Your premium share is the same percentage rate as your medical coverage percentage; for Opt Out, the premium share is 5%.

New for 2017, VSP offers the Plus plan, with better coverage for frames, coatings and progressive lenses. For this plan, you pay the employee premium share for the Basic plan plus the difference in premium cost between the Basic and Plus plans.

2017 Employee Vision Plan Monthly Premium Rates

	Employee	Employee & Spouse/Partner	Employee & Child(ren)	Employee & Family
Basic Plan	\$10.72	\$17.69	\$15.01	\$21.44
Plus Plan	\$16.09	\$26.53	\$22.52	\$32.16

VSP Basic Plan

Benefits	Description	Copay	Frequency
Well Vision Exam	Focuses on your eyes and overall wellness	\$10	Every calendar year
Perscription Glasses		\$25	See frames and lenses
Frames	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 allowance at Costco 	Included in prescription glasses	Every calendar year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in prescription glasses	Every calendar year
Lens Enhancements	Standard progressive lenses	\$50	Every calendar year
	Premium progressive lenses	\$80 - \$90	
	Custom progressive lenses	\$120 - \$160	
	Average savings of 35-40% on other lens enhancements		
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$200 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every calendar year

VSP Plus Plan (includes coverage in Basic Plan)

Benefits	Description	Copay	Frequency
Frames	<ul style="list-style-type: none"> \$245 allowance for featured frame brands 20% savings on the amount over your allowance \$125 allowance at Costco 	Included in prescription glasses	Every calendar year
Lenses	Anti-reflective Coatings and Progressive Lenses	Each covered in full after \$20 copay	Every calendar year

This is a summary only. See the plan's documents for details. In the case of a discrepancy, the plan document will apply.

Dental Plans

You are not required to enroll in a dental plan, but to enroll in a dental plan you must be enrolled in a medical plan choice (Opt Out is a medical plan choice). You may enroll yourself, your spouse/domestic partner, and your dependents individually or in any combination. Full-time plans are available to both full-time and part-time employees. Part-time plans are available only to part-time employees. If you enroll in Opt Out and choose to enroll in a dental plan, your premium share is 5%. Some plans have added coverage for bite guards. See details in the plan's member handbook.

ODS (Moda) plans Modahealth.com/pebb

- When you enroll in the PPO plan, your coinsurance amount drops by 10% per year down to 0% at year three if you see your dentist at least once per year.
- Individuals who enroll for coverage in an ODS (Moda) plan during an open enrollment period after they were initially eligible may have a 12-month waiting period for basic and major services and a 24-month waiting period for orthodontia. See the ODS (Moda) plans member handbooks for details.

Willamette Dental Group plan www.willamettedental.com/pebb

- Services are provided only by Willamette Dental Group providers and only in Willamette Dental Group facilities.
- A \$5 office visit copayment is due at each visit, including visits for orthodontia.
- The copayment varies for visits related to implants.
- The plan has a \$1,500 comprehensive copayment for orthodontia.

Kaiser Plans My.kp.org/pebb

- Kaiser offers both medical and dental plans. You do not need to enroll in a Kaiser medical plan to be able to enroll in a Kaiser dental plan, and vice versa.
- You can enroll in a Kaiser dental plan if you live or work in the Kaiser service area.
- Services are provided only by Kaiser providers only in Kaiser facilities.



2017 Full-time Dental Plans Comparison (available to full-time and part-time employees)

Plan	Kaiser Dental	ODS (Moda) PPO		ODS (Moda) Premier	Willamette Dental Group
Provider	Kaiser	In-Network	Out-of-Network	Participating	Willamette
Deductible: individual/family	None	\$50/\$150	\$50/\$150	\$50/\$150	None
Annual max coverage	\$1,750	\$1,750	\$1,750	\$1,750	None
Diagnostic & preventive services	0%	0%	10%	0%	\$5 copay
Basic & maintenance services	20%, not applied to annual max coverage	20% year 1 10% year 2 0% year 3	30%	20%	\$5 copay
Crowns	25%	50%	50%	50%	\$190 copay
Implants	50%	50%	50%	50%	Varies
Dentures	50%	50%	50%	50%	\$190 copay
Orthodontia	50% to \$1500	50% to \$1500	50% to \$1500	50%, up to \$1500	\$1500 copay

This is a summary only. See the plan's documents for details. In the case of a discrepancy, the plan document will apply. See footnotes, page 11.

Dental Plans (continued)

2017 Part-time Dental Plans Comparison (available only to part-time employees)

Plan	ODS (Moda) Part Time	Kaiser Part Time
Provider	Participating	Kaiser
Deductible per person	\$50	None
Annual max coverage	\$1250	\$1250
Diagnostic & preventive services	0%	0%, not applied to annual max coverage
Basic & maintenance services	50%	50%
Crowns	50%	50%
Implants	Not covered	Not covered
Dentures	50%	50%
Orthodontia	Not covered	Not covered

Dental Plan Rates

The following table shows monthly premium costs for full-time and part-time dental plans. For both full-time and part-time employees, your premium contribution is at the same percentage rate as medical coverage percentage. If you enroll in Opt Out and choose to enroll in a dental plan, your contribution share is 5% of the premium.

2017 Employee Dental Plan Monthly Premium Rates

	Employee	Employee & Spouse/ Partner	Employee & Children	Employee & Family
Kaiser Permanente	\$75.92	\$125.27	\$106.29	\$151.85
ODS (Moda) Premiere	\$66.85	\$110.29	\$93.59	\$133.70
ODS (Moda) PPO	\$61.77	\$101.91	\$86.46	\$123.53
Willamette Dental Group	\$61.70	\$101.80	\$86.37	\$123.39
ODS (Moda) Part-time ¹	\$48.11	\$79.39	\$67.36	\$96.22
Kaiser Permanente Part-time ¹	\$56.01	\$92.41	\$78.41	\$112.01

¹ Available only to part-time employees

This is a summary only. See the plan's documents for details. In the case of a discrepancy, the plan document will apply.

Health Engagement Model (HEM)

The goal of the HEM program is to engage as many people as possible in improving their health. Becoming healthier together can help contain health care costs for all of us over time. Employees may enroll to participate in the coming year's HEM program only during Open Enrollment. If you become eligible for PEBB benefits outside of the Open Enrollment period, you may enroll in benefits but not HEM.

HEM supports you and your provider.

Participating in HEM helps you learn about your health risks so you can take action to reduce them in partnership with your provider.

Participating takes just two steps.

Step 1: Complete your confidential online health assessment on your current (2016) health plan's website Sept 1-Oct. 31. www.oregon.gov/oha/PEBB/Pages/Health-Assessment.aspx

Step 2: Enroll in HEM when you enroll in benefits during Open Enrollment Oct. 1-31 – the only time employees can enroll in the 2017 HEM program. www.oregon.gov/oha/PEBB/Benefits/Hem-Agreement.pdf

When you enroll in the HEM program, you agree to complete two health actions of your choice by next Open Enrollment. www.oregon.gov/oha/pebb/Pages/HEM-Activities.aspx

There's no tracking or reporting

You don't have to track or report your two health actions. The next time you enroll in a health plan during Open Enrollment, you'll just be asked if you completed two health actions by then. You answer "yes" or "no." It's that easy!

Participants have a financial incentive in their monthly pay during 2017

Only employees may participate in the 2017 HEM programs. Their covered spouses or partners may not participate. Employee HEM participants receive a taxable \$17.50 health incentive in their monthly pay.

Non-Participants have a higher deductible in their medical plan.

Employees who choose not to participate in the 2017 HEM program will have a \$100-per-person deductible added to the standard deductible in their medical plan, to a family maximum of \$300 in additional deductible.

Your privacy is assured.

PEBB and your health plan are committed to the privacy and confidentiality of your personal information, defined as Protected Health Information (PHI). Your PHI includes your responses to the health-related questions in your health assessment.

PEBB sent all eligible employees a copy of the privacy notice required by the Equal Employment Opportunity Commission (EEOC) that details your privacy protections. Download a copy from www.oregon.gov/oha/pebb/benefits/privacy-eoc.pdf.

Neither your employer nor PEBB has access to any of your protected health information.



Optional Insurance

Optional Employee or Spouse/Domestic Partner Life Insurance

www.oregon.gov/oha/pebb/Pages/Optional-Employee-Life.aspx

www.oregon.gov/oha/pebb/Pages/Spouse-Partner-Life.aspx

You can enroll in or increase optional life insurance for yourself and your spouse or partner during Open Enrollment. You pay the full premium for this coverage. Applications may require approval of a medical history statement and medical exams paid by the carrier.

This is term life. The policy pays if you (the subscriber who purchases the coverage) are still a PEBB-eligible state employee, and the premium payments are current.

Higher tobacco rates apply to individuals who have used tobacco in the prior 12 months. The premium rates increase when the age of covered individuals moves them into a new age tier. All age-related tier rate changes are held until the next plan year and go into effect Jan. 1 of that year.

Optional Life Insurance Monthly Premium Rates (Non-Tobacco) per \$10,000 in coverage*

Age Tier	Thru 24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 & up
Rate Per \$10,000	\$0.40	\$0.48	\$0.62	\$0.69	\$0.75	\$1.18	\$1.74	\$3.30	\$5.13	\$9.95	\$16.30	\$16.40

*Purchased in \$20,000 increments, only

Optional Life Insurance Monthly Premium Rates (Tobacco) per \$10,000 in coverage*

Age Tier	Thru 24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 & up
Rate Per \$10,000	\$0.64	\$0.74	\$0.96	\$1.06	\$1.16	\$1.78	\$2.62	\$4.80	\$7.40	\$13.90	\$22.00	\$21.50

*Purchased in \$20,000 increments, only

Optional Dependent Life Insurance

www.oregon.gov/oha/pebb/Pages/Dependent-Life.aspx

You pay the full premium for this term life insurance that covers all your PEBB-eligible dependents and your spouse or partner for the single premium payment of \$1.29 per month to cover the entire group. The benefit amount is \$5,000 per person. You, the beneficiary, receive the benefit payment to cover the entire group if the covered person dies while covered under the policy, and you are still a PEBB-eligible state employee, and premium payments for the coverage are current.

Accidental Death & Dismemberment Insurance (AD&D)

www.oregon.gov/oha/pebb/Pages/ADD.aspx

The AD&D plan provides 24-hour coverage for accidental loss of life, limb, hand, foot, hearing, speech, sight or thumb and index finger (of the same hand). You pay the full premium for this insurance. The premium rate for you as the employee is \$1.00 per \$50,000 in coverage. The rate for employee and PEBB-eligible dependents is \$1.70 per \$50,000 in coverage.

You may select a coverage amount from \$50,000 to \$500,000, in increments of \$50,000.

This is a summary only. See the plan's documents for details. In the case of a discrepancy, the plan document will apply.

Optional Insurance (Continued)

Short-Term Disability Insurance

www.oregon.gov/oha/pebb/Pages/Short-Term-Disability.aspx

This insurance covers a portion of your salary if you become disabled (as defined in the policy) for a short period. You pay the full amount for this coverage.

Premium rate = 0.0064 x gross monthly salary. Example: 0.0064 x \$3,234 (gross monthly salary) = \$22.31 monthly premium deducted from salary.

This insurance covers 60 percent of your insured earnings. The insured earnings amount is based on your weekly earnings in effect on your last full day of work. When your insured earnings increase (for example, with a pay increase), your premium rate increases. Insured earnings does not include overtime pay, bonuses or dollars received when you opt out of medical coverage.

The maximum of insured earnings for short-term disability insurance is limited to \$2,769.

- The maximum weekly benefit is \$1,662 before reduction of deductible income.
- The minimum weekly benefit is \$25 following reduction of deductible income.
- The benefit if you are disabled less than one week is one-seventh of the weekly benefit for each day you are disabled.

Deductible income means other income you are eligible to receive because of your disability.

Long-Term Disability Insurance

www.oregon.gov/oha/pebb/Pages/long-term-disability.aspx

This insurance covers a portion of your salary if you become disabled (as defined in the policy) for a long period. You pay the full amount for this coverage.

You determine the benefit percentage of your monthly insured earnings when you choose from the four options. For long-term disability, the insured earnings amount is based on your monthly earnings in effect on your last full day of work. When your insured earnings increase (for example, with a pay increase), your premium rate increases. Insured earnings do not include overtime pay, bonuses, or dollars received when you opt out of medical coverage.

Long-term Disability Premium Rates

Premium = Rate x month salary

Option	Premium Rate	Waiting Period	Coverage	Coverage Maximum/Minimum
1	\$0.0051	90 days	60% of first \$12,000 minus deductible income	\$7,200 before reduction by deductible income/\$50
2	\$0.0018	180 days		
3	\$0.0106	90 days	66 2/3% of first \$12,000 minus deductible income	\$8,000 before reduction by deductible income/\$50
4	\$0.0027	180 days		

Here is an example of determining premium rate. You choose option 1 – with a 90-day waiting period and a monthly benefit amount of 60 percent of your pre-disability earnings.

Your gross monthly salary (before any deductions)	\$1,900
Times premium	X 0.0051
Premium amount you pay each month	\$9.69

This is a summary only. See the plan's documents for details. In the case of a discrepancy, the plan document will apply.



Disability Insurance (continued)

The long-term disability benefit is a percentage of the first \$12,000 of your pre disability earnings. The maximum monthly benefit (before reduction of deductible income) is \$7,200 if you choose option 1 or 2, or \$8,000 if you choose option 3 or 4. The minimum is \$50. The maximum weekly benefit is \$1,662 before reduction of deductible income. Deductible income means other income you are eligible to receive because of your disability.

Long Term Care Insurance

www.oregon.gov/oha/pebb/Pages/Long-Term-Care.aspx

You may enroll in this insurance at any time – not just during Open Enrollment.

Long term care insurance provides benefits when you are unable to perform at least two activities of daily living (ADLs). ADLs are dressing, bathing, transferring, toileting, eating and continence. You are eligible for a monthly benefit after you meet all these conditions:

- You become Disabled;
- You are receiving services in a Long Term Care Facility or Assisted Living Facility/Adult Foster Home; or Professional Home Care Services if your plan includes a Professional Home Care Services benefit; or Total Home Care if your plan includes a Total Home Care benefit;
- You have satisfied your Elimination Period; and
- A Physician has certified that you are unable to perform, without Substantial Assistance from another individual, two or more ADLs for a period of at least 90 days, or that you require Substantial Supervision by another individual to protect you and others from threats to health or safety due to Severe Cognitive Impairment. You will be required to submit a Physician certification every 12 months.

The amount of your monthly benefit will be based on the coverage options you chose and the place of residence used for long term care. If your coverage includes Professional Home Care Services, the benefit payment will be based on the number of days you receive these services.

You should read the entire policy and review all rates; they are available on the plan's website: unuminfo.com/pebb/index.aspx.

This is a summary only. See the plan's documents for details. In the case of a discrepancy, the plan document will apply.



Tax-saving Accounts

Flexible spending accounts (FSAs)

orpebb.asiflex.com

Because FSAs help you save on income tax, they adhere to IRS code. These are annual accounts and are USE OR LOSE IT ACCOUNTS. These plans automatically terminate at the end of each year. If you want an FSA for the coming plan year, you must enroll during Open Enrollment or when you gain eligibility to enroll in PEBB benefits. You can't revoke your participation in an FSA after it goes into effect.

FSAs allow you to use pre-tax dollars to reimburse yourself for IRS-qualified expenses.

- Use a Health Care FSA for IRS-qualified medical and dental expenses not covered in your plan.
- Use a Dependent Care FSA for IRS-qualified day care expenses that allow you to work.

You choose an annual amount to contribute to your account, and payroll deducts your salary contribution (which must be at least \$20) before calculating your taxes. Paying for eligible expenses with these pre-tax dollars saves on your taxes.

A Health Care FSA allows you to pay for deductibles, copays and coinsurance with pre-tax dollars. Some examples are dental and orthodontic expenses above the plan maximum, lasik eye surgery, and certain over-the-counter medications for which you have a prescription.

A Dependent Care FSA allows you to use pre-tax dollars to pay for qualified dependent care expenses that allow you to work.

Things to know about these accounts:

- FSAs operate according to IRS code.
- The annual employee contribution limit for an individual health care FSA is \$2,550 (an increase of \$50 from 2015).
- The annual employee contribution limit for an individual dependent care FSA is \$5,000.
- The minimum monthly contribution amount is \$20.
- When you enroll, you enroll for the entire plan year; plan accordingly.
- These are USE IT OR LOSE IT accounts. You forfeit any funds that you don't use and claim for valid expenses by the end of PEBB's grace period (incur by March 15 and claim by March 31 in the following year).
- Your payroll will deduct even portions (which must be at least \$20) of your annual total election amount from each paycheck over the course of the year. For academic-year employees, this may be nine or 10 months. Ask your benefits office if this applies to you.

PEBB contracts with ASIFlex to administer the FSA program under PEBB administrative rules and in keeping with IRS code. For more information visit ASIFlex online at orpebb.asiflex.com.

This is a summary only. These plans adhere to IRS Code.

Commuter Accounts

orpebb.asiflex.com

Commuter Accounts are individual fringe benefits defined and regulated by IRS Code. They allow you to save on taxes by paying eligible employment-related commuting expenses with pretax dollars. There are two types of accounts. You can enroll in either or both.

1. **Transportation Account:** Use this pretax account to pay for qualified expenses for commuting by bus, ferry, rail, monorail, streetcar, train, subway or vanpool, when the expenses are not deducted by your agency from your pay pre-tax. Commuting means traveling between your home and your place of work on a regular basis. The monthly maximum contribution and reimbursement in a Transportation Account is \$255.



Tax-saving Accounts (continued)

2. **Parking Account:** Use this pretax account to pay for qualified expenses incurred for parking your personal vehicle at or near your employer-provided workplace or at a location from which to commute to the workplace by mass transit facilities, commuter highway vehicle or carpool. Personal vehicle includes car, truck, motorcycle and bicycle. The monthly maximum contribution and reimbursement in a Parking Account is \$255.

You can't use a Commuter Transportation Account to pay for agency-sponsored transit passes when payroll already deducts the value of those passes from your pay pre-tax. The total monthly contribution and monthly deduction for commuter expenses can't exceed the monthly account maximum of \$255.

You can't use a Commuter Parking Account to pay for monthly state lot parking, because payroll already deducts that cost from your pay pre-tax. When added together, a Parking Account monthly contribution and the monthly cost for state parking can't exceed the monthly account maximum of \$255.

Enrolling In and Changing Accounts

You can enroll in a new account, or terminate or make changes to an existing account, at any time during the year. To enroll (outside of Open Enrollment), terminate or change an account, complete the Commuter form available online at www.oregon.gov/oha/pebb/pages/forms.aspx and submit it to your agency or university before the 10th day of the month. Changes are prospective; they go into effect the first of the month following receipt of the form.

Using the Account

PEBB contracts with ASIFlex to administer Commuter Accounts to ensure they align with federal tax code. Use the ASIFlex website for claim forms and administrative information. orpebb.asiflex.com. The deadline for submitting claims for qualified expenses is January 15 for expenses incurred in the previous plan year. If a claim from the previous year is denied, funds in the account are still available for expenses incurred in the current plan year, and you can adjust your monthly contribution as needed.

You can be reimbursed for qualifying expenses incurred in one month only to the IRS-allowed limit: \$255 per month for a Transportation Account and \$255 per month for a Parking Account. Expenses must be "incurred or paid" before being reimbursed.

It's a good idea to make prospective changes to your monthly contribution amount when you anticipate a reduction in future monthly expenses. This allows you to keep your account in balance with no excess contribution. Note that all changes are prospective; they cannot be retroactive.

If your account is inactive for six months, no contributions or reimbursements are made, your account will terminate and funds are forfeited.

This is a summary only. These plans adhere to IRS Code.

Enroll in your 2017 Benefits

What to have at-hand to register:

- ID number
 - Oregon employee ID number (begins with OR) for agency employees
 - University ID number for university employees
- Password of your choice (must be at least 8 characters and include at least one capital letter but no special characters such as @ ~ % = ^ & * + = () or a “1” or “y”
- Answers to two security questions you select

What to have at-hand to log in and enroll:

- ID and password for pebbbenefits.oha.oregon.gov
- Birth dates of eligible dependents
- Plan choices for medical, vision and dental coverage (Use the tools at www.oregon.gov/oha/pebb/.)
- Plan choices for optional benefits – life, AD&D, disability and long-term care insurance
- Annual amount choices for FSAs and commuter accounts

Follow these steps to enroll in 2017 PEBB benefits at pebbbenefits.oha.oregon.gov.

Each screen in the process gives guidance on enrolling, and many include links to details.

1. **Log in at pebbbenefits.oha.oregon.gov**
 - Turn off your browser’s pop-up blocker.
 - Read the steps to enroll during Open Enrollment.
 - Verify your Authorization and Certification.
 - Review your personal information. Contact your agency to correct name, gender or birth date. Add or correct mail, phone or email information.
2. **Elect to participate or not to participate in the 2017 Health Engagement Model (HEM).**

To participate in 2017, you must complete your health assessment in your current (2016) health plan Sept. 1-Oct. 31 and enroll in HEM and a health plan during Open Enrollment.
3. **Add eligible dependents to coverage and provide their contact information.**

If these individuals gain eligibility by affidavit, you must provide any required forms and documentation to your agency for coverage for newly added individuals to go into effect Jan. 1, 2017.

www.oregon.gov/oha/pebb/pages/forms.aspx
4. **Provide information on Medicare eligibility, ethnicity and race.** This information helps to identify healthcare disparities in our population. It will not affect your enrollment as an active employee.
5. **Enroll yourself and eligible dependents in core benefits.**

Opt Out is a choice of medical plan. To decline is to decline participation in any aspect of the benefit program, including the employer premium share. To decline, you must submit a paper form to your agency. You cannot decline online.



Enroll in your 2017 Benefits (continued)

6. **Select your status in Health Improvement and Cost Containment programs.**
Select your current tobacco use status and that of your spouse or domestic partner.
Select your status on spouse or domestic partner waiving other employer group coverage.
7. **Review and enroll in optional life insurance.**
Select status on use of tobacco in the prior 12 months for you and your enrolled spouse or domestic partner. Remember to submit medical history to Standard for enrollments and increases that require approval before they go into effect.
8. **Review and enroll in disability insurance.**
9. **Review and enroll in long-term care insurance.**
Remember to submit medical history to Unum for enrollments and increases that require approval before they go into effect.
10. **Enroll in a health care or dependent care flexible account if you want one in 2017.**
FSAs are annual accounts.
11. **Designate your beneficiaries.**
12. **Review your Benefit Statement. Print it for your records.**
13. **Log out.**
If you want to change your elections before they go into effect, contact your payroll or benefits office.

Required Notices

Important Notice from PEBB about your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Public Employees' Benefit Board (PEBB) and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. PEBB has determined that the prescription drug coverage offered by PEBB is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can you Join a Medicare Drug Plan? You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to your Current Coverage if you Decide to Join a Medicare Drug Plan? Your current PEBB group coverage pays for other health care expenses, in addition to prescription drugs. If you decide to join a Medicare drug plan, your current PEBB group coverage will not be affected. However, if you decide to join a Medicare drug plan and drop your current PEBB group coverage, be aware that you and your dependents will lose health care and prescription drug coverage through PEBB and may not be able to get this coverage back prior to open enrollment or a change-in-status event.

When Will you Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan? You should also know that if you drop or lose your current coverage with PEBB and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information about this Notice or your Current Prescription Drug Coverage: Contact the person listed below for further information.

NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through PEBB changes. You also may request a copy of this notice at any time.

For More Information about your Options under Medicare Prescription Drug Coverage: More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for the telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call 1-800-772-1213 (TTY 1-800-325 0778).

Remember: **Keep this Creditable Coverage notice.** If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: Sept. 5, 2016. Name of Entity/Sender: PEBB. Contact: Benefits Manager
Address: 500 Summer St NE, Salem, OR 97301; Phone number: 503-373-1102.

Required Notices (continued)

Notice of Women's Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your Plan Administrator at 503-373-1102 for more information.

Special Enrollment Rights

Under the special enrollment provisions of HIPAA, you will be eligible, in certain situations, to enroll in a PEBB medical plan during the year, even if you previously declined coverage. This right extends to you and all eligible family members.

You will be eligible to enroll yourself (and eligible dependents) if, during the year, you or your dependents have lost coverage under another plan because:

- Coverage ended due to termination of employment, divorce, death, or a reduction in hours that affected benefits eligibility;
- Employer contributions to the plan stopped;
- The plan was terminated;
- COBRA coverage ended; or
- The lifetime maximum for medical benefits was exceeded under the existing medical coverage option.

If you gain a new dependent during the year as a result of marriage, birth, adoption or placement for adoption, you may enroll that dependent, as well as yourself and any other eligible dependents, in the plan — again, even if you previously declined medical coverage. Coverage will be retroactive to the date of the birth or adoption for children enrolled during the year under these provisions.

You will also be eligible to enroll yourself and any eligible dependents if either of two events occurs: (1) You or your dependent loses Medicaid or Children's Health Insurance Program (CHIP) coverage because of a loss of eligibility. (2) You or your dependent qualifies for state assistance in paying employer group medical plan premiums.

Regardless of other enrollment deadlines, you will have 60 days from the date of the Medicaid/CHIP event to request enrollment in the employer medical plan.

Please note that special enrollment rights allow you to either enroll in current medical coverage or enroll in any medical plan benefit option for which you and your dependents are eligible.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

www.dol.gov/ebsa/pdf/chipmodelnotice.pdf

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877- KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

Required Notices (continued)

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility.

ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447	LOUISIANA – Medicaid http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
ALASKA – Medicaid The AK Health Insurance Premium Payment Program: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	MAINE – Medicaid http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
ARKANSAS – Medicaid http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	MASSACHUSETTS – Medicaid and CHIP http://www.mass.gov/MassHealth Phone: 1-800-462-1120
COLORADO – Medicaid Medicaid: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	MINNESOTA – Medicaid http://mn.gov/dhs/ma/ Phone: 1-800-657-3739
FLORIDA – Medicaid http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268	MISSOURI – Medicaid http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
GEORGIA – Medicaid http://dch.georgia.gov/medicaid Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	MONTANA – Medicaid http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid: http://www.indianamedicaid.com Phone 1-800-403-0864	NEBRASKA – Medicaid http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633
IOWA – Medicaid http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	NEVADA – Medicaid Medicaid: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	NEW HAMPSHIRE – Medicaid http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	NEW JERSEY – Medicaid and CHIP Medicaid: www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP : http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid	TEXAS – Medicaid
http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831	https://www.gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid	UTAH – Medicaid and CHIP
http://www.ncdhhs.gov/dma Phone: 919-855-4100	Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA – Medicaid	VERMONT – Medicaid
http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid: www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
OREGON – Medicaid	WASHINGTON – Medicaid
http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075	http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
PENNSYLVANIA – Medicaid	WEST VIRGINIA – Medicaid
http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462	www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
RHODE ISLAND – Medicaid	WISCONSIN – Medicaid
http://www.eohhs.ri.gov/ Phone: 401-462-5300	https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
http://www.scdhhs.gov Phone: 1-888-549-0820	https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
SOUTH DAKOTA – Medicaid	
http://dss.sd.gov Phone: 1-888-828-0059	

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

Contact Information

How to Contact PEBB

Call PEBB at 503-373-1102

- Monday – Friday, 9 a.m. - noon and 1 p.m. - 5 p.m.

Fax PEBB at 503-373-1654

Email PEBB at inquiries.pebb@dhsosha.state.or.us

How to Contact the Plans

AllCare PEBB (medical plan)

Website www.AllCarePEBB.com

Customer service 541-471-4106,

toll free 1-888-460-0185

Hearing impaired 711

Opt in for direct messaging info@allcarepebb.com

Kaiser Permanente NW (medical and dental plans)

Website <https://my.kp.org/pebb/>

Log in to Kaiser Total Health Assessment

<https://kp.org/tha>

Customer service toll free 1-800-813-2000;

in Portland 503-813-2000

Hearing impaired 1-800-735-2900

Opt in for direct messaging kp-info-nw@kp.org

Moda Health Plan

(medical plans and Delta Dental plans)

Website www.modahealth.com/pebb

Customer service Medical toll free 1-844-776-1593;

Pharmacy toll free 1-844-776-1594; Dental toll free

1-888-217-2365.

Hearing impaired 711

Email pebbcustomerservice@modahealth.com

Opt in for direct messaging

www.modahealth.com/pebb

Providence Health Plan

(PEBB Statewide & Providence Choice medical plans)

Website www.ProvidenceHealthPlan.com/PEBB

Log in to Personal Health Assessment

www.myProvidence.com

Customer service toll free 1-800-423-9470,

Hearing impaired 711

Opt in for direct messaging

www.ProvidenceHealthPlan.com/PEBBsignup

Willamette Dental (dental plan)

Website www.willamettedental.com/pebb

Customer service toll free 1-855-4DENTAL (433-6825)

Hearing impaired 711

Email pebb@willamettedental.com

The Standard

(life, AD&D and disability insurance plans)

Website <https://www.standard.com>

Customer service toll free 1-800-242-1888; disability

claims toll free 1-800-842-1707

UNUM (long-term care plan)

Website <http://unuminfo.com/pebb/index.aspx>

Customer service 1-800-227-4165

ASIFlex

(flexible spending and commuter accounts)

Website <http://orpebb.asiflex.com>

Customer service toll free 1-800-659-3035

BenefitHelp Solutions

(retiree, COBRA and self-pay administrator)

Website <http://www.benefithelpsolutions.com/pebb/pebb.shtml>

Customer service

Retiree toll free 1-855-289-6314;

COBRA toll free 1-877-433-6079

PUBLIC EMPLOYEES'

PEBB

BENEFIT BOARD

500 Summer St NE
Salem OR 97301

Access benefits
information and forms at
Oregon.gov/oha/pebb