



# 2022 Plan Year

## What's new for 2022

**The Board listened to your feedback and approved some exciting benefit changes for next year!**

### Fertility Services

Your medical plans will now cover expanded fertility services. The Board approved a generous benefit covering up to \$35,000 per year in medical and pharmacy benefits. At no cost to you.

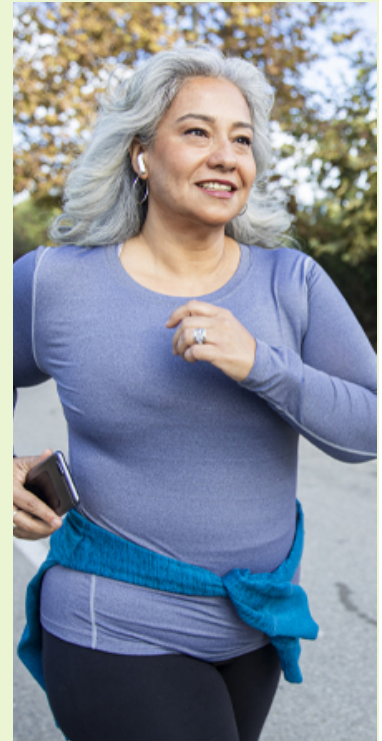
Check with your health plan for more details.

### Gender Affirming Surgery

All medical plans now cover facial feminization surgery for male to female gender reassignment.

### Vision Therapy

VSP is adding vision therapy coverage – up to \$85 annually for exams and up to \$750 annually for training/therapy.



**The Board also approved some other Plan-recommended changes.**

### Providence Choice

Updated co-pays and visits for:

- Spinal manipulation
- Acupuncture
- Massage

### Providence Choice and Statewide

- Providing wig coverage for drug-induced Alopecia
- Removing exclusion for neurofeedback within the Applied Behavioral Analysis (ABA) benefit

- Eliminating visit limitation for pain management under outpatient services

## Moda Health

Updated co-pays and visits for:

- Spinal manipulation
- Acupuncture
- Massage

### Other changes including:

- Moda Health and Delta Dental member health integration
- Moda 360 enhancements, including access to a digital musculoskeletal program
- Aligning certain pharmacy copays to encourage biosimilar drug usage
- Adding coordinated specialty behavioral health programs to better address:
  - Member needs, and
  - Social determinants of health

## Kaiser Permanente

Updated alternative care co-pays and visits

- Naturopath
- Spinal manipulation
- Acupuncture
- Massage

Physician referred Alternative Care benefits discontinued effective Jan. 1, 2022

## Willamette Dental

Waiving your first office visit copay to encourage members back for cleanings and maintenance work. This applies to new patients, that have never been seen by a Willamette Dental provider. A \$10 copay applies to each visit after that.

# Is double coverage or opt out right for you?

## Does double coverage make sense for your family?

In 2019 the Legislature passed a law that affected some PEBB members. Starting Jan. 1, 2021, certain active full-time employees began paying a monthly \$5 surcharge if:

- Someone in the family was covered as a member under their own PEBB or Oregon Educators Benefit Board (OEBB) plan, and

- That person was covered as a dependent (spouse, partner or child) on their PEBB medical plan.

We will continue to apply the surcharge to double covered members in 2022.

The Legislature created the surcharge to encourage you to closely consider your enrollment decisions. For instance, do you need extra coverage because you are planning to have surgery or another costly service? If you are, it may make sense to double cover to reduce your out-of-pocket costs.

You may be double covered "just in case." Does it make sense for your family to pay portions of two premiums for coverage you may never use?

## Did you know you can "opt out" and earn a monthly incentive?

Have you considered opting out of your PEBB medical plan? You can opt out (not enroll) in a PEBB medical plan if you are covered under another group plan. You will receive part of your employer's premium contribution if you opt out. And don't worry, you can still enroll in vision or dental even if you opt out of medical coverage.

The PEBB Board determines the opt-out payment, which is currently \$233 based on full-time employment.

## You make the choice!

Whether to double cover or completely opt out of your medical plan is a personal decision. Only you can decide what works best for your family.

If **double covering in PEBB and OEBC** still makes the most sense for your family, you can stay enrolled in both plans. We will apply a \$5 surcharge to your monthly paycheck. You will not pay a double coverage surcharge if you are:

- A part-time employee
- A retiree
- Enrolled in a COBRA plan, or
- A self-pay member.

If you decide to **opt out** of medical coverage, you will begin to see the monthly opt out incentive on your January 2022 paycheck.

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# Dependent Eligibility

**Do you plan to add a new family member to your PEBB benefits this year? Did you marry or have a baby? Maybe you added a domestic partner or adopted a child?**

If you plan to add a dependent (spouse/partner or child) to your benefits this year, PEBB will ask you to confirm they are eligible. Only those who are eligible should receive PEBB benefits. This helps keep health care costs down.

For now,

- Make sure you have your [required documents](#) ready to go.
- Make copies of the required documentation.

After Oct. 31 when open enrollment ends,

- PEBB will send you a letter requesting confirmation of any new dependents.
- You will mail, fax or email the documentation to the PEBB Dependent Eligibility Team. (Please note that you can send documents by email, but it is not a secure way to do so.)

To find out more about dependent eligibility, go to <https://go.usa.gov/xUmuU>. There is also an easy-to-use list of definitions and required documentation for dependent eligibility at <https://go.usa.gov/xUf5x>.

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