

2022 Enrollment Guide

Open enrollment Oct. 1–31



Call PEBB at 503-373-1102 during the following times:

Monday–Friday, 8 a.m.–5 p.m.

During open enrollment – Oct. 1–31, 2021

Monday–Friday, 7 a.m.–6 p.m.

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

**Don't forget to take your health assessment this year,
you have from Sept. 1 through Oct. 31 to complete it.**

<https://www.oregon.gov/oha/PEBB/Pages/HEM.aspx>

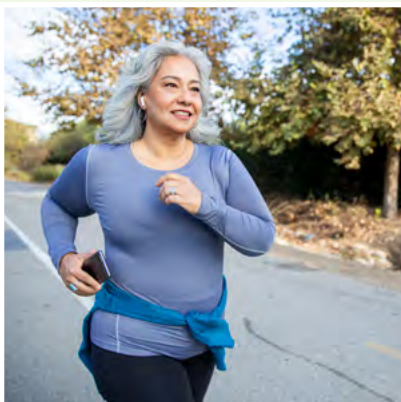


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What's new for 2022?

Medical plans

General/All medical carriers:

Fertility:

- Approved \$35K annual maximum for Assisted Reproductive Technologies (ARTs)
 - » Includes artificial insemination [including intrauterine insemination (IUI)]
 - » No member cost share for services covered under the cap
- Normal cost share applied for basic treatment of infertility
 - » Includes diagnostic testing to determine underlying cause
- Moda and Providence: Coverage available at in-network and out-of-network providers to ensure provider access
- Kaiser Permanente: Coverage available with in-network providers (this includes contracted providers)
- Infertility diagnosis no longer required for services
- Treatment offered to full-time and part-time employees



Providence Health Plans:

- Facial feminization surgery coverage for Male to Female gender reassignment
- Updated alternative care co-pays and visits for Choice plan only — full-time and part-time plans differ (see Summary of Benefits for details)
 - » Spinal manipulation
 - » Acupuncture
 - » Massage
- Other changes
 - » 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:

- Facial feminization surgery coverage for Male to Female gender reassignment
- Updated alternative care copays and visits subject to the deductible – full-time and part-time plans differ (see Summary of Benefits for details)
 - » Spinal manipulation
 - » Acupuncture
 - » Massage
- Other changes
 - » 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:

- Facial feminization surgery coverage for Male to Female gender reassignment already covered
- Updated alternative care co-pays and visits – Deductible and Traditional plans differ (see Summary of Benefits for details)
 - » Naturopath
 - » Spinal manipulation
 - » Acupuncture
 - » Massage
- Physician referred Alternative Care benefits discontinued effective Jan. 1, 2022

Dental plans

Delta Dental:

- No 2022 benefit changes.

Kaiser Permanente Dental:

- No 2022 benefit changes

Willamette Dental:

- Waiving 2022 office visit copays to encourage members back for cleanings and maintenance work.

Vision plans

VSP:

- Adding vision therapy coverage
 - » Up to \$85 for sensorimotor exam annually
 - » Up to \$750 for orthoptic and/or pleoptic training (therapy session) annually



Why you must enroll

All active PEBB members must log into www.PEBBenroll.com between Oct. 1 and Oct. 31 to make 2022 benefit selections.

Open enrollment is the one time per year you can:

- Make changes to benefits without a major life event.
- Choose to take part in the Health Engagement Model (HEM). This keeps your deductible low. You can also receive a monthly incentive.
- Newly enroll or re-enroll in a Dependent Healthcare FSA
- Review and update your:
 - » Dependents
 - » Tobacco usage
 - » Spouse's other group coverage
 - » Personal information

**Take action during open enrollment!
Make sure you have the coverage
you and your family need!**

Important! You still must complete open enrollment, even if you opt out of medical or decline all benefits.

Note:

- If you chose to opt out of medical benefits in 2021 and do not complete open enrollment for 2022:
 - » You will be put into “medical not enrolled” status. This is different from opt out. You will not receive the monthly opt out incentive if you do not complete open enrollment.
 - » You will have to appeal (subject to approval) if you want to enroll in a medical plan or choose to opt out again.
- If you declined all benefits in 2021 and do not complete open enrollment for 2022:
 - » You will continue with no benefits in 2022.
 - » If you want to enroll in core benefits you will have to send an appeal (subject to approval).



Before you enroll

Learn the basics about health coverage

See “What does that mean?” on page 53.

See what plans are available to you

- The coordinated care model: <https://bit.ly/2OyGxrn>
- Lower and higher cost plans by county: <https://www.oregon.gov/oha/PEBB/Documents/medical-plans-by-county.pdf>

Use your plan's provider directory to make sure your providers are in the plan's network

- Kaiser Permanente Traditional and Deductible [healthy.kaiserpermanente.org/care/doctors-locations](https://www.kaiserpermanente.org/care/doctors-locations)
- Moda Synergy www.modahealth.com/ProviderSearch/faces/webpages/home.xhtml
- Providence PEBB Statewide and Providence Choice <http://phppd.providence.org>

Find out how the plan handles referrals to specialists — call the plan to ask

Coordinated care model plans — Providence Choice, Moda Synergy and Kaiser Permanente

- Coordinated care model plans — Providence Choice, Moda Synergy and Kaiser Permanente
- Kaiser Permanente — all your care will be provided by Kaiser Permanente network providers unless you get a referral from your Kaiser Permanente provider (excludes emergencies).
- Moda Synergy — you will now choose a “PCP 360” provider. This is a primary care provider who has agreed to be accountable for your health. Family members can pick the same PCP 360 or a different one. The choice is yours.

The Providence PEBB Plan (formerly Providence 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: [See page 12 of this guide.](#)
- Compare plan benefits: <https://www.mypebb.com/compareBenefits.html>.
- Estimate monthly payroll deductions: <https://www.mypebb.com/calc2022.html>.
- Estimate your health care costs using ALEX the virtual benefits counselor tool: myalex.com/pebb/2022.



Before you enroll — continued

Covering domestic partners

Covering a domestic partner and partner's children has tax implications that lower your take-home pay: <https://www.oregon.gov/oha/PEBB/Benefits/Domestic-Partner-FAQ.pdf>.

Opt out of PEBB medical plans

You can opt out of (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 ("opt out incentive") if you opt out.

The opt out payment is determined by the PEBB Board. <https://www.oregon.gov/oha/PEBB/Documents/opt-out.pdf>.

This might be a good option if you are double covered through PEBB and OEBB and you want to avoid the double coverage surcharge

You can still enroll in vision or dental even if you opt out of medical coverage.

Decline core benefits

If you decline core benefits, you choose not to take part in **any** PEBB benefit. You also decline your employer's premium share for core benefits: <https://www.oregon.gov/oha/PEBB/Documents/Opt-out-Decline.pdf>.

Important! You must still complete the required open enrollment even if you opt-out of medical benefits or decline all coverage.

Surcharges

Tobacco use

Employees and spouses who are enrolled in a PEBB medical plan and use tobacco products pay a monthly fee. The fee is deducted from the employee's pay:

- \$25 for employee
- \$25 for spouse/partner, and
- \$50 if both employee and spouse/partner.

Employees and spouses who opt out of a PEBB medical plan are not subject to this fee.

Tobacco usage status changes are effective the first of the month after PEBB receives your change.



Before you enroll — continued

Double coverage

In 2019 the Legislature passed a law that will affect some PEBB members. Beginning Jan. 1, 2021, you will pay a monthly \$5 surcharge if you are an active fulltime employee and:

- Someone in your family is covered as a member under their own PEBB or Oregon Educators Benefit Board (OEBB) plan, and
- That person is covered as a dependent (spouse/partner or child) on your PEBB plan.

Spouse/partner other employer group coverage

Employees will pay a monthly fee of \$50 if a spouse or partner chooses to waive their own employer (not PEBB) coverage.

Employees can submit a midyear change form if this changes during the plan year. The employee must send in the change request within 30 days of status change to their payroll or university benefits office.

Employee premium share for core benefits

Employees pay a share of the premium for core benefits. Your core benefits include:

- Medical
- Dental
- Vision, and
- Employee only basic life.

Your employer pays the rest. The amount you pay may vary depending on your agency or university. Many full-time state employees pay either 1% or 5% of the monthly premium.

It depends on your health plan choice. Some university employees pay either 3% or 5%.

PEBB does not control the premium share. Contact your agency or university benefits office for information. Look for your benefit contact under “Other contacts” here:

https://www.oregon.gov/oha/PEBB/Pages/Contact_Us.aspx.

You pay the same premium percentage for all core benefits. If you opt out of medical, your premium share is always 5% for your other coverages.

Local Government employees – your premium share could be different than state agencies or universities. Please see your payroll or benefits office for more information on your premium share.

For employees of executive branch agencies

Full-time employees:

- Only full-time plans are available to full-time employees.
- You pay 5% of the total premium if you enroll in either of the two higher cost plans – Providence PEBB Statewide or Kaiser Traditional.
- 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 1% or 5% of the total premium based on the medical plan you choose:
 - » Your premium share in the full-time or part-time Providence PEBB Statewide or Kaiser Traditional plan is 5%.
 - » Your premium share in any other full-time or part-time plan is 1%.
- You pay any premium balance after your employer pays its premium share based on the hours you work each month.
- If you enroll in a part-time plan:
 - » Your employer pays a flat premium subsidy for medical based on your coverage tier.

PEBB Dependent Eligibility Review

In 2017 the Oregon Legislature passed a law that requires PEBB to verify your dependents' eligibility. The purpose of the review is to ensure that only eligible dependents receive benefits. This helps keep health care costs down!

Are you adding someone to your PEBB insurance during open enrollment? If you are, PEBB will ask you to provide documents to verify their eligibility in November after open enrollment closes.

PEBB will send you a Dependent Eligibility Review packet. Please:

- Carefully review the documents in your packet and
- Mail, email or fax copies of the required proof.

Once PEBB completes the review, we will send you a confirmation letter. The letter will confirm your eligibility.

Who is considered an eligible dependent?

- Spouse is the person you married under any state or country law.
- Domestic Partner by Affidavit is the unmarried person of the same or opposite sex with whom you are in a partnership.
- Child is your biological child, adopted child, stepchild or your partner's child, according to your current or previous year federal 1040 tax form.
- Grandchild by Affidavit means you are covering both the grandchild and your child (the parent of your grandchild). Both the parent and grandchild must live with you. You must claim both of them as your IRS tax dependent. The parent cannot be married and cannot have a domestic partner.
- Child by Affidavit is the court order placement of a child (guardianship). The child lives with the eligible employee and is the employee's IRS tax dependent.

Eligibility verification

You will be asked to provide one or more documents to verify eligibility for each of your dependents. Your dependent eligibility packet will tell you exactly what to send. Below are some of the documents you may need to provide:

- Marriage certificate or license
- Federal 1040 tax form
- PEBB Affidavit of Domestic Partnership, Grandchild by Affidavit or Child by Affidavit of Dependency (this is the form you had notarized and gave to your payroll or human resource department)
- Government issued birth certificate
- Naturalization certificate
- Report of birth abroad
- Adoption paperwork
- Court ordered guardianship paperwork
- Mortgage or residential lease showing your name and your partner's name
- Copies of your and your partner's driver's licenses
- Auto insurance policy showing your name and your partner's name
- Utility bills showing your name and your partner's name
- Joint bank account or credit card statement
- Joint car loan lease or title
- Beneficiary statement from your life insurance

New for 2022: Do you have a disabled dependent? If they aren't currently eligible for PEBB coverage, a new law may allow you to add them to your plan effective January 1, 2022. [Learn more](#)

PEBB Dependent Eligibility Review — continued

How will my documents be kept secure and private?

Your information and privacy are very important to us. Copies of documents submitted to PEBB will be destroyed following the review. No documents will be retained! That is why it is important that you provide only copies.

Do I need to complete the dependent eligibility review if all my dependents are eligible?

Yes. PEBB is required to complete a review by law. You must verify and submit the requested documents by the review deadline.

What if I don't complete the dependent eligibility review by the deadline?

Your dependent's coverage will end. You will need to fill out the appeal form. Submit it along with your previously requested eligibility documents to add dependents to benefits. You must do this within 60 days of the coverage end date.

What can I do if I think my dependent is not eligible or if I have questions about the review?

Call PEBB if you think that a dependent is not eligible, or you have questions about the review. You can contact Member Services with questions. Our phone number is 503-373-1102. Our email is pebb.dependenteligibility@dhsosha.state.or.us.

I gave documents to my payroll or human resources office. Do I still need to submit eligibility documents to PEBB?

Yes, even if you already gave documents to payroll or human resources. Failure to provide documents to PEBB during your review will result in your dependents' coverage ending.

How often does PEBB conduct an eligibility review?

PEBB conducts a new eligibility review of members in batches every 60 days.

For detailed information on the PEBB dependent eligibility review including definitions and eligibility rules, please go to our webpage at <https://www.oregon.gov/oha/PEBB/Pages/Dependent-Eligibility-Review.aspx>.



Health Engagement Model (HEM) — active employees only

Learn about your health risks and save money too!

The Health Engagement Model (HEM) pays employees an incentive to learn their health risks and take steps to reduce those risks when possible. When you take part in HEM:

- PEBB pays you a taxable incentive of \$17.50 per month, and
- You keep your medical plan deductible low.

If you decide not to take part, you will have a higher deductible. You will also miss out on a monthly incentive.

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.



Three easy steps to take part in HEM

- 1:** Enroll in a PEBB medical plan for 2022 between Oct. 1 and Oct. 31, 2021. (Be sure to state you plan to take part in HEM.)
- 2:** Take your health assessment on your current PEBB medical plan's website between Sept. 1 and Oct. 31, 2021: <https://www.oregon.gov/oha/PEBB/pages/HEM.aspx>. Health assessments done outside of these dates will not be accepted.
- 3:** Complete two health actions during the plan year. You don't have to report them. You just need to let us know you did them at open enrollment next year: www.oregon.gov/oha/pebb/pages/HEM.aspx.

Just some reminders:

- Spouses and partners don't take part in HEM. However, they still get the advantage of your low family deductible.
- Retiree, COBRA and self-pay members are not eligible for HEM.
- Newly hired employees can take part in 2022 if they are enrolled and receive benefits by Oct. 1, 2021.
- Plan ahead! Kaiser Permanente may take 10 business days to assist you with your password.

Your privacy is assured.

PEBB and your health plan are committed to the privacy and confidentiality of your protected health information (PHI). Your PHI includes your responses to the health-related questions in your health assessment.

Health Engagement Model — continued

Q & A

What happens if I don't enroll Oct. 1–31, 2021?

Only members **who actively enroll during October and choose to take part in HEM** can take advantage of the incentive and lower deductible.

Can I take part in HEM if my benefits start on Nov. 1, 2021?

No. Only members currently active in PEBB with benefits starting Oct. 1, 2021 or earlier can take part in HEM.

I'm out on leave; do I have to enroll to participate in HEM?

Yes. Even if you are on leave, you still need to enroll and choose to take part in HEM between Oct. 1 and 31, 2021, if you want to make a change.

I'm currently enrolled in a medical plan but will switch to a different plan this open enrollment. Under which plan do I take my health assessment?

Take your health assessment under your **current** (2021) carrier since your new plan doesn't start until Jan. 1, 2022.

I currently opt out of medical and or decline all benefits. I don't have a current PEBB medical plan. What do I do?

Call PEBB at 503-373-1102 or email us at inquiries.pebb@dshoha.state.or.us for an access code so you can complete your health assessment.

I did my health assessment last year. Do I have to do a new one this year?

Yes, you need to complete a new health assessment each year between Sept. 1 and Oct. 31 to qualify for the HEM.

I took my health assessment before or after the deadline. Is this okay?

No. PEBB will only accept health assessments completed between Sept. 1 and Oct. 31, 2021.

How do I know my health assessment is complete?

The best way to know if you completed the health assessment is to print out a copy of your certificate of completion. That way you can verify the date you completed it.

What if I can't remember my password to take the health assessment?

Some of the medical carriers have an online password reset function. Your password change will be immediate.

Kaiser Permanente requires you to answer the “challenge questions” you created when you set up the account. If you can answer the questions, you can reset your password online. If you cannot answer the questions, you can request Kaiser mail you a letter with your password. If you use this method, it can take up to two weeks to get your password. So, don't wait until the last minute. Go in now and check your password to make sure you are not left in a bind.



Meet ALEX[®]

ALEX[®] is an online tool that helps you select the best benefit plan for you and your family. When you talk to ALEX you'll be asked a few questions about your health care needs, and then ALEX will crunch some numbers, and point out what makes the most sense for you. And anything you tell ALEX remains between the two of you, so don't be afraid to really let loose about that weird tooth thing.

How long will this take?

Most users spend about 7 minutes with ALEX, but it really just depends how much guidance you'd like. And ALEX can save your place, so you can leave to get some peanut brittle and then pick up right where you left off.

Can I use ALEX on my phone?

Oh yeah. ALEX is optimized for any device you've got.

Can I trust ALEX with my secrets?

Yes! Your ALEX experience is totally private and secure.



How should I prepare?

You don't need to do much of anything. ALEX will ask you to estimate what type of medical care you might need this year (doctors visits, surgeries, ER visits, prescriptions, etc.), so you may want to tally those up and talk to your family about their needs, but ALEX can also help you come up with some estimates.

How does ALEX know what plan is best for me?

ALEX takes the amount each plan would cost you out of your paycheck (your premium) and adds that to the amount it would cost for the services you said you might use. Then he'll recommend the least expensive plan for your needs.

Get started www.myalex.com/pebb/2022

Let's get started with Open Enrollment

It's time for Open Enrollment. We know, we know – you're not thinking about your benefits today. (We promise it won't take long and has the potential to save you money!)

It begins on Oct. 1 and ends on Oct. 31. To make sure your open enrollment process goes as smoothly as possible, we've provided the following checklist:

1. Mark Your Calendar

You won't want to miss the enrollment deadline. If you aren't able to enroll by midnight on Oct. 31 then—well, let's just say, everything gets very, very complicated.

2. Review Your Options with ALEX®

ALEX walks you through the process of picking your best benefits, and provides easy-to-understand explanations for any questions you might have along the way.

Before you enroll, visit ALEX at www.myalex.com/pebb/2022



3. Enroll Online

When you're ready to make your decisions, access our enrollment system at www.PEBBenroll.com

**If you have any additional questions, reach out at
503-373-1102 or inquiries.pebb@dhsosha.state.or.us.**

2022 rates

2022 Employee medical plan monthly premium rates

| | Employee | Employee & spouse/partner | Employee & children | Employee & family |
|---|----------|---------------------------|---------------------|-------------------|
| Kaiser Traditional ¹ | \$834.87 | \$1,669.75 | \$1,419.29 | \$2,254.16 |
| Kaiser Deductible ¹ | \$766.36 | \$1,532.74 | \$1,302.83 | \$2,069.19 |
| Moda Synergy ² | \$769.09 | \$1,538.16 | \$1,307.43 | \$2,076.52 |
| Providence Statewide ³ | \$897.36 | \$1,794.74 | \$1,525.52 | \$2,422.89 |
| Providence Choice ⁴ | \$769.37 | \$1,538.73 | \$1,307.93 | \$2,077.29 |
| Kaiser Traditional Part-Time ⁵ | \$704.12 | \$1,408.24 | \$1,196.98 | \$1,901.11 |
| Kaiser Deductible Part-Time ⁵ | \$629.59 | \$1,259.18 | \$1,070.30 | \$1,699.89 |
| Moda Synergy Part-Time ⁶ | \$626.14 | \$1,252.27 | \$1,064.44 | \$1,690.59 |
| Providence Statewide Part-time ⁷ | \$728.97 | \$1,457.96 | \$1,239.26 | \$1,968.23 |
| Providence Choice Part-time ⁸ | \$623.49 | \$1,246.95 | \$1,059.92 | \$1,683.39 |

¹ Available to PEBB eligible full-time and part-time employees in plan service area. Kaiser routine vision services.

² Available to PEBB eligible full-time and part-time employees in plan service area.

³ Available to PEBB eligible full-time and part-time employees.

⁴ Available to PEBB eligible full-time and part-time employees in plan service area.

⁵ Additional option available to eligible part-time employees in plan service area. Vision exam only.

⁶ Additional option available to eligible part-time employees in plan service area.

⁷ Additional option available to eligible part-time employees.

⁸ Additional option available to eligible part-time employees in plan service area. Vision exam only.

2022 Employee vision plan monthly premium rates

| | Employee | Employee & spouse/partner | Employee & children | Employee & family |
|----------|----------|---------------------------|---------------------|-------------------|
| VSP | \$8.69 | \$17.39 | \$14.79 | \$23.47 |
| VSP Plus | \$15.21 | \$30.44 | \$25.86 | \$41.08 |

2022 Employee dental plan monthly premium rates

| | Employee | Employee & spouse/partner | Employee & children | Employee & family |
|--|----------|---------------------------|---------------------|-------------------|
| Kaiser Permanente ¹ | \$65.18 | \$130.35 | \$110.80 | \$175.98 |
| Delta Dental Premier ² | \$62.55 | \$125.07 | \$106.31 | \$168.86 |
| Delta Dental PPO ³ | \$57.79 | \$115.57 | \$98.24 | \$156.03 |
| Willamette Dental Group ⁴ | \$56.49 | \$112.99 | \$96.10 | \$152.59 |
| Delta Dental ⁵ | \$45.01 | \$90.02 | \$76.51 | \$121.51 |
| Kaiser Permanente Part-time ⁶ | \$48.60 | \$97.20 | \$82.64 | \$131.24 |

¹ Available to PEBB eligible full-time and part-time employees in plan service area.

² Available to PEBB eligible full-time and part-time employees.

³ Available to PEBB eligible full-time and part-time employees.

⁴ Available to PEBB eligible full-time and part-time employees in plan facilities.

⁵ Additional option available to eligible part-time employees; in plan facilities.

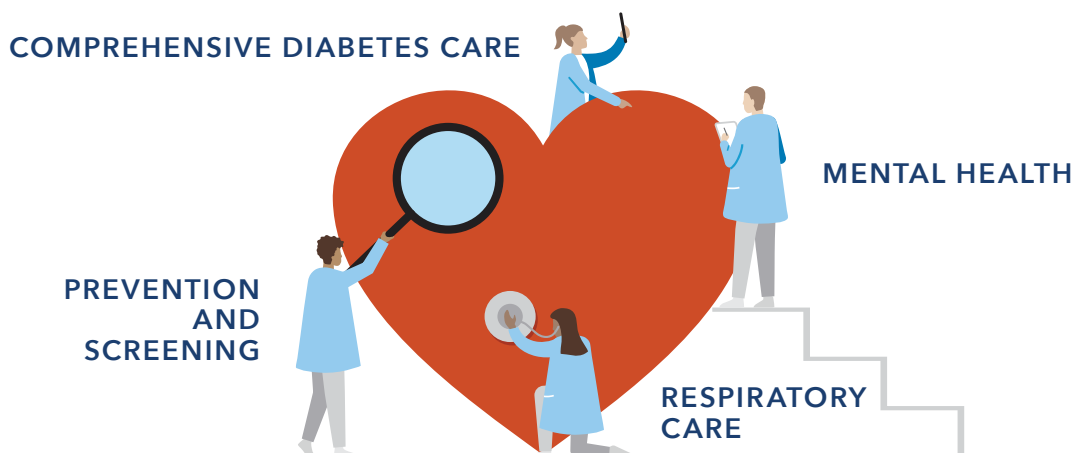
⁶ Additional option available to eligible part-time employees; in plan service area.

Note: All rates include 0.4% commission and 0.75% PEBB administration cost.

High-quality clinical care

When your health needs serious attention, our specialty care has you covered.

In 2020, Kaiser Permanente led the nation as the top performer in 34 effectiveness-of-care measures.¹



Specialty care when you need it

No matter your needs – mental health, maternity, cancer care, heart health, and more – you’ll have access to highly trained doctors, the latest technology, and evidence-based care to help you recover quickly.

A comprehensive approach to care

With one of the largest multispecialty medical groups in the country,² we can help connect you with a specialist who can create a personalized plan for your care. To learn how our specialists work together in a connected system, visit kp.org/specialtycare.

Support for ongoing conditions

If you have a condition like diabetes or heart disease, you’re automatically enrolled in a disease management program for personal coaching and support. With a well-rounded approach backed by proven best practices and advanced technology, we’ll help you get the care you need to continue living life to the fullest.

¹Kaiser Permanente 2020 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2020 and is used with the permission of NCQA. Quality Compass 2020 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality.

²“50 Largest US Medical Group Parents,” Becker’s Hospital Review, March 13, 2018, [beckershospitalreview.com/rankings-and-ratings/50-largest-u-s-medical-group-parents.html](https://www.beckershospitalreview.com/rankings-and-ratings/50-largest-u-s-medical-group-parents.html).



Kaiser Permanente Medical — continued

Convenient ways to get what you need

You've got more ways to get care than ever before, so it can be easier to stay on top of your health.



In-person care

Visit your doctor for routine care or when you're not feeling well. We offer same-day, next-day, after-hours, and weekend services at many of our locations.¹ Get a lab test and pick up prescriptions in the same trip – many services are often under one roof.²



Video or phone appointment

Schedule a face-to-face video visit or phone appointment with your care team and any specialists you've been referred to.^{3,4}



Email

Message your Kaiser Permanente doctor's office with nonurgent questions and get a reply usually within 2 business days.



Prescription delivery

Order prescription refills with our app or at kp.org and get them delivered to your home.^{4,5,6}



24/7 advice

Get on-demand support with 24/7 care advice by phone.



E-visit

Use our online symptom checker to get personalized care advice within a few hours.

Care away from home

You're covered for urgent and emergency care anywhere in the world. You can also get urgent care at a MinuteClinic (in select CVS and Target stores) or



¹In the case of a pandemic, some facilities may be closed or offer limited hours and services.

²These features available when you get care at Kaiser Permanente facilities.

³When appropriate and available. 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.

⁴These features are available when you get care from Kaiser Permanente facilities.

⁵To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.

⁶Available on most prescription orders; additional fees may apply.



Kaiser Permanente Medical — continued

Making the most of your membership

Good health goes beyond the doctor's office. Find your healthy place by exploring some of the convenient options available to members.¹ Many of these resources are available at no additional cost.



Kaiser Permanente app

Manage your health 24/7 – schedule appointments, email your doctor's office with nonurgent questions, order most prescription refills, see most test results, read your doctor's notes, and more.^{2,3}



Acupuncture, massage therapy, chiropractic care

Get discounts on alternative care from providers belonging to the CHP Group network. Visit chpgroup.com to learn more and find a provider.



Reduced rates on gym memberships

Stay active by joining a local fitness center, plus enjoy thousands of digital workout videos.



Healthy lifestyle programs

Connect to your health with online programs to help you lose weight, quit smoking, reduce stress, and more.



Wellness coaching

Get help reaching your health goals by working one-on-one with a wellness coach by phone.

More ways to help improve your total health⁴

Calm

Use meditation and mindfulness to help build mental resilience, reduce stress, and improve your sleep.

myStrength

Set mental health goals, track progress, and get support managing depression, anxiety,

CLASSPASS

Choose from thousands of on-demand workout videos and get reduced rates on livestream

¹These 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.

²These features are available when you get care from Kaiser Permanente facilities.

³To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.

⁴Only available to Kaiser Permanente members with medical coverage; myStrength® is a trademark of Livongo Health, Inc., a wholly owned subsidiary of Teladoc Health, Inc.

Moda Health



Experience better

Enjoy better care for a better cost. With our coordinated care plans, you'll receive excellent care from high-quality providers who work together to help you be your healthy best. You'll pay less and have the support to help you meet your health goals.

Choose a Moda Synergy Health plan to enjoy:

Medical and pharmacy benefits from one health partner and one network to cover your care in all of Oregon. **Oregon Health & Science University (OHSU) care is included!** Plus, our **Moda 360** support team can also help you easily navigate the healthcare system to make sure you get the most out of your health benefits.

- A large network of providers including high-quality primary care providers in Oregon, Southern Washington, and Idaho without the need for referrals
- **No referrals, no fuss!** We do not require referrals from your primary care provider to see a specialist. Plus, you'll only pay a \$10 copay.
- Take advantage of a large network of alternative care providers (**including licensed massage therapists**) for only a \$10 copay. To find in-network providers, use our online provider directory, Find Care.

No referrals required
for specialist visits

Coordinated care made better

Each enrolled Moda PEBB member will need to choose a PCP 360 to receive in-network benefits for primary care services. For all other services, members may see any in-network Synergy provider.

A PCP 360 is a primary care provider who has agreed to be accountable for your health. You can count on them to deliver full-circle, higher-quality care, coordinating with other providers as needed.

Each of your covered family members can pick the same PCP 360, or a different one – it's up to each of you.



Finding a PCP 360

As a member on the Moda Health medical plan, you will need to choose a PCP 360 for your primary care.

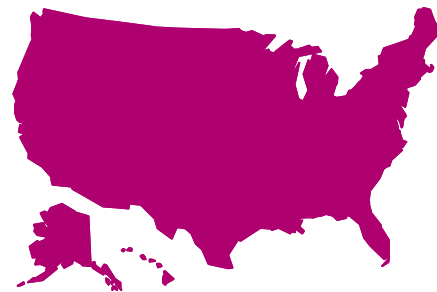
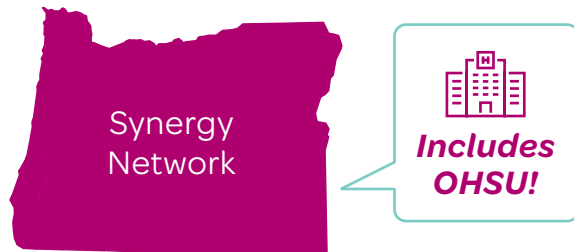
- 1 To find a PCP 360 for yourself or another member on your plan, visit modahealth.com/PEBB
- 2 Choose the **Find Care** link on the left side of the page
- 3 Under the **Search by network** drop-down menu choose **Synergy**
- 4 Under the **Type** drop-down menu, choose **PCP 360** before you search

PCP 360 providers will have a "360" graphic under their phone number.





Moda Health — continued



Access care statewide through our Synergy Network

Use our Synergy Network to get high-quality care close to home. The network's diverse and wide selection of hospitals includes:

- Adventist Health (OHSU partner)
- Asante
- Bay Area Hospital
- Blue Mountain Hospital District
- CHI St. Anthony Hospital
- Columbia Memorial Hospital
- Good Shepherd Healthcare System
- Grande Ronde Hospital
- Harney District Hospital
- Kadlec District Hospital
- Lake Health District Hospital
- Legacy Health
- Legacy Silverton Hospital
- Mid-Columbia Medical Center
- Oregon Health & Science University (OHSU)
- PeaceHealth
- Pioneer Memorial Hospital – Heppner
- Saint Alphonsus Health System
- Salem Health Hospitals and Clinics
- Samaritan Health Services
- Santiam Hospital
- Sky Lakes Medical Center
- St. Charles Health System
- St. Luke's Hospital
- Tillamook Regional Medical Center
- Trios Health
- Tuality Healthcare (OHSU partner)
- Wallowa County Memorial Hospital

Care is never far with the First Health Network

When traveling outside the network service area, you can use the First Health Travel Network for urgent and emergent care to receive the in-network benefit level.

Out-of-area dependents

The Moda Synergy plan covers dependents who live outside of the service area (for example: college students). Out-of-area dependents will need to select a PCP 360 and utilize that provider when they are in the service area. When they are away from the service area, they have access to our travel network. Please update the dependent's address in the PEBB enrollment system or contact your employer.

Understanding the benefits in our 2021 health plans can help you choose the plan that's right for you and your family. To learn more, please visit modahealth.com/PEBB.

Moda Health — continued

With moda  the world of healthcare *revolves around you*



Healthcare can be complicated. That’s why we created Moda 360 – your own enhanced member support team.

Every time you call Moda Health, you will be connected with a **Moda 360 Health Navigator**. The Health Navigator will answer any questions you may have, as well as serve as your guide to connect you with the care, resources and programs that will work best for you.

Moda 360 Health Navigators will help you identify, coordinate and connect with the following resources:

- Access to personalized support for many chronic conditions
- Coordination with your PCP
- Access to CirrusMD, a 24/7 nationwide telehealth option
- Access to Meru Health, a digital app that provides behavioral health support

Specialized behavioral health support

Now you can get therapy on your smartphone through our partner, Meru Health. Completely confidential, this online program provides 12 weeks of treatment to help with depression, anxiety and burnout.

The program offers:

- Confidential access to a personal, licensed therapist and psychiatrist
- 12 weeks of empowering content
- Anonymous peer support
- A biofeedback device to increase focus and manage stress
- Mindfulness practices for balancing mood and energy
- Habit-changing activities for sleep, nutrition and more that you can access any time and anywhere

Meru Health’s program is available to qualified Moda Health members 18 or older located in Oregon, Washington or Idaho. Meru Health will bill the initial evaluation call at the same cost-share (subject to any deductible) as your in-network virtual care visit for mental health. They accept FSA/HSA accounts to cover the cost of the initial copay. The initial evaluation call is the standard mental health cost sharing (which may be subject to the deductible). After that, the program is available at zero cost.

To sign up, go to modahealth.com/meru



Moda Health — continued**Text a doctor**

Enjoy fast and private access to a dedicated doctor in under a minute! Use the CirrusMD app for any health question or advice. Whether you have a question about COVID-19, need an inhaler prescription, have a runny nose, etc., doctors are available 24/7 to help with no member cost-share.

With the CirrusMD app, all you need is Internet access to:

- Ask an urgent or general health question
- Message, share photos or video chat
- Get peace of mind, even at 2 a.m.
- Come back to conversations or follow up as often as you'd like

To start using CirrusMD, download the app and register with your date of birth and ZIP code. Open the app and start chatting with a doctor, just like you'd text with a friend.

For more details, go to cirrusmd.com/modahealth

CIRRUS MD

Better together – Moda 360 integrates medical and dental care

Let a Moda 360 Health Navigator be your guide for both medical and dental care.

Why are medical and dental better together?

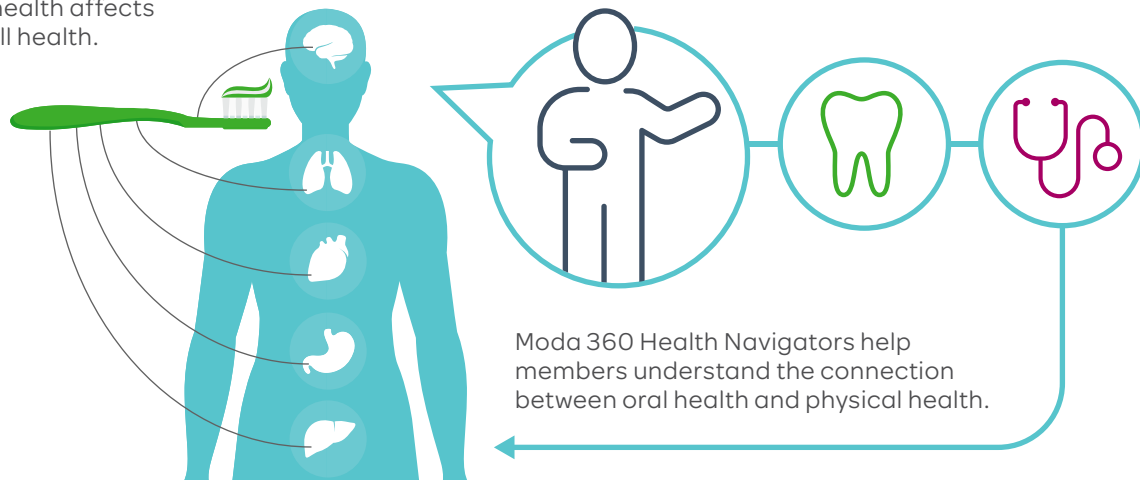
Our oral health affects our overall health. In fact, gum disease has been connected with:

- Diabetes
- Coronary heart disease (plaque buildup on the walls of the arteries that supply blood to the heart)
- Cerebrovascular disease (conditions that affect the flow of blood to the brain)

With Moda 360 integrated medical and dental care, you get integrated disease management, education, and everything you need to take good care of your whole body.

Members with a Moda Health medical plan and a Delta Dental plan will now have medical and dental integration. This means a Health Navigator will help you with any questions you may have and connect you to the medical and dental programs, services and tools that will work best for you.

Oral health affects overall health.





Moda Health — continued

Expect quality pharmacy benefits

Quality prescription coverage is right at the heart of a great plan. We're here to support your pharmacy needs, every step of the way.

Access medications your way

As the administrator of the Oregon Prescription Drug Program (OPDP), we take pride in actively managing your pharmacy benefits. We provide quality, comprehensive coverage that reflects the most current industry standards.

Through the prescription program, you can access a high-performance formulary (a list of prescription drugs) with options under the value, select generic and preferred tiers. Each tier has a copay or coinsurance amount set by the plan.

To find a list of covered medications, visit modahealth.com/pebb and click on the **Resources** tab on the left hand side.

Pharmacy plan savings

There are a few ways to save on prescription drug costs. Use your 90-day mail-order benefit through Postal Prescription Services (PPS). You can receive significant savings by using the mail-order benefit.

Effective Jan. 1, 2022 - You can use your 90-day mail order benefit through Costco too.

You can fill a 90-day prescription for value, select generic, preferred medications at many participating pharmacies.



Download your ID card!

Download the app or login to your Member Dashboard to get a copy of your ID card.



Moda Health — continued**Value-tier medications**

Value medications include commonly prescribed products used to treat chronic medical conditions and preserve health. They are identified – based on the latest clinical information and medical literature – as being safe, effective, cost-preferred treatment options.

The Moda Health PEBB value tier includes products for the following health issues:

- Asthma
- Heart, cholesterol, high blood pressure
- Diabetes
- Osteoporosis
- Depression

A list of medications included under the value tier can be found on the pharmacy tab at: modahealth.com/pebb.

Ardon Health specialty pharmacy services

Ardon Health is the specialty pharmacy for PEBB members. Ardon, based in Portland, Oregon, provides free delivery of specialty medications to a patient's home or physician's office. Ardon Health provides specialty medications for conditions including Crohn's disease, hepatitis C, multiple sclerosis, rheumatoid arthritis and more. You can learn about Ardon Health at ardonhealth.com. You can also call Ardon Customer Service toll-free at 855-425-4085. TTY users, please call 711.

New 2022 pharmacy updates

We are changing our pharmacy benefits manager (PBM) to Navitus. The change will take place Jan. 1, 2022. For PEBB medical members, this means:

- New ID cards
- Changes to the prescription drug list
- Changes to the pharmacy network
- A new mail-order pharmacy option

Please remember to show your new ID card at the pharmacy when you have your first prescription filled after Dec. 31, 2021.

If you don't have a new ID card on hand, you will need to share the following information with your pharmacy starting Jan. 1, 2022:

PCN: NVT
 BIN: 610602
 Rx group: PEBB

Effective 1/1/22 - CVS pharmacy will no longer be in-network. However, Walgreens will now be in-network.

To find in-network pharmacies for 2022. Use Find Care (Moda's online provider directory), at modahealth.com/pebb. Then select the 2022 NW Prescription Drug Consortium Core network to find in-network pharmacies.

You can also call your Health Navigator team at 844-776-1593

Starting Jan. 1, 2022, the Pharmacy Search tool in our Member Dashboard will reflect the new 2022 pharmacy network.

Providence



Administered by



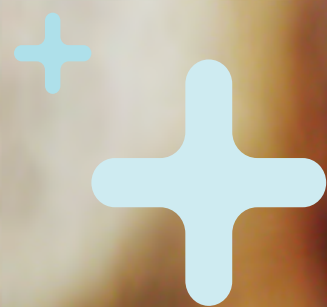
Building True Health, Together

For more than 160 years, Providence has set the health and well-being standard for the community. We continue to raise this standard every day by helping anyone in need, members and beyond.

Think of our plans as an extension of the care you already give your members—a true sense of security, allowing your people to focus on their craft. We call this commitment to care True Health.

It isn't solely about treating sickness, it's about investing in health. We leverage our own network of doctors, hospitals, clinics, and trusted partners, to deliver on the whole care picture—True Population Health. This means we step in earlier, improve outcomes, and better the health of everyone.

We all deserve True Health



Administered by



Providence — continued

More ways to reach True Health



Active&Fit Direct®

Ready to kick-start a routine or looking to take it to the next level? Access more than 11,000 involved fitness centers, 2,500 digital workout videos or daily weekday workout classes on Facebook Live and YouTube. It's just \$25 per month (plus a \$25 enrollment fee and applicable taxes; 3-month commitment required).*

**Prices, terms and programs subject to change.*



LifeBalance

Get discounts on the things you love to do. Enjoy movies, travel, or a night on the town. LifeBalance provides savings on more than 20,000 travel, cultural, sports and other fun activities.



ID Protection

Get peace of mind with Assist America Identity Theft Protection's fraud monitoring, warning and outcome.



Personal Health Coach

Thinking about a healthier lifestyle but don't know where to start? Providence health coaches are here to support your journey to a healthier, happier life.



Providence Behavioral Health Concierge

PEBB members and families can access virtual confidential same-day or next-day appointments at no cost to members, with Providence licensed mental health providers.



ChooseHealthy

We'll show you many ways to achieve your health goals. Save big on fitness and wellness products, services and memberships.



Emergency Travel Assistance

Get emergency medical help while traveling away from home, or even internationally with Assist America Travel Assistance.



Kaia Health

You have what it takes to manage your pain. Kaia's at-home therapy program is here to support you every step of the way.



Visit our website at ProvidenceHealthPlan.com/PEBB for more information and how to access these resources.

Pharmacy Resources

Providence members have access to a comprehensive prescription drug formulary designed to promote safe, effective and low-cost drug therapy. Have questions about pharmacy benefits and prescription drug coverage? See the pharmacy FAQ at ProvidenceHealthPlan.com/PEBB for answers.

Use the prescription drug cost calculator to easily estimate costs based on your Providence health plan. Find out what's covered and any costs you might have to pay or compare costs from multiple pharmacies.

Administered by



Providence — continued

Wellness Resources

Below are some of the wellness resources we have available to support your True Health.

Better Choices, Better Health®

Join this online support group and workshop designed by researchers at Stanford University to help you live healthier. Find tools to help you increase physical activity, lower your blood sugar levels, and reduce stress and feelings of isolation.

Quit For Life

Quitting tobacco of any sort takes a commitment. Many have been able to quit on their own, but the chances of being successful are eight times greater with support. Partner with a coach to create your unique quit plan. Also, get customized guidance to help you stop cravings for good.

Virtual Lifestyle Management

An online program from Canary Health, designed to help you improve your health and lower your risk of getting diabetes. The program consists of 16 weekly lessons, 24/7 online tools and a dedicated personal health coach to empower you to reach your health goals.

Vision discounts

We partner with Northwest Vision Associates and Visionworks to bring you great discounts on vision services. Discounts include LASIK, contact lenses, eyeglasses and eye exams.

Wellness Central

This is your True Health hub, with access to a personal dashboard of all your unique health needs, risks, activity and more.

Weight Loss

With WW (formerly Weight Watchers), build healthy habits! WW welcomes anyone who wants to eat better, move more, develop a healthy mindset—or all the above!

Providence Sleep Disorders Centers

Our team of experts, with over 25 years' experience, has the answers and treatment for your sleep problems.

ExpressCare Virtual

Easy-to-use and available for extended hours, 7 days a week from your tablet, smartphone or computer.



Administered by



Providence — continued

 A photograph of two women in athletic wear performing pushups on a log on a beach. The woman on the left is wearing a yellow beanie and a dark tank top. The woman on the right is wearing a green and white baseball cap and a dark tank top. The background shows the ocean and a cloudy sky.

**We're here for you
when you need us**

Providence Behavioral Health Concierge

Access virtual, private same-day or next-day appointments—at no cost to members—with Providence licensed mental health providers. Members and their families in Oregon, Washington, Montana, Idaho and Texas can now receive:

- ✔ Help with life stressors, mental health and addiction issues
- ✔ Support for members and their families
- ✔ Counseling, care guidance and self-help tools
- ✔ Video appointments

Kaia Health

Join over 400,000 people who have turned to Kaia for pain relief. Start feeling better today with a customized therapy solution. Whether your pain is sudden, occasional, or chronic, Kaia has your back and joint pain covered.

- ✔ Discover the root of your pain
- ✔ Receive customized exercises tailored to your fitness level
- ✔ Learn physical and mental relaxation techniques
- ✔ All you need is your smartphone to get started

Providence Statewide



Great coverage with more perks

Looking for a robust plan with lots of extras? The Providence Statewide plan is a PPO plan that gives you access to primary care providers, specialists and pharmacies of your choice—without a referral. Choose from a network of over 1 million providers nationwide. This plan is offered in all Oregon counties, and any PEBB member can enroll.

Plan features

- ✔ Access to the Providence Signature Network (includes OHSU)
- ✔ Any amount paid toward your plan deductible in Oct., Nov. and/or Dec. 2021 is applied to your 2022 plan deductible
- ✔ No referrals needed
- ✔ Behavioral Health Concierge with virtual same-day or next-day appointments at no cost to members
- ✔ A tailored at-home therapy plan includes exercise, rest, and expert advice
- ✔ Wellness resources to help you improve your diet, have more energy, enjoy better health, and much more

Enjoy extra savings

Providence Statewide plan members can pay less out-of-pocket for certain health care services. They just need to get care at an Oregon Health Authority (OHA)-approved patient-centered primary care home (PCPCH). These are health clinics known by OHA for their commitment to quality coordinated care.

Search the provider directory for an up-to-date listing of OHA-approved patient-centered primary care homes.

Providence Choice











Coordinated care from your dedicated health team

Led by a primary care provider, the Providence Choice medical home plan is designed to give you complete, correct and personal medical care for the healthiest results possible. Your medical home team coordinates all your health care needs, including referrals when needed. If you choose to go out-of-network for care, refer to your benefit summary for out-of-network plan benefits and costs.

Medical homes are in Clark, Klickitat and Skamania counties in southwest Washington, and most counties in Oregon. See the provider directory to learn more or to find a medical home near you.

Plan features

-  Access to the Providence Choice Network, with your choice of more than 420 medical homes.*
-  Access to a large selection of local Choice network providers or national health care providers through the Cigna PPO** Network, with a Medical Home referral.
-  In-network benefits apply for covered services provided or arranged by the medical home.
-  Any amount paid toward your plan deductible in Oct., Nov. and/or Dec. 2021 is applied to your 2022 plan deductible
-  A medical home team that coordinates all referrals.
-  Coverage for urgent/emergent services away from home.
-  No-cost care visits through Providence Express Care retail clinics (where available), Providence Express Care Virtual and Web-direct visits.
-  Access to Behavioral Health Concierge and Kaia Health.

*Members must choose a medical home and notify the health plan of that choice to receive in-network benefits for covered services. See how to inform the plan of your medical home selection.

**The Cigna PPO network refers to the healthcare providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration. Cigna is an independent company and not affiliated with Providence Health Plan. Access to the Cigna PPO Network is available through Cigna's contractual relationship with Providence Health Plan. All Cigna products are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

Kaiser Permanente Vision



At Vision Essentials by Kaiser Permanente, we see eye care differently. Healthy sight is more than glasses and contact lenses. Our optometrists and ophthalmologists provide comprehensive eye care, including routine eye exams, to help keep your vision sharp



Integrated care

Through our electronic health record system, all your care providers can see a comprehensive picture of your health and act as part of a team to help you make health care decisions.

Providers will notify you of gaps in your health care and help you schedule preventive appointments, including vaccinations, physicals, and important eye health screenings.

Convenience

We have clinic locations from Salem to Longview, most located in medical offices. To schedule an exam, order contact lenses, or find a location near you, visit kp2020.org or call **1-800-813-2000** (TTY 711).



Getting care in Lane County

Members in Lane County can get routine eye exams at Oregon Eye Associates or PeaceHealth Eye Care and Optical Shop.

To make an appointment, please contact:

Oregon Eye Associates: **541-484-3937** or **1-800-426-3937**

PeaceHealth Eye Care and Optical Shop: **458-205-6257**

Want to talk? We're here to help.

Kaiser Permanente Member Services can answer your questions – like where to get care or what options are included. Call **1-800-813-2000** (TTY 711), Monday through Friday, 7 a.m. to 6 p.m.

To learn more about Kaiser Permanente, visit kp.org.





YOUR EYES HAVE OPTIONS

Open enrollment is here! Great news! You have two VSP plans to choose from that offer you and your family the personalized coverage you deserve.



The choice is yours—stick with the basic plan or choose to enroll in the VSP® Plus plan and get even more coverage.



GET THE BASICS

You get access to a huge network of exceptional eye doctors and the coverage you expect at low out-of-pocket costs:

- Annual WellVision Exam®
- Glasses or contacts
- LightCare: ready-made non-prescription sunglasses, or
- ready-made non-prescription blue light filtering glasses
- Vision Therapy
- Special offers and savings

UPGRADE TO THE PLUS PLAN TO PERSONALIZE YOUR VISION COVERAGE

You and your eyes are unique and your coverage should be too. When you upgrade your plan, you'll get all the above basics, plus a whole lot more.

ENROLL IN VSP TODAY!*

YOU'LL BE GLAD
YOU DID. CONTACT
US AT **800.877.7195**
OR VISIT **VSP.COM**.



HERE'S A LOOK AT WHAT YOU COULD GET

- **LightCare**
Increased allowance for non-prescription sunglasses or ready-made non-prescription blue light filtering glasses
- **Increased Frame Allowance**
Covers more of your favorite designer frames
- **Anti-glare Coating**
Reduce glare and combat reflection
- **Progressive Lenses**
See clearly at any distance

Check your member benefits summary for plan details.

*VSP is for Moda and Providence members only.

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Kaiser Permanente Dental



We believe in total health, beginning with high-quality dental and oral care. That's why every member gets a personalized prevention and treatment plan. And that's why dental

Our philosophy of care

Integrated approach

Our dentists collaborate with your doctors, providing integrated care, which helps you rest easy, knowing we are looking out for your total health.

Your dental team has access to your health history, so the team can alert you to important health screenings or tests you may need.



Quality

We have been independently recognized for more than 30 years by the Accreditation Association for Ambulatory Health Care (AAAHC) as a leader in providing high-quality, patient-centered, comprehensive care.* This means our Dental Program has met rigorous national standards. Currently we are the only dental practice in the Pacific Northwest with AAAHC accreditation.

Urgent and emergency care

Emergency dental conditions include severe swelling or infection, severe traumatic injury to teeth, bleeding that doesn't stop, and extreme pain. If you need emergency care, please call the Appointment Center any time, any day.



Getting convenient care

Hours are Monday through Saturday, 7 a.m. to 6 p.m.

Valley River Dental Office in Eugene is closed on Wednesdays.

Dental Appointment Center: **1-800-813-2000**

TTY: **711**

For more information visit kp.org/dental/nw.



*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

¹When you have both Kaiser Permanente medical and dental coverage. Medical services are available at select dental locations.

²According to the Press Ganey survey for January 2019–December 2019.

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232.
©2020 Kaiser Foundation Health Plan of the Northwest

Delta Dental of Oregon



Quality coverage for your *smile*

With Delta Dental of Oregon plans, you'll have access to Delta Dental, the nation's largest dental networks.

Dental benefit highlights

Our Delta Dental of Oregon plans connect you with great benefits and quality in-network dentists. You can count on:

- Freedom to choose a dentist
- Contracted-fee savings from participating dentists
- Savings from in-network dentists
- Cleanings every six months
- Predetermination of benefits if requested in a pretreatment plan
- No claim forms
- Superior customer service

Our dental plans also include useful online tools, resources and special programs for those of you who may need extra attention for your pearly whites.

Better together – Moda 360 integrates medical and dental care

Now, when you have both Moda Health and Delta Dental, your Moda 360 Health Navigator team has got you covered for both your medical and dental care needs.

Why are medical and dental better together?

Our oral health affects our overall health. In fact, gum disease has been connected with:

- Diabetes
- Coronary heart disease (plaque buildup on the walls of the arteries that supply blood to the heart)
- Cerebrovascular disease (conditions that affect the flow of blood to the brain)

With Moda 360 integrated medical and dental care, you get integrated disease management, education, and everything you need to take good care of your whole body.

Delta Dental networks go where you go

Each Delta Dental of Oregon plan comes with a Delta Dental network. It includes thousands of dentists across the state and country.

In-network dentists agree to accept our contracted fees as full payment. They also don't balance bill – the difference between what we pay and the dentist's fees. This can help you save on out-of-pocket costs. If you see providers outside the network, you may pay more for care.

Delta Dental Premier® Network

This is the largest dental network in Oregon and nationwide. It includes more than 2,400 providers in Oregon and over 156,000 Delta Dental Premier Dentists nationwide. To have access to our Premier Network, you will want to select Dental Plan 1, 5 or 6.

Delta Dental PPOSM Network

This is one of the largest preferred provider organization (PPO) dental networks in Oregon and across the country. It includes more than 1,300 participating providers in Oregon and offers access to over 112,000 Delta Dental PPO dentists nationwide. These providers have agreed to lower contracted rates, which means more savings for you. In order to access the PPO network savings, you will want to select one of the two Exclusive PPO plans.



Delta Dental — continued

Health through Oral Wellness[®]

When it comes to oral health, we know some people need more care than others. Delta Dental of Oregon's Health through Oral Wellness[®] program offers extra benefits to members who have a greater risk for oral diseases.

The program uses an oral health assessment to find out your risk of tooth decay, gum disease and oral cancer. Based on your risk score, you may qualify for additional cleanings, fluoride treatments, sealants and periodontal maintenance.

With extra benefits and related care, you can:

- Take charge of your oral health
- Prevent oral health issues before they happen
- Access resources to manage your oral health
- Learn how to achieve and maintain better oral wellness

Ready to get started?

Follow these simple steps to see if you qualify:

- 1 Visit modahealth.com/pebb to learn more about the program and take a free oral health risk self-assessment. You can choose to share your results with your dentist to start the conversation.
- 2 Talk to your dentist about the program. If they're not registered, ask them to call our toll-free Health through Oral Wellness provider line at 844-663-4433. Once registered, they can perform an oral health risk exam and let you know if you qualify.

To see which providers are participating in HtOW, there is a green badge shown in Find Care



Members with a Moda Health medical plan and a Delta Dental plan will now have medical and dental integration. This means a Health Navigator will help you with any questions you may have and connect you to the medical and dental programs, services and tools that will work best for you.

Willamette Dental Group

Willamette Dental Group 



For 50 years, Willamette Dental Group has proudly partnered with public employers throughout the Pacific Northwest, offering high quality dental care and outstanding insurance coverage to more than 450,000 patients. Our evidence-based, proactive treatment approach to dental care focuses on what matters most: providing quality, individualized care to each patient that educates for the future rather than only solving the immediate issues at hand.

QUICK FACTS



No annual maximum¹, no deductibles



PEBB patient satisfaction averages over 96%



Services covered at predictable, low copays



Most offices open 7 AM to 6 PM Mon - Fri with Saturday appointments available



Affordable orthodontic coverage for adults and children

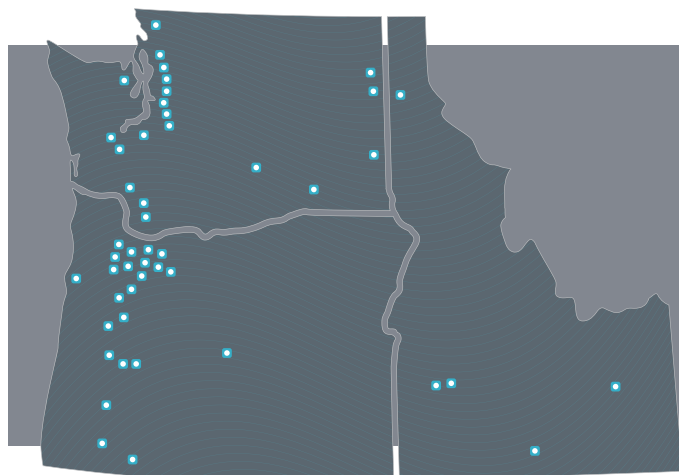


No premium or copay changes for 2022 plan year

START YOUR PARTNERSHIP WITH US TODAY!

Practicing daily oral hygiene at home, and partnering with your dentist keeps your body healthier. Our dentists are here for you. For current and new Willamette Dental plan members, we're eager to start our partnership with you. **So much so that we're waiving the office visit copay for your new patient appointment if you haven't come in to see us yet.**

CONVENIENT DENTAL OFFICE LOCATIONS



Locations Include:

| | |
|------------------|-------------------------------|
| Albany, OR | Meridian, ID |
| Bend, OR | Portland Metro (11 locations) |
| Boise, ID | Richland, WA |
| Corvallis, OR | Roseburg, OR |
| Eugene, OR | Salem, OR (2 locations) |
| Grants Pass, OR | Springfield, OR (2 locations) |
| Lincoln City, OR | Vancouver, WA (2 locations) |
| Medford, OR | |

Learn more about providers and locations at willamettedental.com/pebb

045-OR90(6/21) Underwritten by Willamette Dental Insurance, Inc.

Willamette Dental Group — continued**WILLAMETTE DENTAL GROUP PLAN BENEFIT SUMMARY**

To receive the excellent benefits of the Willamette Dental plan, member must use a Willamette Dental Group provider at one of our conveniently located Willamette Dental offices.

This is a summary. Refer to the Certificate of Coverage for a complete description of benefits, exclusions, and limitations.

| COVERED BENEFITS | COPAYS |
|--|--|
| Annual Maximum | No Annual Maximum ¹ |
| Deductible | No Deductible |
| General or Orthodontic Office Visit | You Pay \$10 per Visit ² |
| DIAGNOSTIC & PREVENTIVE SERVICES | |
| Routine & Emergency Exams | Covered with the Office Visit Copay |
| X-rays | Covered with the Office Visit Copay |
| Teeth Cleaning | Covered with the Office Visit Copay |
| Fluoride Treatment | Covered with the Office Visit Copay |
| Sealants (per Tooth) | Covered with the Office Visit Copay |
| Head and Neck Cancer Screening | Covered with the Office Visit Copay |
| Oral Hygiene Instruction | Covered with the Office Visit Copay |
| Periodontal Charting | Covered with the Office Visit Copay |
| Periodontal Evaluation | Covered with the Office Visit Copay |
| RESTORATIVE DENTISTRY | |
| Fillings | You Pay a \$20 Copay |
| Porcelain-Metal Crown | You Pay a \$250 ³ Copay |
| PROSTHODONTICS | |
| Complete Upper or Lower Denture | You Pay a \$290 ³ Copay |
| Bridge (per Tooth) | You Pay a \$250 ³ Copay |
| ENDODONTICS & PERIODONTICS | |
| Root Canal Therapy – Anterior / Bicuspid / Molar | You Pay a \$150 Copay |
| Osseous Surgery (per Quadrant) | You Pay a \$190 Copay |
| Root Planing (per Quadrant) | Covered with the Office Visit Copay |
| ORAL SURGERY | |
| Routine Extraction (Single Tooth) | Covered with the Office Visit Copay |
| Surgical Extraction | You Pay a \$40 Copay |
| ORTHODONTIA TREATMENT | |
| Pre-Orthodontia Treatment | You Pay a \$150 ⁴ Copay |
| Comprehensive Orthodontia Treatment | You Pay a \$2,500 Copay |
| DENTAL IMPLANTS | |
| Dental Implant Surgery | Implant benefit maximum of \$1,500 per calendar year |
| MISCELLANEOUS | |
| Occlusal Guard | Covered with the Office Visit Copay |
| Athletic Mouth Guard | You Pay a \$100 Copay |
| Local Anesthesia | Covered with the Office Visit Copay |
| Dental Lab Fees | Covered with the Office Visit Copay |
| Nitrous Oxide | Covered with the Office Visit Copay |
| Specialty Office Visit | You Pay \$10 per Visit ² |
| Out of Area Emergency Care Reimbursement | You pay charges in excess of \$150 |

¹Benefits for implant surgery have a benefit maximum. ²An office visit copayment applies at each visit, in addition to any copayments for services. ³Dental implants-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit.

⁴Copay credited towards the Comprehensive Orthodontia Treatment copay if patient accepts treatment plan.

State employee health and wellness

You are the state's most valuable resource. Your health and well-being positively influence your ability to:

- Be productive
- Feel engaged in your work
- Care for your family, and
- Do things that bring you satisfaction.

You are better able to serve Oregonians and slow health care costs when you are healthy and empowered.

Taking care of your health and well-being is more important than ever. You have loads of resources available to support you along the way. You have access to valuable benefits. You also have a variety of other services available at **no cost** to you or eligible family members:

- **Better Choices Better Health** is a six-week online program to help those with chronic conditions:
 - » Manage their health
 - » Connect with others online, and
 - » Track their progress toward health goals.
- **Cascade Centers Employee Assistance Program (EAP)** offers employees support and services including:
 - » Emotional well-being
 - » Stress management
 - » Legal and financial tools
 - » Work and family life balance services, and
 - » A variety of other services
- **Omada** is available to Kaiser Permanente members. It is a digital diabetes prevention program. Omada surrounds you with the tools and support you need to:
 - » Lose weight
 - » Gain energy, and
 - » Take control of your health
- **Prevent Diabetes** is available to members enrolled in Providence medical plans. **Prevent Diabetes** is an online Diabetes Prevention Program designed to help those at risk prevent or delay developing diabetes. The program uses:

- » Healthy eating and effective exercise guidance
- » Coaching support, and
- » Tools to track progress.

- **Tobacco cessation** offers support through your medical plan for members trying to quit tobacco, including:
 - » Coaching
 - » A personalized quit plan
 - » Nicotine replacement therapy, and
 - » Coverage for certain prescription medications that help you quit.
- **Healthy You by WebMD One (formerly Healthy Team Healthy U)** is a web-based program that provides tools to help you:
 - » Improve your diet
 - » Increase physical activity, and
 - » Practice healthy behaviors.
- **The name WW** is becoming the world's partner in wellness.
 - » WW welcomes anyone who wants to build healthy habits — whether that means:
 - » Eating better
 - » Moving more
 - » Developing a positive mindset
 - » Focusing on weight, or
 - » All of the above.
 - » All members, spouses/domestic partners or dependents age 18 and up and enrolled in a PEBB medical plan can sign up for WW at no cost.
 - » Dependents ages 10–17 who are enrolled in a PEBB medical plan are eligible to participate in Kurbo by WW at no cost.
 - » To learn more and sign-up, visit <https://www.weightwatchers.com/us/PEBB>.
 - » Employer ID: 15066304
 - » For any questions or issues, please contact 1-866-454-2144.

Cascade Employee Assistance Program



EAP Summary of Services

A benefit for you and your family members provided by PEBB

The Employee Assistance Program (EAP) is a **FREE** and **CONFIDENTIAL** benefit that can assist you and your eligible family members with any personal problems, large or small.

Personal Consultation with an EAP Professional

Three or Five (3 or 5) counseling sessions face to face, over the phone, or online for concerns such as:

- Marital conflict
- Conflict at work
- Depression
- Stress management
- Family relationships
- Anxiety
- Alcohol or drug abuse
- Grieving a loss
- Career development services

Work/Family/Life

Cascade will help locate resources and information related to Eldercare, Childcare, Identity Theft, or anything else you may need.

Legal Consultations/Mediation

Call Cascade for a free 30 minute office or telephone consultation. A 25% discount from the attorney's/mediator's normal hourly rate is available thereafter.

Identity Theft

This service provides members with a free 60 minute consultation with a Fraud Resolution Specialist™ (FRS) who will conduct emergency response activities and assist members with restoring their identity, good credit, and dispute fraudulent debts.

Financial Coaching

Coaches will provide unlimited financial coaching to help develop better spending habits, reduce debt, improve credit, increase savings, and plan for retirement.

Home Ownership Program

Assistance and discounts for buying, selling, and refinancing.

Pet Parent Resources

We offer free pet information and support, including pet insurance discounts, new pet parent resources and bereavement support.



Cascade Employee Assistance Program — continued

Well-being Tools

- Fertility Health Support
- Will Kit Questionnaire
- Online Legal Tools
- Gym membership discounts

EAP Member Site

Innovative educational tools, chat for support, take self-assessments, view videos and webinars, access courses, download documents and more. Access at www.cascadecenters.com, click 'Member Log-In', register as a new user or log-in. Enter **State of Oregon** for company name when you register.

WholeLife Directions

Take a confidential survey and get connected to interactive tools to improve the way you feel. Log onto the EAP member site or search **WholeLife Directions** in the App Store or Google Play. For Access Code enter PEBB.

Crisis Counselors are available by phone **24/7/365**

call: 800-433-2320 **text:** 503-850-7721 **email:** info@cascadecenters.com

Cascade Centers is committed to creating a safe, inclusive and equitable society for all.



Optional Life and Accidental Death & Dismemberment (AD&D) Insurance from The Standard



For more details on The Standard's offerings – including needs estimators and premium calculators – visit: www.standard.com/mybenefits/pebb

Or visit www.standard.com/edu/state-oregon/18296 to access the Decision Support Tool, which can help you consider your options and choose the level of coverage that is right for you.

Employee or Spouse/Domestic Partner Life Insurance

Life insurance can be a simple way to provide financial protection to your loved ones in case of an unexpected loss.

You can enroll in or increase optional life insurance coverage for yourself (up to \$600,000) and your spouse or domestic partner (up to \$400,000) during the annual enrollment period. Anyone applying for new or increased coverage must complete and return a medical history statement by December 31, 2021.

Employees are responsible for paying the full premium amount for this term life insurance coverage. The policy pays for covered losses as long as you are a PEBB-eligible member and the premium payments are current at the time of the loss.

For complete details and rates, visit:

- www.oregon.gov/oha/pebb/Pages/Optional-Employee-Life.aspx for employee coverage
- www.oregon.gov/oha/pebb/Pages/Spouse-Partner-Life.aspx for spouse/domestic partner coverage

Dependent Life Insurance

Optional employee-paid term life coverage is also available for PEBB-eligible dependents and your spouse or domestic partner, for a single premium payment, regardless of the number of individuals covered. This plan pays a \$5,000 per person benefit as long as you are a PEBB-eligible member and the premium payments are current at the time of the loss.

For complete details and rate information, visit:

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

Accidental Death & Dismemberment Insurance (AD&D)

With optional employee-paid AD&D insurance, you'll be covered for the accidental loss of life, limb, hand, foot, hearing, speech, sight, or thumb and index finger on the same hand. Coverage of up to \$500,000 is available, and you may choose family coverage (the employee plus all their PEBB-eligible dependents) or employee-only coverage.

For complete details and rate information, visit:

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



Optional Disability Insurance from The Standard



Short Term Disability (STD) and Long Term Disability (LTD) insurance are designed to pay a benefit to you in the event you cannot work because of a covered illness, injury or pregnancy. These benefits replace a portion of your income, thus helping you meet your financial commitments in your time of need.

Short term disability (STD) insurance

Optional STD insurance is employee-paid. Following a 7-day benefit waiting period, you will receive 60 percent of your insured earnings, based on your weekly earnings in effect on your last full day of work. Insured earnings do not include overtime pay, bonuses, or money received for opting out of medical coverage. STD premiums are tied to work earnings, so a pay increase will result in a premium increase.

The minimum weekly benefit is \$25 and the maximum weekly benefit is \$1,662, before the reduction of deductible income. Deductible income means any other income you are eligible to receive because of your disability. If you are disabled for less than one week, you will be paid one-seventh of the weekly benefit for each day you are disabled.

For complete details and rate information, visit: www.oregon.gov/oha/pebb/Pages/Short-Term-Disability.aspx

Long term disability (LTD) insurance

Optional LTD insurance is employee-paid and you may choose your benefit waiting period and benefit amount.

| Option | Waiting Period | Coverage |
|--------|----------------|---|
| 1 | 90 days | 60 percent of first \$12,000 minus deductible income (up to \$7,200); |
| 2 | 180 days | minimum benefit of \$50/month |
| 3 | 90 days | 66 2/3 percent of first \$12,000 minus deductible income (up to \$8,000); |
| 4 | 180 days | minimum benefit of \$50/month |

Your insured earnings for LTD are based on your monthly earnings in effect on your last full day of work. Insured earnings do not include overtime pay, bonuses, or money received for opting out of medical coverage. LTD premiums are tied to work earnings, so a pay increase will result in a premium increase.

For complete details and rate information, visit: www.oregon.gov/oha/pebb/Pages/Long-Term-Disability.aspx.

Long term care insurance



You may enroll in this insurance at any time – for open enrollment you must enroll via the link provided in PDB (your enrollment system). You should read the entire policy and review all rates on the plan's website at <http://unuminfo.com/pebb/index.aspx>. Long term care insurance provides benefits when you are unable to perform at least two activities of daily living (ADLs). ADLs are:

- Dressing
- Toileting
- Eating
- Bathing
- Transferring
- Continence

You are eligible for a monthly benefit after you meet all these conditions:

1. You become disabled;
2. You have met your elimination period; and
3. Your provider certifies that you are unable to perform two or more ADLs for a period of at least 90 days.

Your provider will have to certify your eligibility 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.



Health Care Flexible Spending Account and Dependent Care Flexible Spending Account

What are Flexible Spending Accounts?*

Flexible Spending Accounts (FSAs) allow you to set aside money from your paycheck pretax to pay for out-of-pocket health care expenses, or for dependent child/adult daycare expenses while you work. When you pay less in taxes, you have more money in your pocket. Most people save at least 30 percent on each dollar set aside pretax. There are two accounts from which to choose:

- **Health Care FSA** Set aside pretax money to pay for medical, dental, vision, and hearing expenses, prescriptions and over-the-counter medicines and health care products **for yourself, your qualifying spouse and children.**
- **Dependent Care FSA** Set aside pretax money to pay for work-related **child daycare expenses** and, in some cases, elder care expenses. This includes daycare, regular babysitting, before/after school care and nursery/preschool while you and, if married, your spouse are working.

Caution! To newly enroll or continue your Health Care or Dependent Care FSA, you must complete open enrollment.

How much can I contribute to my FSAs?

Health Care FSA - \$2,750 | Dependent Care FSA - \$5,000 annual family maximum.

Important: Deadline to make changes to your 2022 contributions is Dec. 10, 2021.

How do I submit claims and get reimbursed?

As you incur expenses, you can submit a claim to be reimbursed. ASIFlex offers several easy ways to submit claims for reimbursement. You do not have to choose only one option; you can use multiple options throughout the year.

- **ASIFlex mobile app** Download the app and log in to your account. Then, just snap a picture of your EOB or itemized receipt and submit a claim via the app.
- **ASIFlex online** Sign in to your online account at ASIFlex.com/ORPEBB to submit a claim.
- **Toll-free fax or mail** Download and complete a claim form. Then, submit it with your EOB or itemized receipt. Keep a copy for your records.
- **ASIFlex Card** Instead of submitting a claim and being reimbursed from your account, you may use the ASIFlex Card for *health* care expenses. In some cases you will be asked to submit backup documentation to substantiate card transactions.

Reimbursements will be made to you within three business days following receipt of a complete claim. Log in to your ASIFlex account to sign up for direct deposit, as well as email and text alerts.

* Subject to non-discrimination testing.

For more information, view the PEBB plan document or visit ASIFlex.com/ORPEBB to obtain IRS Publication 502, Medical and Dental Expenses and IRS Publication 503 Child and Dependent Care Expenses; a list of eligible expenses; debit card information; and general plan information. You can make changes to your account only as allowed under IRS regulations.

Manage your account

Register your account at ASIFlex.com/ORPEBB to see your account statement and balance, submit claims, sign up for email, text alerts and direct deposit.

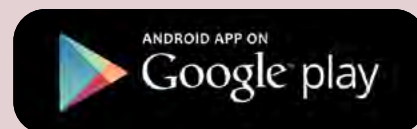
Over-the-counter (OTC) medicines no longer require a prescription

Bandages, blood pressure monitors, diabetic supplies, feminine hygiene products, contact lens solutions, sunscreen, drugs and medicines are just a few of the eligible OTC items. Go to ASIFlex.com/ORPEBB and click on the FSA Store link.

Get the ASIFlex app!

- Submit and view status of a claim.
- Submit documentation.
- Access your balance and account statement.

Search ASIFlex Self Service and download the app today.



ASIFlex Customer Service

ASIFlex.com/ORPEBB

asi@asiflex.com

P: 800.659.3035

F: 877.879.9038

P.O. Box 6044

Columbia, MO 65203

Commuter benefit plans

Parking Reimbursement Account

Mass Transit/Vanpool Reimbursement Account



What are Commuter Benefit Plans?

The Commuter Benefit Plans allow you to pay for work-related commuting expenses you incur going to and from work. Most people save at least 30 percent on each dollar set aside pretax. There is one parking option and one transit option from which to choose.

Parking Reimbursement Account If you park at a location that is not state owned, you can set aside pretax money from your paycheck to pay for parking at or near a location from which you work or commute to work.

Caution! Pretax Employer-Sponsored Parking: If you park at a state-owned lot or garage and you pay the parking expense through payroll deduction, then you do not qualify.

Mass Transit/Vanpool Reimbursement Account You can set aside pretax money from your paycheck to pay for transit expenses such as vanpool, bus, rail, or ferry that you incur to commute to and from work. Bicycles are not included.

How much can I contribute to the Commuter accounts?

Parking Reimbursement Account – \$270 per month | Mass Transit/Vanpool Reimbursement Account – \$270 per month

How do I submit claims and get reimbursed?

As you incur expenses, you can submit a claim to be reimbursed. ASIFlex offers several easy ways to submit claims for reimbursement. You do not have to choose only one option; you can use multiple options throughout the year.

- **ASIFlex Online** Sign in to your online account at ASIFlex.com/ORPEBB to submit a claim.
- **Toll-free fax or mail** Download and complete a claim form. Then, submit it with your itemized receipt. Keep a copy for your records.
- **ASIFlex Card** Instead of submitting a claim and being reimbursed from your account, you may use the ASIFlex Card for *transit* expenses. In some cases you will be asked to submit backup documentation to substantiate card transactions.

Reimbursements will be made to you within three business days following receipt of a complete claim. Log in to your ASIFlex account to sign up for direct deposit, as well as email and text alerts.

Manage your account

Register your account at ASIFlex.com/ORPEBB to see your account statement and balance, submit claims, sign up for email, text alerts and direct deposit.

ASIFlex Customer Service

ASIFlex.com/ORPEBB

asi@asiflex.com

P: 800.659.3035

F: 877.879.9038

P.O. Box 6044

Columbia, MO 65203



COBRA member information

Open enrollment runs Oct. 1–31, 2021

COBRA members:

- Must actively sign up each open enrollment if enrolled in a medical plan
- Only enrolled in dental or vision, do not have to complete open enrollment
- Who are enrolled in a medical plan for 2021, but do not complete open enrollment:
 - » Will stay in their 2021 plan
 - » Will pay \$25 per month for tobacco-use (regardless of actual use)
 - » Will pay \$50 per month for spouse or domestic partner coverage
- May have vision coverage without enrolling in a medical plan.
 - » Kaiser full-time medical plans include vision.
 - » VSP is available to Providence and Moda members.
 - » VSP offers both Basic and Plus plans.
- May enroll in a dental plan for 2022.

Surcharges

- Your 2021 monthly tobacco-use surcharge status will not change unless you make enrollment changes.
- Your 2021 monthly spouse or domestic partner coverage surcharge status will not change unless you make an enrollment change.

How to contact PEBB during open enrollment

Call PEBB at 503-373-1102 during the following times:
Monday–Friday, 7 a.m.–6 p.m.

Email PEBB at: inquiries.pebb@dhsoha.state.or.us

To enroll in your 2022 health plans:

Review the health plan regions, premiums and coverage in this 2022 Enrollment Guide.

- Go to: <https://www.oregon.gov/oha/PEBB/Pages/forms.aspx> to fill out the COBRA enrollment form.
- Mail or fax the form by Oct. 31, 2021 to BenefitHelp Solutions (BHS):
PO Box 40548, Portland, OR 97240-0548
Fax: 888-393-2943



How to contact BenefitHelp Solutions (BHS)

Phone: 503-412-4257

Customer service toll free: 1-877-433-6079

Mail or fax the form by Oct. 31, 2021, to:

BenefitHelp Solutions (BHS)

PO Box 40548, Portland, OR 97240-0548

Fax: 888-393-2943

COBRA member information — continued**2022 COBRA Participant Medical Plan Monthly Premium Rates**

| | Self | Self & spouse/partner | Self & children | Self & family | Children only ⁷ |
|---|----------|-----------------------|-----------------|---------------|----------------------------|
| Kaiser Traditional ² | \$851.44 | \$1,702.89 | \$1,447.45 | \$2,298.90 | \$684.59 |
| Kaiser Deductible ² | \$781.57 | \$1,563.16 | \$1,328.69 | \$2,110.26 | \$632.51 |
| Moda Synergy ¹ | \$784.35 | \$1,568.69 | \$1,333.38 | \$2,117.73 | \$666.70 |
| Providence Statewide ³ | \$915.17 | \$1,830.36 | \$1,555.79 | \$2,470.98 | \$777.90 |
| Providence Choice ¹ | \$784.64 | \$1,569.28 | \$1,333.89 | \$2,118.53 | \$666.95 |
| Kaiser Traditional Part-Time ⁶ | \$718.09 | \$1,436.19 | \$1,220.74 | \$1,938.85 | \$577.39 |
| Kaiser Deductible Part-Time ⁶ | \$642.08 | \$1,284.17 | \$1,091.54 | \$1,733.63 | \$555.23 |
| Moda Synergy Part-Time ⁴ | \$638.57 | \$1,277.13 | \$1,085.57 | \$1,724.14 | \$542.76 |
| Providence Statewide Part-time ⁵ | \$743.43 | \$1,486.90 | \$1,263.85 | \$2,007.30 | \$631.92 |
| Providence Choice Part-Time ⁴ | \$635.86 | \$1,271.70 | \$1,080.96 | \$1,716.80 | \$540.47 |

¹ Available to PEBB eligible full-time and part-time individuals in plan service area.

² Available to PEBB eligible full-time and part-time individuals in plan service area. Kaiser routine vision services.

³ Available to PEBB eligible full-time and part-time individuals.

⁴ Additional option available to eligible part-time individuals in plan service area.

⁵ Additional option available to eligible part-time individuals.

⁶ Additional option available to eligible part-time individuals in plan service area. Vision exam only.

⁷ Children only coverage is available only to COBRA & retiree participants.

2022 COBRA vision plan monthly premium rates

| | Self | Self & spouse/partner | Self & children | Self & family | Children only ⁷ |
|----------|---------|-----------------------|-----------------|---------------|----------------------------|
| VSP | \$8.86 | \$17.73 | \$15.08 | \$23.93 | \$7.54 |
| VSP Plus | \$15.51 | \$31.04 | \$26.37 | \$41.89 | \$13.19 |

2022 COBRA dental plan monthly premium rates

| | Self | Self & spouse/partner | Self & children | Self & family | Children only ⁷ |
|--|---------|-----------------------|-----------------|---------------|----------------------------|
| Kaiser Permanente ¹ | \$66.46 | \$132.93 | \$113.00 | \$179.47 | \$53.57 |
| Delta Dental Premier ² | \$63.78 | \$127.55 | \$108.42 | \$172.20 | \$54.21 |
| Delta Dental PPO ³ | \$58.93 | \$117.86 | \$100.19 | \$159.12 | \$50.09 |
| Willamette Dental Group ⁴ | \$57.61 | \$115.23 | \$98.00 | \$155.61 | \$48.95 |
| Delta Dental Part-Time ⁵ | \$45.89 | \$91.80 | \$78.02 | \$123.92 | \$39.00 |
| Kaiser Permanente Part-time ⁶ | \$49.56 | \$99.13 | \$84.27 | \$133.84 | \$39.89 |

¹ Available to PEBB eligible individuals in plan service area.

² Available to PEBB eligible individuals.

³ Available to PEBB eligible individuals.

⁴ Available to PEBB eligible individuals; in plan facilities.

⁵ Additional option available to PEBB eligible individuals.

⁶ Additional option available to PEBB eligible individuals; in plan service area.

⁷ Children only coverage is available only to COBRA & retiree participants.

Note: All rates include 0.4% commission and 2.75% PEBB administration cost

Retiree member information

New retirees

An eligible retiree may enroll in PEBB retiree benefits.

Retirees may choose:

- A full-time or part-time plan
- Medical, dental or vision-only benefits
- All available core benefits.

Annual retiree plan change period

The annual plan change period runs Oct. 1–31, 2021. In most years, retirees who selected medical the first year must actively enroll in a medical plan each year.

After the first year, retirees may not add any new:

- Family members [unless there is a Qualified Status Change (QSC)]*
- Benefit plans.

Retirees enrolled in 2021 dental or vision-only coverage do not need to enroll again. Plans will continue in 2022.

- Kaiser full-time medical plans include vision.
- VSP vision coverage is available to Providence or Moda members. VSP offers both Basic and Plus plans.

To enroll in your 2022 health plans:

If you decide to change your plans this year, be sure to review the health plan regions, premiums and coverages in this 2022 Enrollment Guide.

Go to www.PEBBEnroll.com and select “Enroll Now.”

- Follow the instructions on each screen in the enrollment system.
- Save and print the benefit statement provided at the end of the enrollment process.

If you forgot your user name or password:

- Click the red “Get it Now” button (upper left of the screen).
- Use your PEBB Benefit Number to reset your password.

You can enroll using any computer with an internet connection.

You can also enroll using the retiree enrollment form if you are not able to enroll online.

- Go to: <http://www.oregon.gov/OHA/PEBB/Pages/forms.aspx> to fill out the Retiree enrollment form.
- Mail or fax the form by Oct. 31, 2021 to our retiree benefits administrator, BenefitHelp Solutions (BHS).

* **Retirees can update benefits due to a life-changing event. Changes are made using a midyear change form.**
Go to: <http://www.oregon.gov/OHA/PEBB/Pages/forms.aspx>.

How to contact PEBB during open enrollment

Call PEBB at 503-373-1102 during the following times:

Monday–Friday, 7 a.m.–6 p.m.

Email PEBB at: inquiries.pebb@dhsoha.state.or.us

How to contact BenefitHelp Solutions (BHS)

Phone: 503-412-4257

Customer service toll free: 1-877-433-6079

Mail or fax the form by Oct. 31, 2021, to:

BenefitHelp Solutions (BHS)

PO Box 40548, Portland, OR 97240-0548

Fax: 888-393-2943

Retiree member information — continued**2022 Retiree medical plan monthly premium rates**

| | Retiree | Retiree & spouse/ partner | Retiree & children | Retiree & family | Children only ⁹ |
|---|----------|------------------------------|-----------------------|---------------------|----------------------------|
| Kaiser Traditional ¹ | \$839.85 | \$1,679.69 | \$1,427.74 | \$2,267.58 | \$675.26 |
| Kaiser Deductible ¹ | \$770.93 | \$1,541.87 | \$1,310.59 | \$2,081.52 | \$623.90 |
| Moda Synergy ² | \$773.67 | \$1,547.32 | \$1,315.22 | \$2,088.88 | \$657.62 |
| Providence Statewide ³ | \$902.70 | \$1,805.43 | \$1,534.60 | \$2,437.32 | \$767.31 |
| Providence Choice ⁴ | \$773.95 | \$1,547.90 | \$1,315.72 | \$2,089.66 | \$657.86 |
| Kaiser Traditional Part-time ⁵ | \$708.31 | \$1,416.63 | \$1,204.11 | \$1,912.43 | \$569.53 |
| Kaiser Deductible Part-Time ⁵ | \$633.34 | \$1,266.68 | \$1,076.67 | \$1,710.02 | \$547.66 |
| Moda Synergy Part-Time ⁶ | \$629.87 | \$1,259.73 | \$1,070.78 | \$1,700.65 | \$535.37 |
| Providence Statewide part-time ⁷ | \$733.31 | \$1,466.65 | \$1,246.64 | \$1,979.95 | \$623.31 |
| Providence Choice Part-time ⁸ | \$627.20 | \$1,254.38 | \$1,066.23 | \$1,693.42 | \$533.11 |

¹ Available to PEBB eligible full-time and part-time employees in plan service area. Kaiser routine vision services.

² Available to PEBB eligible full-time and part-time employees in plan service area.

³ Available to PEBB eligible full-time and part-time employees.

⁴ Available to PEBB eligible full-time and part-time employees in plan service area.

⁵ Additional option available to eligible part-time employees in plan service area. Vision exam only.

⁶ Additional option available to eligible part-time employees in plan service area.

⁷ Additional option available to eligible part-time employees.

⁸ Additional option available to eligible part-time employees in plan service area. Vision exam only.

⁹ Children only coverage is available only to COBRA and retiree participants.

2022 Retiree vision plan monthly premium rates

| | Retiree | Retiree & spouse/ partner | Retiree & children | Retiree & family | Children only |
|----------|---------|------------------------------|-----------------------|---------------------|---------------|
| VSP | \$8.75 | \$17.49 | \$14.88 | \$23.61 | \$7.44 |
| VSP Plus | \$15.30 | \$30.62 | \$26.02 | \$41.32 | \$13.01 |

2022 Retiree dental plan monthly premium rates

| | Retiree | Retiree & spouse/ partner | Retiree & children | Retiree & family | Children only |
|--|---------|------------------------------|-----------------------|---------------------|---------------|
| Kaiser Permanente ¹ | \$65.56 | \$131.13 | \$111.46 | \$177.03 | \$52.84 |
| Delta Dental ² | \$62.92 | \$125.82 | \$106.94 | \$169.86 | \$53.47 |
| Delta Dental PPO ³ | \$58.13 | \$116.26 | \$98.83 | \$156.96 | \$49.41 |
| Willamette Dental Group ⁴ | \$56.83 | \$113.66 | \$96.67 | \$153.49 | \$48.28 |
| Delta Dental Part-time ⁵ | \$45.27 | \$90.56 | \$76.97 | \$122.24 | \$38.47 |
| Kaiser Permanente Part-Time ⁶ | \$48.89 | \$97.78 | \$83.13 | \$132.02 | \$39.35 |

¹ Available to PEBB eligible individuals in plan service area.

² Available to PEBB eligible individuals.

³ Available to PEBB eligible individuals.

⁴ Available to PEBB eligible individuals; in plan facilities.

⁵ Additional option available to PEBB eligible individuals.

⁶ Additional option available to PEBB eligible individuals; in plan service area.

⁷ Children only coverage is available only to COBRA and retiree participants.

Note: All rates include 0.4% commission and 1.35% PEBB administration cost

Self-pay member information

Open enrollment runs Oct. 1–31, 2021

Self-pay members:

- Normally must actively enroll in a medical plan each year.
- Who don't actively enroll:
 - » Will stay in their 2021 plan
 - » Will pay \$25 per month for tobacco use (regardless of actual use), and
 - » Will pay \$50 per month for spouse coverage.
- May enroll in vision coverage if you are enrolling in a medical plan.
 - » Kaiser full-time medical plans include vision.
 - » VSP is available to Providence or Moda members.
 - » VSP offers both Basic and Plus plans.
- May enroll in a dental plan for 2022 if you are enrolled in medical.



To enroll in your 2022 health plans:

If you decide to change your plans this year, be sure to review health plan regions, premiums and coverage in this 2022 Enrollment Guide.

To enroll online:

Go to www.pebbenroll.com.

- Follow the instructions on each screen in the enrollment system.
- Save and print the benefit statement provided at the end of the enrollment process.

If you forgot your user name or password:

- Click the red “Get It Now” button (upper left of the screen).
- Use your PEBB Benefit Number to reset your password.

You can enroll using any computer with an internet connection.

You can also enroll using the self-pay enrollment form if you are not able to enroll online.

- Go to: <https://www.oregon.gov/oha/PEBB/Pages/forms.aspx> to fill out the self-pay enrollment form.
- Mail or fax the form by Oct. 31, 2021 to our self-pay benefits administrator, BenefitHelp Solutions (BHS).

How to contact PEBB during open enrollment

Call PEBB at 503-373-1102 during the following times:

Monday–Friday, 7 a.m.–6 p.m.

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

How to Contact BenefitHelp Solutions (BHS)

Phone: 503-412-4257

Customer service toll free: 1-877-433-6079

Mail or fax the form by Oct. 31, 2021 to:

BenefitHelp Solutions (BHS)

PO Box 40548, Portland, OR 97240-0548

Fax: 888-393-2943

Self-pay member information — continued**2022 Self-pay participants medical plan monthly premium rates**

| | Self | Self & spouse/ partner | Self & children | Self & family |
|-----------------------------------|----------|---------------------------|-----------------|---------------|
| Kaiser Traditional ² | \$845.17 | \$1,680.05 | \$1,429.59 | \$2,264.46 |
| Kaiser Deductible ² | \$776.66 | \$1,543.04 | \$1,313.13 | \$2,079.49 |
| Moda Synergy ¹ | \$779.39 | \$1,548.46 | \$1,317.73 | \$2,086.82 |
| Providence Statewide ³ | \$907.66 | \$1,805.04 | \$1,535.82 | \$2,433.19 |
| Providence Choice ¹ | \$779.67 | \$1,549.03 | \$1,318.23 | \$2,087.59 |

¹ Available to PEBB eligible individuals in plan service area.

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

³ Available to PEBB eligible individuals.

2022 Self-pay participants vision plan monthly premium rates

| | Self | Self & spouse/ partner | Self & children | Self & family |
|----------|---------|---------------------------|-----------------|---------------|
| VSP | \$8.69 | \$17.39 | \$14.79 | \$23.47 |
| VSP Plus | \$15.21 | \$30.44 | \$25.86 | \$41.08 |

2022 Self-pay participants dental plan monthly premium rates

| | Self | Self & spouse/ partner | Self & children | Self & family |
|--------------------------------------|---------|---------------------------|-----------------|---------------|
| Kaiser Permanente ¹ | \$65.18 | \$130.35 | \$110.80 | \$175.98 |
| Delta Dental Premier ² | \$62.55 | \$125.07 | \$106.31 | \$168.86 |
| Delta Dental PPO ³ | \$57.79 | \$115.57 | \$98.24 | \$156.03 |
| Willamette Dental Group ⁴ | \$56.49 | \$112.99 | \$96.10 | \$152.59 |

¹ Available to PEBB eligible individuals in plan service area.

² Available to PEBB eligible individuals.

³ Available to PEBB eligible individuals.

⁴ Available to PEBB eligible individuals; in plan facilities.

Note: All rates include 0.13% commission



What does that mean?

Core benefits are medical, dental, vision and employer-paid life.

COBRA is a federal law. It requires an employer to let you continue your group health coverage if you become ineligible. You pay for COBRA coverage yourself. Your employer will no longer help pay the cost.

Coinsurance is the percentage of health care costs you pay after you meet your annual deductible.

Copayment (copay) is a flat dollar amount you pay for certain services.

Deductible is the amount you pay each year before your plan starts to pay for any covered services you use.

Dependent is a person who qualifies for benefits based on their relationship to you. Some examples include:

- Spouse
- Domestic partner
- Child
- Stepchild

Early retiree is a person who retires before the age of 65. To be eligible for early retiree benefits, you:

- Cannot not be eligible for Medicare due to age or disability, and
- Must be eligible to receive PERS retirement benefits

In-network provider is a provider or facility who has a contract with a health plan to provide services at a discount.

Maximum benefit is the most your health plan will pay for a specific service each year.

Medical home is a team-based health care delivery model. It is intended to provide complete and continuous medical care to patients. The goal of the medical home is to provide care that gets the best health outcomes. If you have a plan that requires it, you need to choose a medical home after you enroll. Be sure to contact your health plan and tell them who you selected before you use services.

Medicare eligible is a person who currently qualifies for Medicare benefits by:

- Disability, or
- Age (65 or older)

Out-of-network provider is a provider or facility that does not have a contract with your health plan to provide services at a discount.

Out-of-pocket maximum is the most you will pay each year before your plan begins paying 100% of eligible expenses.

PCP 360 is a primary care provider who has agreed to be accountable for your health. A PCP 360 delivers a full circle of care, coordinating with other providers as needed.

Pre-authorization (or prior authorization) means you must get an approval from your health plan before it will cover certain services.

Preventive care is the care you receive to prevent an illness or disease.

Primary care provider is the medical professional you contact first when you have a health concern. Your primary care provider also delivers continuing care for ongoing medical conditions.

Qualified Status Change (QSC) is a life event that allows you to change your plan elections outside the annual open enrollment period. Visit our website for a full listing of all the QSCs: <https://www.oregon.gov/oha/PEBB/docs/AppendixA-QSC.pdf>.

Self-insured means an employer (PEBB) rather than the insurance company pays for health care costs (claims). A third-party administrator (Moda and Providence) processes the claims for the employer.

Quick tips

Before you enroll this year:

Make sure your providers are in-network for the plans you select. Some plans have limited networks or do not have out-of-network coverage. Be sure your plan covers services where you want to receive them.

Make sure you have the coverages you need. Double check enrollments to make sure you have the plans you need. Did you enroll in medical, dental and vision plans?

Verify your dependents have the right coverage. You need to add each dependent to each plan (medical, dental, vision, etc.) if you want them covered.



Don't wait until the last minute! PEBB and insurance carrier offices are closed on weekends and holidays. Decide early, enroll early.

Don't forget to choose a medical home through Providence! The goal of the medical home is to provide care that gets the best outcomes. If you enroll in Providence Choice, you will need to choose a medical home after you enroll. Be sure to contact your health plan **before you have services** to tell them who you selected to avoid out-of-network charges.

Don't forget to choose a PCP 360 through Moda! The goal of the PCP 360 is to provide care that gets the best outcomes. If you enroll in Moda Synergy, you will need to choose a PCP 360 after you enroll. Be sure to contact your health plan to tell them who you chose **before you have services**. This can help you avoid out-of-network charges.

Select the correct Flexible Spending Account (FSA). Before you enroll, know the difference!

- **Health Care FSA** — reimburses you or your dependents' out-of-pocket expenses:
 - » Medical
 - » Dental
 - » Vision.
- **Dependent Care FSA** — reimburses you for work-related child or elder care costs such as daycare. You can't use a dependent care account for out-of-pocket health care expenses.

Find out if a parking or transit account is right for you. You may not take part in a parking or transit account if you already have these expenses withheld from your pay.

Also, to keep the account active, at least once every six months, you must either:

- Contribute to the account, or
- File a claim

Who to contact for help

PEBB stands for the Public Employees' Benefit Board. PEBB serves state, university and local government employees. The PEBB Board decides what insurance plans and benefits to offer. PEBB holds the legal contracts with the carriers. PEBB is also the plan administrator that knows the most about your benefits.

Contact PEBB if you need help:

- Logging into or navigating the PEBB Benefit Management (Enrollment) System (www.PEBBEnroll.com)
- Understanding rules
- Verifying enrollments, or
- Understanding your benefits or wellness programs.

The **carriers** are the insurance companies that pay your providers for some or all of your healthcare services.

Contact the carrier if you need help:

- Calculating how much you will pay for a procedure
- Understanding how a claim was paid
- Finding an in-network provider
- Completing the online health assessment, or
- Getting a new ID card.

Your **agency or university benefit office** also knows a lot about benefits. It is your best source for your monthly coverage cost.

Contact your agency or university benefit office if you need to:

- Make a change to your benefits due to a life event (such as getting married or having a baby)
- Determine your monthly cost for coverage
- Understand or correct your payroll deductions, or
- Plan for benefits when you retire.

Your **providers** are the professionals (doctors, dentists, specialists, etc.) who:

- Provide healthcare services
- Diagnose illnesses, and
- Recommend treatments.

Contact your provider if you need to:

- Make an appointment
- Estimate the total cost of a procedure
- Pay your portion (copay or coinsurance) for a service, or
- Get advice regarding symptoms or results of lab tests.



503-373-1102
<http://www.pebbinfo.com>



Medical: 1-844-776-1593
Dental only members:
1-844-827-7100
Dental (Both Medical
and Dental members):
833-681-2217
www.modahealth.com/pebb



1-800-423-9470
<https://tinyurl.com/ProvidenceHealthPlan>



1-800-813-2000
my.kp.org/pebb



1-800-877-7195
www.vsp.com



1-877-433-6079
www.benefithelpsolutions.com/members/group-members/pebb



1-855-433-6825
www.willamettedental.com/pebb



1-800-659-3035
www.asiflex.com/orpebb



1-800-433-2320
<https://tinyurl.com/cascadecenters>



1-800-842-1707
www.standard.com/mybenefits/pebb



1-800-227-4165
<http://unuminfo.com/pebb/index.aspx>



How to contact PEBB

Call PEBB at 503-373-1102 during the following times:
Monday–Friday, 8 a.m.–5 p.m.

During open enrollment – Oct. 1–31, 2021

Monday–Friday, 7 a.m.–6 p.m.

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

Easy to find PEBB web pages

www.PEBBinfo.com — explore the PEBB homepage

www.PEBBenroll.com — enroll in PEBB benefits

www.PEBBondemand.com — find all kinds of
on demand resources, such as educational videos,
presentation slides and carrier supplemental handouts.

You can get this document in other languages, large print, braille or a format you prefer. Contact PEBB at 503-373-1102 or email inquiries.pebb@dhsosha.state.or.us. We accept all relay calls or you can dial 711.