

2023 Enrollment Guide

Mandatory 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, 2022
Monday–Friday, 7 a.m.–6 p.m.

Email PEBB at pebb.benefits@odhsoha.oregon.gov

**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 2023?

We heard you! Over the past year, the PEBB Board has reviewed member feedback on the benefit plans. They have worked with consultants to find ways to expand coverage while keeping your costs as low as possible. As a result, we're pleased to offer enhancements and changes for 2023.

Medical plans

Providence Health Plans (PHP):

- **New manufacturer coupon Rx program** — You may be able to pay less for high-cost specialty medications by using a manufacturer's coupon. If your medication is eligible, you'll be automatically enrolled in PHP's SmartRx program. PHP will reach out to explain the program. They will also assist in enrolling or reenrolling for a manufacturer's coupon.
- **New medically necessary breast reduction surgery benefit** — PHP is adding coverage for women's breast reduction surgery in cases where it's medically necessary, such as to relieve back pain.
- **New diabetes prevention program** — PHP will send eligible members an invitation to join Omada, a [new interactive weekly lifestyle training program](#). When you join the program, you receive a wireless smart scale to monitor your progress. You can also partner with a trained health coach to increase physical activity, reduce stress, and lose weight. Or join a group of peers to share tips and get motivated.

Moda Health Plan:

- **New medically necessary breast reduction surgery benefit** — Moda is adding coverage for women's breast reduction surgery in cases where it is medically necessary, such as to relieve related back pain.

- **Change to diabetic testing supplies** — Moda is changing how glucose monitors and supplies are covered under the plan beginning January 1:
 - » These supplies will be covered only under the prescription drug benefit instead of the medical plan.
 - » This means you will buy diabetic supplies directly from a participating retail or mail-order pharmacy.
 - » There will be no change in your member cost share for these supplies. Glucose monitors and diabetic supplies will continue to be covered in full.
 - » Note: If you had prior authorization under the medical plan, this authorization will automatically transfer to the prescription drug plan. You will still need to ask your provider to send a new prescription to be able to purchase your Continuous Glucose Monitor (GCM) from a network pharmacy.
- **Diabetes prevention program** — Members who have been identified as at high risk for developing Type 2 diabetes will receive an invitation from Moda Health to join [Livongo](#).

If you enroll, you will receive the following at no cost:

- » An advanced smart scale and app
- » Unlimited one-on-one expert coaching
- » Guidance on creating healthy habits that last
- » All-in-one weight, activity, and food tracking

What's new for 2023? — continued

Kaiser Permanente Plans:

- No 2023 benefit changes. (Note: Medically necessary breast reduction surgery and a diabetes prevention program are already available through Kaiser Permanente.)

Dental plans

Delta Dental Plan:

- **Enhanced orthodontia benefit** — Delta Dental is increasing to \$1,800 per person per lifetime. This increased coverage applies to the full-time PPO and Premier plans. If you're currently in treatment, contact the Health Navigators at Delta Dental at 844-827-7100 for additional information on this enhanced benefit.

Kaiser Permanente and Willamette Dental Plans:

- No 2023 benefit changes.

Vision plan

VSP:

- **Enhanced frame allowance benefit** — When you purchase glasses from Walmart or Sam's Club, you will receive an increased frame allowance. The increased amounts are \$150 for the Base plan and \$225 for the Plus plan.
- **Lower copay for retinal screening (Plus plan)** — VSP is reducing the copay for retinal screenings on the Plus plan to \$10.



Why you must enroll

All active PEBB members must log into www.PEBBenroll.com between Oct. 1 and Oct. 31 to make 2023 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

What happens if I don't complete open enrollment?

- If you were enrolled in a medical plan, you and your family members default to the higher deductible plan
- You can't take part in HEM.
- PEBB applies surcharges that are deducted from your monthly pay. Unless you enroll your record will default to reflect that:
 - » You use tobacco
 - » Your spouse/Domestic Partner (DP) uses tobacco
 - » Your spouse/DP has other group coverage, but isn't enrolled
- You are not able to enroll in a Healthcare or Dependent Care flexible spending account (FSA) unless you experience a qualified status change

You can correct some errors after open enrollment, like surcharges. These corrections are effective the first of the month after you request the change.

You are not able to correct HEM or FSAs.

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



Note for 2022 Opt Out and Decline members:

- If you do not complete open enrollment for 2023:
 - » 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 2022 and do not complete open enrollment for 2023:
 - » You will continue with no benefits in 2023.
 - » If you want to enroll in core benefits you will have to send an appeal (subject to approval).

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

Before you enroll

Learn the basics about health coverage

See “What does that mean?” on page 59.

See what plans are available to you

- “Out Of Area” coverage: https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/me5571d_23.pdf
- 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
- 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

- Providence Choice — you typically pay less for specialty services when you see a specialist referred by your primary care provider or medical home.
- 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 Statewide 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 16 of this guide.
- Estimate your health care costs using ALEX the virtual benefits counselor tool: www.myalex.com/pebb/2023.



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-Denial.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-Denial.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 affects some PEBB members. 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 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 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.
- Disabled dependent means an adult (age 26 or older) disabled child who qualifies when:

- » A medical provider confirms the disability before age 26, AND
- » The dependent has not had a break in coverage.
- » The disabled dependent must also meet certain tax criteria. [Learn more.](#)

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

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 Dependent Eligibility team with questions. Our phone number is 503-378-2954. Our email is pebb.dependenteligibility@odhsoha.oregon.gov.

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/>



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 2023 between Oct. 1 and Oct. 31, 2022. (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, 2022: <https://www.oregon.gov/oha/PEBB/pages/HEM.aspx>. Health assessments done outside of these dates will not be accepted. If you are not currently enrolled in a PEBB medical plan follow the instructions on the [HEM page](#).
- 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 2023 if they are enrolled and receive benefits by Oct. 1, 2022.
- 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 and A****What happens if I don't enroll Oct. 1–31, 2022?**

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, 2022?

No. Only members currently active in PEBB with benefits starting Oct. 1, 2022 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, 2022.

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 with your **current** (2022) carrier since your new plan doesn't start until Jan. 1, 2023.

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

Follow the instructions on the [HEM page](#).

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, 2022.

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.

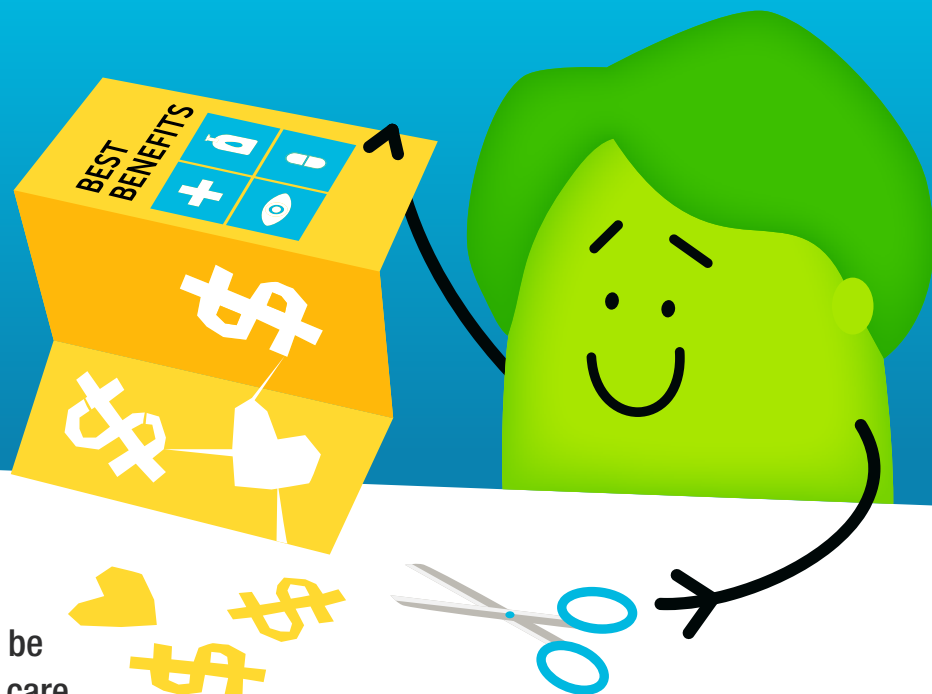
What if I can't remember my password to take the health assessment?

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 total 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/2023

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/2023.

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 pebb.benefits@odhsoha.oregon.gov.



2023 rates

2023 employee medical plan monthly premium rates

	Employee	Employee and spouse/ partner	Employee and children	Employee and family
Kaiser Traditional ¹	\$879.90	\$1,759.80	\$1,495.83	\$2,375.74
Kaiser Deductible ¹	\$807.70	\$1,615.40	\$1,373.09	\$2,180.79
Moda Synergy ²	\$827.06	\$1,654.12	\$1,405.99	\$2,233.07
Providence Statewide ³	\$929.03	\$1,858.07	\$1,579.35	\$2,508.39
Providence Choice ⁴	\$810.75	\$1,621.49	\$1,378.27	\$2,189.02
Kaiser Traditional Part-Time ⁵	\$742.10	\$1,484.19	\$1,261.54	\$2,003.65
Kaiser Deductible Part-Time ⁵	\$663.54	\$1,327.09	\$1,128.02	\$1,791.59
Moda Synergy Part-Time ⁶	\$673.34	\$1,346.67	\$1,144.69	\$1,818.03
Providence Statewide Part-time ⁷	\$754.70	\$1,509.42	\$1,282.99	\$2,037.70
Providence Choice Part-time ⁸	\$657.02	\$1,314.01	\$1,116.92	\$1,773.93

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.

2023 employee vision plan monthly premium rates

	Employee	Employee and spouse/ partner	Employee and children	Employee and family
VSP	\$8.36	\$16.73	\$14.23	\$22.58
VSP Plus	\$15.56	\$31.14	\$26.46	\$42.02

2023 employee dental plan monthly premium rates

	Employee	Employee and spouse/ partner	Employee and children	Employee and family
Kaiser Permanente ¹	\$65.27	\$130.54	\$110.97	\$176.24
Delta Dental Premier ²	\$62.31	\$124.59	\$105.90	\$168.21
Delta Dental PPO ³	\$57.57	\$115.12	\$97.87	\$155.43
Willamette Dental Group ⁴	\$55.16	\$110.33	\$93.84	\$149.00
Delta Dental ⁵	\$44.83	\$89.67	\$76.22	\$121.05
Kaiser Permanente Part-time ⁶	\$48.67	\$97.35	\$82.76	\$131.43

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.

Kaiser Permanente Medical



Care centered around you

Care at Kaiser Permanente isn't one-size-fits-all. Our teams work together to help make sure your care is tailored to your needs. Your care team is all part of the same network, making it easier to share information, see your health history, and deliver high-quality, personalized care — when and where you need it.

Your healthy place should reflect who you are

We believe your story, background, and values are as important as your health history. To help deliver care that's sensitive to your culture, ethnicity, and lifestyle, we:

- Hire doctors and staff who speak more than one language
- Offer phone interpretation services in more than 150 languages
- Have improved health outcomes among diverse populations for conditions like high blood pressure, diabetes, and colon cancer*

With the help of your electronic health record:



You can share your health history and any concerns with your personal doctor.



Your doctor coordinates your care, so you spend less time worrying about where to go or who to call next.



Future care teams have a full picture of your health history — without you having to repeat your story.



Your care team knows your needs in the moment and reminds you to schedule checkups and tests. You can view your records 24/7

*Kaiser Permanente improved blood pressure control in our Black/African American members with hypertension, raised colorectal cancer screening rates in our Hispanic/Latino members, and improved blood sugar control in our members with diabetes. Self-reported race and ethnicity data are captured in Kaiser Permanente HealthConnect®, and HEDIS® measures are updated quarterly in the interregional CORE Datamart.



Kaiser Permanente Medical — continued

Empowered by a connected system

The ways people work, play, and stay in touch with others are always changing, but one thing is constant — their need for quality care. That's why we're always adapting to help make sure you can get care in a way that's convenient for you.

Where you are

When you're at home or on the go, talk to your care team by email, video, or phone.^{1,2}

When you want

Get advice 24/7 from a Kaiser Permanente medical professional.

At your fingertips

Use the Kaiser Permanente app to fill prescriptions for delivery or same-day pickup.^{2,3,4}

In one location

Get it all done in one stop — doctors, lab, and pharmacy are all conveniently located under one roof at most facilities.

Telehealth is covered at no additional cost

Telehealth isn't an add-on at Kaiser Permanente — it's been part of how we deliver care for years. That's why it was easier for our members to connect virtually with their doctors and care teams from the start of the pandemic. While patients nationwide saw their doctors less often in 2020, our members had 15 million more care encounters.⁵

1. When appropriate and available. If you travel out of state, phone and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. To have a video visit, members must be registered on kp.org and have a camera-equipped computer or mobile device.

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

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

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

5. Kaiser Permanente Telehealth Insights Dashboard.



Kaiser Permanente Medical — continued

High-quality clinical care

When your health needs serious attention, our specialty care has you covered. In 2021, Kaiser Permanente led the nation as the top performer in 42 measures on care quality. The closest national competitor led in only 14.¹

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.

A complete approach to care

With our large and diverse medical group, we can help connect you with a specialist to 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. We provide a well-rounded approach that's backed by proven best practices and advanced technology. We'll help you get the care you need to continue living life to the fullest.

1. Kaiser Permanente 2021 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 2021 and is used with the permission of NCQA. Quality Compass 2021 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.



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.

- **Get care now** — Kaiser Permanente clinicians are available day or night, 24/7, for urgent care via on-demand video and phone, no appointment necessary.^{1,2,3}
- **Video or phone appointment** — Schedule a face-to-face video visit or phone appointment with a Kaiser Permanente care team and any specialists you've been referred to.^{1,2,3}
- **In-person care** — We offer same-day, next-day, after-hours, and weekend services at many of our locations.^{3,4}
- **Email** — Message your Kaiser Permanente doctor's office with nonurgent questions and get a reply, usually within 2 business days.
- **Prescription delivery** — Use the Kaiser Permanente app to fill most prescriptions for delivery or same-day pickup.⁵
- **24/7 advice** — Get support with 24/7 care advice by phone.
- **E-visit** — Use our online symptom checker for certain conditions and get personalized care advice within a few hours.

1. When appropriate and available.

2. To have a video visit, members must be registered on kp.org. You must have a camera-equipped computer or mobile device. If you travel out of state, phone and video visits may not be available. Some state laws prevent doctors from providing care across state lines. Laws differ by state.

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

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

5. Available on most prescription orders; additional fees may apply. For more information, contact the pharmacy. To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.

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, and chiropractic care

Most of our plans includes coverage for alternative care (see Benefit Summary for details). You also have access to 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.

Self-care apps to help improve your total health⁴

- Use meditation and mindfulness to help build mental resilience, reduce stress, and improve your sleep.
- Set mental health goals and track your progress. Get support managing depression, anxiety, and more.
- Choose from thousands of on-demand workout videos. Get reduced rates on livestream and in-person classes.

Visit kp.org/selfcareapps to learn more.

1. These services aren't covered under your health plan benefits. The terms of your Evidence of Coverage or other plan documents don't apply. These services may be discontinued at any time without notice.

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

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

4. Only available to Kaiser Permanente members with medical coverage.

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. Plus, our **Moda 360 Health Navigators** 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, SW Washington, and Idaho without the need for referrals, including OHSU.
- **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.

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 (PCP) 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.

***No referrals required
for specialist visits***



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.





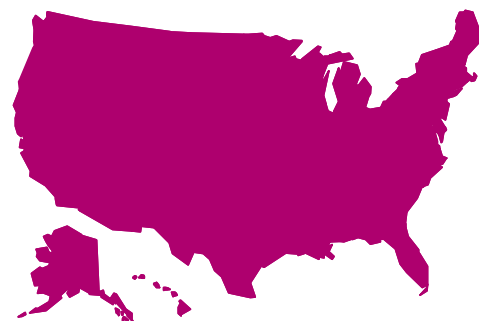
Moda Health — continued



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
- Hillsboro Medical Center
- 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
- Wallowa County Memorial Hospital



Care is never far with Moda's new national network partner, Aetna Signature Administrators®

When traveling outside the network service area, you can use the Aetna PPO through Aetna Signature Administrators® 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 Aetna PPO through Aetna Signature Administrators® to receive in-network benefits except for dependents who live in Alaska and Idaho. Dependents who live in Alaska will continue to use the First Health Network. Dependents who live in Idaho will continue to use the Synergy and First Health networks.

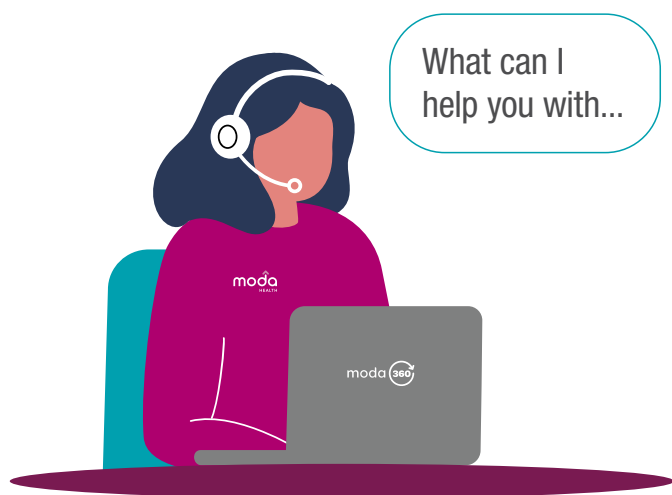
Understanding the benefits in our health plans can help you choose the plan that's right for you and your family. To learn more, please visit modahealth.com/PEBB.

Moda Health



Moda 360 Health Navigators can be your guide

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



Moda 360 Health Navigators understand the healthcare system, your benefits, and how everything works and can guide you through getting the best care.

Moda 360 Health Navigators can help you with:

- Signing up for a PCP 360 for coordinated care
- Scheduling appointment support
- Connection to care programs for chronic conditions
- Integrating your dental health into your overall health plan
- Understanding claims and billing



PCP 360 providers can coordinate your care

A PCP 360 is a primary care provider (PCP) who has agreed to partner with you and be accountable for your health. They deliver full-circle care.



Choosing a PCP 360 provider means you will receive:

- Coordination with other providers, as needed
- 24/7 medical advice by phone
- Wellness support

To see if your provider is a PCP 360, go to modahealth.com/pcp360.



Moda Health — continued

A wide medical network, with 24/7 doctor access at no cost

Enjoy more choices and more access, including the **CirrusMD app**, so you can connect to a doctor in under a minute, anytime, anywhere, at no cost to you. 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.

With **Meru Health**, you get access to ***one-on-one health coaching for depression and lifestyle changes***. Meru Health's 12-week mobile therapy program is available to qualified Moda Health members 18 or older located in Oregon, Alaska, Washington or Idaho. Meru Health will bill the initial evaluation call at the same cost-share as your in-network mental health office visit. They accept FSA accounts to cover the cost of the initial copay. After that, the program is available at zero cost.

To sign up, go to modahealth.com/meru.

CIRRUS MD



Moda Health



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.

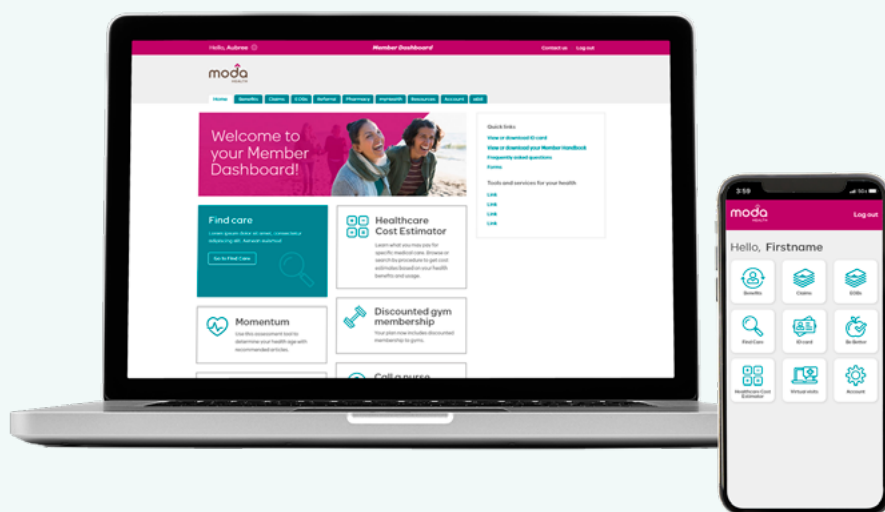
Through the prescription program, you can access a high-performance formulary (a list of prescription drugs) with options under the value, select generic and preferred tiers. Each tier has a copay or coinsurance amount set by the plan.

To find a list of covered medications, visit modahealth.com/pebb and click on the Pharmacy services 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) and Costco. You can receive significant savings by using the mail-order benefit.

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



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.

In-network pharmacies

To find in-network pharmacies, use Find Care (Moda's online provider directory) at modahealth.com/pebb.

Then ***select the NW Prescription Drug Consortium Care network*** to find in-network pharmacies.

The screenshot shows the 'Find Care' page on the Moda Health website. It has two main search options: 'Search as a member' and 'Search by network'. The 'Search by network' section is highlighted with a yellow circle. It includes a dropdown menu for selecting a network, with '2022 NW Prescription Drug Consortium Care network' selected. Below the dropdown is a 'Search by network' button. At the bottom of the page, there is a link to 'Get your digital member ID card' and a note about using the app on mobile devices.

You can also call the Health Navigator team at **844-776-1593** or instantly chat with them through your Member Dashboard account.

Providence Health Plan

Building True Health, Together

For more than 160 years, Providence has set the health and well-being standard for the community. Health insurance is much more than a perk or a benefit. That's why Providence Health Plan goes beyond just numbers. We're dedicated to the health and care of every member of the community because everyone's well-being matters.

We all deserve True Health.

Our health equity vision

Providence Health Plan believes health is a human right and every person deserves the chance to live their healthiest life. Each year, we serve more than 6 million people of every walk of life. We value each member of the diverse communities we serve for their identity and experience.

And we are committed to meeting everyone's unique needs.

Educating our employees and providers

Providence holds educational webinars and required bias training on a regular basis. This is done in collaboration with community partners to understand who we serve more deeply.

Creating new programs to increase access

To directly address health disparities and complex conditions like hypertension and diabetes, we've developed multiple community and clinic-based efforts. We've also implemented 12 Community Health Worker programs and three mobile clinics in new service areas.

Easing your way to finding the right provider

We know finding a provider that you can relate to hasn't always been easy. So we have updated our provider directory with more search options to help you find the right fit. New options include race, ethnicity, gender identity and cultural competency training.

Find more information at

ProvidenceHealthPlan.com/PEBB



Providence — continued

What's new in 2023

Here's a preview of the new benefits and programs we've added:



Smart RxAssist

Co-pay will be eliminated on all eligible specialty medications (page 5)

With this program, cost is reduced to zero for certain specialty medications. Those are drugs that may require special handling or administration.



Omada

Take steps to prevent diabetes (page 7)

The Omada prevention program helps members achieve and maintain a healthy weight. You'll get proactive support and interventions with proven success.



Breast reductions

Expanded coverage to include medically necessary situations

Previously breast reduction surgery was only covered to remove malignant tumors. Now coverage is being added to include symptoms of pain and disability.



Providence Pathfinder

Simplifying your healthcare journey with a personal Pathfinder (page 3)

With one click or call, you will be connected to a personal Pathfinder who is dedicated to help you. They will guide you to the answers, virtual tools, or resources you need. For more complex needs, your Pathfinder will connect you to a True Health Guide, to help you every step of the way.



myProvidence

Member portal updates (page 9)

myProvidence provides on-demand access to your personalized health plan information and it has a whole new look and feel. Updated navigation and new features make it easier to find what you need.

Providence — continued



Find the plan that fits your lifestyle

Choose from your two plan options below.

With either plan, you get:

- + Preventive services, in-network at no cost (\$0 deductible)
- + Virtual visits, in-network at no cost (\$0 deductible)
- + Access to the nationwide Cigna PPO network
- + Wellness resources to help with chronic disease, stress, diet, exercise, sleep, and much more
- + Chiropractic manipulation and acupuncture (Statewide plan: 15% coinsurance; Choice: \$10 copay)

These are the main differences between your plan options

	Providence Statewide PPO Plan Get more access with a larger network	Providence Choice Plan (Medical Home) Coordinated care from your dedicated health team
In-network deductible	\$250 individual; \$750 family	\$250 individual; \$750 family
Out-of-pocket max.	\$1,900 individual; \$5,700 family	\$1,500 individual; \$4,500 family
Primary care	15% or 10% coinsurance for the first four visits (\$0 deductible)	\$10 copay, first four visits (\$0 deductible)
Specialty care	15% coinsurance	\$10 copay (with referral)
Massage therapy	N/A	\$10 copay, \$1,000 maximum benefit
Network	Providence Signature Network, OHSU, and Providence Hospitals	Providence Choice Network (with over 400 medical homes*)

*Available in Oregon and SW Washington

What is a Patient-Centered Medical Home (PCMH)?

A medical home is a team-based health care model led by your primary care provider (PCP). They work with other health professionals to coordinate your care – like nurses, specialists, and pharmacists – this is called your “health care team.” The members of your team work together to make sure they’re all on the same page when it comes to your health.

Administered by



Providence — continued



Behavioral Health Resources

Providence members have options when it comes to getting behavioral health care. Our expansive network of providers offers care close to home or while you're away. Then there's Behavioral Health Concierge, a unique program that provides quick access to virtual appointments. You also have access to a self-help tool called Learn to Live — proven to help manage conditions like anxiety and depression.

Behavioral Health Network

We value whole self-care for all members. That's why we've enhanced our focus on behavioral health and substance use treatment services. To simplify whole self-care, we've established a direct access line to a 24/7 dedicated support team that includes a crisis-trained staff.

Behavioral Health Concierge

Members in six states including Oregon and Washington can access virtual and confidential appointments at no cost. Appointments with licensed providers can be made on the same day or next day.

Learn to Live

For comprehensive whole-health support, we also provide a virtual self-directed program called Learn to Live. Take advantage of interactive resources that are confidential and accessible from anywhere.



Providence — continued



Pharmacy resources

Our pharmacy network gives you access to thousands of participating pharmacies. With in-person and mail order options, you can conveniently access the prescriptions you need. Save yourself both time and money with our resources.

List of covered drugs

We provide members with an in-depth list of covered drugs, called a formulary. It promotes affordable and effective medications.

Participating pharmacies

You have nationwide access to thousands of participating pharmacies. 30-day and 90-day supplies are available.

Mail-order pharmacy

Use mail-order to get a 90-day drug supply, at a reduced cost, delivered directly to your home.

Specialty pharmacy

Specialty drugs include those that require careful handling or administration (like refrigeration or complex injection instructions). Your specialty care team will help coordinate everything for you. We also offer support to help reduce costs.



Smart RxAssist – reduces copay to \$0

Our Smart RxAssist program lowers specialty drug costs. Eligible members are enrolled automatically. A specialized patient navigator will assist you every step of the way.

Prescription drugs summary of benefits

Providence Statewide PPO Plan & Providence Choice Plan (Medical Home)

- | | |
|---|--|
| + \$50 deductible per person or \$150 for families | + \$30 copay on brand name drugs |
| + Out-of-pocket maximum \$1,000 per person, family maximum of \$3,000 | + Statewide plan: \$100 copay on specialty drugs |
| + \$0 copay on value drugs | + Choice plan: \$20 copay on generic specialty drugs, \$100 copay on brand specialty drugs |
| + \$10 copay on generic drugs | + Copay x2.5 for 90-day supplies |

Administered by



Providence — continued



Virtual access to care, whenever you need it

See or talk to a provider in minutes, from your phone or computer. Virtual care is covered in full, with no cost to you.

Telehealth

Telehealth is a convenient option for getting care wherever you are. It includes all virtual visits using a teleconferencing application, such as Zoom.

ExpressCare Virtual

We have created ExpressCare Virtual for members who don't have the time or ability to travel to a clinic for treatment. It can address non-urgent medical issues. Available nationwide. Access 7 days a week from a tablet, smartphone, or computer.

ProvRN

Providence Health Plan members can call ProvRN 24/7 to ask questions about their health. They'll speak with a registered nurse in minutes. Nurses are available to listen and provide answers as best as possible.

Behavioral Health Concierge

Access virtual and confidential same-day or next-day appointments. Services are available with Providence licensed behavioral health professionals. This unique service is a convenient way to seek help from a mental health provider.



Providence — continued

More tools and resources to help you on your journey to True Health

Increased options for care through digital solutions that provide more convenient access, at your preferred time.



Learn to Live (L2L)

A wealth of mental health resources at your fingertips

L2L offers online self-help programs. Get help for things like anxiety, stress, or depression. You'll be using self-help tools that include interactive content and dynamic resources. Along the way, encouragement is available from a personal coach via text or email.



Kaia Health

Join over 500,000 people who have turned to Kaia for pain relief

Kaia is an evidence-based digital therapy app. It helps you learn ways to manage joint and muscle pain throughout the entire body. Receive a customized therapy plan that can include exercise, relaxation, and expert advice.



Omada

Take steps to prevent diabetes

The Omada program helps reduce the risk of prediabetes and chronic disease. It offers nutritional guidance and weight loss resources. Your care path includes certified health coaches, condition-specific peer groups, and virtual physician visits.



Virta Health

Type 2 diabetes reversal is here

Virta is a provider-led and research-backed treatment. It can help reverse type 2 diabetes. You can work to lower your blood sugar and A1c, all while reducing diabetes medications and losing weight. With a personalized treatment plan from Virta, you get professional support and useful resources.



Weight Watchers (WW)

Assistance in tracking what you eat and working towards your goals

Eat well, move more, and lose the weight you want with a personalized action plan. Get progress reports, easy-to-use-tracking tools, and thousands of recipes. Also take advantage of 24/7 coaching. All from an app on your phone.

Administered by



Providence — continued

myProvidence.com

Your secure member portal

myProvidence provides access to your health plan information. It's also where you can access tools and resources. Things like:

- + Find in-network providers
- + Get a replacement ID card
- + Estimate costs for medical, pharmacy, and dental
- + View claims and explanations of benefits
- + View progress towards your deductible and out-of-pocket maximum
- + Communicate with Customer Service via secure email and chat
- + Access exclusive member discounts on fitness memberships, travel and more



Member perks

Additional benefits and programs available to cover every aspect of your life.



Personal Health Coaching

Our coaches are here to support a journey towards a healthier and happier life.



Active&Fit Direct

Access thousands of participating fitness centers and workout videos on demand.



LifeBalance

LifeBalance provides savings on thousands of fun activities (like movies, travel, or a night on the town).



ChooseHealthy

Save big on fitness and wellness products, services, and memberships.



ID Protection

Benefit from fraud monitoring, warning, and resolution.



Emergency Travel Assistance

Have emergency medical help while traveling away from home or even internationally.

Find more information at

ProvidenceHealthPlan.com/PEBB

Kaiser Permanente vision care



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 and your eyes healthy.



Integrated care

Through our electronic health record system, all your care providers can see a complete picture of your health. They can 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. This includes vaccinations, physicals, and important eye health screenings.



Convenience

We have 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's included in your benefit. 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. Cover the essentials with the Basic Plan or upgrade to the VSP Plus Plan to get even more coverage.



Get the basics with both plans

As a VSP member, 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
- VSP LightCare™
- 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.

Take a look at what the Plus Plan has to offer:

- **Increased Frame Allowance**
Covers more of your favorite designer frames
- **VSP LightCare**
Increased allowance for non-prescription sunglasses or ready-made non-prescription blue light filtering glasses
- **Anti-glare Coating**
Reduce glare and combat reflection
- **Progressive Lenses**
See clearly at any distance
- **Retinal Screening**
For a \$10 copay

Enroll in VSP Today!*

You'll be glad you did. Contact us at **800.877.7195** or visit **vsp.com**.

Check your member benefits summary for plan details.

*VSP is for Moda and Providence members only.

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Classification: Restricted

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 preventive care is at the core of our philosophy.

Integrated approach



Our dentists team up with your doctors to provide integrated care. This helps you rest easy, knowing we are looking out for your total health.

Your dental team has access to your health history. 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 care. Complete care that focuses on you, the patient.* Our Dental Program has met demanding national standards. Currently we are the only dental practice in the Pacific Northwest with this endorsement.



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 anytime, 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 accreditation. aaaahc.org

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 twice per year
- Predetermination of benefits if requested in a pretreatment plan
- No claim forms
- Superior customer service

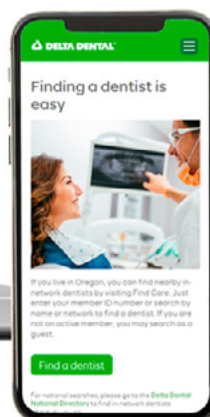
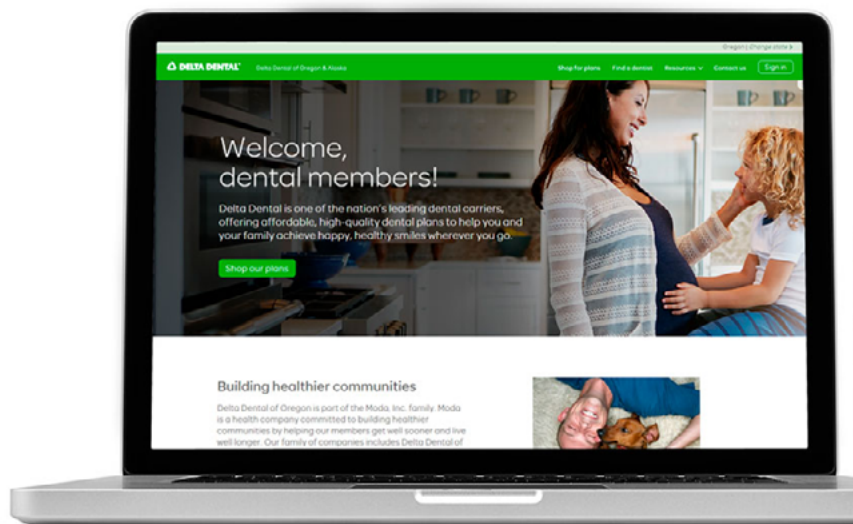
Delta Dental networks go where you go

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.

New! The orthodontic lifetime benefit maximum increase from \$1,500 to \$1,800.

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.



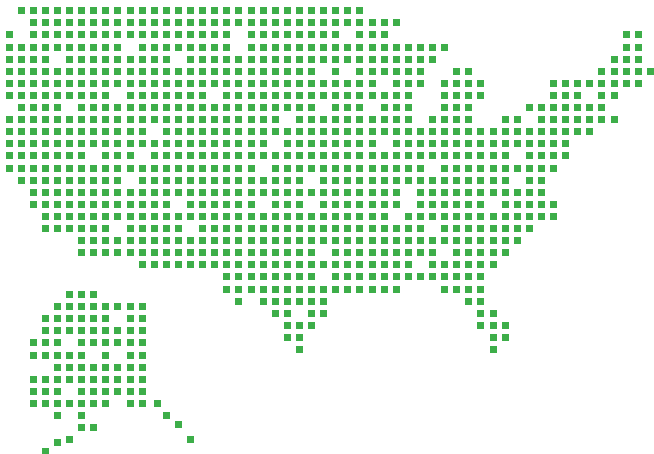
Delta Dental — continued

Delta Dental PPO[®] Network

This is one of the largest preferred provider organization (PPO) dental networks in Oregon and across the country. It includes more than 1,200 participating providers in Oregon and offers access to over 113,000 Delta Dental PPO dentists nationwide. These providers have agreed to lower contracted rates, which means more savings for you.

Potential savings
in-network = \$\$\$

Choose from a
large selection of dentists



Delta Dental Premier[®] Network

This is the largest dental network in Oregon and nationwide. It includes more than 2,200 providers in Oregon and over 154,000 Delta Dental Premier Dentists nationwide.

Potential savings
in-network = \$\$

Even more choice and one of the
largest dental networks in Oregon





Delta Dental — continued

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 twice per year
- Predetermination of benefits if requested in a pretreatment plan
- No claim forms
- Superior customer service

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.



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.**

New! The orthodontic lifetime benefit maximum increase from \$1,500 to \$1,800.

Willamette Dental Group

Willamette Dental Group 

For more than 50 years, Willamette Dental 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



9 out of 10 PEBB members highly recommend Willamette Dental



Services covered at predictable, low copays



Most offices open 7 AM to 5:30 PM Mon – Fri with Saturday appointments available



Affordable orthodontic coverage for adults and children

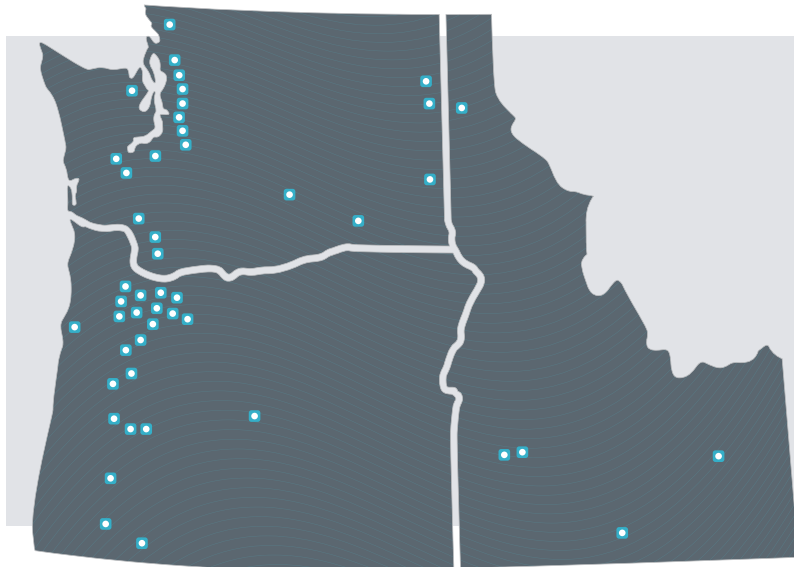


No copay changes for 2022 / 2023 plan year

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

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

045-OR90(7/22) 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 and preventive services	
Routine and 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

Covered benefits Copays

Endodontics and 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 implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit.

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

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:

Diabetes Prevention

- **Livongo** is available to Moda members. It's a digital health program that provides a personalized action plan and ongoing expert coaching and support.
- **Omada** is available to Kaiser Permanente and Providence Health Plan members. It's a digital health program that uses science to help you take control of your health.

Diabetes Reversal

- **Virta Health** is available to Providence Health Plan members with a diagnosis of Type 2 diabetes. It's a non-surgical, medical treatment.



Emotional wellbeing

- **Canopy Employee Assistance Program (EAP)** offers employees support and services including:
 - » Counseling
 - » Resources for life (childcare, eldercare, caregiving, etc.)
 - » Legal and financial tools
 - » Wellbeing tools (fertility health, pet parent resources, etc.)
 - » WholeLife Directions, and
 - » A variety of other services available at no cost to you or eligible family members.
- **Beyond Benefits Employee Assistance Program (EAP)** for Oregon State University members only offers resources and services that address:
 - » Family needs
 - » Legal concerns
 - » Financial needs and
 - » Mental & emotional wellbeing
- **Kaiser Permanente:**
 - » Behavioral Health Consultants
 - » Calm app that helps build mental resilience, reduce stress and improve sleep
 - » My Strength app to help manage depression and anxiety
- **Moda Health:**
 - » In-person and telehealth therapy and psychiatry,
 - » Meru Health anxiety and depression therapy through your smartphone, and
 - » Equip, a team-based virtual program for young people with eating disorders.
- **Providence Health Plan:**
 - » Behavioral health concierge offering virtual mental health therapy
 - » Personal health coaches
 - » Focused workshops addressing anxiety, depression, stress-management and more

Healthy habits

- **HealthyYou powered by WebMD ONE** is a web-based program that provides tools to help you:
 - » Improve your diet
 - » Increase physical activity, and
 - » Practice healthy behaviors.
- **Tobacco cessation** offers support 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.
- **WW** is becoming the world's partner in wellness.
 - » WW welcomes anyone 18 years and older who want to build healthy habits — whether that means:
 - » Eating better
 - » Moving more
 - » Developing a positive mindset
 - » Focusing on weight, or
 - » All the above

Musculo-skeletal (muscles and bones)

- **Kaia Health** offers pain management through your smartphone for Providence Health Plan members
- **Chiropractic and Massage services** is offered through all medical carriers

More information about PEBB health and wellbeing programs is available at: <https://www.oregon.gov/oha/PEBB/Pages/Wellness-Programs.aspx>.





Canopy 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.

Counseling with an EAP professional

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

- Relationship conflict
- Stress management
- Alcohol or drug abuse
- Conflict at work
- Family relationships
- Grieving a loss
- Depression
- Anxiety
- Professional development

Resources for Life

Canopy will help locate resources and information related to childcare, eldercare, caregiving, and anything else you may need.

Legal consultations/mediation

Contact Canopy for a free thirty-minute office or telephone consultation. A 25% discount from the attorney's/mediator's normal hourly rate is available thereafter.

Financial coaching

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

Identity theft

Up to a 60-minute free consultation with a highly trained Fraud Resolution Specialist™ (FRS) who will conduct emergency response activities and assist with restoring their identity, good credit, and dispute fraudulent debts.

Home ownership and housing support

Assistance and discounts for buying, selling, and refinancing. Resource retrieval for housing assistance.





Employee Assistance Program — continued

Coaching

Access phone or video sessions with a Coach to support goal setting, healthy habits, and personal development.

Wellbeing tools

- Fertility health support
- Online legal tools
- Pet parent resources
- Gym membership discounts

Member site

Innovative educational tools, chat for support, take self-assessments, view videos and webinars, access courses, download documents and more. Access at my.canopywell.com, and 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 Member Site or search *WholeLife Directions* in the App Store or Google Play.



Crisis Counselors are available by phone 24/7/365

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

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



Optional Life and Accidental Death and 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, 2022.

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 and Dismemberment Insurance (ADandD)

With optional employee-paid ADandD 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); minimum benefit of \$50/month
2	180 days	
3	90 days	66 2/3 percent of first \$12,000 minus deductible income (up to \$8,000); minimum benefit of \$50/month
4	180 days	

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 - \$2,850 | Dependent Care FSA - \$5,000 annual family maximum.

Important: Deadline to make changes to your 2023 contributions is Dec. 15, 2022.

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 verify 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.

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

* 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.



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, 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.

Manage your account

Register your account at [ASIFlex.com/ORPEBB](https://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](https://asiflex.com/ORPEBB)
asi@asiflex.com

P: 800.659.3035
 F: 877.879.9038
 P.O. Box 6044
 Columbia, MO 65203

How much can I contribute to the Commuter accounts?

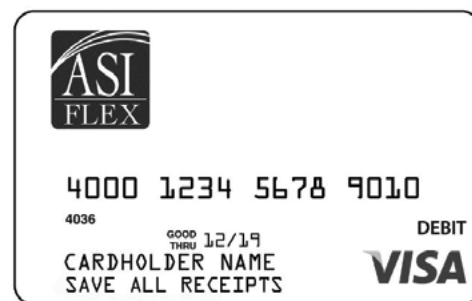
Parking Reimbursement Account – \$280 per month | Mass Transit/Vanpool Reimbursement Account – \$280 per month

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](https://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.



For more program information, review the PEBB plan document or visit [ASIFlex.com/ORPEBB](https://asiflex.com/ORPEBB).

COBRA member information

Open enrollment runs Oct. 1–31, 2022

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 2022, but do not complete open enrollment:
 - » Will stay in their 2022 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 2023.

Surcharges

- Your 2022 monthly tobacco-use surcharge status will not change in 2023 unless you make enrollment changes.
- Your 2022 monthly spouse or domestic partner coverage surcharge status will not change for 2023 unless you make an enrollment change.

To enroll in your 2023 health plans:

Review the health plan regions, premiums and coverage in this 2023 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, 2022 to BenefitHelp Solutions (BHS):
PO Box 40548, Portland, OR 97240-0548
Fax: 888-393-2943



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: pebb.benefits@odhsoha.oregon.gov

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, 2022, to:

BenefitHelp Solutions (BHS)

PO Box 40548, Portland, OR 97240-0548

Fax: 888-393-2943

COBRA member information — continued**2023 COBRA participant medical plan monthly premium rates**

	Self	Self and spouse/ partner	Self and children	Self and family	Children only ⁷
Kaiser Traditional ²	\$881.02	\$1,762.05	\$1,497.75	\$2,378.79	\$708.38
Kaiser Deductible ²	\$808.74	\$1,617.47	\$1,374.85	\$2,183.58	\$654.49
Moda Synergy ¹	\$828.12	\$1,656.23	\$1,407.79	\$2,235.93	\$703.91
Providence Statewide ³	\$930.21	\$1,860.46	\$1,581.37	\$2,511.61	\$790.70
Providence Choice ¹	\$811.78	\$1,623.57	\$1,380.04	\$2,191.83	\$690.01
Kaiser Traditional Part-Time ⁶	\$743.05	\$1,486.09	\$1,263.15	\$2,006.22	\$597.44
Kaiser Deductible Part-Time ⁶	\$664.39	\$1,328.79	\$1,129.47	\$1,793.88	\$574.52
Moda Synergy Part-Time ⁴	\$674.20	\$1,348.40	\$1,146.16	\$1,820.36	\$573.06
Providence Statewide Part-time ⁵	\$755.66	\$1,511.35	\$1,284.63	\$2,040.31	\$642.31
Providence Choice Part-Time ⁴	\$657.87	\$1,315.69	\$1,118.35	\$1,776.20	\$559.15

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 and retiree participants.

2023 COBRA vision plan monthly premium rates

	Self	Self and spouse/ partner	Self and children	Self and family	Children only ⁷
VSP	\$8.52	\$17.06	\$14.50	\$23.02	\$7.25
VSP Plus	\$15.86	\$31.75	\$26.98	\$42.85	\$13.49

2023 COBRA dental plan monthly premium rates

	Self	Self and spouse/ partner	Self and children	Self and family	Children only ⁷
Kaiser Permanente ¹	\$66.56	\$133.13	\$113.16	\$179.73	\$53.65
Delta Dental Premier ²	\$63.54	\$127.06	\$108.00	\$171.54	\$54.00
Delta Dental PPO ³	\$58.71	\$117.39	\$99.81	\$158.50	\$49.89
Willamette Dental Group ⁴	\$56.25	\$112.52	\$95.69	\$151.95	\$47.79
Delta Dental Part-Time ⁵	\$45.71	\$91.44	\$77.73	\$123.44	\$38.85
Kaiser Permanente Part-time ⁶	\$49.63	\$99.27	\$84.39	\$134.03	\$39.95

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 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, 2022. 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 2022 dental or vision-only coverage do not need to enroll again. Plans will continue in 2023.

- 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 2023 health plans:

If you decide to change your plans this year, be sure to review the health plan regions, premiums and coverages in this 2023 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, 2022 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: pebb.benefits@odhsoha.oregon.gov

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, 2022, to:

BenefitHelp Solutions (BHS)

PO Box 40548, Portland, OR 97240-0548

Fax: 888-393-2943

Retiree member information — continued**2023 retiree medical plan monthly premium rates**

	Retiree	Retiree and spouse/ partner	Retiree and children	Retiree and family	Children only ⁹
Kaiser Traditional ¹	\$869.04	\$1,738.09	\$1,477.37	\$2,346.43	\$698.75
Kaiser Deductible ¹	\$797.74	\$1,595.47	\$1,356.15	\$2,153.88	\$645.59
Moda Synergy ²	\$816.86	\$1,633.70	\$1,388.64	\$2,205.51	\$694.34
Providence Statewide ³	\$917.56	\$1,835.15	\$1,559.86	\$2,477.44	\$779.95
Providence Choice ⁴	\$800.74	\$1,601.49	\$1,361.27	\$2,162.01	\$680.63
Kaiser Traditional Part-time ⁵	\$732.94	\$1,465.87	\$1,245.97	\$1,978.93	\$589.32
Kaiser Deductible Part-Time ⁵	\$655.36	\$1,310.72	\$1,114.10	\$1,769.48	\$566.70
Moda Synergy Part-Time ⁶	\$665.03	\$1,330.06	\$1,130.57	\$1,795.60	\$565.26
Providence Statewide part-time ⁷	\$745.39	\$1,490.79	\$1,267.16	\$2,012.55	\$633.57
Providence Choice Part-time ⁸	\$648.92	\$1,297.80	\$1,103.14	\$1,752.04	\$551.55

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.

2023 retiree vision plan monthly premium rates

	Retiree	Retiree and spouse/ partner	Retiree and children	Retiree and family	Children only
VSP	\$8.41	\$16.83	\$14.31	\$22.72	\$7.16
VSP Plus	\$15.65	\$31.32	\$26.61	\$42.27	\$13.31

2023 retiree dental plan monthly premium rates

	Retiree	Retiree and spouse/ partner	Retiree and children	Retiree and family	Children only
Kaiser Permanente ¹	\$65.66	\$131.32	\$111.63	\$177.29	\$52.92
Delta Dental ²	\$62.68	\$125.33	\$106.53	\$169.21	\$53.27
Delta Dental PPO ³	\$57.92	\$115.80	\$98.46	\$156.35	\$49.22
Willamette Dental Group ⁴	\$55.49	\$110.99	\$94.40	\$149.89	\$47.15
Delta Dental Part-time ⁵	\$45.10	\$90.20	\$76.67	\$121.77	\$38.33
Kaiser Permanente Part-Time ⁶	\$48.96	\$97.93	\$83.25	\$132.21	\$39.41

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, 2022

Self-pay members:

- Normally must actively enroll in a medical plan each year.
- Who don't actively enroll:
 - » Will stay in their 2022 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 2023 if you are enrolled in medical.



To enroll in your 2023 health plans:

If you decide to change your plans this year, be sure to review health plan regions, premiums and coverage in this 2023 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, 2022 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: pebb.benefits@odhsoha.oregon.gov

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, 2022 to:

BenefitHelp Solutions (BHS)

PO Box 40548, Portland, OR 97240-0548

Fax: 888-393-2943

Self-pay member information — continued**2023 self-pay participants medical plan monthly premium rates**

	Self	Self and spouse/ partner	Self and children	Self and family
Kaiser Traditional ²	\$890.20	\$1,770.10	\$1,506.13	\$2,386.04
Kaiser Deductible ²	\$818.00	\$1,625.70	\$1,383.39	\$2,191.09
Moda Synergy ¹	\$837.36	\$1,664.42	\$1,416.29	\$2,243.37
Providence Statewide ³	\$939.33	\$1,868.37	\$1,589.65	\$2,518.69
Providence Choice ¹	\$821.05	\$1,631.79	\$1,388.57	\$2,199.32

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.**2023 self-pay participants vision plan monthly premium rates**

	Self	Self and spouse/ partner	Self and children	Self and family
VSP	\$8.36	\$16.73	\$14.23	\$22.58
VSP Plus	\$15.56	\$31.14	\$26.46	\$42.02

2023 self-pay participants dental plan monthly premium rates

	Self	Self and spouse/ partner	Self and children	Self and family
Kaiser Permanente ¹	\$65.27	\$130.54	\$110.97	\$176.24
Delta Dental Premier ²	\$62.31	\$124.59	\$105.90	\$168.21
Delta Dental PPO ³	\$57.57	\$115.12	\$97.87	\$155.43
Willamette Dental Group ⁴	\$55.16	\$110.33	\$93.84	\$149.00

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

Administered by



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



1-800-813-2000
mybenefits.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/centers>



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



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

A photograph of a man and a woman hiking on a dirt trail through a forest. The woman is in the foreground, wearing a black long-sleeved shirt, light-colored shorts, and a headband. The man is behind her, wearing a blue long-sleeved shirt, dark pants, and a backpack. They are both smiling and looking towards the camera. The forest has many trees and ferns, with sunlight filtering through the leaves.

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, 2022
Monday–Friday, 7 a.m.–6 p.m.

Email PEBB at: pebb.benefits@odhsoha.oregon.gov

Easy to find PEBB web pages

www.PEBBinfo.com — explore the PEBB homepage

www.PEBBenroll.com — enroll in PEBB benefits

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