

Uplift Your Benefits

Your Benefits Journey



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Zoom Controls



On / off for your **microphone**

On / off for your **video**

Open / close your **chat**

On / off for **auto-captions**

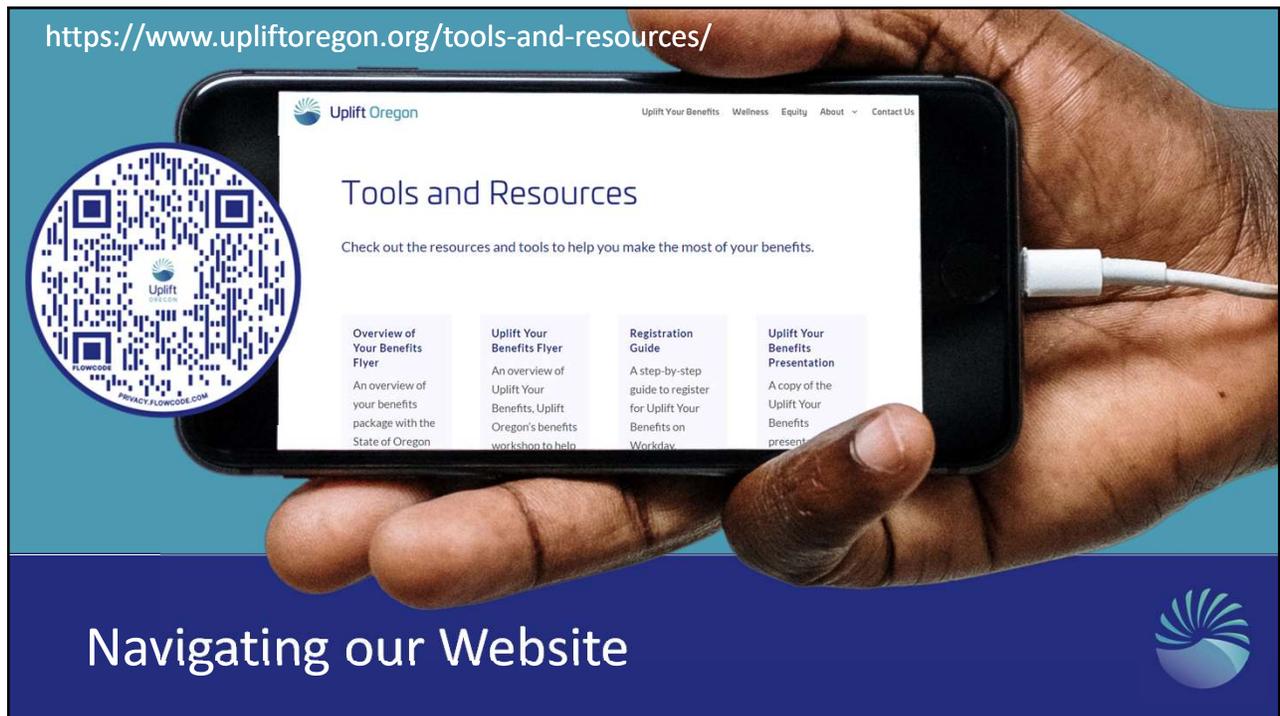
Add **reactions** to your video



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Uplift Oregon





Dr. General Johnson
Wellness



Jamila Dozier
Education



Brad Fortier
Equity



Stephanie Schaefer, Psy.D.
Benefits



Wanda Walker
Webinar Facilitator



Hope Yamasaki
Webinar Facilitator



Lori Spencer-Edwards
Webinar Facilitator



Hala Barghouty
Webinar Facilitator



Melissa Umana
Webinar Facilitator



Caitlan Hefner
Webinar Facilitator

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Introductions – Your turn



Please put your introduction in the chat!



YOU
State Employee

I am _____ with [Your Agency].

I serve as _____ .

Outside of work I relax by _____.

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Indigenous Support



Performers from Grand Ronde at Lake Oswego City Hall



Nez Perce tribal Elder Steven Rueben



Dr Jason Younker, Chief of Coquille Indian Tribe

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Agenda



1. Benefits Tools
2. Health Plans (Health, Dental, Vision)
3. Employee Assistance Program
- ~10-minute break~
4. Flexible Spending Accounts
5. Retirement
6. Paid Time Off
7. Additional Insurance
8. Public Service Loan Forgiveness
9. Introduction to Your Union and Additional Benefits

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Strengthen **confidence** in choosing your benefits

Share available **tools** to help you in choosing benefits

Identify **next steps** to take to enroll in benefits

Outcomes

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Activity: Word Association



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Why Benefits Matter



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Tools



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PEBB Guides



2024 PEBB Summary of Benefits



2024 PEBB Enrollment Guide



atory Open Enrollment October 1-31



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Premium Estimator Tool

Complete the information in all tabs to obtain the most accurate estimated monthly deductions below.

1. Basic Info 2. Core Benefits 3. Life & Disability Benefits 4. Spending/Commuter Accounts 5. Surcharges/HEM 6. Estimated Deductions

Enter information about your employment type, employment status, and the county in which you live or work. This information is used to determine availability and employee premium percentages.

Employment Type: State Employee University Employee

Employment Status: Full-Time Part-Time

ZIP code in which you live or work: ← Zip

Your current monthly salary: ← Income

[Manage Cookies](#)

<https://pebbpremiumestimator.com/>

- Fill in the open fields and hit the "Next" button
- Fill out each tab and hit "Next"
- In the field below these tabs, your estimate will take shape
- Remember, it is only an ESTIMATE.

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PEBB Plan Comparison Tool



Compare Your PEBB Plan Options

Welcome to the PEBB Plan Comparison Tool

The plan comparison tool is designed to help you easily understand the differences among your plan options. The tool lets you compare your options side-by-side, including copays, deductibles, coinsurance, and the cost of covered services.

This tool is for comparison purposes only and is not intended to fully describe the benefits of each plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the member handbook will prevail.

Use this online tool to:

- View your PEBB medical, dental, and vision plan options
- Compare important plan features for all health care plans, including coverage for office visits, hospital care, mental health services, prescription drugs, and more
- Understand how specific services are covered

Get started:

- Click on the plan features you want to compare and click "Next Step"
- On the comparison screen, select the plans you want to compare by "minimizing" the plans and services you do not want to see
- Be sure to click on the "Print" button if you want a record of your results – your results will not be saved once you exit the tool

Start the Plan Comparison Tool 

<https://comparepebbplans.com>

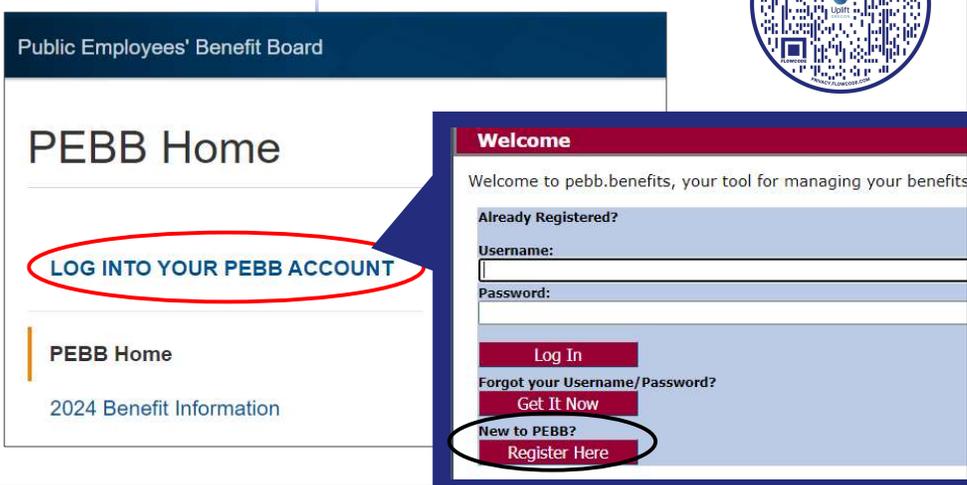
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How To Enroll In Your Benefits



- Review your current benefit selections
- Review and update your personal information
- Enroll for benefits during Open Enrollment

<https://www.oregon.gov/oha/pebb/pages/index.aspx>



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Range of Healthcare Benefits



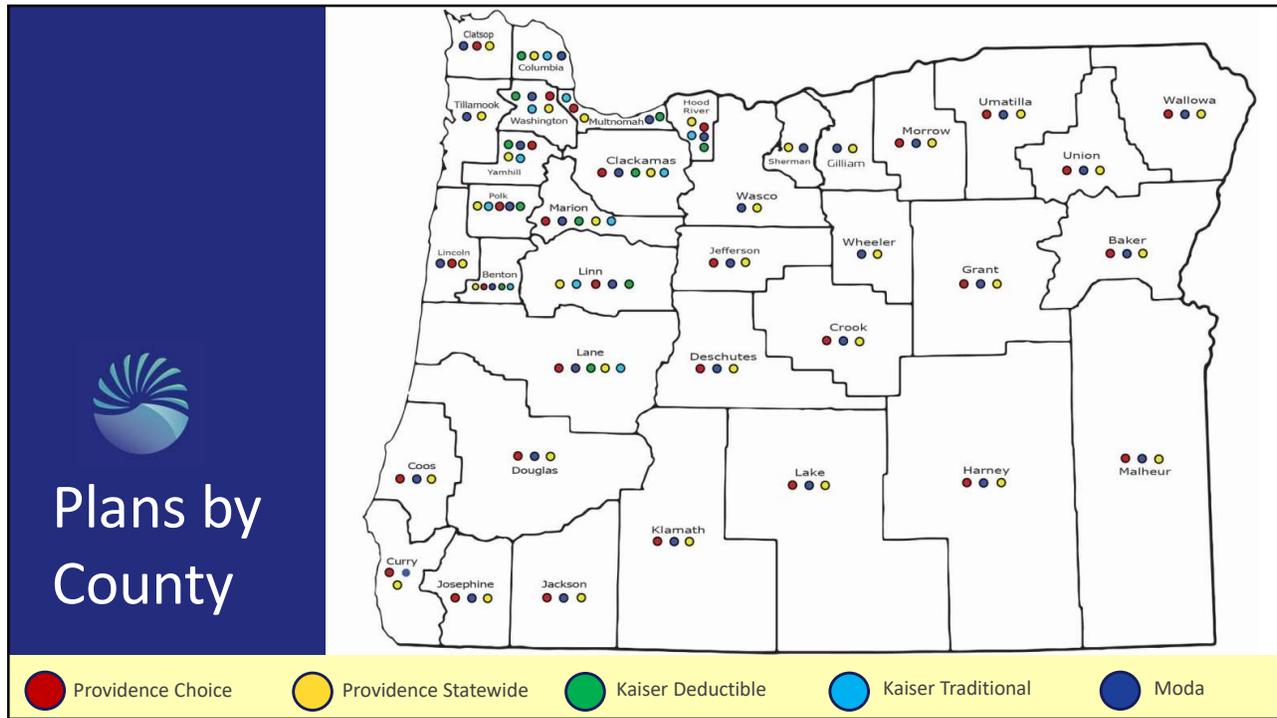
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Premium Costs

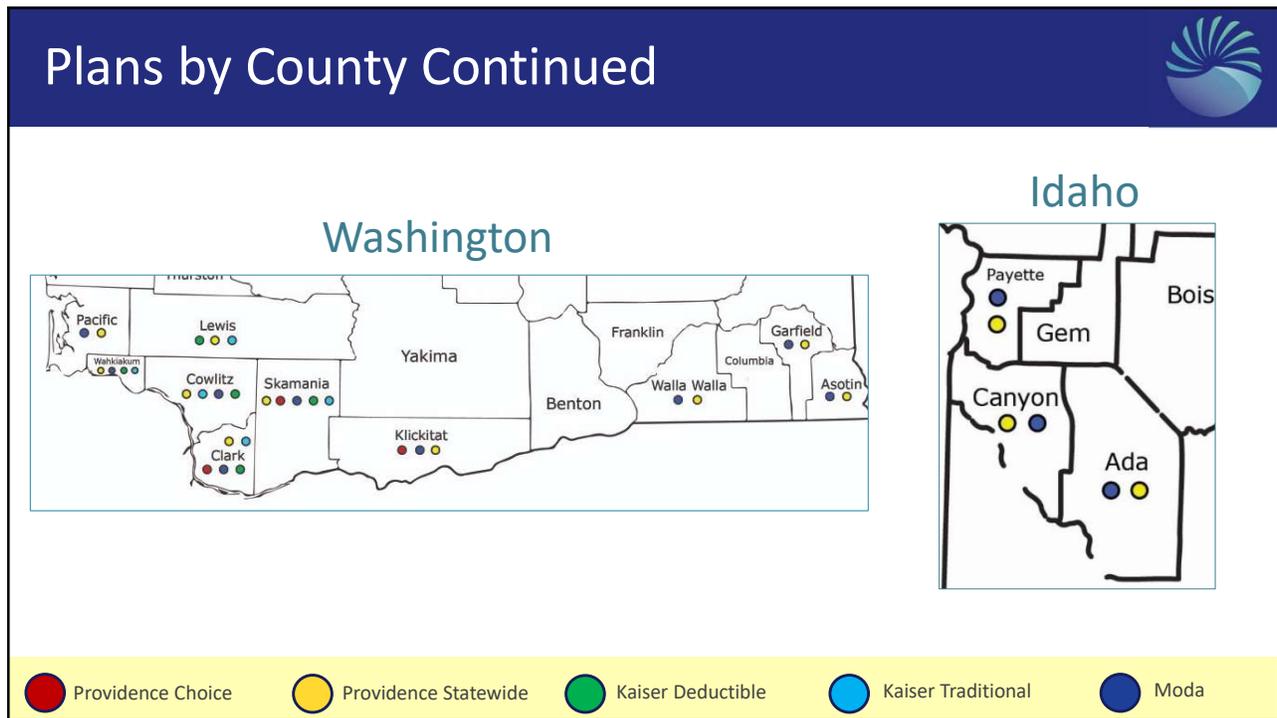
- You pay either 1% or 5% of the premium cost (determined by medical plan selection).
- Opt out of medical: 5% premium share for dental, vision, and employee-only basic life insurance.
- Example calculations for a full-time **employee only** (rounded to nearest penny):

Plan & Premium %	Cost	Employer pays (per month):	You pay (per month):
Kaiser Traditional 5%	\$983.15	\$933.99 (cost x .95)	\$49.16 (cost x .05)
Kaiser Deductible 1%	\$851.96	\$843.44 (cost x .99)	\$8.52 (cost x .01)
Providence Statewide 5%	\$956.64	\$908.81 (cost x .95)	\$47.83 (cost x .05)
Providence Choice 1%	\$852.19	\$843.67 (cost x .99)	\$8.52 (cost x .01)
Moda Synergy 1%	\$860.97	\$852.36 (cost x .99)	\$8.61 (cost x .01)

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Kaiser Permanente Benefits




Traditional Plan ●	Deductible Plan ●
You pay 5% of premium	You pay 1% of premium
Lower out-of-pocket costs	Higher out-of-pocket costs
Does not have a deductible	Has deductible

Additional Benefits:

<ul style="list-style-type: none"> Telehealth Away from Home Care Mental Health Apps: Calm, MyStrength, & Ginger 	<p style="color: #00838f; text-decoration: underline;">my.kp.org/pebb</p> <ul style="list-style-type: none"> Wellness Coaching ClassPass
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Providence Benefits




Statewide Plan ●	Choice Plan ●
You pay 5% of premium	You pay 1% of premium
Broadest provider network	Lower out-of-pocket costs
Best if you live out of state	Medical Home required

Additional Benefits:

<ul style="list-style-type: none"> Behavioral Health Concierge Talkspace 	<ul style="list-style-type: none"> Kaia Health App Omada Virta Health
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<https://www.providencehealthplan.com/public-employees-benefit-board-pebb>

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Moda Benefits

Health Plan ●
You pay 1% of premium
Lower out-of-pocket costs
Does not require referrals for specialty service
Partner with OHSU

Additional Benefits: <https://www.modahealth.com/pebb/>

- Moda 360 Health Navigator
- Spring Health behavioral telehealth services
- CirrusMD App
- Moda 360 Member Dashboard
- Out-of-area Dependent Coverage

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Opting Out of Benefits

Option 1	Option 2
Opt out and keep the coverage that you currently have for medical.	Keep both plans.
Get up to \$233 a month.	Enroll in PEBB benefits AND keep your current coverage.
Check to see if you get better coverage for dental and vision through PEBB.	

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Dental Plans



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Kaiser Permanente Dental



Kaiser Permanente Dental Plan <input checked="" type="radio"/>
\$5 copay for all services except preventive care
Preventive & Diagnostic Services: covers 100%
Basic & Maintenance Services: covers 80%
Crowns: 75% with \$5 copay
Implants and Dentures: 50%
Orthodontia Benefit: 50% (lifetime max: \$1,500)
Annual Maximum Benefit: \$1,750 (excludes preventive services)
No deductible

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<h2 style="margin: 0;">Delta Dental</h2>		
Delta Dental PPO ● & Delta Dental Premier ●		
Preventive & Diagnostic Services: 100%		
Basic Services: 80%		
Major Services: 50% (e.g., crowns, implants)		
Orthodontia Benefit: 50% (lifetime max: \$1,800)		
Maximum Annual Benefit: \$1,750 (excludes preventive services)		
Deductible: \$50 (individual), \$150 (family)		
<ul style="list-style-type: none"> Delta Dental PPO ● is an incentive-based plan. Basic Services Benefit: increases by 10% each year you visit the dentist (max: 100%) Never falls below 80% 		

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<h2 style="margin: 0;">Willamette Dental Group</h2>		
Willamette Dental Group Plan ●		
Diagnostic & Preventive Services: \$10 office visit copay		
Fillings: \$20 copay + office visit copay		
Crowns: \$250 copay + office visit copay		
Dentures: \$290 copay + office visit copay		
Implant Surgery: Up to \$1,500/year		
Orthodontia Benefit: \$2,500 copay + office visit copay each visit		
No Annual Maximum Benefit		
Deductible: None		

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Vision Plans



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Kaiser Permanente Vision

 KAISER PERMANENTE®



Vision Coverage Included in Kaiser Medical Plan

Annual Vision Exam: \$5

Frames & Lenses or Contacts: Up to \$200 annually

Non-Prescription Sunglasses or Digital Eyestrain Glasses: \$100 of Frames & Contacts allowance

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Vision Service Plan		*For those who choose Providence or Moda benefits plans or opt out of medical coverage	
		Basic Plan	Plus Plan
Frequency	Exam every calendar year Glasses every calendar year Or Contacts every calendar year Retinal Screening every calendar year		
Copays	\$10 Exam \$25 Frames/Lenses		
Frame Allowance	Up to \$39 Retinal Screening \$150/\$80 Costco \$170 featured frame brands	Up to \$10 Retinal Screening \$225/\$125 Costco \$245 featured frame brands	
Contact Lenses	\$200; Up to \$60 copay on contact lens exam		
Covered Lens Enhancements	Standard Progressives \$0 40% average savings on other lens enhancements	Standard Progressives \$0 Premium/Custom Progressives - \$20 Anti-Glare Coating - \$20 40% average savings on other lens enhancements	
LightCare	Use frame allowance towards ready-made non-prescription blue light glasses or sunglasses (instead of prescription materials)		
Vision Therapy	Fully covered evaluation and 75% off approved therapy sessions up to \$750 annually.		

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Canopy Wellbeing Employee Assistance Program (EAP)

Services

- Mental Health Hotline
24/7/365
- 3-8 Counseling sessions per incident
- Behavioral Coaching
- Virtual Peer Support ([Supportiv](#))
- WholeLife Directions App (digital CBT)

Resources

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

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Canopy Wellbeing EAP 

- **Who is Eligible?**
 - Employee
 - Spouse/domestic partner
 - Dependents, up to age 26 regardless of location
 - Family members living in employee's household
- **To Register:**
 - Employee's Name
 - Employee's Date of Birth
 - Employee's Job Title
 - Agency (PEBB)




<https://canopywell.com/Services-Offered>

1-800-433-2320

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Break Time!

10:00

Start Stop Reset mins: 10 secs: 0 type: None ▾

© Breaktime for PowerPoint by Flow Simulation Ltd. Pin controls when stopped

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Welcome Back



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Flexible Spending Accounts



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FSA – How Do They Work







Monthly Check	FSA Account	Expenses	Re-enroll Yearly
Money set aside pre-tax. This may lower your taxable income.	Money is "Use it or Lose it." Does not roll over into the next year.	Spend on eligible expenses. Get reimbursed or sign up for a debit card.	Enroll upon hire & during Open Enrollment annually.

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Types of Accounts

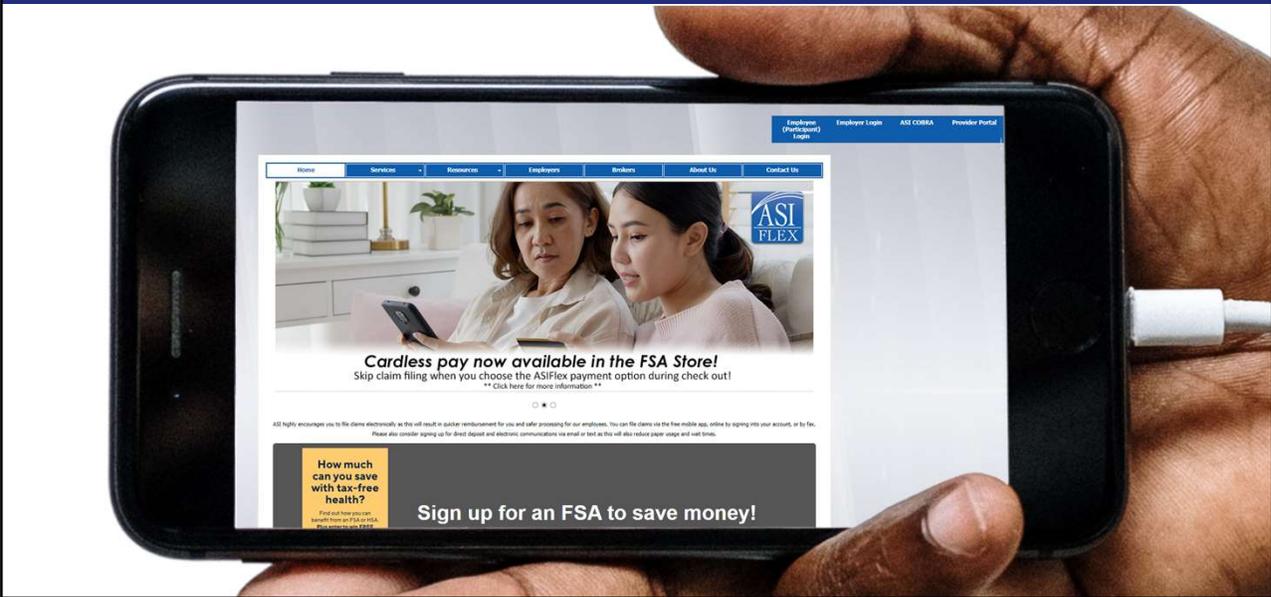





Healthcare	Dependent Care	Commuter
For health, vision, and dental costs	For in-home care for an elderly or older dependent, and nursery school or day care	For commuting expenses (pre-tax): either Parking OR Mass Transit/Van Pool
Max. year contribution is \$3,050	Max. year contribution is \$5,000	Max. contribution is \$300/month
Must use contributions or lose them.		Can change the amount you put in at any time

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FSA: Important Points



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PERS Activity

<https://www.oregon.gov/PERS/Pages/index.asp>

Nonretired members

- Online Member Services
- Tier One / Tier Two plans
- Oregon Public Service Retirement Plan
- What plan am I in?
- Nonretired member newsletters

Retirees

- Online Member Services
- Work after retirement
- Health insurance program
- Tax information
- Benefit payment information

Employers

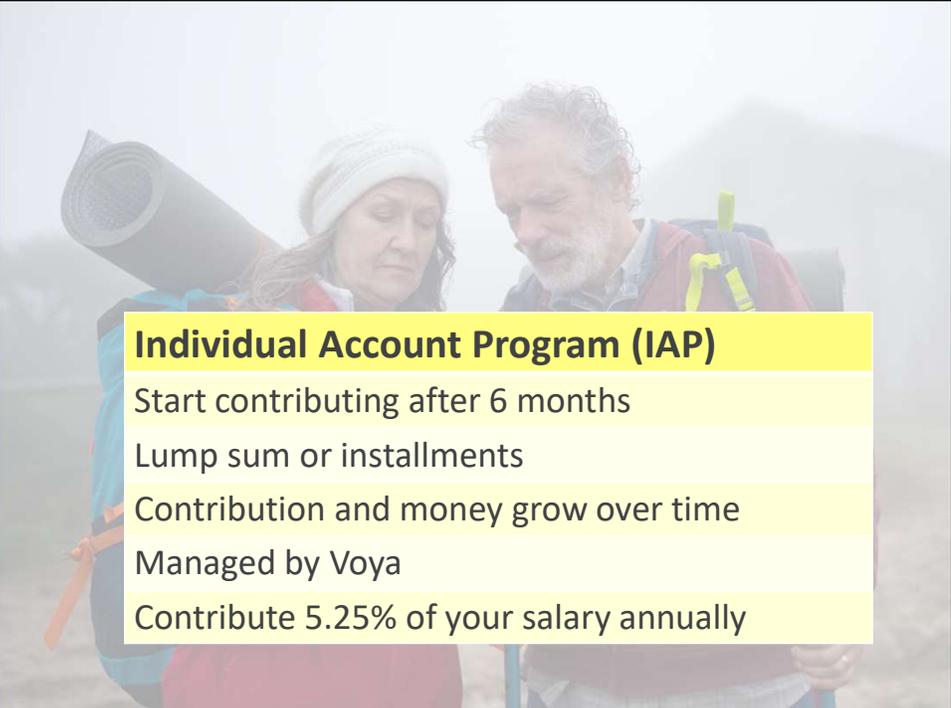
- EDX Login
- EDX availability
- Employer contribution rates
- Monthly newsletter
- Training

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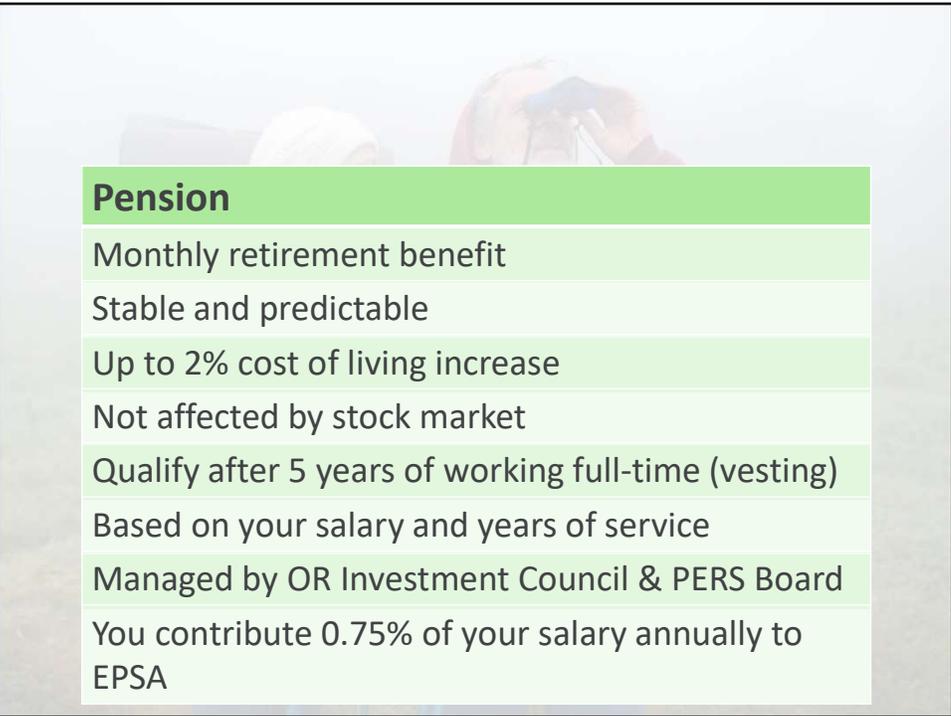
Oregon Savings Growth Plan
Automatically deducted from paycheck
Can pay taxes on it now or later
Managed by Voya
Can speak with an OSGP counselor

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Individual Account Program (IAP)
Start contributing after 6 months
Lump sum or installments
Contribution and money grow over time
Managed by Voya
Contribute 5.25% of your salary annually

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**Retirement:
Pension**

Pension

- Monthly retirement benefit
- Stable and predictable
- Up to 2% cost of living increase
- Not affected by stock market
- Qualify after 5 years of working full-time (vesting)
- Based on your salary and years of service
- Managed by OR Investment Council & PERS Board
- You contribute 0.75% of your salary annually to EPSA

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Types of Paid Leave

- DAS Employee Handbook
- Union Collective Bargaining Agreement (CBA)
- Manager/Supervisor



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Paid Leave Oregon

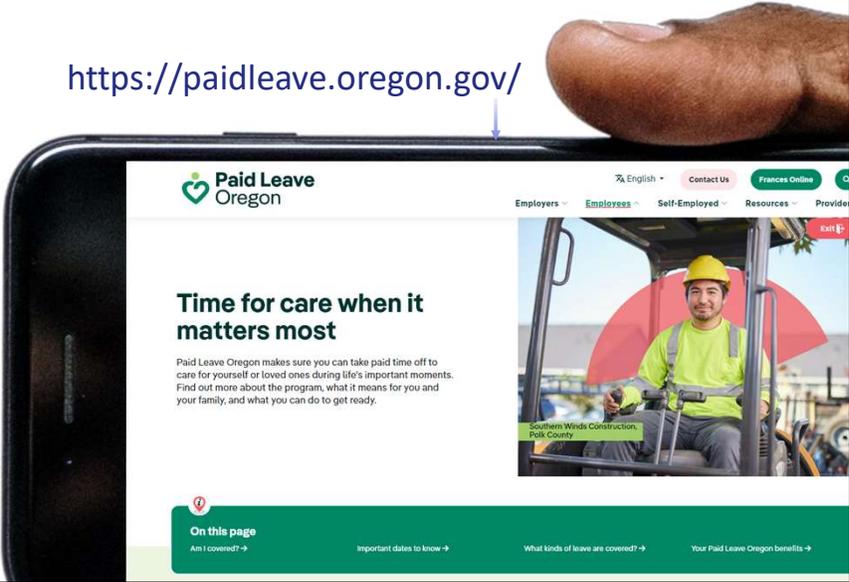
Types of Leave:

1. Medical
2. Safe
3. Family



Paid Leave Oregon

<https://paidleave.oregon.gov/>



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Types of
Additional
Insurance

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Life Insurance
- 

Short-Term & Long-Term Disability
- 

Accidental Death & Dismemberment
- 

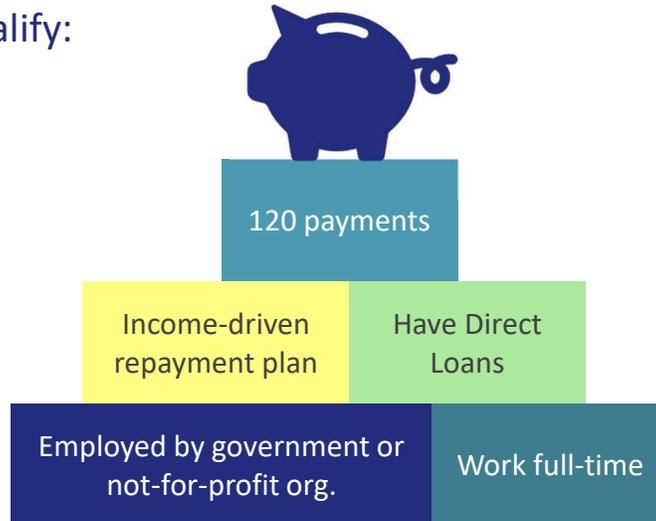
Long-Term Care

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Public Service Loan Forgiveness



How to Qualify:



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- **What will you do next?**
- **By when?**

Next Steps Activity



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Some of the Unions for State Workers

LOCAL 503



SEIU
Stronger Together

Oregon
AFSCME
Council 75



ONA Oregon Nurses Association
Voice of Oregon Nurses Since 1904

ASSOCIATION OF ENGINEERING EMPLOYEES
EE
OF OREGON



ORGANIZED
A F F
AFL-CIO
CLC



oea OREGON EDUCATION ASSOCIATION



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THANK YOU!



Your feedback is important to us!



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