

A Deeper Dive

Into Open Enrollment



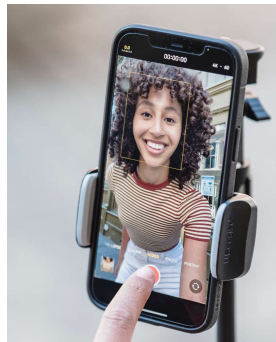
Uplift
OREGON



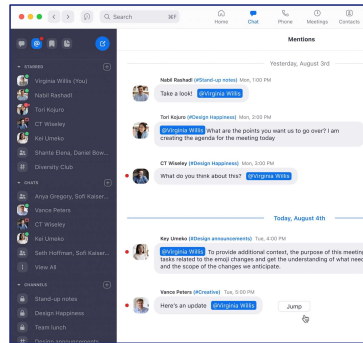
Zoom Controls



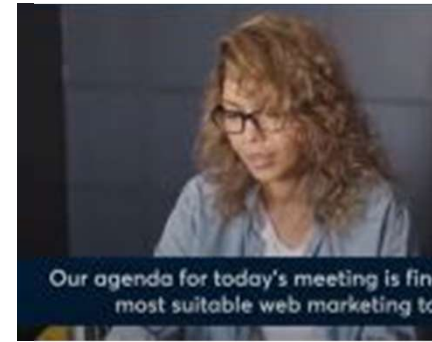
On / off for your
microphone



On / off for
your **video**



Open / close
your **chat**



On / off for
auto-captions



Add **reactions**
to your video





Community Agreements

Be curious

Be kind

Be engaged



Introductions



**Dr. General
Johnson**
Wellness



**Sherri
Aytche**
Program Manager



**Brad
Fortier**
Equity



**Stephanie
Schaefer, Psy.D.**
Benefits

Introductions – Your turn



YOU

State Employee

I am _____ with [Your Agency].

I serve as _____ .

My favorite thing about summer was _____.

Land Acknowledgment





Agenda & Outcomes



Review the available Open Enrollment tools



How to complete the Open Enrollment process



Learn about the Health Assessment & HEM



Review changes and updates to carrier plans



Additional benefits (EAP, FSA, Optional Insurances)



How to access additional benefits through your union



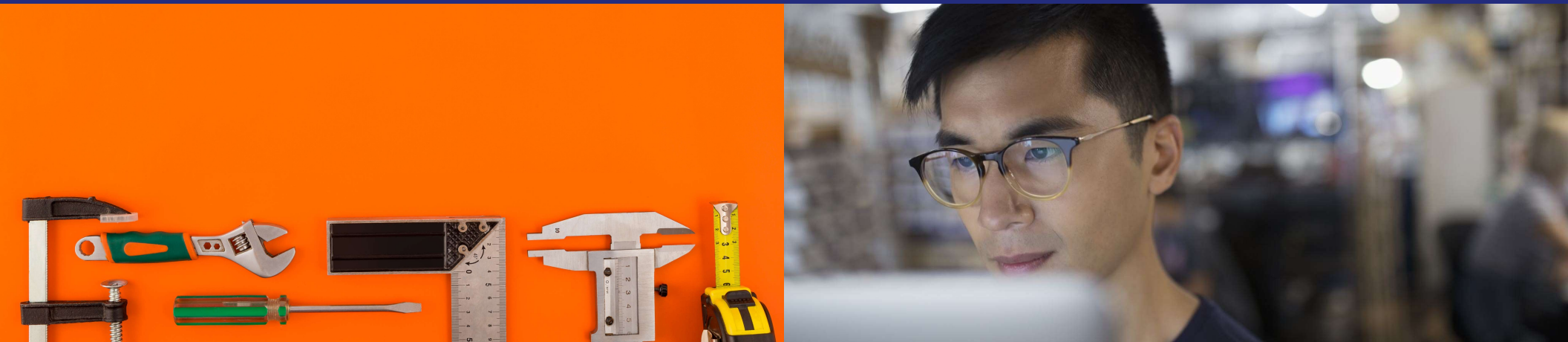
Ask Questions



Complete our survey



Benefits Tools

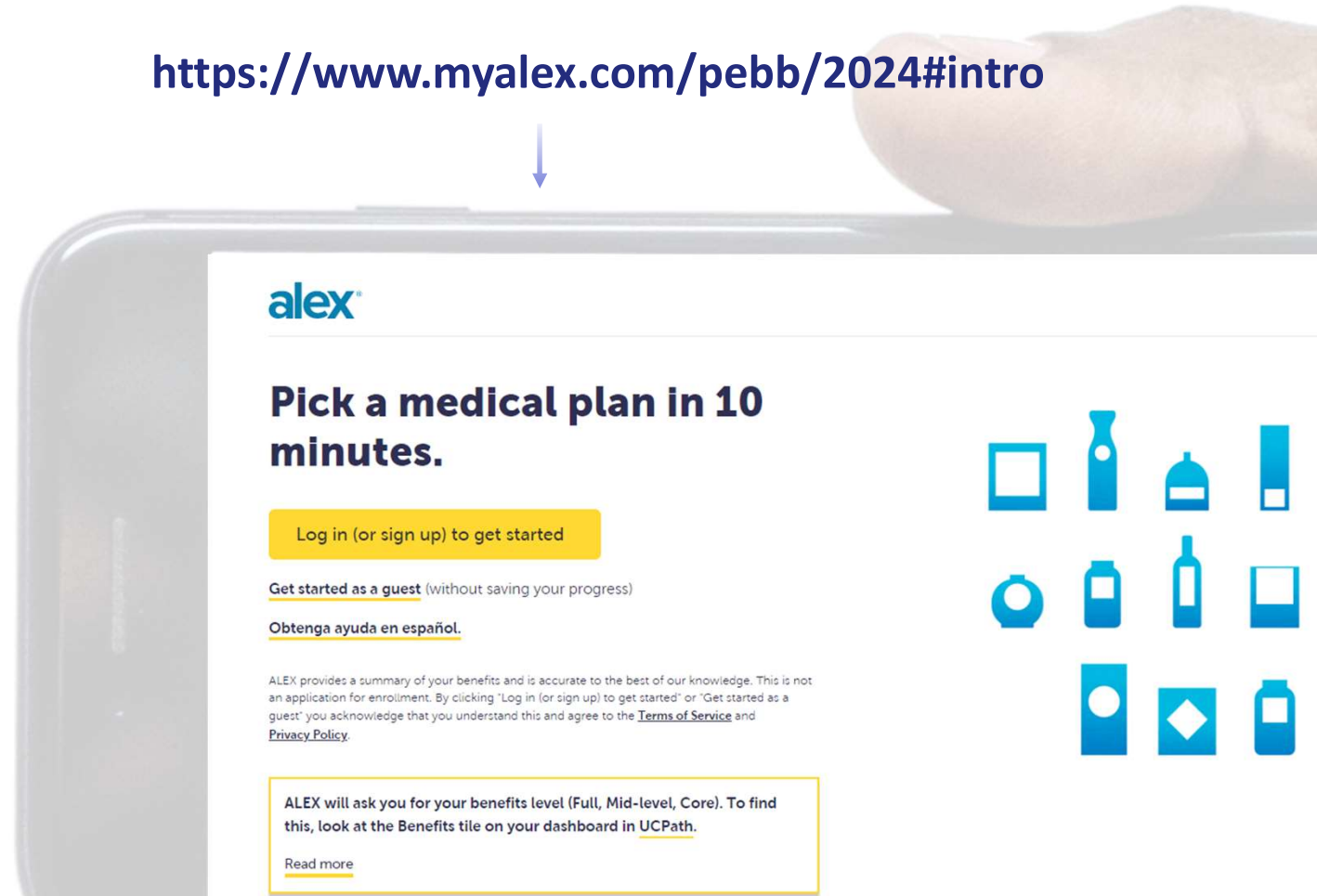


The ALEX Tool



- Interactive online tool
- Asks you questions
- Makes benefit plan recommendations
- Helps you figure out costs

<https://www.myalex.com/pebb/2024#intro>



Premium Estimator Tool



pebb Plan Year 2024: Premium Estimator

Welcome | FAQ | Help | Print | Save

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 plan 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**

Your approximate annual salary is \$12,000

- 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.

<https://pebbpremiumestimator.com/#>

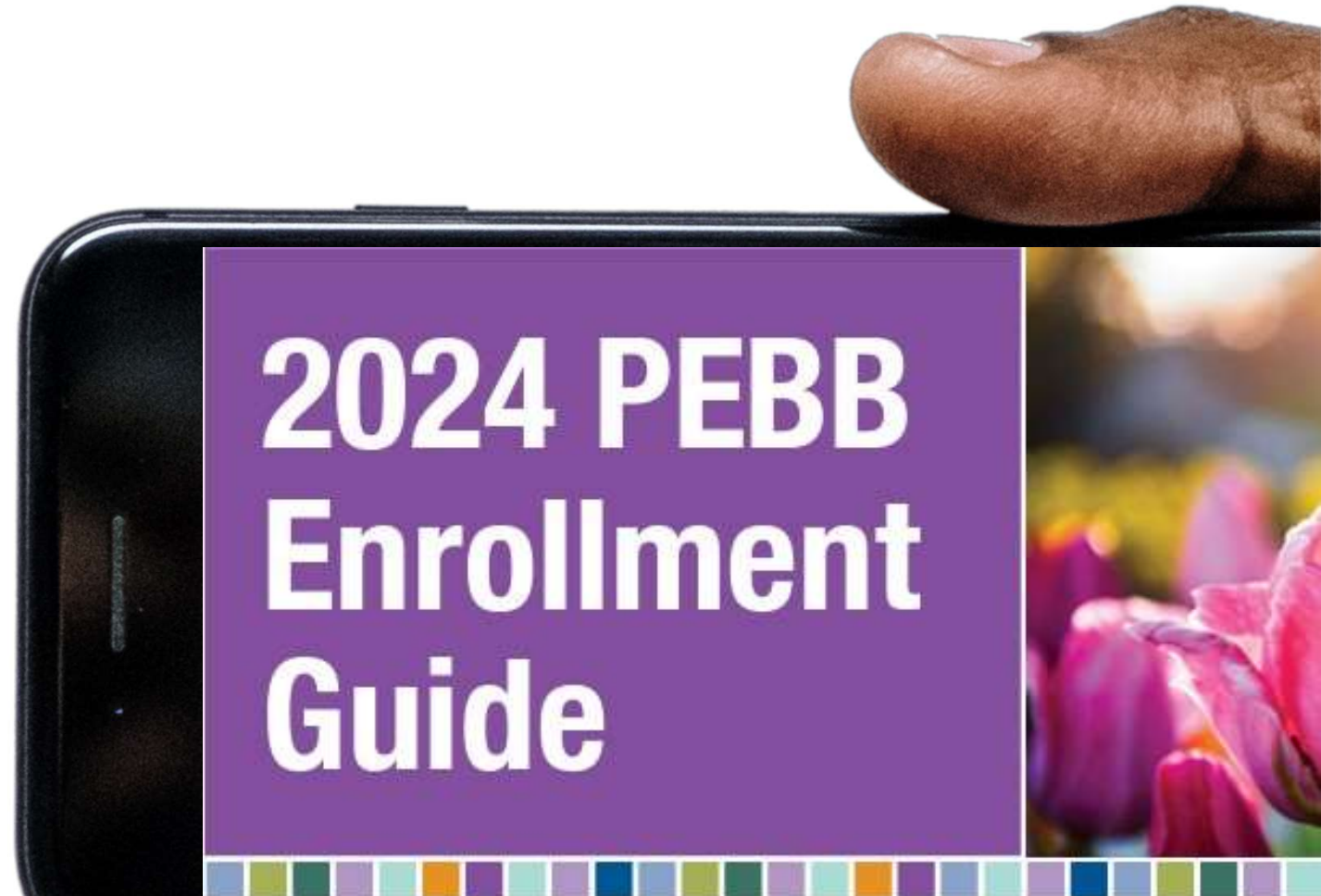
PEBB Guides



2024 PEBB Summary
of Benefits



2024 PEBB
Enrollment Guide



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>

Explore Your Benefits



- New tool from PEBB
- Earn badges as you explore what benefits are best
- Play simple games to learn more about your health and wellbeing

<https://pebbexploreyourbenefits.com>

Open Enrollment and You

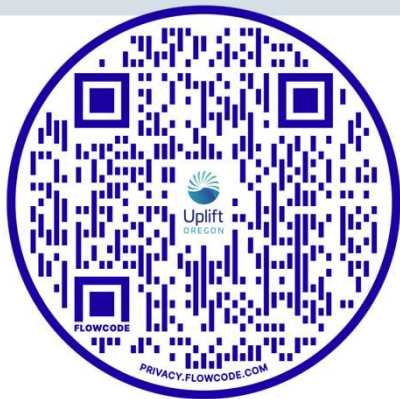


How to get the most out of this event



Step 1

Use the Open Enrollment checklist & write down your notes.



Step 2

Stay engaged and ask questions. You can enter your questions in the chat at any time.

Step 3

Go to the [Uplift website](#) to access the information you need and make a plan of action.

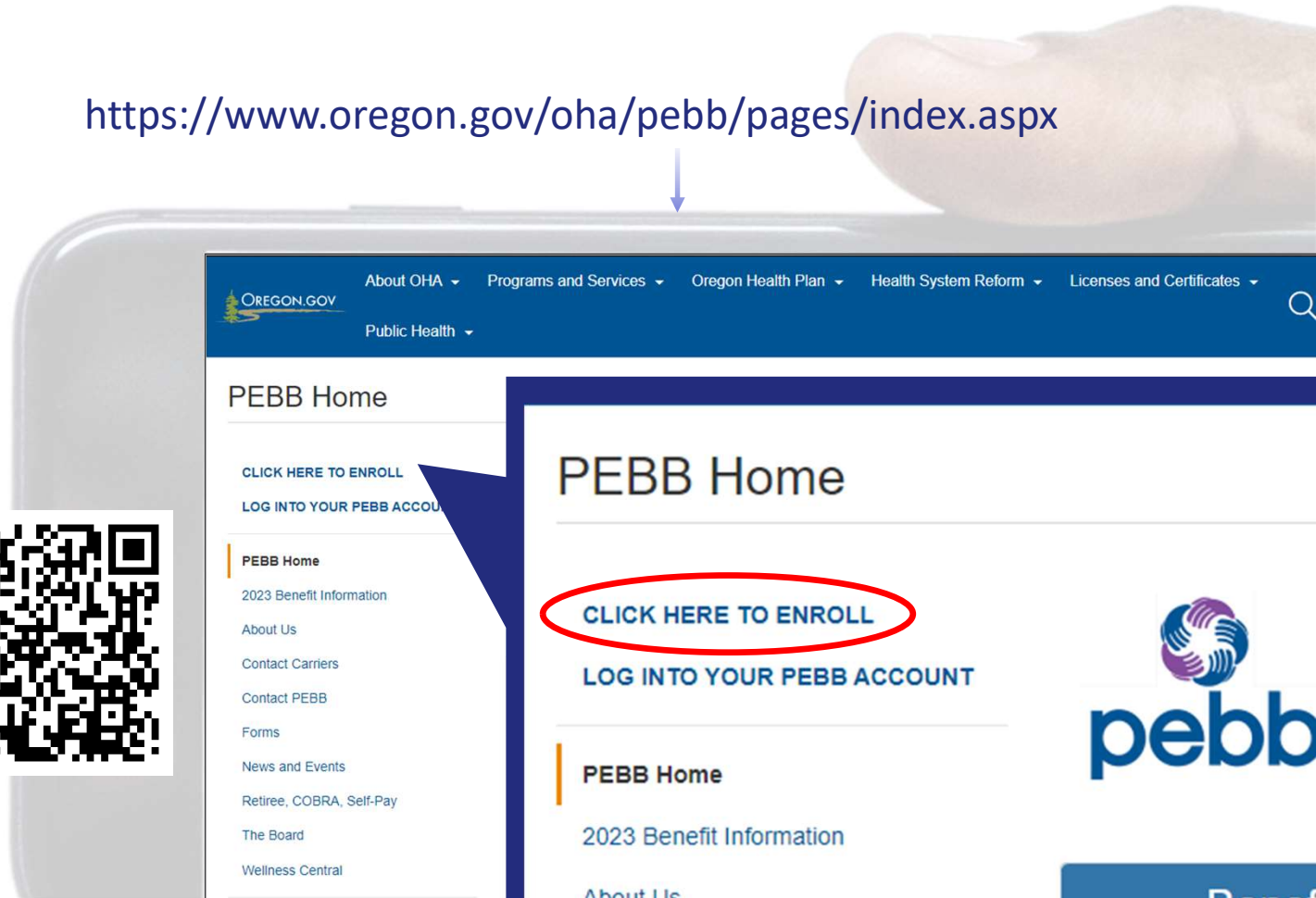
Check out our E-Learning tool

Where to go to complete Open Enrollment



- 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>



Health Engagement Model (HEM)



| Wellness Central |
|----------------------------------|
| Wellness Central |
| Wellness Programs |
| Canopy EAP (Formerly Cascade) |
| Coordinated Care Model |
| Flu Shot Information |
| Health Club Discounts |
| Health Engagement Model (HEM) |
| WW (Weight Watchers re-imagined) |

- **HEM pays you an incentive** to learn your 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.

Health Plan Changes

2024



2024 Premium Costs



Increased Costs

- All Medical Plans
- Delta Dental Plans
- Long-term Disability

No Cost Changes

- Willamette Dental
- Life Insurance
- AD&D Insurance

Decreased Costs

- Kaiser Permanente Dental
- VSP Vision Plans
- Short-term Disability

All Medical Plans



All medical plans will offer new reimbursements for eligible travel, food, and lodging expenses when receiving treatment far from home.

Over-the-counter COVID-19 tests no longer covered.

2024 Service Update Summary



- Changes in fertility drug coverage, emergency room copays, and virtual treatment options



- Changes to physical therapy authorization, additions to pharmacy coverage, electrolysis, and massage benefits



- Changes and additions to fertility drug coverage, pharmacy copays, electrolysis, and virtual mental health options

<https://www.upliftoregon.org/wp-content/uploads/2024-Service-Update-Summary-Uplift-Oregon.pdf>

Providence Overview



Benefit summaries may be found online at: www.providencehealthplan.com/pebb

| PEBB STATEWIDE PPO | | | | | |
|----------------------------------|------------------------------------|---|----------------|--|---------------------------------------|
| Calendar year deductible | | Cost Share (after deductible, if applicable) | | Calendar year Out-of-pocket maximum | |
| In-Network | Out-of-network | In-network | Out-of-network | In-Network | Out-of-network |
| \$250 / person \$750 / family | \$500 / person \$1,500 / family | 15% | 30% | \$1,900 / person \$5,700 / family | \$4,800 / person \$14,400 / family |

Any portion of the medical deductible met in the 4th quarter of the year applies to the next year's deductible

| PROVIDENCE CHOICE | | | | | |
|----------------------------------|------------------------------------|---|---------------------|--|---------------------------------------|
| Calendar year deductible | | Cost Share (after deductible, if applicable) | | Calendar year Out-of-pocket maximum | |
| Medical Home | Out-of-Medical Home | Medical Home | Out-of-Medical Home | Medical Home | Out-of-Medical Home |
| \$250 / person \$750 / family | \$500 / person \$1,500 / family | \$10 per visit | 30% | \$1,500 / person \$4,500 / family | \$4,000 / person \$12,000 / family |

Kaiser Permanente



Benefit summaries may be found online at: mybenefits.kp.org/PEBB

| | Traditional Plan (full-time employees) | Deductible Plan (full-time employees) | Traditional Plan (part-time employees) | Deductible Plan (part-time employees) |
|-----------------------|---|--|---|--|
| Deductible | \$0 | \$250/individual \$750/family | \$0 | \$250/individual \$750/family |
| Out-of-pocket Maximum | \$600/individual \$1,200/family | \$1,500/individual \$4,500/family | \$1,500/individual \$3,000/family | \$1,500/individual \$4,500/family |
| Primary Care Visit | \$5 | \$5, deductible waived | \$30 | \$30, deductible waived |

Note: Kaiser Permanente Plans include vision care in the medical plan.

Moda



Benefits summaries may be found online at: modahealth.com/PEBB

| | In-Network (full-time employees) | Out-Of-Network (full-time employees) | In-Network (part-time employees) | Out-of-Network (part-time employees) |
|--------------------------|--|---|--|---|
| Deductible | \$250/individual \$750/family | \$500/individual \$1,500/family | \$500/individual \$1,500/family | \$1,000/individual \$3,000/family |
| Out-of-pocket Maximum | \$1,500/individual \$4,500/family | \$4,000/individual \$12,000/family | \$2,500/individual \$7,500/family | \$6,000/individual \$18,000/family |
| Primary Care Visit | \$10 first 4 visits, deductible waived | 30% | \$40 first 4 visits, deductible waived | 50% |



Dental Coverage



Willamette Dental Overview



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 2024 plan year

Kaiser Permanente Dental



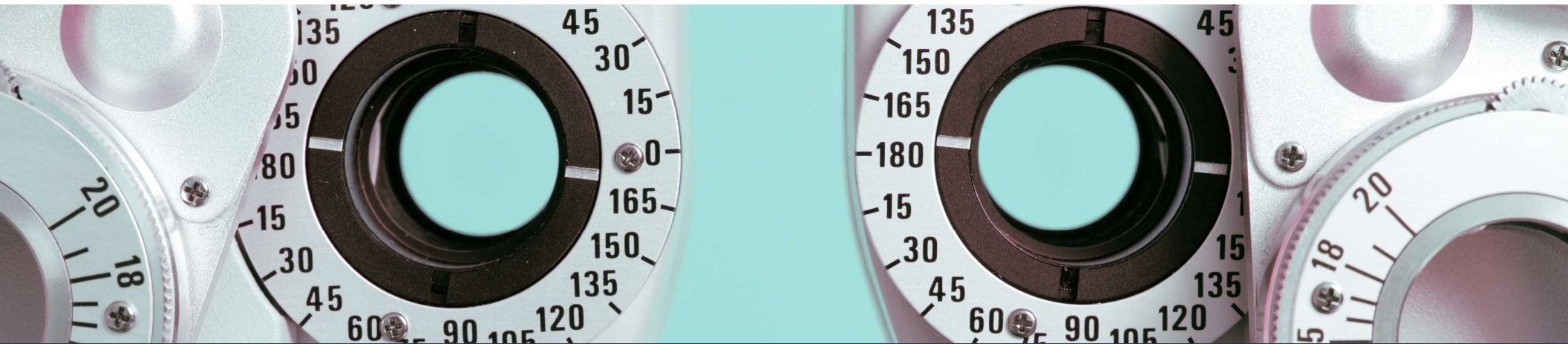
PEBB dental benefits for 2024

| | Full-Time |
|--|-------------------------------|
| Yearly deductible | n/a |
| Annual benefit maximum | \$1,750 |
| Plan benefits* | Full-Time |
| Dental office visit copay | \$5 |
| Oral exams, X-rays, cleaning, fluoride treatments, and space maintainers | \$0 |
| Routine fillings, inlays, and simple tooth extractions | 20% |
| Surgical tooth extractions | 20% |
| Periodontics | 20% |
| Endodontics | 20% |
| Major restorative, crowns and bridges | 20% |
| Full and partial dentures, relines, rebases | 50% |
| Orthodontic treatment (\$1,500 lifetime benefit maximum) | 50% |
| Implant services | 50% up to the benefit maximum |

*Services must be provided by a contracted Kaiser Permanente provider for benefits to be payable. See *Evidence of Coverage* for details.



| Plan Options | FT Delta PPO | | FT Delta Premier |
|------------------------------|-----------------|-------------|------------------|
| | In Network | Out Network | |
| Deductible | | \$50 | \$50 |
| Benefit Maximum | | \$1750 | \$1750 |
| Prevent/Diagnos ¹ | 0% ² | 10% | 0% ² |
| Basic Services | 20%-0% | 30% | 20% |
| Major Services | 50% | 50% | 50% |
| Occlusal Guards ³ | 0% | 0% | 0% |
| Nitrous Oxide | 50% | 50% | 50% |
| Orthodontic ⁴ | 50% | 50% | 50% |



Vision Coverage





PEBB vision benefits for full-time employees¹

Vision hardware and optical services (members 19 and older)

You pay

Vision exam

\$5

Frames, lenses and contact lenses

Any amount over the \$200 annual allowance

Pediatric vision hardware and optical services²

You pay

Annual Vision exam

\$5

Standard eyeglasses (1 pair/year)

\$0

Contact lenses, in lieu of eyeglasses

\$0

Vision Service Plan



| Basic Plan | Plus Plan |
|---|--|
| Annual Well Vision exam \$10 copay | Everything the Basic plan includes, Plus... |
| \$200 for contacts, \$80-\$170 for frames | Expanded frame allowance (\$125-\$245) |
| Lenses (single vision, lined bifocal or trifocal) | Anti-reflective coatings, and progressive lenses |
| Light Care Vision Therapy | Retinal screening with a \$10 copay |
| \$150 for non-prescription sunglasses or blue light filtering glasses instead of prescription glasses or contacts | Expanded non-prescription allowance (\$225) |

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. | |

Canopy Wellbeing



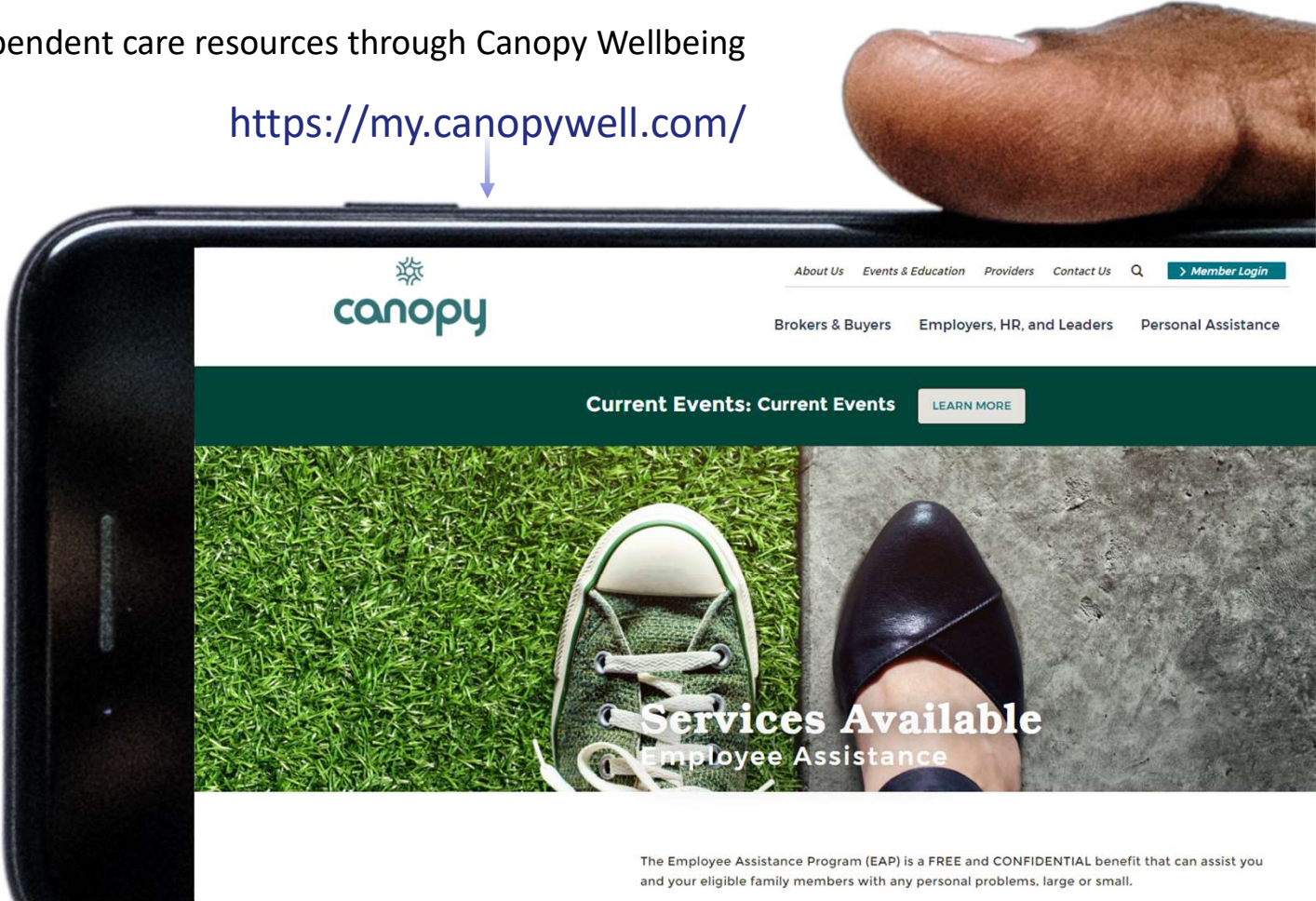
**Can also find dependent care resources through Canopy Wellbeing

<https://my.canopywell.com/>

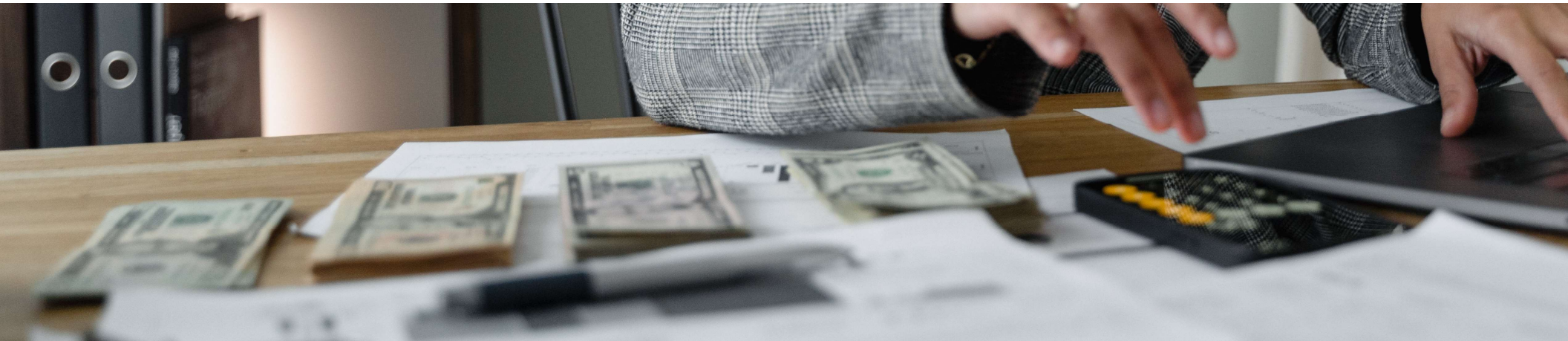


Canopy Wellbeing
Website

Call 24/7 - 1-800-433-2320



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.



Flexible Spending Accounts



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) |
| Max. year contribution is \$3,050 | Max. year contribution is \$5,000 | Max. year contribution is \$300/month |
| Must use contributions or lose them. | | Can change the amount you put in at any time |



Optional Insurance





Types of Additional Insurance



Life Insurance



Long-Term Disability



Accidental Death &
Dismemberment



Long-Term Care

<https://www.standard.com/mybenefits/pebb/>



Open Enrollment workshop:

October 25 from 12:00-1:00

Uplift Open Enrollment Guide on Workday

DAS – CHRO – Uplift Oregon 2024 Open Enrollment Guide

[https://wd5.myworkday.com/oregon/email-universal/inst/17816\\$8608/rel-task/2998\\$29489.html](https://wd5.myworkday.com/oregon/email-universal/inst/17816$8608/rel-task/2998$29489.html)

PEBB Virtual Benefits Fair:

<https://pebb.6connex.com/event/benefitsfair2024/login>



Some of the Unions for State Workers



Union membership is the best way to secure these great healthcare benefits, and to keep advocating for more.
Example from SEIU 503:

- Union members save an average of **\$421.51** per month thanks to union negotiated healthcare benefits
- Strong membership in your union is what allows for you to have a voice in the process of deciding your healthcare
- Union dues are 1.7% of gross regular pay + \$2.75 per month, and are a great deal when it comes to the outstanding health coverage you and your families receive



THANK YOU!



Your feedback is important to us!

