

2026 PEBB Enrollment Guide



Open Enrollment
October 1–31, 2025
PEBBinfo.com



pebb
Public Employees' Benefit Board

PEBB is pleased to offer a benefits program with a wide variety of coverage options. It has the flexibility you need to choose solid coverage and protection at an affordable cost.

Use this guide to:



Review your benefit options



Understand how the plans work



Learn about the tools and resources available with each plan



Select the benefits that are best for you



Click the buttons at the top of each page to access helpful benefit education tools

Questions?

The PEBB Benefits Team is here to help!

Phone: 503-373-1102
Monday–Friday, 8 a.m.–5 p.m.
Language assistance is available

Email: pebb.benefits@odhsoha.oregon.gov



Table of contents

2026 Open Enrollment	6
You must complete Open Enrollment	6
After Open Enrollment	7
What's New for 2026	9
Costs	9
Plan changes	9
Benefits Education Tools	13
Premium Estimator Tool	13
Explore Your Benefits	14
Online Plan Comparison Tool	14
Before You Enroll	15
Learn how the plans work	15
Coordinated Care Model	15
Explore your plan options	16
Compare plans and estimate your costs	17
Find in-network providers	17
Specialist referrals	18
PEBB Dependent Eligibility Review	19
Who's an eligible dependent?	19
Tax implications for domestic partner coverage	20
Eligibility verification	20
Member Costs	22
Medical (cost shared by you and your employer)	22
Vision (cost shared by you and your employer)	23
Dental (cost shared by you and your employer)	23
Core Benefits: Cost Sharing	24
Employee premium share for core benefits	24
State employees	24
University employees	24
Local government employees	24
Additional Member Costs and Incentives	25
Tobacco usage surcharge	25
Double coverage surcharge	25
Spouse/domestic partner waives other employer group coverage	25
Domestic partner coverage	26
Opt out of PEBB medical plans	26
Decline core benefits	26
Medical Benefits	27
Providence Health Plan Powered by Collective Health	27
Kaiser Permanente	29



Moda Health31

Garner 33

Vision Benefits34

VSP 34

Kaiser Permanente 34

Dental Benefits35

Delta Dental of Oregon 35

Kaiser Permanente Dental..... 36

Willamette Dental 37

Wellbeing Programs39

Your journey, your health..... 39

Employee Assistance Program (EAP).....40

Canopy EAP 40

Lyra – Oregon State University’s EAP41

Life and AD&D Insurance42

Basic life insurance 42

Optional life insurance 42

Optional AD&D insurance 43

Cost of coverage..... 43

Optional Disability Insurance.....44

Short-Term Disability (STD) 44

Long-Term Disability (LTD) 45

Long-Term Care Insurance.....47

Cost of coverage.....47

Flexible Spending Accounts (FSAs) and Commuter Benefit Accounts....48

Account options..... 48

Claims and reimbursement 49

Manage your account..... 49

COBRA Member Information50

How to enroll 50

Contact BenefitHelp Solutions (BHS) 50

Contact PEBB 50

COBRA monthly premium rates.....51

Medical51

Vision 52

Dental 52

Retiree Member Information53

New retirees 53

Annual plan change period..... 53

How to enroll 53

Contact BenefitHelp Solutions (BHS) 54

Retiree monthly premium rates..... 55



Vision 56

Dental 56

Self-Pay Member Information57

 How to enroll 57

 Self-Pay monthly premium rates 58

Definitions59

Enrollment Checklist61

Who to Contact63

Contact PEBB65



2026 Open Enrollment

Open Enrollment is the one time each year you can make changes to your plans or dependents without a Qualified Status Change (QSC). Your benefit selections are effective January 1–December 31 of the following year.

You must complete Open Enrollment

This year’s Open Enrollment is mandatory. This means:

- **All PEBB members must complete Open Enrollment**, even if you decline or opt out of coverage.
- **Starting October 1**, go to [PEBBenroll.com](https://pebbenroll.com) and make your selections during Open Enrollment. This includes:
 - » Enrolling or re-enrolling in a Health Care or Dependent Care Flexible Spending Account (FSA).
 - » Making your plan selections.
 - » Enrolling as a new hire.
 - » Adding or dropping a dependent.
 - » Updating your surcharge answers, personal information, or beneficiaries.
- **If you don’t complete Open Enrollment by Oct. 31, 2025:**
 - » Your current medical, dental, and vision coverage will stay the same. You won’t have an option to change them later.
 - » All PEBB surcharges will be automatically deducted from your paycheck throughout 2026. See [Additional Member Costs and Incentives](#) for more information.
 - » You won’t be able to contribute to a flexible spending account (FSA). You must enroll or re-enroll each year to participate in an FSA. You must enroll or re-enroll during Open Enrollment to have a Flexible Savings Account (FSA) in 2026. FSA enrollments **do not roll over** to the next plan year.

PEBB’s Open Enrollment is Oct. 1–31, 2025.

Take action if you want an FSA in 2026

You must enroll or re-enroll during Open Enrollment to have a Flexible Savings Account (FSA) in 2026. FSA enrollments do not roll over to the next plan year.

For those who opt out and decline coverage

If you do not complete Open Enrollment for 2026:

- You'll 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'll have to send an appeal (subject to approval) if you want to enroll in a medical plan or choose to opt out again in the future.

If you declined all benefits in 2025 and do not complete Open Enrollment for 2026:

- You will continue with no benefits in 2026.
- You'll have to send an appeal (subject to approval) if you want to enroll in core benefits in the future.

After Open Enrollment

Be sure to check your Benefit Summary carefully. Are you and your dependents enrolled in the benefits you want for next year? If you find an error, notify the PEBB Benefits Team or your payroll/university benefits office during the correction periods noted below.

- **Health Care and Dependent Care Flexible Spending Accounts (FSAs) corrections:**
 - » You must complete Open Enrollment between October 1 – 31, 2025, to make changes to your FSA.
 - » You can change your FSA selections and contribution amounts during the correction period only.
 - » The FSA correction period is November 1 – December 12, 2025.
- **Other enrollment corrections:**
 - » The correction period for other enrollments is November 1, 2025 – February 28, 2026.
 - » Corrections made before December 31, 2025, are effective January 1, 2026.
 - » Corrections made after December 31, 2025, are effective the first of the month following the date your payroll office receives the correction request. For example:
 - If your payroll office receives the correction in January, the change is effective February 1.
 - If your payroll office receives the correction in February, the change is effective March 1.



Qualified Status Change (QSC)

Open Enrollment is the one time per year you can make changes without a major life event.

Midyear changes are only allowed if you experience a Qualified Status Change (QSC) event (e.g., marriage, birth or adoption of a child, divorce).

Go to <https://www.oregon.gov/oha/PEBB/Documents/AppendixA-QSC.pdf> for a full list of QSC events.

If you experience a QSC, go to <http://www.oregon.gov/OHA/PEBB/Pages/forms.aspx> and fill out the Midyear Change Form.



What's New for 2026

The PEBB Board has worked hard to keep costs in check for members. They took a balanced approach to keeping the plans affordable in 2026. This included covering a large portion of the cost increases. They also found ways to save money with the health plans and added new tools to make the plans work better.

The following benefit plan changes and enhancements start on Jan. 1, 2026.

Costs

Your costs for medical, dental, and vision plans may change. Use the [Premium Estimator Tool](#) to calculate your estimated costs for benefits in 2026.

Contact your agency or university benefits office for specific information on costs.

Health Engagement Model (HEM) is going away

PEBB's wellness program, the Health Engagement Model or HEM, will no longer be offered after Dec. 31, 2025.

PEBB saved money by ending HEM. The money saved helped ensure that the Board could keep costs lower for the 2026 medical plans.

Because HEM is ending, you are no longer being asked to do a health risk assessment or wellness activities. However, these resources will still be available to you. Also, the \$17.50 monthly incentive will no longer be provided. However, lower deductible amounts for the medical plans will be offered to all members. This includes members who didn't participate in HEM in the past.

In the future, the Board will look for a new wellness program that is easy to use and helps members stay healthier.

Plan changes

Providence Health Plan and Moda Health

- **There is a mandatory pharmacy program now required for certain regular medications.** If you take certain regular medications, you will have two options to fill these prescriptions. Examples of regular medications are those for high blood pressure or high cholesterol that are filled monthly. The options are:
 - » Use the mail-order program.



- » Fill prescriptions at specific, preferred pharmacies. Preferred pharmacies include many chain and independent pharmacies. You can visit your medical plan's website to find pharmacies that are convenient for you.

No matter which option you pick, you will get a 90-day supply of your medicine. Your copay (the amount you pay) will be the same as if you paid for two and a half 30-day supplies of medication. If you decide not to use these options, you may pay the full price for your medicine. Also, the money you pay won't count toward your plan's deductible or the plan's out-of-pocket maximum.

New for Providence Health and Moda Health Medical Plan Members – Garner!

Starting Jan. 1, use Top Providers and get repaid

- **Providence Health and Moda Health are partnering with Garner.** Garner helps connect Providence Health and Moda Health medical plan members with high-quality care. The providers listed in the directory are called "Top Providers." Garner is especially useful when looking for specialists or a new provider.

When you choose to visit a Garner-approved provider, you can be repaid for the costs for your visit. This includes your deductible, copay, or coinsurance. It also includes other services like labs, prescriptions, and X-rays when they're ordered by your Garner-approved provider. You may be repaid up to:

- » \$1,000 per year if you have individual coverage.
- » \$2,000 per year if you cover yourself and family members.

Note: You're not required to use Garner. Your Providence Health or Moda Health medical plan network will remain the same even if you don't use Garner.

You can set up a Garner account starting Oct. 1 to search for Garner providers. You won't get repaid for any care from a Garner-approved provider before Jan. 1, 2026.

You can find more details in the [Garner section](#) of this guide.



Providence Health medical plans

- **Partnership with Collective Health.** Providence Health is now partnering with Collective Health. Together, their name will be Providence Health Powered by Collective Health®. Collective Health will help manage health insurance and medical care. There are no changes to your medical plan coverage or Providence Health's provider network. However, you will:
 - » Use a new, dedicated member services phone number.
 - » Use an upgraded website and app.
 - » Have new virtual care options for primary care, urgent care, and behavioral health through Galileo.

You will also receive new ID cards with a new member ID number. Be sure to share your new ID card with your providers.

Moda Health medical plans

- **Out-of-area provider network is changing.** When you're outside of Moda Health's service area, you will have access to an Aetna PPO network. This network is called the Aetna® PPO Network through Aetna Signature Administrators®. You can visit these Aetna PPO providers where Moda Health providers aren't available. This includes care that's not urgent or an emergency.
- **Behavioral Health 360 is available.** You will have access to mental health support and services through the Behavioral Health 360 program. You can find mental health care with personal support and a screening tool.
- **Nurseline will no longer be available.** [CirrusMD](#) will continue to offer this type of care. Your PCP may also offer something comparable.
- **New ID cards will be provided.** You will receive new ID cards for 2026. Be sure to share your new ID card with your providers.

Kaiser Permanente medical plans

- **New doula network**
 - » Doula Love: www.portlanddoulalove.com
 - » Community Doula Alliance: www.communitydoulaalliance.com
- **Wellness coaching:** access free wellness coaching over the phone.
- **Wellness tools** through Calm and Headspace



Kaiser Permanente Dental Plan

- **The orthodontia lifetime maximum will increase.** The amount the plan will cover will go up from \$1,500 to \$2,500.
- **Nitrous Oxide:** The cost share for Nitrous Oxide for patients up to age 12 is increasing from \$0 to \$25.
- **Emergency dental services:** The cost for out-of-network emergency dental services will change to also include usual and customary charges.
- **Composite fillings:** Coverage will expand to cover teeth outside of the smile line.

Delta Dental (Moda Health) Dental Plan

- **New dental services will be covered.**
 - » Sinus lifts and dental implant bone grafting will be covered.
 - » Non-IV conscious sedation will be available if you have intellectual or developmental disabilities.

Dependent Care Flexible Spending Account (DCFSA) Limit Increase

The IRS has raised the limit on how much you can set aside from your paycheck before taxes to help pay for eligible dependent care expenses.

The new limits for 2026 are:

- \$7,500/year if you're married and filing jointly
- \$3,750/year if you're single or married and filing separately

Things to know if you're interested in a DCFSA for 2026.

- Includes childcare for children up to age 13 and care for dependent elders.
- Find a full list of eligible expenses at <https://www.irs.gov/publications/p503>.
- "Use it or lose it" so unused funds are forfeited at the end of the plan year.
- Must enroll each year to participate.

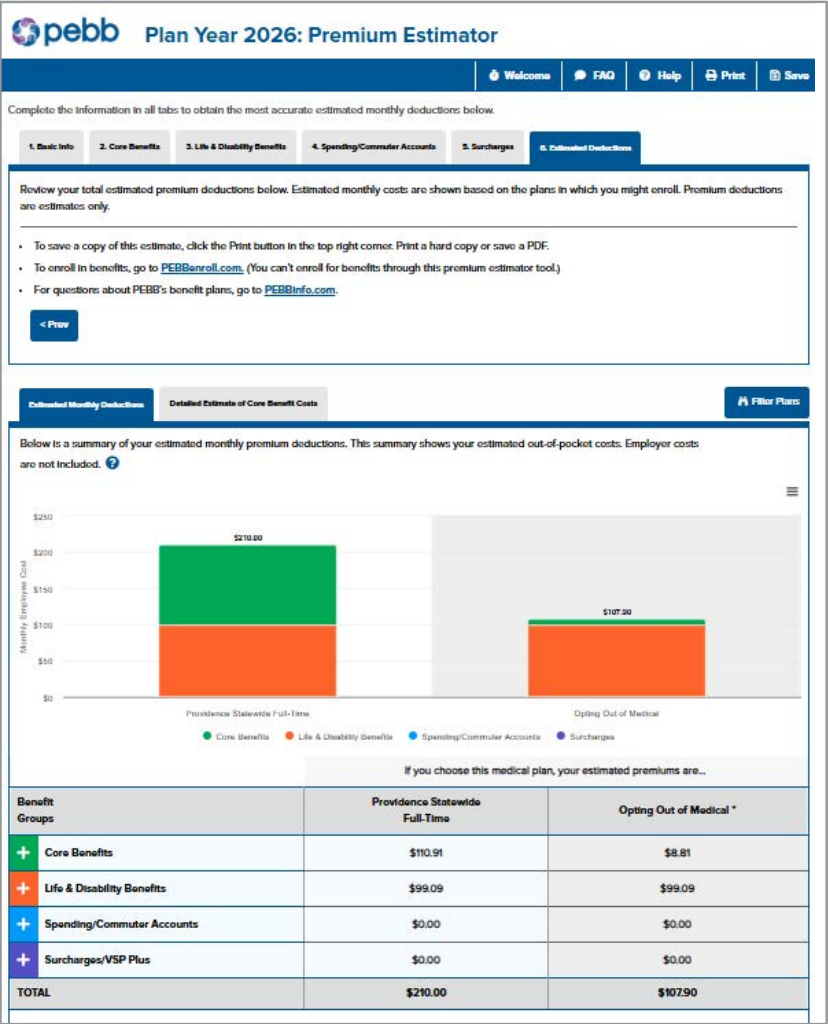


Benefits Education Tools

Use these online tools to learn about your PEBB benefits!

Premium Estimator Tool

- Determine monthly deductions for PEBB benefits.



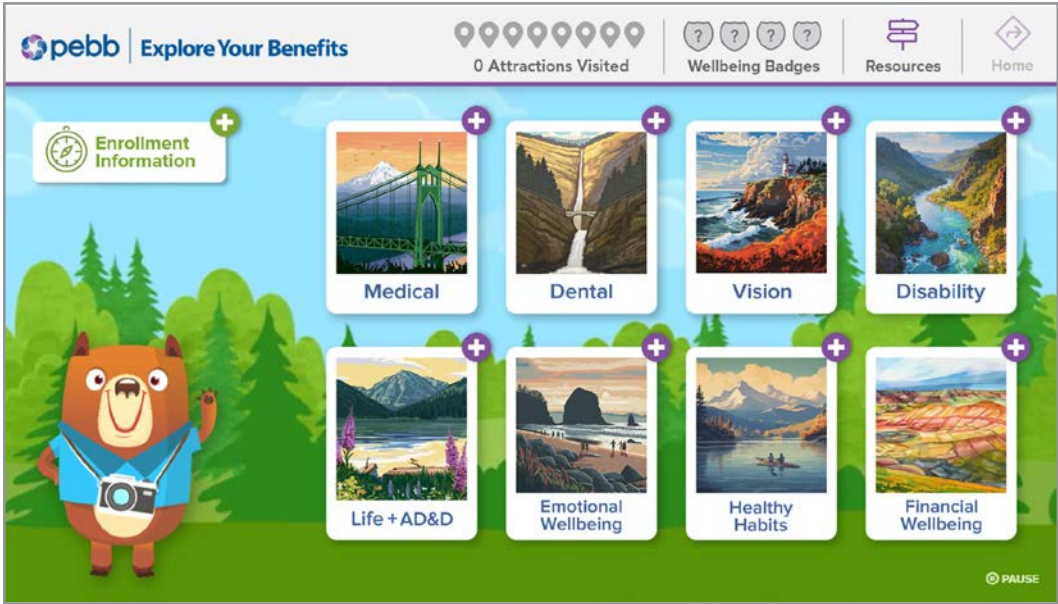
- Includes all PEBB benefits, from health care plans to spending accounts.
- Includes tool tips, explaining why information is needed, how elections impact costs, and when surcharges apply.
- Can be used during Open Enrollment or following a qualifying status change.

Note: Part-time employees may pay more depending on hours worked. Contact your payroll office for a more accurate estimate.

Visit

<https://pebbpremiumestimator.com/> to see what you may pay each month.

Explore Your Benefits

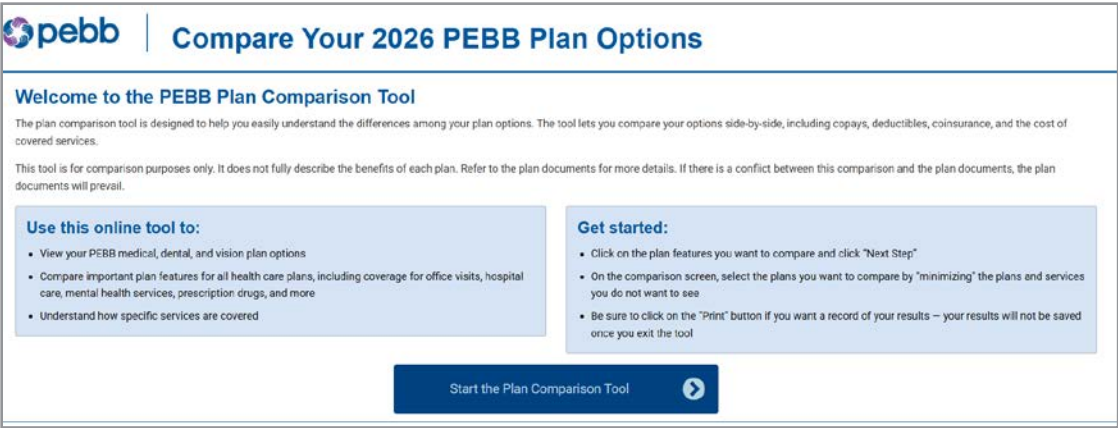


Make learning about your PEBB benefits fun!

Use this award-winning interactive learning tool to watch videos, test your benefits knowledge, and earn wellness badges for smart wellbeing actions.



Online Plan Comparison Tool



Use this tool to see the medical, dental, and vision plans available to you side-by-side.

You can also compare specific services by plan. This includes copays, deductibles, and coinsurance. Print your customized comparison if you want!

Visit

<https://pebbexplore.yourbenefits.com/2026/> to start learning about your benefits.

Visit

ComparePEBBPlans.com to compare your health care plan options.

Before You Enroll

Review your plan options, coverage, costs, and provider networks before enrolling in PEBB benefits. Use the [Enrollment Checklist](#) to make sure you’ve covered all the steps.

Learn how the plans work

PEBB offers several medical plans, so you can pick the best one for you and your family. Each plan works differently. Read the descriptions below to see how they compare.

Healthcare Service Contractor (HCSC)

PEBB sponsors the Kaiser Permanente Traditional and Kaiser Permanente Deductible HCSC plans. These plans offer a high level of service and benefits with low out-of-pocket copayments. To get benefits, you must use the providers and facilities that are part of the plan. You select a primary care provider within Kaiser Permanente who guides your care.

If you seek care elsewhere, the plan may not pay or may pay a reduced amount. The Kaiser Permanente Traditional and Kaiser Permanente Deductible plans are available for those who live or work in the Kaiser Permanente service area. Contact [Kaiser Permanente Member Services](#) for the ZIP codes in the service area.

Coordinated Care Model

Medical home

PEBB offers Providence Choice as a medical home plan. A medical home is a team-based model led by your primary care provider (PCP). A medical home includes other health professionals 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.

Providence Choice plan members must select a medical home for themselves as well as all eligible dependents. Search the provider directory within the Welcome Portal to see in-network medical homes: join.collectivehealth.com/pebb-php.

What does that mean?
[See Definitions](#) to learn the basics about health coverage.

PCP 360 Plans

PEBB offers Moda Health Synergy as a coordinated care plan. A PCP 360 is a primary care provider who has been certified by the Oregon Patient-Centered Primary Care program. This means that a PCP 360 must meet certain quality standards and will be accountable for delivering high quality care that is centered on you.

In the Moda Health Synergy plan, you must choose your PCP 360 and inform the plan of your selection before beginning services to ensure you have access to in-network benefits for primary care services. If you do not select a PCP 360, all primary care services will be paid at the out-of-network benefit level. Referrals from your PCP 360 are not required to see a specialist. You may select a different PCP 360 for yourself and your dependents. Find a PCP 360 at <http://www.modahealth.com/ProviderSearch/faces/webpages/home.xhtml>.

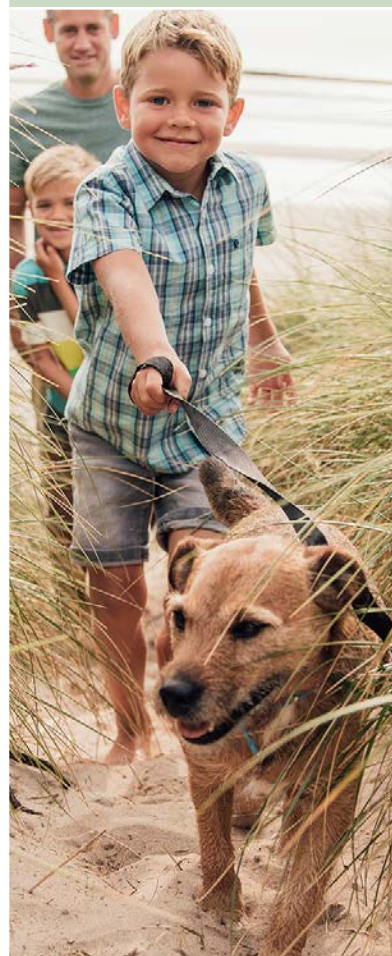
Preferred Provider Organization (PPO) Plan

PEBB offers the Providence Statewide PPO plan in all parts of the state. PPO plans offer services and benefits at two coverage levels: preferred providers and non-preferred providers. You may use any doctors you wish. If you use doctors who are preferred (in-network), you pay less. If you use providers who are not preferred (out of network), you pay more. If you use providers who do not participate in the plan, the providers may bill you for amounts greater than allowed in the plan.

In the Providence Statewide PPO plan, you pay less for services if you use an in-network state-recognized patient centered primary care home (PCPCH). Your coinsurance rate for primary care services drops from 15% to 10% when you use a PCPCH.

Explore your plan options

- Start with the PEBB website for all benefit information: pebbinfo.com
- Compare lower and higher cost plans by county: https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le-698450_8.pdf
- Understand out-of-area coverage: https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le-698450_7.pdf



Compare plans and estimate your costs

Use the tools below to determine which plan meets your and your family's needs for costs and benefits.

- [Compare premium rates](#)
- [Premium Estimator Tool](#)
- [Online Plan Comparison Tool](#)
- [Summary of Benefits](#)
- [Explore Your Benefits interactive learning tool](#)

Find in-network providers

Use the provider directories below to make sure your providers are in the plan's network.

- **Providence Statewide and Providence Choice Plans:** [join. collectivehealth.com/pebb-php](https://www.collectivehealth.com/pebb-php)
- **Kaiser Permanente Traditional and Deductible Plans:** [healthy. kaiserpermanente.org/care/doctors-locations](https://www.kaiserpermanente.org/care/doctors-locations)
- **Moda Synergy:** <http://www.modahealth.com/ProviderSearch/faces/webpages/home.xhtml>
- **Kaiser Dental:** If you enroll in the Kaiser Dental plan, you must use Kaiser dental providers. There's no out-of-area coverage, except for emergencies. Find providers at [kaiserpermanentedentalnw.org/dentists-locations/dentists](https://www.kaiserpermanentedentalnw.org/dentists-locations/dentists)
- **Willamette Dental:** If you enroll in the Willamette Dental plan, you must use Willamette Dental providers. There's no out-of-area coverage, except for emergencies. Wait times vary, and you may need to travel. Check if local providers are accepting new patients before enrolling. Willamette Dental Member Services can help schedule the earliest appointment.

Questions about Willamette Dental provider access and availability?

- » Submit this form: <https://wdglink.com/PEBBQs>
- » Call 855-433-6825, option 2, Monday–Friday 8 a.m.–5 p.m.
- » Review office locations and providers at: <https://locations.willamettedental.com>



Specialist referrals

Find out how the plans handle referrals to specialists. [Call the plan](#) for more details.

Coordinated care plans:

- **Providence Choice:** Before receiving health care services, you must choose a medical home. Family members can select the same medical home or a different one. Referrals aren't required to see a specialist.
- **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) and urgent care.
- **Moda Synergy:** You will choose a "PCP 360" clinic. This is a primary care clinic who has agreed to be accountable for your health. Family members can pick the same PCP 360 or a different one. Referrals are not required to see a specialist.

Preferred Provider Organization (PPO) plan:

- **Providence Statewide PPO:** Access more than one million providers throughout the country, including access to OHSU and Providence hospitals.. However, you pay more when you see out-of-network providers, including specialists. Referrals are **not** required to see a specialist.

Use Garner to Find Top Providers

Explore the Garner directory to find a Top Provider. Use Garner to find high-quality in-network doctors available near you. When you use a Top Provider, you can get repaid for eligible costs. Garner is available at no cost to you.

Note: Garner is only available to members enrolled in Providence Health and Moda Health medical plans.



PEBB Dependent Eligibility Review

The Oregon state legislature requires PEBB to verify your dependents' eligibility. This ensures only eligible dependents receive benefits, which helps keep health care costs down.

If you're adding a dependent during Open Enrollment, PEBB will ask you to provide documents to verify their eligibility. You'll receive the request in November after Open Enrollment closes. You must provide documents by the review deadline.

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 by the review deadline.
- You'll receive an eligibility confirmation letter once PEBB completes the review.

Who's an eligible dependent?

- **Spouse** — the person you married under any state or country law.
- **Domestic Partner by Affidavit** — the unmarried person of the same or opposite sex with whom you are in a partnership.
- **Child** — 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** — the grandchild you're covering (along with your child, the parent of your grandchild). Both the parent and grandchild must live with you. You must claim both as your IRS tax dependent. The parent cannot be married or have a domestic partner.
- **Child by Affidavit** — the child placed with you by court order (guardianship). The child lives with you and is claimed as your IRS tax dependent.
- **Disabled Dependent** — your 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.](#)

Go to <https://www.oregon.gov/oha/PEBB/Documents/DEV-Documentation-Definitions.pdf> for a complete list of document requirements.

Tax implications for domestic partner coverage

Covering a domestic partner and partner's children has tax implications that lower your take-home pay: <https://www.oregon.gov/oha/PEBB/Pages/Dependent-Definitions.aspx>.

Eligibility verification

You'll be required to provide documents to verify eligibility for each of your dependents. Your dependent eligibility packet will list the documents you need to send, such as:

- 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.

Are the documents I provide secure and private?

Keeping your information private and secure is very important. PEBB will destroy all copies of submitted documents following the review.

Documents aren't retained! That's why it's important you only provide 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, and you'll 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.

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

Yes, you must submit your documents to PEBB even if you already gave them to payroll or human resources. If you fail to provide documents to PEBB during your review, your dependents' coverage will end.

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

How often does PEBB conduct an eligibility review?

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

Questions about dependent eligibility or the review process?

Contact the PEBB Dependent Eligibility team by:

- **Phone:** 503-378-2954
- **Email:** pebb.dependenteligibility@odhsoha.oregon.gov



Member Costs

The following tables display the full cost of premiums for each core benefit plan.

- **Your employer pays nearly all** of the premium costs.
- **As an active employee, you pay just a small percentage.**
 - » Learn more about [cost sharing for core benefits](#).
 - » You can also use the [Premium Estimator Tool](#) to calculate what you may pay each month.
- Part-time employees may pay more depending on hours worked. Contact your payroll office for a more accurate estimate.

Note: All rates include 0.4% commission and 0.9% PEBB administration cost.

Medical (cost shared by you and your employer)

Plan	Employee only	Employee and spouse/ domestic partner	Employee and children	Employee and family
Kaiser Traditional ¹	\$1,070.95	\$2,141.90	\$1,820.63	\$2,891.58
Kaiser Deductible ¹	\$932.59	\$1,865.18	\$1,585.40	\$2,518.02
Moda Synergy ²	\$932.59	\$1,865.18	\$1,585.40	\$2,518.02
Providence Statewide ³	\$1,036.21	\$2,072.42	\$1,761.56	\$2,797.81
Providence Choice ²	\$932.59	\$1,865.18	\$1,585.40	\$2,518.02
Kaiser Traditional Part-time ⁴	\$904.05	\$1,808.10	\$1,536.90	\$2,440.97
Kaiser Deductible Part-time ⁴	\$757.59	\$1,515.18	\$1,287.93	\$2,045.52
Moda Synergy Part-time ⁵	\$757.59	\$1,515.18	\$1,287.93	\$2,045.52
Providence Statewide Part-time ⁶	\$841.76	\$1,683.52	\$1,431.02	\$2,272.79
Providence Choice Part-time ⁴	\$757.59	\$1,515.18	\$1,287.93	\$2,045.52

1 Available to PEBB eligible full-time and part-time employees in plan service area. Includes 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 Additional option available to eligible part-time employees in plan service area. Includes vision exam only.

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

6 Additional option available to eligible part-time employees.



Vision (cost shared by you and your employer)

Plan	Employee only	Employee and spouse/ domestic partner	Employee and children	Employee and family
VSP Basic	\$8.07	\$16.13	\$13.72	\$21.80
VSP Plus	\$15.23	\$30.49	\$25.91	\$41.13

Dental (cost shared by you and your employer)

Plan	Employee only	Employee and spouse/ domestic partner	Employee and children	Employee and family
Kaiser Permanente ¹	\$72.55	\$145.08	\$123.34	\$195.88
Delta Dental Premier ²	\$69.24	\$138.48	\$117.70	\$186.96
Delta Dental PPO ²	\$63.98	\$127.95	\$108.76	\$172.74
Willamette Dental ³	\$59.85	\$119.71	\$101.82	\$161.67
Delta Dental Premier Part-time ⁴	\$49.82	\$99.66	\$84.71	\$134.53
Kaiser Permanente Part-time ⁵	\$53.29	\$106.57	\$90.60	\$143.88

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; in plan facilities.

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

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

VSP Cost of Coverage

You pay a share of the premium if you enroll in the VSP Basic. Your premium share is the same percentage rate as your medical coverage percentage, which includes opt out.

VSP Plus has better coverage for frames, coatings, and progressive lenses. For this plan, you pay the employee premium share for the Basic plan plus the difference in premium cost between the Basic and Plus plans.



Core Benefits: Cost Sharing

Employee premium share for core benefits

You and your employer share the cost of the premium for core benefits. The amount you pay depends on:

- Your agency or university employer.
- The plan you choose.
- Where you live.
- Your work status (full-time or part-time).

PEBB does not control the premium share. Contact your agency or university benefits office for information. Go to https://www.oregon.gov/oha/PEBB/Pages/Contact_Us.aspx and look under “Other contacts.”

State employees

Full-time employees:

- Premium share is 5% for the Providence Statewide or Kaiser Traditional plans
- Premium share is 1% for any other full-time plan

Part-time employees:

- Can enroll in full-time and part-time plans
- Premium share is 5% for the full-time or part-time Providence Statewide or Kaiser Traditional plans
- Premium share is 1% for any other full-time or part-time plan
- Pay any premium balance after your employer pays its premium share, based on the hours you work each month
- Your employer pays a flat premium subsidy for medical, based on your coverage tier, if you enroll in a part-time plan
- Contact your payroll office for a more accurate estimate

University employees

- Premium share is 3% or 5%

Local government employees

- Premium share could be different than state agencies or universities
- Contact your payroll or benefits office for more information

Cost share applies to all core benefits

You'll pay the same premium cost share for all core benefits. If you opt out of medical, your premium share will be 5% for dental, vision, and employee-only basic life insurance.

Additional Member Costs and Incentives

PEBB might add a fee based on your tobacco use or other coverage options. You may also get incentives if you choose to opt out of coverage.

Tobacco usage surcharge

If you and/or you spouse/domestic partner are enrolled in a PEBB medical plan and use tobacco products, you'll pay a monthly surcharge. The fee is deducted from your pay:

- \$25/month for employee
- \$25/month for spouse/domestic partner, or
- \$50/month for both employee and spouse/domestic partner.

If you and your spouse/domestic partner opt out of PEBB medical coverage, you are not subject to the tobacco usage surcharge.

PEBB offers tobacco cessation programs to help you quit using tobacco and avoid the surcharge.

Double coverage surcharge

The Oregon state legislature requires a surcharge for those who have double medical coverage through PEBB and OEBB. This means you'll pay a monthly \$5 surcharge if you're an active full-time employee and:

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

Spouse/domestic partner waives other employer group coverage

You'll pay a \$50 monthly fee if your spouse/domestic partner chooses to waive their own employer's (not PEBB) group coverage.

You can submit a Midyear Change form if your spouse's/domestic partner's coverage status changes during the plan year. You must send in the change request within 30 days of status change to your payroll or university benefits office.

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

Domestic partner coverage

Covering a domestic partner and partner's children has tax implications that lower your take-home pay: <https://www.oregon.gov/oha/PEBB/Pages/Dependent-Definitions.aspx>.

Opt out of PEBB medical plans

You can opt out of (not enroll in) a PEBB medical plan if you're covered under another group medical plan. You'll receive part of your employer's premium contribution ("opt out incentive") if you opt out.

The opt out incentive starts at \$233 and is taxable. The amount you receive depends on your work status (full-time or part-time).

The PEBB Board determines the opt out incentive. Go to <https://www.oregon.gov/oha/PEBB/Documents/Opt-out-Denial.pdf> for more information.

Consider opting out... if you have coverage through both PEBB and OEBB and want to avoid the double coverage surcharge.

You can still enroll in vision and/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!

If you opted out or declined in 2025 and take no action during Open Enrollment, your status will be changed to "medical not enrolled" and your opt out incentive will end for 2026.



Medical Benefits

Providence Health Plan Powered by Collective Health

Providence Health Plan Powered by Collective Health is bringing you a better experience with:



- A new member app combining all of your medical, dental, and vision benefits in one place.
- The same great benefits and in-network doctors and facilities.

Learn more about the following benefits online at ProvidenceHealthPlan.com/PEBB.

Medical plans include:

- 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.
- Maternity care, including doula services.
- Wellness resources to help with chronic disease, stress, diet, exercise, sleep, and more.
- Chiropractic manipulation, acupuncture, and massage therapy (Statewide plan: 15% coinsurance; Choice: \$10 copay).

Additional benefits

- Prescription drug coverage: ProvidenceHealthPlan.com/PEBB/PharmacyResources.
 - » Rx Savings Solutions helps lower out-of-pocket cost based on your unique plan and medications on your medications; available at no cost to you.
 - » HelpScript™ may lower your copay on eligible medications, with expert support from Patient Navigators; available at no cost to you.
- 24/7 virtual primary, urgent, behavioral health, and specialty care through Galileo Health: Galileo.io/plans/providence.
- Expanded access to care through Providence ExpressCare Virtual: Providence.org/virtual-care/expresscare-virtual.
- Telehealth to see or talk to a provider in minutes, from your phone or computer: Call your doctor's office to schedule an appointment.

Learn More about Providence Health Plan Medical Plans

- Visit ProvidenceHealthPlan.com/PEBB for details about Providence or to find in-network providers.
- Go to ComparePEBBPlans.com to learn more about covered services and prescriptions.

Get the details!

Visit the Providence Health Plan [Benefits Overview](#) to learn more about the medical plans.

Wellness programs

Providence provides many programs to support your overall wellness. Visit the [PEBB Wellness Guide](#) for details.

- Fertility and family-building services through Progyny: ProvidenceHealthPlan.com/PEBB/Progyny.
- Behavioral Health Concierge for virtual appointments within 7 days (sometimes same or next day) to help with life stress: Providence.org/BHC.
- Virta for Type 2 diabetes reversal: ProvidenceHealthPlan.com/PEBB/Virta.
- Omada for diabetes prevention and management: ProvidenceHealthPlan.com/PEBB/Omada.
- Kaia Health for digital pain management: ProvidenceHealthPlan.com/PEBB/Kaia.

Use Garner to find a Provider

Use Garner to find high-quality in-network doctors available near you. When you use a Top Provider, you can get repaid for eligible costs. See the [Garner section](#) of this guide for more information.



Kaiser Permanente

Care at Kaiser Permanente is tailored to your needs. The physician-led teams are 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.



Coordinated care



Share your health history and any concerns with your personal doctor.



Your doctor coordinates your care, so you don't have to worry 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.



With your health records in hand, your care team knows your needs in the moment and reminds you to schedule checkups and tests. Plus, you can view your records 24/7.

Connect with Kaiser

- In-person care, including preventive and specialty services.
- 24/7 Telehealth (covered at no additional cost)
- 24/7 nurse advice.
- Email, video, and phone options.
- Phone interpretation services in more than 150 languages.
- Kaiser Permanente app.

Learn More about Kaiser Permanente Medical Plans

- Visit choose.kaiserpermanente.org/pebb/home for information about Kaiser.
- Find in-network providers here: kp.org/getcare.
- Go to ComparePEBBPlans.com to learn more about covered services and prescriptions.

Get the details!

Watch a [short video](#) to learn about Kaiser Permanente's medical plan details.

Wellness programs

Kaiser Permanente provides many programs to support your overall wellness. Visit the [PEBB Wellness Guide](#) for details.

Additional benefits

- Support for ongoing conditions (diabetes, heart disease)
- Alternative care (chiropractic, acupuncture, and naturopathic services) through Heraya Health network: herayahealth.com
- Prescription delivery
- Gym discounts: kp.org/exercise
- Healthy lifestyle programs: kp.org/healthylifestyles
- Wellness coaching: kp.org/wellnesscoach
- Weight management support: omadahealth.com/pebb
- Mobile apps (kp.org/selfcareapps):
 - » Calm
 - » Headspace



Moda Health

The Moda Synergy Health plan provides integrated, whole health plans with robust programs and services, including:



- **Large provider network:** A wide choice of quality primary providers in Oregon, SW Washington, and Idaho (including OHSU).
- **No referrals:** Specialist referrals are not required.
- **Alternative care:** Pay a \$10 copay for in-network alternative care (including massage therapy).
- **All in one solution:** Medical, pharmacy, and dental benefits by one health partner.
- **Out-of-area (OOA) coverage:** OOA dependents have access to Moda's national network, Aetna PPO, except for those in Alaska. OOA dependents in Alaska have access to the First Health network.
- **New!** Effective Jan. 1, 2026, PEBB members who live in a Synergy service area (Oregon, SW Washington, and Idaho) now have access to Moda's national network, Aetna PPO® through Aetna Signature Administrators®, for care beyond urgent and emergent services outside of Moda's service area.
- **Personalized Member Dashboard:** Live chat with a Health Navigator, get personalized care reminders, and join specialized programs that meet your specific needs.
- **A coordinated team:** Team-based, coordinated care that's centered on you.

Coordinated care

Each enrolled Moda member must 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 and will coordinate with other providers as needed.

Visit modahealth.com/PEBB for details or to find a PCP 360 for yourself or another member on your plan. You can also go to the [Summary of Benefits](#) to compare medical plans options.

Learn More about the Moda Health Medical Plan

- Visit modahealth.com/PEBB for details about Moda Health or to find a PCP 360.
- Go to ComparePEBBPlans.com to learn more about covered services and prescriptions.

Get the details!

Visit the Moda Health [member handbooks web page](#) to learn more about the medical plans.

Wellness programs

Moda Health provides many programs to support your overall wellness. Visit the [PEBB Wellness Guide](#) for details.

Additional Benefits

- Moda 360 Health Navigator: modahealth.com/pebb/moda360
- Personalized Member Dashboard just for you: modahealth.com/memberdashboard
- Telehealth: Connect with a provider from your phone or computer: cirrusmd.com/modahealth
- New! Effective January 1, 2026, Moda's Behavioral Health (BH) 360 program: modahealth.com/pebb/behavioralhealth/
- Mobile mental health support: modahealth.com/meru
- Virtual physical therapy: meet.swordhealth.com/pebb
- Pharmacy benefits: modahealth.com/pebb/members/pharmacy.shtml
- Fertility and family-building services through Kindbody: kindbody.com/moda/pebb
- Virta for type 2 diabetes: virtahealth.com/join/moda-pebb
- Teladoc (Livongo) for Diabetes Prevention Program: livongo.com/healthy-living

Use Garner to find a Provider

Use Garner to find high-quality in-network doctors available near you. When you use a Top Provider, you can get repaid for eligible costs. See the [Garner section](#) of this guide for more information.



Garner

Providence Health Plan and Moda Health partner with Garner, a tool that helps you find high-quality care.



When you visit a Garner-approved Top Provider, you can be repaid for the costs you pay for your visit. This includes your deductible, copay, or coinsurance. It also includes other services like labs, prescriptions, and X-rays when they're ordered by your Top Provider. You may be repaid up to:

- \$1,000 per year, if you have individual coverage.
- \$2,000 per year, if you cover yourself and family members.

Garner is especially useful when looking for specialists or a new provider.

To get started finding a Top Provider:

- Go to getgarner.com
- Use the Garner Health app
- Call 458-488-4828

Note: Garner is only available to members enrolled in Providence Health and Moda Health medical plans.

**Visit a Top Provider
and get repaid!**

Use the Garner directory to find a Top Provider and get repaid for qualified costs. Review [Garner's online guide](#) to learn more.



Vision Benefits

VSP

VSP plans offer access to a huge provider network and low out-of-pocket costs, as well as:



- Annual WellVision Exam®.
- Glasses or contacts.
- VSP LightCare™.
- Vision Therapy.
- Special offers and savings.

Additional Plus Plan coverage

The Plus Plan includes the basics listed above and the following:

- Increased frame allowance
- Anti-glare coating
- Progressive lenses
- Retinal screening (\$10 copay)

Learn More about VSP Vision Plans

- Visit vsp.com or call 800-877-7195 for details about VSP or to find in-network providers.
- Go to ComparePEBBPlans.com to learn more about covered services.

Important!

VSP is available to Moda and Providence members only. Members who enroll in a Kaiser medical plan are automatically enrolled in Kaiser vision coverage.

Kaiser Permanente

If you're enrolled in a Kaiser Permanente medical plan, it includes full eye care, like routine exams.



Integrated care

If a medical condition is detected during your eye exam, your optometrist or ophthalmologist will work directly with your personal doctor to order tests and coordinate care plans.

Locations extend from Eugene to Longview.

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. Visit kp.org/lane or call to make an appointment:

- Oregon Eye Associates: 541-484-3937 or 800-426-3937
- PeaceHealth Eye Care and Optical Shop: 458-205-6257

Learn More about Kaiser Permanente Vision Coverage

- Visit kp2020.org to schedule an exam, order contact lenses, or find a location near you.
- Call 800-813- 2000 (TTY 711).
- Go to ComparePEBBPlans.com to learn more about covered services.

Dental Benefits

Delta Dental of Oregon

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



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

- Freedom to choose a dentist.
- Preventive services do not accrue towards your annual benefit maximum. This leaves additional dollars to use for basic and major services.
- Access to our Health through Oral Wellness® program for additional cleanings (if eligible).
- 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 plans also include useful online tools, resources, and special programs for those who may need extra attention for your pearly whites.

Learn More about the Delta Dental Plans

- Visit modahealth.com/PEBB/dental for details about Delta Dental or to find in-network providers.
- Go to ComparePEBBPlans.com to learn more about covered services.



Kaiser Permanente Dental

Kaiser is committed to total health, beginning with high-quality dental and oral care. That's why every member gets a personalized prevention and treatment plan.



This plan is available in certain ZIP codes. There isn't any out-of-area coverage, except when there's a dental emergency.

Know what's important

- **Freedom to choose:** Pick a dentist and hygienist in the Kaiser network and change at anytime.
- **Convenience:** Choose to receive care at any of the 21 dental offices located in the service area. You can also take advantage of Kaiser's no-cost virtual dentistry options.
- **Teamwork:** Your dental care is an important part of your overall health. Kaiser dentists and doctors are part of the same system working together for and with you.
- **Philosophy of care:** Kaiser follows a research-based approach in providing dental care. Kaiser emphasizes prevention care to help keep your teeth and gums healthy.

Learn More about Kaiser Permanente Dental Coverage

- Visit kp.org/dental/nw to schedule an exam or find a location near you.
- Go to ComparePEBBPlans.com to learn more about covered services.



Willamette Dental

Willamette Dental offers dental care and insurance coverage to more than 425,000 patients in the Pacific Northwest. Their evidence-based, proactive treatment approach to dental care focuses on providing quality, individualized care, and education to each patient.

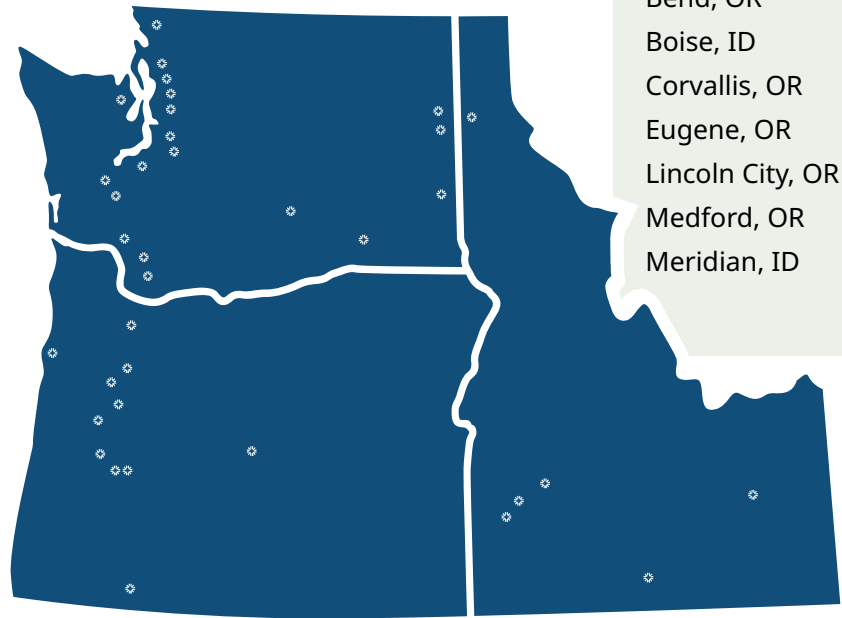


Highlights

- No annual maximum*, no deductibles.
- Services covered at predictable, low copays.
- Affordable orthodontic coverage for adults and children.
- Extended office hours Mon–Fri, 7 a.m.–5:30 p.m. and select Saturdays.
- No copay changes for 2026.

Locations Include:

- | | |
|------------------|-------------------------------|
| Albany, OR | Nampa, ID |
| Bend, OR | Portland Metro (12 locations) |
| Boise, ID | Richland, WA |
| Corvallis, OR | Salem, OR (2 locations) |
| Eugene, OR | Springfield, OR (2 locations) |
| Lincoln City, OR | Vancouver, WA (2 locations) |
| Medford, OR | |
| Meridian, ID | |



Learn More about the Willamette Dental Plan

- Visit willamette-dental.com/pebb for details about Willamette Dental or to find providers and locations.
- Go to ComparePEBBPlans.com to learn more about covered services.

Copay waived for new patient visits!

Willamette Dental will waive the office visit copay for your new patient appointment if you have not previously seen a plan provider.

Important! If you enroll in the Willamette Dental plan, you must use Willamette Dental providers. There's no out-of-area coverage, except for emergencies. Wait times vary, and you may need to travel. Check if local providers are accepting new patients before enrolling. Willamette Dental Member Services can help schedule the earliest appointment.

Questions about access and availability?

- Submit this form: <https://wdglink.com/PEBBQs>
- Call 855-433-6825, option 2, Monday–Friday 8 a.m.–5 p.m.
- Review office locations and providers at: <https://locations.willamettedental.com>



Wellbeing Programs

Your journey, your health

Physical fitness, emotional health, and financial stability make up your total wellbeing. Find the support you need to achieve your health and wellbeing goals. Health coaches, online and self-guided programs, webinars, and more — there’s something for everyone!

Explore PEBB’s wellbeing resources for all of life’s adventures in the [PEBB Wellness Guide](#). Click any health area below to see what’s available.



Visit <https://www.oregon.gov/oha/PEBB/Pages/PEBBWellness.aspx> to learn more.



Employee Assistance Program (EAP)

Canopy EAP

PEBB partners with Canopy to provide the EAP. It's 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

You receive 3–8 counseling sessions (varies by agency) face to face, over the phone, or virtually for concerns such as:

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

Additional benefits

- Resources for your life.
- Legal consultations/mediation and online legal tools.
- Financial coaching.
- Identity theft.
- Home ownership and housing support.
- Coaching.
- Wellbeing tools for fertility support, pet parent resources, and gym membership discounts.
- Access to digital therapy and wellness tools to improve the way you feel.
- Online self-scheduling portal for appointment management.
- Assistance finding childcare, adult care, caregiving resources, and more.

Feel like no one understands?

Join an anonymous peer support community available 24/7/365. Connect with others facing similar issues in moderated chats with licensed clinicians. Access peer support and digital resources through Canopy by selecting “Peer Support – Chat now” from the top ribbon.

**Crisis counselors
are available by
phone 24/7/365!**

For referrals and additional resources, contact Canopy anytime:

Phone: 800-433-2320

Member site:
my.canopywell.com (organization name: PEBB)

Email: info@canopywell.com

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

Lyra – Oregon State University’s EAP

Lyra Health the Employee Assistance Program (EAP) for Oregon State University employees and their dependents only.



Lyra offers a full spectrum of care offerings, from preventive to severe. No matter what you’re facing or where you are in your mental health journey, Lyra is here for you.

Services include:

- 24-hour online and phone emergency support.
- 8 free confidential therapy and coaching sessions per year.
- Specialists available weeknights and weekends.
- Consultation with an attorney or mediator, financial counselor, Certified Public Accountant, and fraud resolution specialist.
- ID emergency response kit.
- Resources and referrals for child, elder, and pet care.
- Teen and parent coaching programs.
- User-friendly website, mobile app and other digital tools.
- Lyra’s library includes research-based self-care resources, guided meditations, how-to videos, mindfulness tactics, structured courses, live webinars and gatherings.

For more information:

Phone: 877-235-7812

Email: care@lyrahealth.com

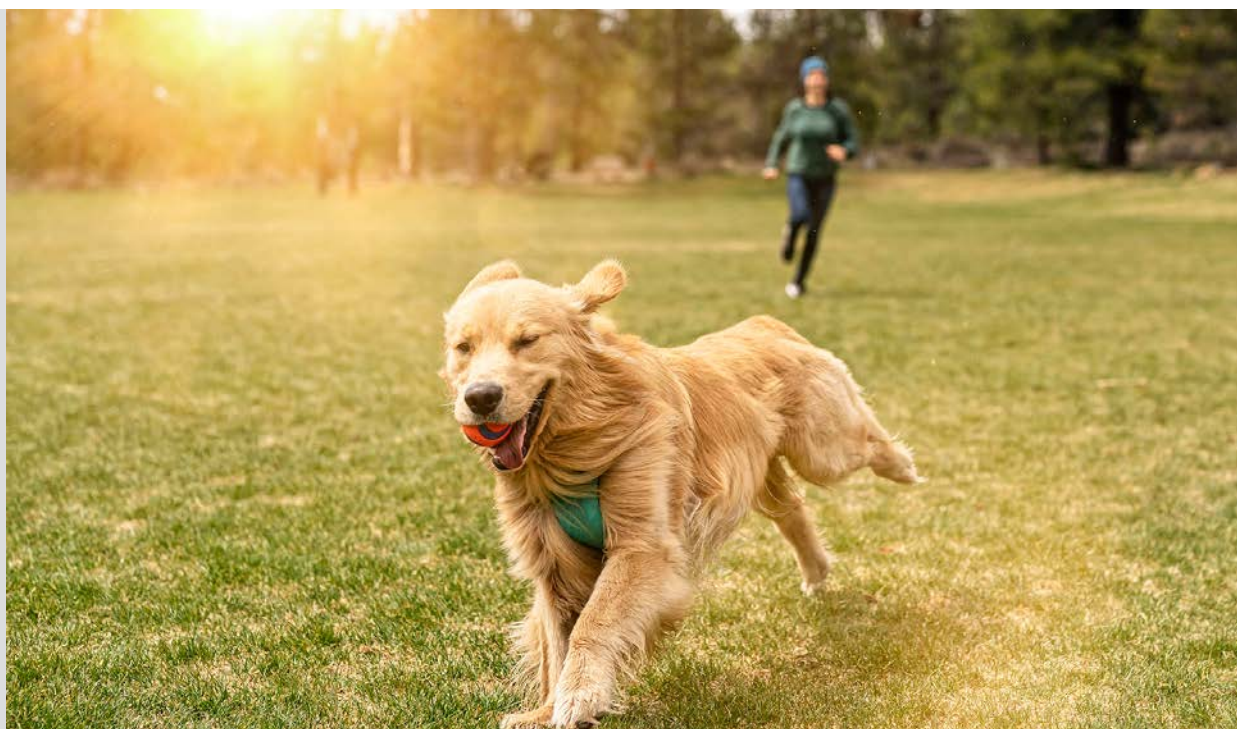
Web: <https://osu.lyrahealth.com/>

[OSU Webpage](#)

Get care on campus

Through Lyra Health, OSU employees can see a therapist on the Corvallis campus. Appointments are typically on Thursdays in the Valley Library.

Go to Lyra’s [website](#) for provider availability.



Life and AD&D Insurance

PEBB offers life and accidental death and dismemberment (AD&D) insurance options to help you protect your loved ones. These plans provide financial security if you die or are seriously injured in an accident.



Need More Information?

Go to standard.com/mybenefits/pebb/ for coverage details, a needs estimator, and a decision support tool.

Basic life insurance

Basic coverage is automatically provided to you:

- Class 1 (all active employees of the Judicial Management Service): Coverage equals your annual salary, rounded to the next higher \$1,000.
- Class 2 (all other eligible employees): Coverage equals \$10,000.

Optional life insurance

Optional life insurance provides a lump sum payment to help protect your family in the event of your death.

Optional life insurance is available for you and your eligible dependents. You may purchase optional life insurance for your dependents even if you don't purchase coverage for yourself.

	Coverage available	Guarantee issue amount*
Employee life	\$20,000 increments, up to \$600,000	\$100,000
Spouse/domestic partner life	\$20,000 increments, up to \$400,000	\$20,000
Child Life	\$5,000	\$5,000

*Only applies to new employees or when employees initially become eligible.

Optional Life Insurance Extras

When you purchase optional life insurance, you'll have access to the following extra services:

- You can access the Life Services Toolkit* to help deal with the loss of a loved one or plan for the future.
- You can use Travel Assistance* when traveling more than 100 miles from home or internationally for help with lost credit cards, passport replacement, legal and medical resources, medical evacuation, and repatriation.

*The Life Services Toolkit is provided through Health Advocate. Travel Assistance is provided through Assist America. Neither is affiliated with The Standard. These services may be subject to limitations or exclusions.

Optional AD&D insurance

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

Cost of coverage

Employees are responsible for paying the full premium amount for optional life and AD&D insurance coverage. The policies pay for covered losses if you're a PEBB-eligible member and your premium payments are current at the time of the loss. For complete details and rates, visit:

- Optional employee life coverage: www.oregon.gov/oha/PEBB/Pages/Optional-Employee-Life.aspx
- Optional spouse/domestic partner life coverage: www.oregon.gov/oha/PEBB/Pages/Spouse-Partner-Life.aspx
- Optional dependent life coverage: www.oregon.gov/oha/pebb/Pages/Dependent-Life.aspx
- Optional AD&D coverage: www.oregon.gov/oha/pebb/Pages/ADD.aspx



Optional Disability Insurance

Disability insurance can replace a portion of your paycheck if you can't work because of an illness, injury, or pregnancy. By enrolling in an optional PEBB disability plan, you can help further protect yourself and your lifestyle if you become disabled.

Short-Term Disability (STD)

If you become disabled and can't work for a short time, STD pays you a portion of your salary. STD is for non-job-related disabilities, including illnesses, accidents, and injuries. You can also use STD to recover from surgery or take time off after childbirth.

STD benefit details

- 7-day waiting period.
- Pays up to \$1,662/week minus deductible income.
- Duration of benefit:
 - » 4 weeks if the disability **is** caused by a pre-existing condition (not applicable after the first 12 months of coverage).
 - » 13 weeks if the disability **is not** caused by a pre-existing condition.
- Benefits received are non-taxable.

Spotlight on Paid Leave Oregon (or an Equivalent Employer Plan)

[Paid Leave Oregon](#) is a state-sponsored benefit that allows you to take paid time off to care for yourself or loved ones during life's important moments. (Your employer may offer an equivalent plan instead of Paid Leave Oregon.)

If you enroll in a PEBB STD plan, your STD benefit will be reduced by benefits you receive or are eligible to receive from Paid Leave Oregon (or an equivalent employer plan).

Questions About Paid Leave Oregon?

Contact Paid Leave Oregon directly for more information.

Phone: 833-854-0166

Email: PaidLeave@Oregon.gov

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

What is deductible income?

Deductible income means any other income you're eligible to receive because of your disability.

Do you need disability coverage on top of what Paid Leave Oregon (or an equivalent employer plan) provides?

Use the Needs Estimator at standard.com/individuals-families/workplace-benefits/disability/estimate-disability-insurance-needs to determine if you need STD coverage.

Do you already have both Paid Leave Oregon (or an equivalent employer plan) and a Short-Term Disability (STD) plan?

If you do it's important to know how the plans work together.

- Your total benefit for both plans is based on your income.
- Paid Leave Oregon (or an equivalent employer plan):
 - » You're not required to apply for benefits.
- Short-Term Disability (STD):
 - » The Standard will reduce your STD benefit by the amount you are **eligible** to receive under Paid Leave Oregon (or an equivalent employer plan).
 - » The Standard will pay your full STD benefit if you are not **eligible** for Paid Leave Oregon (or an equivalent employer plan).

Important!

Even if you don't apply for Paid Leave Oregon (or an equivalent employer plan), The Standard will reduce your STD benefit by the amount you are eligible to receive.

If you apply for Paid Leave Oregon (or an equivalent employer plan) and are denied, The Standard may still reduce your STD benefit depending on the reason for denial.

Long-Term Disability (LTD)

If a disability prevents you from working for 90 days or longer, LTD pays a portion of your monthly pay. LTD can be used for a serious illness, injury, or accident, as well as mental health issues. You could receive LTD benefit payments for months or years.

For more information about The Standard's disability plans call 800-842-1707.

LTD benefit details

- 90- or 180-day waiting period, depending on the plan you choose.
- Pays up to \$8,000/month minus deductible income, depending on the plan you choose.
- Benefits could last until age 65 or Social Security Normal Retirement Age if you remain disabled.
- Benefits received are non-taxable.

Cost of coverage

For complete details and rate information, visit:

- **Short-term disability:** www.oregon.gov/oha/pebb/Pages/Short-Term-Disability.aspx
- **Long-term disability:** www.oregon.gov/oha/pebb/Pages/Long-Term-Disability.aspx



Long-Term Care Insurance

Long-term care (LTC) insurance helps pay for the care you may need if you can't independently perform at least two basic activities of daily living (ADLs). ADLs are:



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

The plan can help pay for living assistance and facilities. Covered facilities include nursing homes, assisted living, hospice, rehabilitation, and Alzheimer's and residential care.

You're eligible for a monthly benefit after you meet these conditions:

1. You become disabled;
2. You have met your elimination period; and
3. Your provider certifies that you're 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 your plan, and the place of residence used for long term care.

Cost of coverage

Visit <https://unuminfo.com/pebb/enrollment.aspx> for complete details and rate information.

Need More Information?

Go to unuminfo.com/PEBB to learn more.

Important!

New Enrollment Ending February 1, 2026

Effective Feb. 1, 2026, Unum will stop accepting new LTC enrollments.

Members with existing LTC coverage may continue coverage and may modify their plans.

Flexible Spending Accounts (FSAs) and Commuter Benefit Accounts

Flexible Spending Accounts (FSAs) and commuter benefit accounts provide a great way to save money on your everyday expenses. You can pay for eligible health care, dependent care, or transportation expenses on a pretax basis through payroll deductions.



You must enroll each year!

You must complete Open Enrollment to newly enroll or continue your Health Care or Dependent Care FSA.

Account options

You have several FSA and commuter benefit account options.

Type of Account	Description	Maximum Amount You Can Contribute
Health Care FSA	• Use pretax payroll deductions to help cover eligible medical, dental, and vision expenses • Can be applied to expenses for you and your eligible tax dependents • Find a full list of eligible expenses at https://www.irs.gov/publications/p502 • "Use it or lose it" so unused funds are forfeited at the end of the plan year • Must enroll each year to participate	\$3,300/year
Dependent Care FSA*	• Use pretax payroll deductions to help cover your eligible dependent care expenses • Includes child care for children up to age 13 and care for dependent elders • Find a full list of eligible expenses at https://www.irs.gov/publications/p503 • "Use it or lose it" so unused funds are forfeited at the end of the plan year • Must enroll each year to participate	• \$7,500/year if you're married and filing jointly • \$3,750/year if you're single or married and filing separately

*Subject to non-discrimination testing.

Type of Account	Description	Maximum Amount You Can Contribute
Parking Reimbursement Account	- Set aside pretax money from your paycheck to pay for parking at or near a location from which you work or commute to work - Parking in a state-owned location is not eligible for reimbursement Important! You don't qualify for the Parking Reimbursement Account if you park at a state-owned lot or garage, and you pay the parking expense through payroll deductions	\$325/month
Mass Transit/ Vanpool Reimbursement Account	- Set aside pretax money from your paycheck to pay for transit expenses - Eligible expenses include vanpool, bus, rail, or ferry that you incur to commute to and from work. Bicycles are not included.	\$325/month

Contact ASIFlex Customer Service

Phone: 800-659-3035
Email: asi@asiflex.com
Web: ASIFlex.com/ORPEBB
Fax: 877-879-9038

Mail:
 ASIFlex
 P.O. Box 6044
 Columbia, MO 65203

For more program information, review the PEBB plan document or visit ASIFlex.com/ORPEBB.

Claims and reimbursement

FSAs and commuter benefit accounts are administered by ASIFlex. ASIFlex offers several easy ways to submit claims for reimbursement. You'll receive reimbursement within three business days following receipt of a complete claim.

- ASIFlex Card: Contact ASIFlex and request a debit card that you can use to pay for eligible expenses. Keep your receipts. ASIFlex may ask for documentation to verify card transactions.
- ASIFlex mobile app: Download the ASIFlex Self Service and log in to your account. Submit your claim along with a picture of your Explanation of Benefits (EOB) via the app.
- ASIFlex online: Sign into your online account at ASIFlex.com/ORPEBB to submit a claim.
- Toll-free fax or mail: Download and complete a claim form. Submit it with your EOB or itemized receipt. Keep a copy for your records.

Manage your account

Go to ASIFlex.com/ORPEBB to register your account. See your account statement and balance, submit claims, opt in for email or text alerts, and sign up for direct deposit.

COBRA Member Information

COBRA members must complete Open Enrollment if:

- You're enrolled in a medical plan.
- You want to enroll in vision coverage through VSP without enrolling in a medical plan.
- You want to enroll in a dental plan.

COBRA members don't need to complete Open Enrollment if:

- You're enrolled in dental or vision only.

If you're enrolled in a medical plan for 2025 and don't complete Open Enrollment, you'll:

- Stay in your 2025 medical plan.
- Pay \$25 per month for tobacco use (regardless of actual use).
- Pay \$50 per month for spouse/domestic partner coverage.

How to enroll

- Review the [health plan regions, premiums, and coverage](#).
- Fill out the COBRA enrollment form at <https://www.oregon.gov/oha/PEBB/Pages/forms.aspx>.
- Mail or fax the form to BenefitHelp Solutions (BHS) by Oct. 31, 2025.

Contact BenefitHelp Solutions (BHS)

Phone: 503-412-4257
Customer service toll free: 877-433-6079
Mail or fax forms to:

BenefitHelp Solutions (BHS)
PO Box 40548
Portland, OR 97240-0548
Fax: 503-765-3453

Contact PEBB

Phone: 503-373-1102

- Monday–Friday, 8 a.m.–5 p.m.
- Language assistance is available.

Email: pebb.benefits@odhsoha.oregon.gov

COBRA Open Enrollment is Oct. 1–31, 2025!

Visit a Top Provider and get repaid!

COBRA members are eligible to use the Garner directory to find a Top Provider and get repaid for qualified costs. Review [Garner's online guide](#) to learn more.

COBRA monthly premium rates

Important!

As a COBRA participant, you'll pay the full cost of coverage, as shown in the tables below.

Note: All rates include 0.4% commission and 2.9% PEBB administration cost.

Medical

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family	Children only ⁵
Kaiser Traditional ¹	\$1,092.36	\$2,184.73	\$1,857.04	\$2,949.41	\$873.89
Kaiser Deductible ¹	\$951.24	\$1,902.48	\$1,617.10	\$2,568.38	\$808.59
Moda Synergy ²	\$951.24	\$1,902.48	\$1,617.10	\$2,568.38	\$808.59
Providence Statewide ³	\$1,056.93	\$2,113.86	\$1,796.79	\$2,853.76	\$898.42
Providence Choice ²	\$951.24	\$1,902.48	\$1,617.10	\$2,568.38	\$808.59
Kaiser Traditional Part-time ⁴	\$922.13	\$1,844.26	\$1,567.63	\$2,489.78	\$737.71
Kaiser Deductible Part-time ⁴	\$772.74	\$1,545.48	\$1,313.68	\$2,086.43	\$656.81
Moda Synergy Part-time ²	\$772.74	\$1,545.48	\$1,313.68	\$2,086.43	\$656.81
Providence Statewide Part-time ³	\$858.59	\$1,717.19	\$1,459.64	\$2,318.24	\$729.81
Providence Choice Part-time ²	\$772.74	\$1,545.48	\$1,313.68	\$2,086.43	\$656.81

1 Available to PEBB eligible participants in plan service area. Includes Kaiser routine vision services.

2 Available to PEBB eligible participants in plan service area.

3 Available to PEBB eligible participants.

4 Available to eligible participants in plan service area. Includes vision exam only.

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



Vision

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family	Children only
VSP Basic	\$8.23	\$16.45	\$13.99	\$22.23	\$6.99
VSP Plus	\$15.52	\$31.09	\$26.42	\$41.94	\$13.21

Dental

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family	Children only ⁴
Kaiser Permanente ¹	\$73.98	\$147.95	\$125.78	\$199.75	\$59.62
Delta Dental Premier ²	\$70.60	\$141.21	\$120.03	\$190.66	\$60.01
Delta Dental PPO ²	\$65.24	\$130.48	\$110.91	\$176.16	\$55.45
Willamette Dental ³	\$61.04	\$122.08	\$103.83	\$164.87	\$51.85
Delta Dental Premier Part-time ²	\$50.81	\$101.63	\$86.38	\$137.19	\$43.18
Kaiser Permanente Part-time ¹	\$54.34	\$108.68	\$92.39	\$146.73	\$43.74

1 Available to PEBB eligible participants in plan service area.

2 Available to PEBB eligible participants.

3 Available to PEBB eligible participants; in plan facilities.

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



Retiree Member Information

New retirees

Eligible retirees may enroll in full-time or part-time medical, dental, or vision plans.

Annual plan change period

Medical Coverage	Dental / Vision Coverage
If you selected medical coverage your first year, you must actively enroll in a medical plan each year. After your first year of retiree coverage, you can only add benefit plans or new family members if there is a Qualified Status Change (QSC). If you experience a QSC, visit http://www.oregon.gov/OHA/PEBB/Pages/forms.aspx to fill out and submit a Midyear Change Form.	If you enrolled in dental or vision-only coverage in 2025, you don't need to enroll again. Coverage will continue in 2026.

How to enroll

Review the [health plan regions, premiums, and coverage](#). You have two ways to enroll:

- **Online:** Go to PEBBenroll.com
 - » Select “Enroll Now”.
 - » Follow the instructions on each screen.
 - » Save and print the benefit statement provided at the end of the enrollment process.
- **Form:** Fill out the Retiree Enrollment Form at <https://www.oregon.gov/oha/PEBB/Pages/forms.aspx>
 - » Mail or fax the form to BenefitHelp Solutions (BHS) by Oct. 31, 2025.

Visit a Top Provider and get repaid!

Retiree members are eligible to use the Garner directory to find a Top Provider and get repaid for qualified costs. Review [Garner’s online guide](#) to learn more.

The annual retiree plan change period is Oct. 1–31, 2025.

Forgot your username or password?

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

Contact PEBB

Phone: 503-373-1102

- Monday–Friday, 8 a.m.–5 p.m.
- Language assistance is available.

Email: pebb.benefits@odhsoha.oregon.gov

Contact BenefitHelp Solutions (BHS)

Phone: 503-412-4257

Customer service toll free: 877-433-6079

Mail or fax forms to:

BenefitHelp Solutions (BHS)

PO Box 40548

Portland, OR 97240-0548

Fax: 503-765-3453



Retiree monthly premium rates

As a retiree participant, you'll pay the full cost of coverage, as shown in the tables below.

Note: All rates include 0.4% commission and 1.5% PEBB administration cost.

Medical

Plan	Retiree only	Retiree and spouse/ domestic partner	Retiree and children	Retiree and family	Children only ⁵
Kaiser Traditional ¹	\$1,090.43	\$2,180.87	\$1,853.76	\$2,944.19	\$872.34
Kaiser Deductible ¹	\$949.56	\$1,899.15	\$1,614.26	\$2,563.85	\$807.16
Moda Synergy ²	\$949.56	\$1,899.15	\$1,614.26	\$2,563.85	\$807.16
Providence Statewide ³	\$1,055.06	\$2,110.16	\$1,793.62	\$2,848.72	\$896.84
Providence Choice ²	\$949.56	\$1,899.15	\$1,614.26	\$2,563.85	\$807.16
Kaiser Traditional Part-time ⁴	\$920.50	\$1,841.03	\$1,564.87	\$2,485.39	\$736.41
Kaiser Deductible Part-time ⁴	\$771.38	\$1,542.79	\$1,311.36	\$2,082.74	\$655.66
Moda Synergy Part-time ²	\$771.38	\$1,542.79	\$1,311.36	\$2,082.74	\$655.66
Providence Statewide Part-time ³	\$857.08	\$1,714.20	\$1,457.06	\$2,314.15	\$728.52
Providence Choice Part-time ²	\$771.38	\$1,542.79	\$1,311.36	\$2,082.74	\$655.66

1 Available to PEBB eligible participants in plan service area. Includes Kaiser routine vision services.

2 Available to PEBB eligible participants in plan service area.

3 Available to PEBB eligible participants.

4 Available to eligible participants in plan service area. Includes vision exam only.

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



Vision

Plan	Retiree only	Retiree and spouse/ domestic partner	Retiree and children	Retiree and family	Children only
VSP Basic	\$8.12	\$16.23	\$13.80	\$21.93	\$6.90
VSP Plus	\$15.32	\$30.67	\$26.07	\$41.37	\$13.03

Dental

Plan	Retiree only	Retiree and spouse/ domestic partner	Retiree and children	Retiree and family	Children only ⁴
Kaiser Permanente ¹	\$72.98	\$145.95	\$124.07	\$197.04	\$58.81
Delta Dental Premier ²	\$69.65	\$139.30	\$118.40	\$188.07	\$59.19
Delta Dental PPO ²	\$64.36	\$128.71	\$109.41	\$173.77	\$54.70
Willamette Dental ³	\$60.21	\$120.42	\$102.42	\$162.63	\$51.15
Delta Dental Premier Part-time ²	\$50.12	\$100.25	\$85.21	\$135.33	\$42.60
Kaiser Permanente Part-time ¹	\$53.60	\$107.20	\$91.14	\$144.74	\$43.15

1 Available to PEBB eligible participants in plan service area.

2 Available to PEBB eligible participants.

3 Available to PEBB eligible participants; in plan facilities.

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



Self-Pay Member Information

Self-Pay members must complete Open Enrollment if:

- You want to enroll in a medical plan.
- You enrolled in a medical plan and want to enroll in vision coverage.
- You enrolled in a medical plan and want to enroll in dental coverage.

If you’re enrolled in a medical plan for 2025 and don’t complete Open Enrollment, you’ll:

- Stay in your 2025 plans.
- Pay \$25 per month for tobacco-use (regardless of actual use).
- Pay \$50 per month for spouse/domestic partner coverage.

How to enroll

Review the [health plan regions, premiums, and coverage](#). You have two ways to enroll:

- **Online:** Go to [PEBBenroll.com](https://pebbenroll.com)
 - » Select “Enroll Now”.
 - » Follow the instructions on each screen.
 - » Save and print the benefit statement provided at the end of the enrollment process.
- **Form:** Fill out the Self-Pay Enrollment Form at <https://www.oregon.gov/oha/PEBB/Pages/forms.aspx>
 - » Mail or fax the form to BenefitHelp Solutions (BHS) by Oct. 31, 2025.

Visit a Top Provider and get repaid!

Self-Pay members are eligible to use the Garner directory to find a Top Provider and get repaid for qualified costs. Review [Garner’s online guide](#) to learn more.

**Open Enrollment is
Oct. 1–31, 2025!**

**Forgot your
username or
password?**

- Go to [PEBB enroll.com](https://pebbenroll.com)
- Click the red “Get it Now” button (upper left of the screen).
- Use your PEBB Benefit Number to reset your password.

**Contact
BenefitHelp
Solutions (BHS)**

Phone: 503-412-4257

Toll free: 877-433-6079

Fax: 503-765-3453

Mail: BenefitHelp
Solutions (BHS)
PO Box 40548
Portland, OR 97240-0548

Self-Pay monthly premium rates

As a Self-Pay participant, you'll pay the full cost of coverage, as shown in the tables below.

Note: All rates include 0.13% commission.

Medical

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family
Kaiser Traditional ¹	\$1,081.25	\$2,152.20	\$1,830.93	\$2,901.88
Kaiser Deductible ¹	\$942.89	\$1,875.48	\$1,595.70	\$2,528.32
Moda Synergy ²	\$942.89	\$1,875.48	\$1,595.70	\$2,528.32
Providence Statewide ³	\$1,046.51	\$2,082.72	\$1,771.86	\$2,808.11
Providence Choice ²	\$942.89	\$1,875.48	\$1,595.70	\$2,528.32

1 Available to PEBB eligible participants in plan service area. Includes Kaiser routine vision services.

2 Available to PEBB eligible participants in plan service area.

3 Available to PEBB eligible participants.

Vision

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family
VSP Basic	\$8.07	\$16.13	\$13.72	\$21.80
VSP Plus	\$15.23	\$30.49	\$25.91	\$41.13

Dental

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family
Kaiser Permanente ¹	\$72.55	\$145.08	\$123.34	\$195.88
Delta Dental Premier ²	\$69.24	\$138.48	\$117.70	\$186.96
Delta Dental PPO ²	\$63.98	\$127.95	\$108.76	\$172.74
Willamette Dental ³	\$59.85	\$119.71	\$101.82	\$161.67

1 Available to PEBB eligible participants in plan service area.

2 Available to PEBB eligible participants.

3 Available to PEBB eligible participants; in plan facilities.



Definitions

Core benefits: Medical, dental, vision, and employer-paid life insurance.

COBRA: A federal law that requires an employer to let you continue your group health coverage if you become ineligible. You pay the full amount for COBRA coverage.

Coinsurance: The percentage of health care costs you pay after you meet your annual deductible.

Copayment (copay): A fixed dollar amount you pay for certain services.

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

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

- Spouse
- Domestic partner
- Child
- Stepchild

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

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

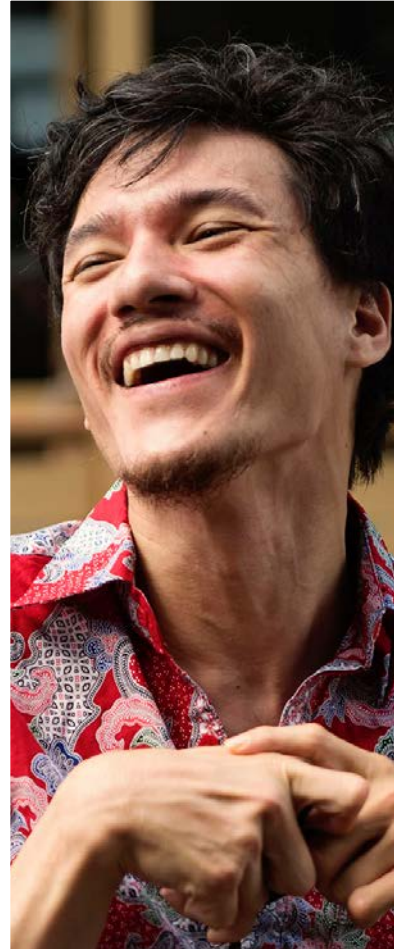
In-network provider: A provider or facility who has a contract with a health plan to provide services at a discount.

Maximum benefit: The most your health plan will pay for a specific service each year.

Medical home: A team-based health care delivery model 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 elect a plan that requires a medical home, you must choose one after you enroll. Be sure to contact your health plan with your chosen medical home before you use services.

Medicare eligible: A person who currently qualifies for Medicare benefits by:

- Disability, or
- Age (65 or older).



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

Out-of-pocket maximum: The maximum amount you'll pay each year before your plan begins paying 100% of eligible expenses.

PCP 360 (applies only to Moda medical plans): A primary care provider who has agreed to be accountable for your health and coordinates with other providers as needed.

Pre-authorization (or prior authorization): Approval needed from your health plan before it will cover certain services.

Premiums: The amount taken from your paycheck to pay for benefits. Some services are fully covered, while others may require you to pay extra, like copays or deductibles.

Preventive care: The care you receive to prevent an illness or disease.

Primary care provider: 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): A life event that allows you to change your plan elections outside the annual open enrollment period. Go to <https://www.oregon.gov/oha/PEBB/Documents/AppendixA-QSC.pdf> for a full list of QSCs.

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



Enrollment Checklist

Use this checklist to make sure you've completed Open Enrollment.

- **Decide early, enroll early.** PEBB and insurance vendor offices are closed on weekends and holidays.
- **Review your current coverage.** Make sure the plans you're enrolled in still meet your needs.
- **Verify your dependent coverages.** You need to add each dependent to each plan (medical, dental, vision, etc.) if you want them covered.
- **Review the definitions of eligible dependent.** All dependents you want to cover must meet at least one of the definitions of an eligible dependent.

Find definitions of eligible dependents including child, spouse, and eligible domestic partner at <https://www.oregon.gov/oha/PEBB/Pages/Dependent-Eligibility-Review.aspx>.

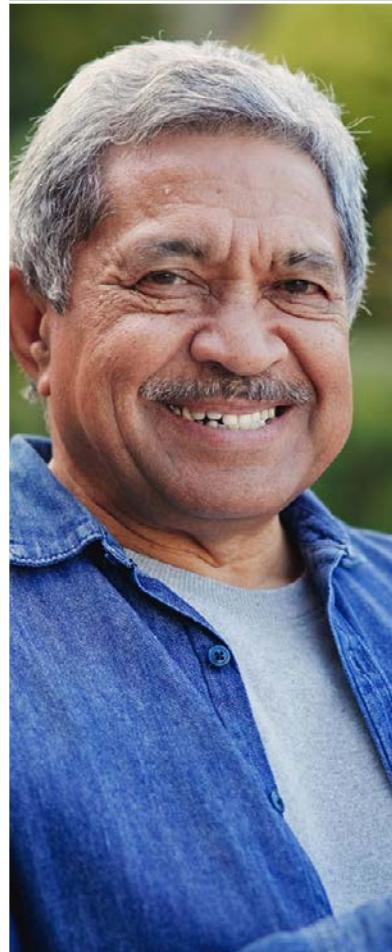
- **Make sure your plan providers are in-network.** Some plans have limited networks or do not have out-of-network coverage. Be sure your plan covers services where you want to receive them.

Important reminder: Some plans require using network providers

If you enroll in a Kaiser Permanente or Willamette Dental plan, network providers must be used for all care. In some counties, fewer network providers may be available than with other vendor partners.

Additionally, you may need to travel to reach a network provider. There is no out-of-network or out-of-area coverage, except in emergencies. Check with network providers in your area **before you enroll** to make sure they're taking new patients.

- **Choose a medical home through Providence.** If you enroll in the Providence Choice plan, you must choose a medical home after you enroll. Be sure to contact your health plan with your medical home before you have services to avoid out-of-network charges.
- **Choose a PCP 360 through Moda.** If you enroll in the Moda Synergy plan, you must choose a PCP 360 after you enroll. Be sure to contact your health plan with your PCP 360 before you have services to avoid out-of-network charges.



- **Decide if a Flexible Spending Account (FSA) is right for you.** You must enroll or re-enroll in FSAs each year.
 - » **Health Care FSA:** reimburses your or your dependents' medical, dental, and vision out-of-pocket expenses.
 - » **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.
- **Decide if a parking or transit account is right for you.** You're not eligible for a parking or transit account if you already have these expenses withheld from your pay. Note: You must either contribute to your account or file a claim at least once every six months to keep your account active.



Who to Contact

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 insurance vendors. PEBB is also the plan administrator and knows the most about your benefits.

Contact...	If you need help with...
PEBB	• Logging into or navigating the PEBB Benefit Management (Enrollment) System (PEBBenroll.com). • Understanding rules. • Verifying enrollments. • Understanding your benefits or wellness programs.
Vendors (the insurance companies that pay your providers for some or all your healthcare services)	• Calculating how much you’ll pay for a procedure. • Understanding how a claim was paid. • Finding in-network providers. • Completing the online health assessment. • Getting a new ID card.
Your agency or university benefit office	• Making a change to your benefits due to a life event (such as getting married or having a baby). • Determining your monthly cost for coverage. • Understanding or correcting your payroll deductions. • Planning for benefits when you retire.
Providers (the doctors, dentists, specialists, etc. who provide healthcare services, diagnose illnesses, and recommend treatments)	• Making an appointment. • Estimating the total cost of a procedure. • Paying your portion (copay or coinsurance) for a service. • Getting advice regarding symptoms or results of lab tests.





503-373-1102
www.pebbinfo.com



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



855-284-1368
www.providencehealthplan.com/pebb



800-813-2000
choose.kaiserpermanente.org/pebb



800-877-7195
<https://pebb.vspforme.com/>



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



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



800-433-2320
<https://my.canopywell.com>



877-235-7812
<https://osu.lyrahealth.com/>



800-242-1888
www.standard.com/mybenefits/pebb



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



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



Contact PEBB

The PEBB Benefits Team is here to help!

Phone: 503-373-1102
Monday–Friday, 8 a.m.–5 p.m.
Language assistance is available

Email: pebb.benefits@odhsoha.oregon.gov

Online: Explore PEBB benefits at PEBBinfo.com
Enroll in PEBB benefits at PEBBenroll.com



Alternate formats

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