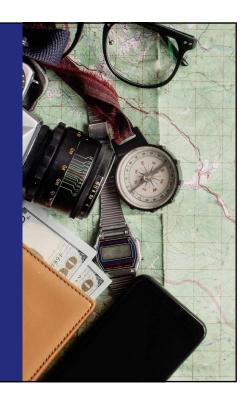
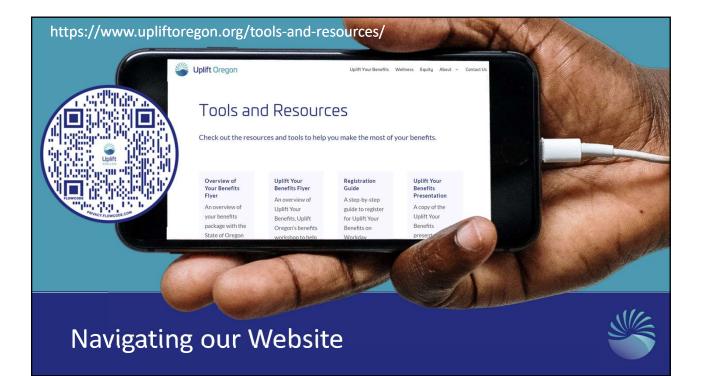
# Uplift Your Benefits Your Benefits Journey



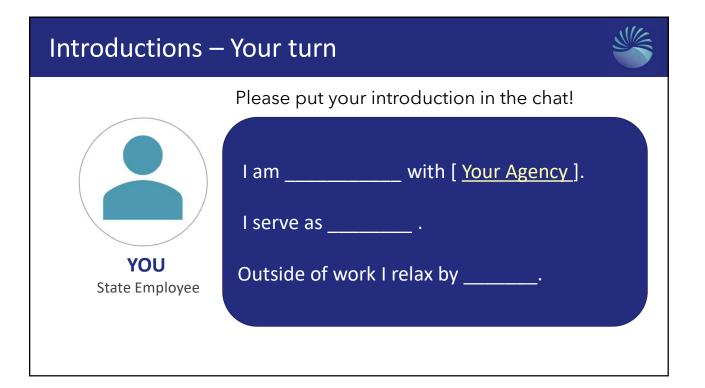


#### **Zoom Controls** On/Off for your On/Off for Open/close Add reactions On/off for captions the chat to your video microphone your video Captions Record Notes C Reset to default ... More 0 Ŷ $\bigcirc$ 1 3 <sup>3</sup> Chat React Video Participants Share Apps











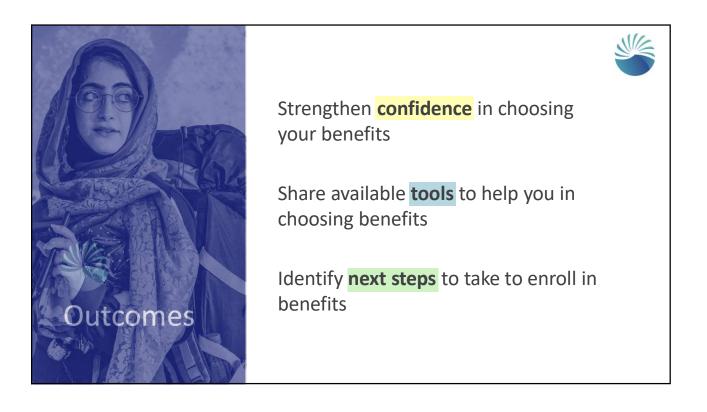
## Agenda



- 1. Benefits Tools
- 2. Health Plans (Health, Dental, Vision)
- 3. Employee Assistance Program

#### ~10-minute break~

- 4. Flexible Spending Accounts
- 5. Retirement
- 6. Paid Time Off
- 7. Additional Insurance
- 8. Public Service Loan Forgiveness
- 9. Introduction to Your Union and Additional Benefits





Activity: Word Association



# Why Benefits Matter

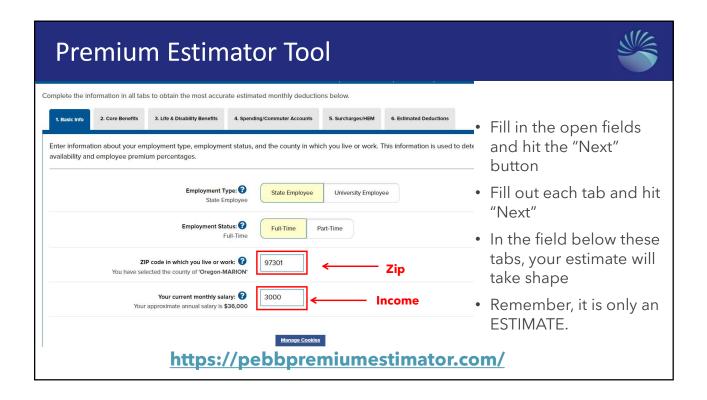




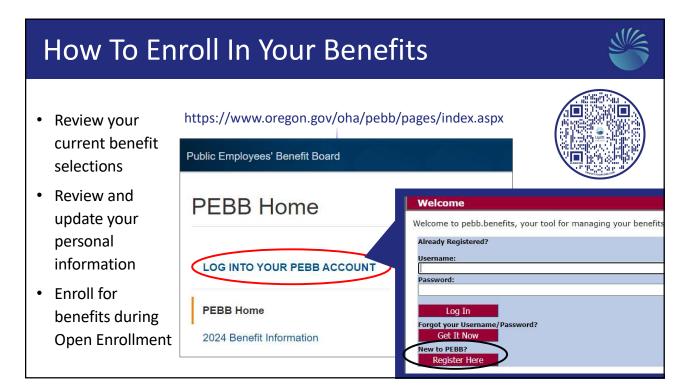


# Tools





#### **PEBB Plan Comparison Tool** pebb **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: Get started: · View your PEBB medical, dental, and vision plan options Click on the plan features you want to compare and click "Next Step" • Compare important plan features for all health care plans, including • On the comparison screen, select the plans you want to compare by coverage for office visits, hospital care, mental health services, "minimizing" the plans and services you do not want to see prescription drugs, and more • Be sure to click on the "Print" button if you want a record of your results - Understand how specific services are covered your results will not be saved once you exit the tool Start the Plan Comparison Tool $\bigcirc$ https://comparepebbplans.com



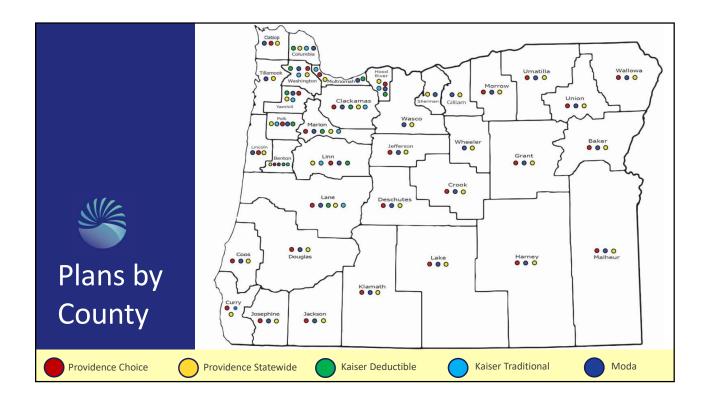


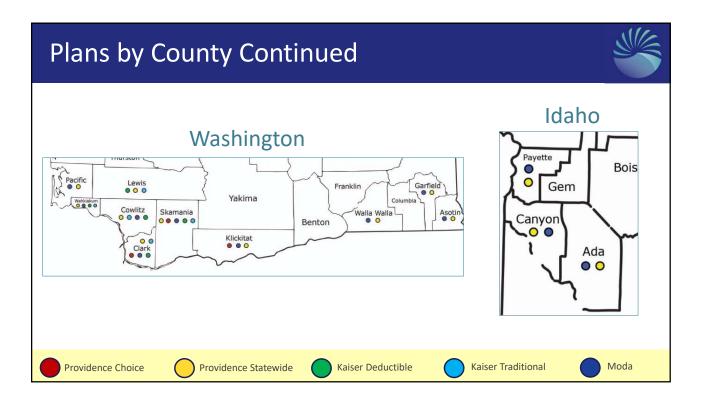
## Range of Healthcare Benefits

## Premium Costs

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

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





# Kaiser Permanente Benefits

Traditional Plan 🔵	Deductible Plan 🔵	
You pay <b>5%</b> of premium	You pay <b>1%</b> of premium	
Lower out-of-pocket costs	Higher out-of-pocket costs	
Does <b>not</b> have a deductible	Has deductible	
Additional Benefits:	my.kp.org/pebb	
• Telehealth	Wellness Coaching	
<ul> <li>Away from Home Care</li> </ul>	• ClassPass	
<ul> <li>Mental Health Apps: Calm, MyStrength, &amp; Ginger</li> </ul>		

# Providence Benefits

# Health Plan

Statewide Plan 😑	Choice Plan 🛑	
You pay 5% of premium	You pay 1% of premium	
Broadest provider network	Lower out-of-pocket costs	
Best if you live <b>out of state</b>	Medical Home required	
<ul><li>Additional Benefits:</li><li>Behavioral Health Concierge</li><li>Talkspace</li></ul>	• Kaia Health App • Omada	
Tanspace	• Virta Health	

https://www.providencehealthplan.com/public-employees-benefit-board-pebb

Moda Benefits	moda
Health Plan 🔵	
You pay 1% of premium	
Lower out-of-pocket costs	
Does not require referrals for specialty	v service
Partner with OHSU	
Additional Benefits:	https://www.modahealth.com/pebb/
• Moda 360 Health Navigator	<ul> <li>Spring Health behavioral</li> </ul>
• CirrusMD App	telehealth services
• Out-of-area Dependent Covera	age • Moda 360 Member Dashboard

# 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.	



# Kaiser Permanente Dental



Kaiser Permanente Dental Plan

**\$5 copay** for all services except preventive care

**Preventive & Diagnostic Services:** covers 100%

**Basic & Maintenance** Services: covers 80%

**Crowns:** 75% with \$5 copay

**Implants and Dentures:** 50%

Orthodontia Benefit: 50% (lifetime max: \$1,500)

Annual Maximum Benefit: \$1,750 (excludes preventive services)

No deductible

Delta Dental	🛆 DELTA DENTAL		
Delta Dental PPO 🛑 & Delta Dental Premi	er 🔵		
Preventive & Diagnostic Services: 100%			
Basic Services: 80%			
Major Services: 50% (e.g., crowns, implants)			
Orthodontia Benefit: 50% (lifetime max: \$1,800)			
Maximum Annual Benefit: \$1,750 (exclude	s preventive services)		
Deductible: \$50 (individual), \$150 (family)			
<ul> <li>Delta Dental PPO is an incentive-based</li> <li>Basic Services Benefit: increases by 10% ea 100%)</li> <li>Never falls below 80%</li> </ul>	•		

# Willamette Dental Group PlanImage: Construction of the constr



## **Vision Plans**

## Kaiser Permanente Vision

KAISER PERMANENTE

Vision Coverage Included in Kaiser Medical Plan

Annual Vision Exam: \$5

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

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

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

## Canopy Wellbeing Employee Assistance Program (EAP)

## **Services**

- Mental Health Hotline 24/7/365
- 3-8 Counseling sessions per incident
- Behavioral Coaching
- Virtual Peer Support (<u>Togetherall</u>)
- WholeLife Directions App (digital CBT)

## Resources

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

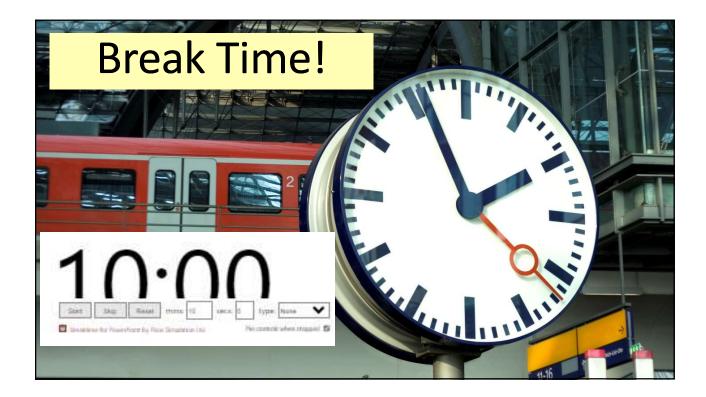
## Canopy Wellbeing EAP

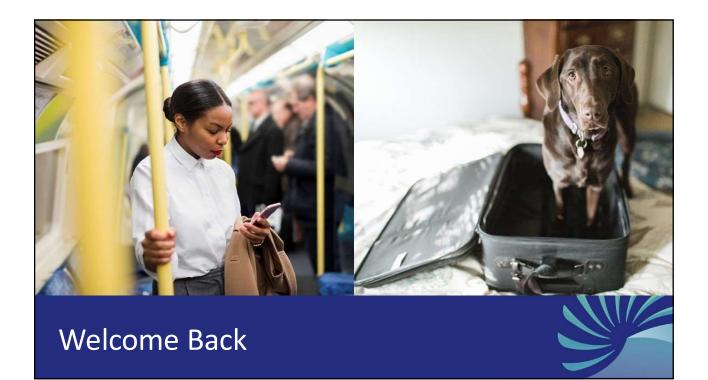
## • Who is Eligible?

- Employee
- Spouse/domestic partner
- Dependents, up to age 26 regardless of location
- Family members living in employee's household
- To Register:
  - Organization (PEBB)



## 1-800-433-2320 https://canopywell.com/Services-Offered



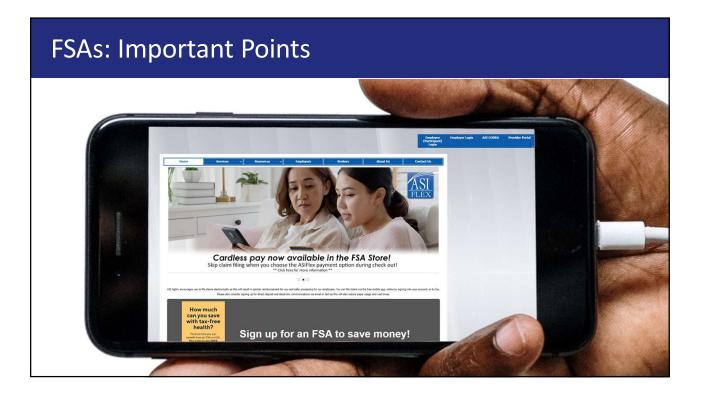


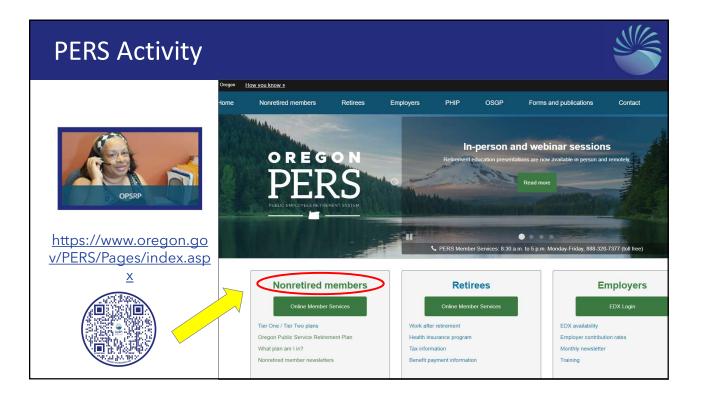


Flexible Spending Accounts

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

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): Parking Reimbursement Account, Mass Transit/Van Pool
<b>Max.</b> year contribution is \$3,050	<b>Max.</b> year contribution is \$5,000	<b>Max.</b> contribution is \$300/month
Must use contributions or lose them.		Can change the amount you put in at any time



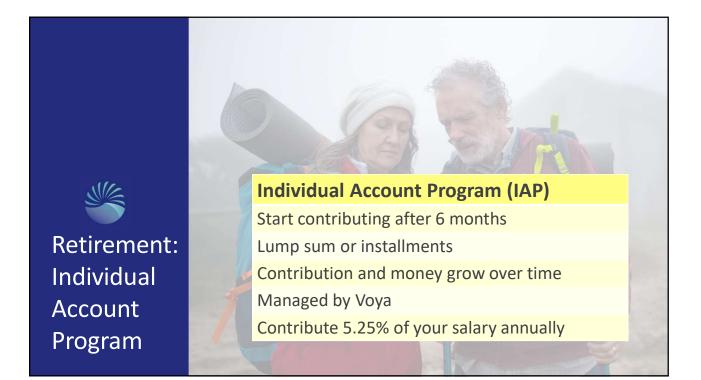


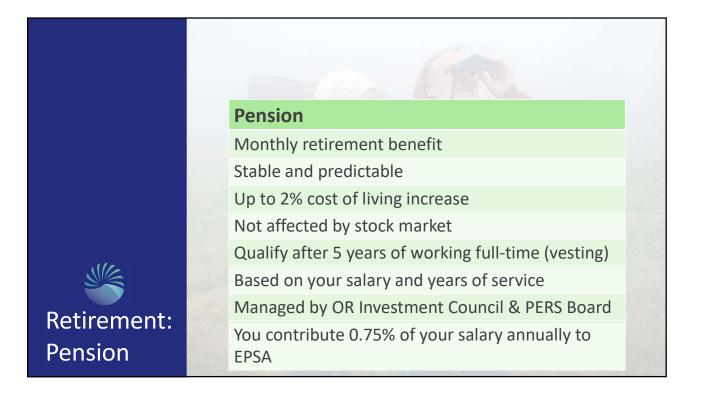
Oregon Savings Growth Plan (OSGP)



## **Oregon Savings Growth Plan**

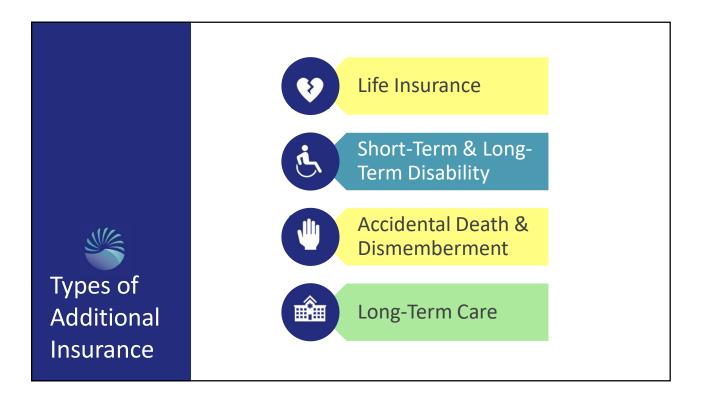
Automatically deducted from paycheck Can pay taxes on it now or later Managed by the State of Oregon and Voya Can speak with an OSGP counselor

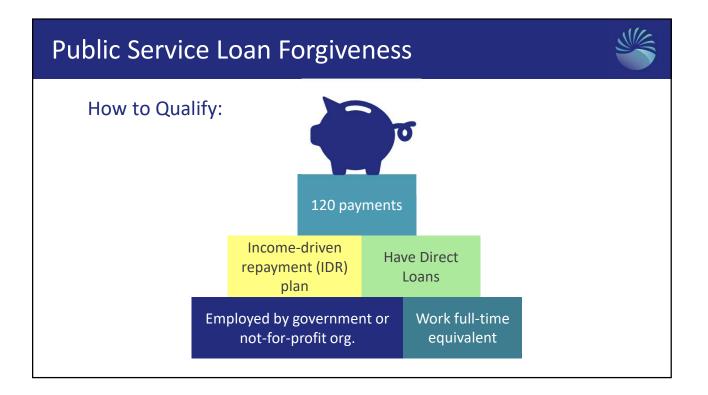














**Next Steps Activity** 



