



# 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





Strengthen **confidence** in choosing your benefits

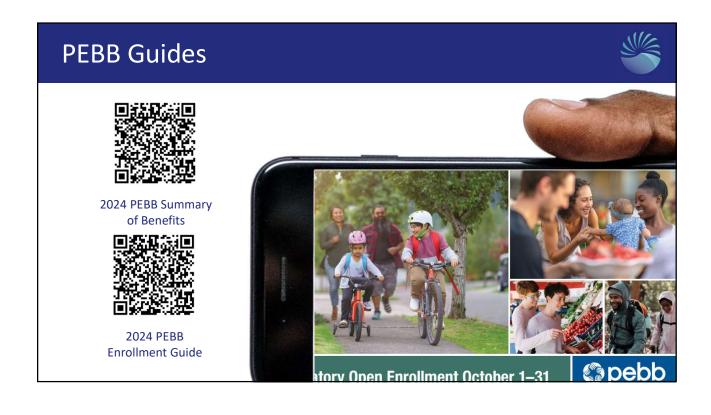
Share available **tools** to help you in choosing benefits

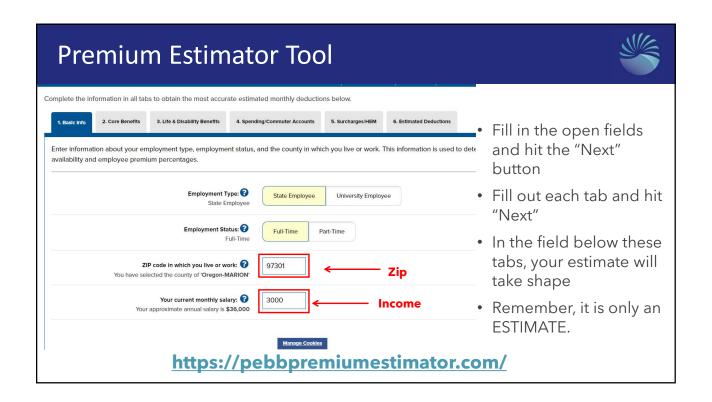
Identify **next steps** to take to enroll in benefits











# **PEBB Plan Comparison Tool**





## **Compare Your PEBB Plan Options**

## **Welcome to the PEBB Plan Comparison Tool**

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

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

## Use this online tool to:

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

## Get started:

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





## https://comparepebbplans.com

## How To Enroll In Your Benefits https://www.oregon.gov/oha/pebb/pages/index.aspx Review your current benefit Public Employees' Benefit Board selections Review and PEBB Home Welcome update your Welcome to pebb.benefits, your tool for managing your benefit personal Already Registered? Username: information LOG INTO YOUR PEBB ACCOUNT Enroll for **PEBB Home** benefits during orgot your Username/Password? Get It Now 2024 Benefit Information **Open Enrollment**



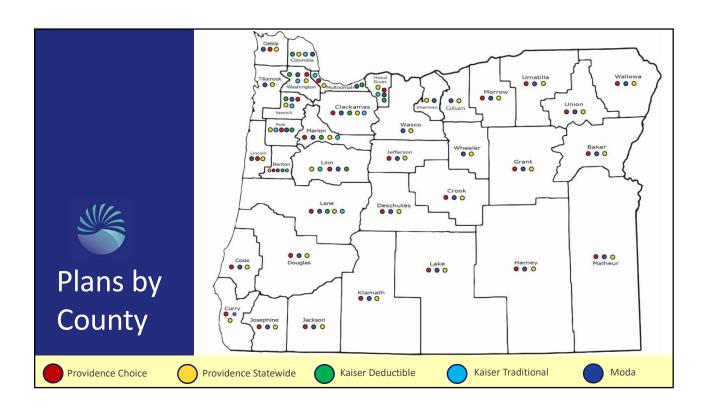
# Range of Healthcare Benefits

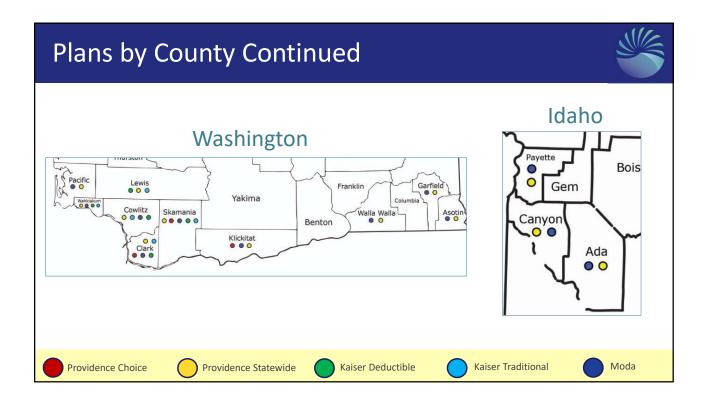


# **Premium Costs**

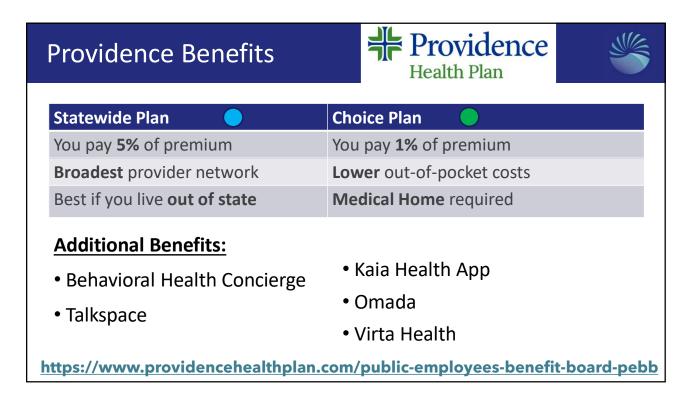
- You pay either 1% or 5% of the premium cost (determined by medical plan selection).
- Opt out of medical: 5% premium share for dental, vision, and employee-only basic life insurance.
- Example calculations for a full-time **employee only** (rounded to nearest penny):

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 5% of premium You pay 1% of premium **Lower** out-of-pocket costs **Higher** out-of-pocket costs Does **not** have a deductible Has deductible **Additional Benefits:** my.kp.org/pebb Telehealth Wellness Coaching • Away from Home Care ClassPass • Mental Health Apps: Calm, MyStrength, & Ginger



# **Moda Benefits**





## Health Plan



You pay 1% of premium

Lower out-of-pocket costs

Does not require referrals for specialty service

Partner with OHSU

## **Additional Benefits:**

## https://www.modahealth.com/pebb/

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

# **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 Dental Dental 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 PPO **2** & Delta Dental Premier **2** 



**Preventive & Diagnostic Services: 100%** 

**Basic Services:** 80%

Major Services: 50% (e.g., crowns, implants)

Orthodontia Benefit: 50% (lifetime max: \$1,800)

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

**Deductible:** \$50 (individual), \$150 (family)

- **Delta Dental PPO** is an incentive-based plan.
- Basic Services Benefit: increases by 10% each year you visit the dentist (max: 100%)
- Never falls below 80%

# Willamette Dental Group





## Willamette Dental Group Plan



**Diagnostic & Preventive Services:** \$10 office visit copay

**Fillings:** \$20 copay + office visit copay

**Crowns:** \$250 copay + office visit copay

**Dentures:** \$290 copay + office visit copay

**Implant Surgery:** Up to \$1,500/year

Orthodontia Benefit: \$2,500 copay + office visit copay each visit

No Annual Maximum Benefit

Deductible: None



# Kaiser Permanente Vision





# **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 o medical coverage	VS D <sub>TM</sub>			
	Basic Plan	Plus Plan			
Frequency	Exam, Glasses Or Contacts, and Retinal Screening every calendar year				
Conave	\$10 Exam; \$25 Frames/Lenses				
<b>Copays</b> Up to \$39 Ret	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 Progressives \$0	Standard Progressives \$0			
	Standard Progressives \$0 Discounts on other lens enhancements	Premium/Custom Progressives - \$20			
Ennancements	Discounts on other lens enhancements	Anti-Glare Coating - \$20			
LightCare	Use frame allowance towards ready-made non-prescription blue light glasses or sunglasses (instead of prescription glasses or contacts)				
Vision Therapy	Fully covered evaluation and 75% off approved therapy sessions up to \$750				
,	annually.				

# Canopy Wellbeing Employee Assistance Program (EAP)



## **Services**

- Mental Health Hotline 24/7/365
- 3-8 Counseling sessions per incident
- Behavioral Coaching
- Virtual Peer Support (Togetherall)
- 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

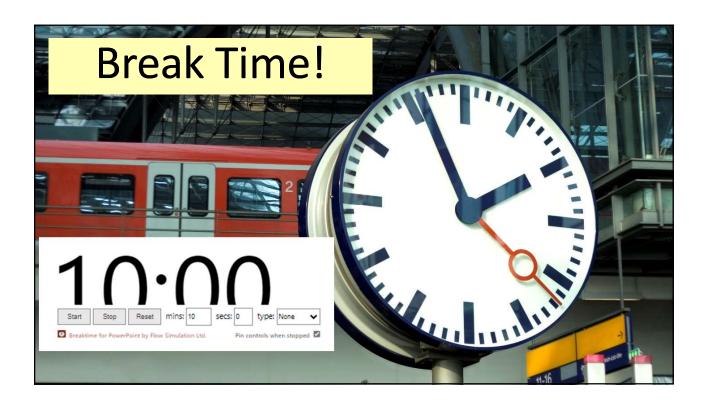


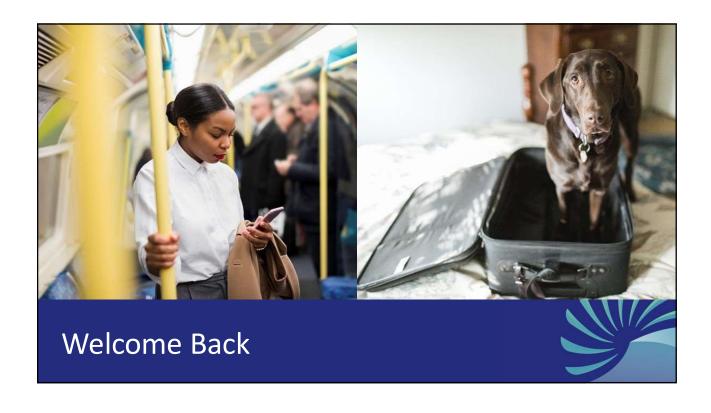
1-800-433-2320

https://canopywell.com/Services-Offered

## • To Register:

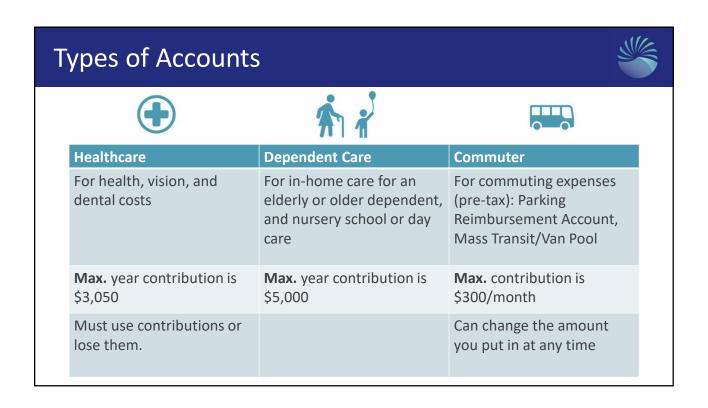
Organization (PEBB)

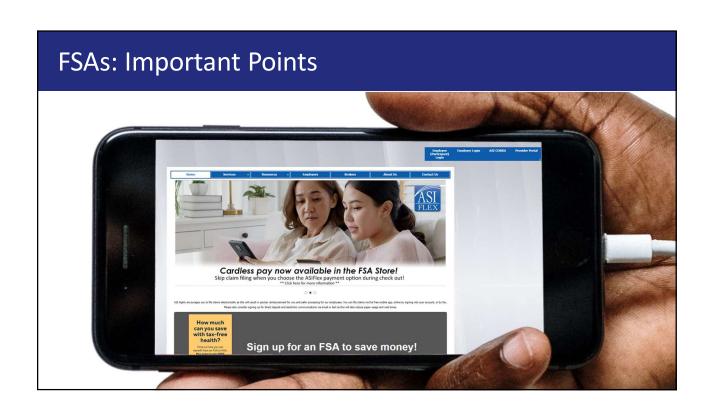


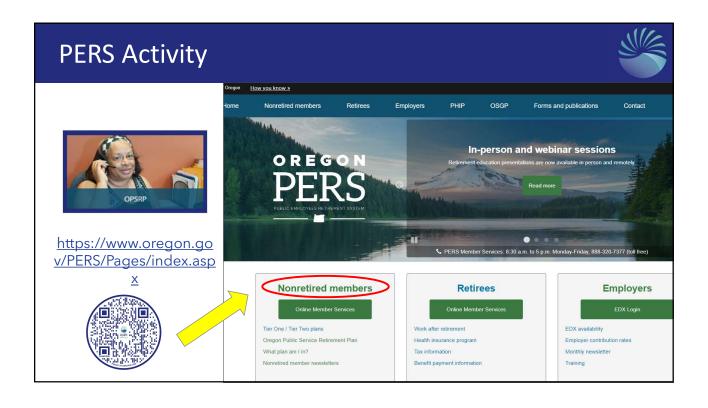




## FSA – How Do They Work **Monthly Check** Expenses **FSA Account** Re-enroll Yearly Spend on eligible Money is "Use it Enroll upon hire & Money set aside expenses. Get pre-tax. This may or Lose it." Does during Open reimbursed or not roll over into lower your Enrollment sign up for a debit taxable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









Oregon
Savings
Growth
Plan (OSGP)

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

