







2024–25 Enrollment Guide

oebb

Visit us at
OEBBinfo.com
for more information





Oregon Educators Benefit Board (OEBB) 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 OEBB Benefits Team is here to help!

Phone: 888-4My-OEBB (888-469-6322)

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

Email: oebb.benefits@odhsoha.oregon.gov

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2024-25 Open Enrollment

OEBB's Open Enrollment is Aug. 15–Sept. 15, 2024, for most employers. Confirm **your** deadline with your employer.

Open Enrollment is the one time each year you can make changes to your plans or dependents without a Qualified Status Change (QSC).

Do you need to complete open enrollment?



This year's open enrollment is "passive" (or non-mandatory). This means:

- **If you're satisfied with your current benefit plan selections,** you don't need to do anything. Your current enrollments will roll over to the next plan year. Your benefits will stay the same.
- **If you want to make benefit changes,** you need to login to OEBBenroll.com and make your selections during open enrollment. This includes:
  - Enrolling as a new hire
  - Replacing a plan that is no longer offered by your employer
  - Changing your plan selections
  - Adding or dropping a dependent
  - Updating your personal information or beneficiaries
- **If your employer requires you to enroll,** you must login to OEBBenroll.com. Follow your employer's instructions.





Need help enrolling? Find detailed instructions at oregon.gov/oha/OEBB/Guides/MyOEBB-Enrollment-Guide.pdf.

Enrollment Checklist

Use this checklist to make sure you've completed your enrollment.

- ☑ **Know *your* monthly cost for coverage.** The MyOEBB system shows the full premium cost. However, most employers share the premium cost. The actual amount you pay may be different than what is shown. Get your specific plan option costs from your employer.
- ☑ **Decide early, enroll early.** OEBB 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.) you want them covered under.
- ☑ **Review the definitions of eligible dependents.** 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 oregon.gov/oha/OEBB/Pages/Eligibility.aspx.
- ☑ **Make sure your plan providers are in-network.** Some plans have limited networks or don't 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 isn't any out-of-network or out-of-area coverage, except in an emergency. Check with network providers in your area **before you enroll** to make sure they're taking new patients.

What's New for 2024–25

The following benefit plan changes and enhancements become effective October 1, 2024.

Costs

The costs for your medical, dental, and vision plans may change. Be sure to refer to the materials provided by your employer to see your costs for 2024–25.

Eligibility

New babies: Your new baby receives coverage through your medical plan for the first 31 days of life. You pay no premiums during this 31-day period. Your new baby must be enrolled within 60 days of their birth date. Premiums will start on the first of the month following birth.

Good news!

OEBB will continue to offer the same medical, dental, and vision plans in 2024-25.

Check with your employer to see what options are available to you!

Medical plan changes

All medical plans

- **Doula services now covered.** Doula services will now be available to medical plan enrollees. Doulas are trained birth companions. They provide support to pregnant people and families during pregnancy, birth, and beyond. Services include eight combined pre- and postnatal visits, plus delivery.

  The cost for doula services will depend on the service and plan in which you enroll.

  - **Moda and Kaiser Permanente plans**
    - Pre-and post-natal doula visits are covered at no charge.
  - **Moda plans**
    - Delivery services are covered at no charge.
  - **Kaiser Permanente plans**
    - Delivery services are covered at no charge in the Traditional plan.
    - Plans 2A, 2B, and 3 cover delivery services at 20% after the deductible.

Moda Health plans



- **Virtual primary care provided through Teladoc.** Teladoc connects you with a primary care provider via phone or video call. A dedicated team can create a personalized plan for next steps and follow-ups. Care through Teladoc will be part of Moda's Coordinated Care Model. Select Teladoc as your PCP 360 and receive the better benefits of participating in a coordinated care plan.

  This option is available to Moda members ages 18 years and older. Visit teladochealth.com for more information.

- **Mighty weight management program.** Mighty offers an alternative approach to weight management. It focuses on improving mobility and decreasing pain. Mighty includes a personalized eating plan, workouts, and coaching. You also have access to Mighty's resource library.

  This program is available at no cost to Moda members ages 18 years and older. Visit mighthealth.com/moda-oebb for details.

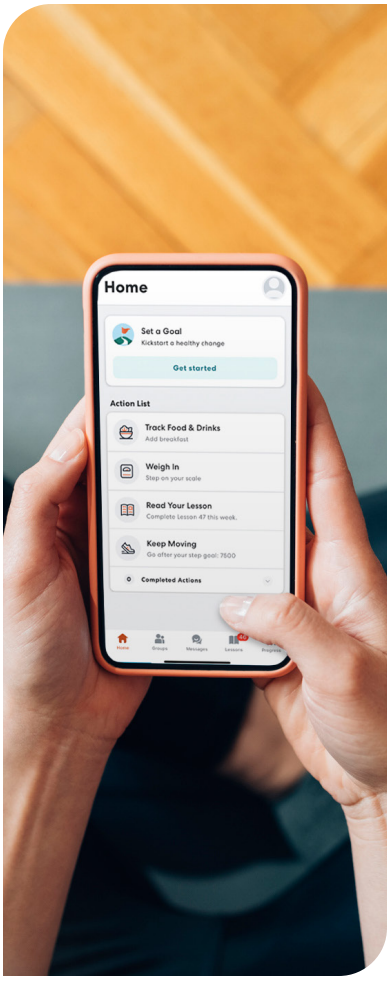


- **Gabbi is a program designed to help you understand your breast cancer risk.** Use Gabbi to:
  - Assess your risk of breast cancer in less than two minutes
  - Get virtual support from a breast specialist
  - Order necessary screenings (mammogram, MRI) and tests via telehealth
  - Get answers to questions via text message

  Gabbi's risk assessment and concierge service is available at no cost for Moda members ages 18 years and older. Visit gabbi.com for more information.

Kaiser Permanente plans

- **Omada weight management program.** Omada offers an alternative approach to weight management. This includes one-on-one guidance from coaches and weekly interactive lessons. You can also track your health using your smart device. This program is available at no cost for eligible Kaiser Permanente members ages 18 years and older.
- **The copay for specialty scans will increase** from $20 to $70 for Plan 1, $25 to $75 for Plan 2A, and $30 to $80 for Plan 2B.
- **The emergency department copay will increase** from $100 to $150 on Plan 1.
- **The separate prescription drug out-of-pocket maximum will be removed for Plans 1, 2A, and 2B.** Amounts paid for prescriptions will now apply to your medical plan's out-of-pocket maximum.
- **Prescription drug costs will increase for Plans 1, 2A, and 2B.** These costs are shown below.



	2023-24		2024-25	
	Retail	Mail order	Retail	Mail order
Generic drugs	$5	$10	$10	$20
Preferred brand drugs	$25	$50	$30	$60
Non-preferred brand drugs	$45	$90	$50	$100
Specialty drugs	25% coinsurance up to $100 max		25% coinsurance up to $150 max	

Dental Plan changes

Kaiser Permanente Dental plan

- The lifetime limit on dental implants will be removed.
- Increased member coinsurance amount from 10% to 35% for custom occlusal nightguard and athletic mouthguards.

New EAP! Canopy

The Employee Assistance Program (EAP) will now be provided through Canopy.

Issues like debt, family conflict, and illness can lead to worry, depression, or anxiety. When life is challenging, the Canopy EAP is here for you and your household members. Services include:

- Immediate access to professional support anytime, day or night
- Counseling based on your needs and preferences (up to eight visits per incident)
- Behavioral coaching to support your personal goals (up to eight visits per incident)
- Unlimited virtual peer support, including moderated chat sessions for those with similar issues
- Assistance with child and adult care, education issues, and behavioral difficulties
- Fertility and adoption support for growing families
- Coaching on financial wellbeing like college savings, retirement, homeownership, identity theft, and more
- Gym and pet insurance discounts

Free, confidential counseling and support.

Available starting October 1, if offered by your employer!

Canopy is here to help you create a happier and healthier future.

Benefits Education Tools

Explore your benefits

Make learning about your OEBB benefits fun!

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

Visit oebbexploreyourbenefits.com/2025/ to start learning about your benefits.



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 compareOEBBplans.com to compare your health care plan options.

Use these online tools to learn about your OEBB benefits!



Out-of-Area Dependents

Below is plan information about covering dependents who do not live with you.

Kaiser Permanente

Medical plans

Kaiser Permanente provides access to urgent and emergency care outside of their service area. When you're in another Kaiser Permanente area, you can usually get the same routine and specialty care you'd get at home. This includes in-person care from Kaiser Permanente in all or parts of California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.

Additionally, Kaiser Permanente covers routine, continuing, and follow-up care for dependent children residing outside of the Kaiser Permanente NW service area. You will pay 20% of the actual fee charged for the service the provider, facility, or vendor provided. (Your cost share is subject to the deductible on Medical Plan 3.) Services for dependents are limited to 10 office visits, 10 lab and X-ray (excluding specialty scans), and 10 prescription drug fills per year. You can find more information about this benefit by calling Membership Services at **800-813-2000**.

Dental plan

Kaiser Permanente provides dependents living or traveling outside the service area with access to emergency dental care from non-participating providers. The plan will pay up to $100 per incident.

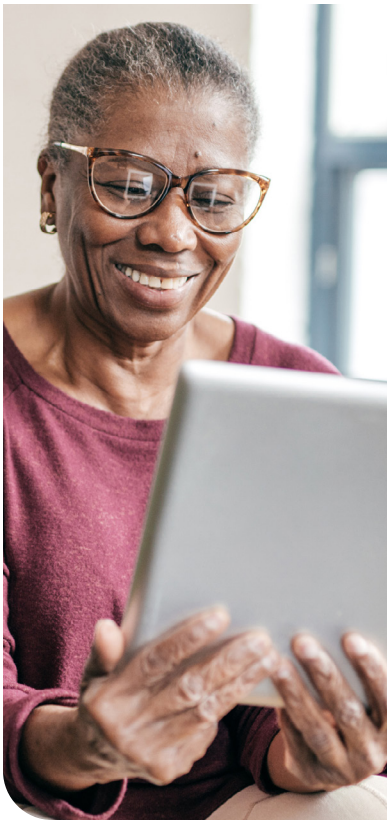
Non-emergency services will only be covered when provided by a Kaiser Permanente provider.

Vision plan

Emergency vision services are covered under your Kaiser Permanente medical plan as described above.

Non-emergency vision services will only be covered when provided by a Kaiser Permanente provider.

Moda Health/Delta Dental



Medical plans

If your dependent lives outside the Connexus network area, you must update their address in the myOEBB system. This must be entered prior to the dependent seeking services. Once your dependent's address is updated, they will be assigned a different network:

- **Most locations:** Moda's national network, Aetna PPO® through Aetna Signature Administrators®
- **Idaho:** Connexus and First Health networks
- **Alaska:** First Health network

To locate an in-network provider, use FindCare and search by the applicable network (Aetna PPO® though Aetna Signature Administrators®, Connexus, or First Health). You can also call the Moda 360 Health Navigator team at **866-923-0409**.

Vision plans

Dependents can see any licensed provider nationwide.

To locate an in-network provider, use FindCare. You can also call the Moda 360 Health Navigator team at **866-923-0409**.

Delta Dental Premier plans

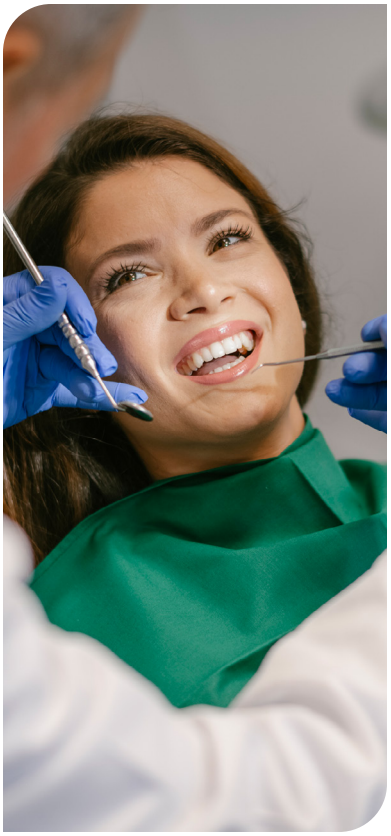
Dependents can use any network dentist nationwide. If you're enrolled in Delta Dental Plan 1, 5 or 6, you should seek care from a Premier Network dentist to avoid balance billing for amounts above the maximum plan allowance.



Delta Dental Exclusive PPO plans

Members enrolled in the Delta Dental Exclusive PPO Plan or Delta Dental Exclusive PPO Incentive Plan must use a Delta Dental PPO provider (providers available nationwide) or they will receive no benefit.

To locate a Delta Dental PPO provider, use FindCare. You can also call the Moda 360 Health Navigator team at **866-923-0410**.



Willamette Dental Group

Willamette Dental plan

Dependents living outside of the Willamette Dental Group service area won't have coverage for any dental care with a non-Willamette Dental Group provider, unless they have a dental emergency.

Non-emergency services will only be covered when performed by a Willamette Dental Group provider.

VSP

Members can find VSP Choice providers nationwide. Search for a provider at [vsp.com](vsp.com).





Dependent Eligibility Review



OEBB has a legal responsibility to manage health care costs and to ensure that our health plans only cover people who meet the eligibility criteria.

The Oregon state legislature requires OEBB to complete a Dependent Eligibility Verification (DEV) review for each participating entity at least once every five years. The information below is intended to help you plan for these reviews.

OEBB, not your employer, is responsible for conducting the review. Your employer may also opt for an approved third-party vendor, such as American Fidelity, to conduct the review on behalf of OEBB. OEBB aims to be as transparent and efficient as possible. We have found that increased communication between OEBB, employers, and employees ensures a smooth review process and eases employees' concerns. While we are not requesting this information now, we will do so in the future.

If your employer is scheduled to complete a review, you must verify and submit the required documentation by the specified deadline.

OEBB will mail the Certification of Dependent Eligibility Form to you at the beginning of the review process.

You can send copies (not originals) of your required documents and completed Certification of Dependent Eligibility Form to OEBB by mail or secure fax.

- **Mail:** 500 Summer Street, E-88, Salem, OR 97301-1063
- **Secure fax:** 503-378-6875

Please allow seven to ten days for processing. You may check the status of your submitted documents by calling OEBB Dependent Eligibility at **503-378-2954**.

You'll receive an eligibility confirmation email and letter once OEBB completes the review.

Definitions of eligible dependents

- **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, partner's child, or child placed with you by court order (guardianship).
- **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, AND
  - One of the following is true:
    - You claim the dependent on your federal tax return, OR
    - You have court-ordered legal guardianship*, OR
    - The disabled dependent files their own tax return. In this case their adjusted gross income cannot exceed 150% of the federal poverty level (FPL)*.



Eligibility verification

When your employer is scheduled to complete their DEV review, 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:

- A copy of a marriage certificate or license
- Federal 1040 tax form
- Affidavit of Domestic Partnership (this is the form you had notarized and gave to payroll or human resources)
- A copy of a government issued birth certificate

For a complete list of document requirements, go to **oregon.gov/oha/OEBB/DEVReview/DEV-Documentation-Requirements.pdf**.

Keeping your information private and secure is very important. OEBB will destroy all copies of submitted documents following the review. **Documents aren't retained!** That's why it's important you only provide copies.

If you don't complete the dependent eligibility review by the deadline, you'll need to fill out the appeal form at **oregon.gov/oha/OEBB/Forms/Appeal-Form.pdf**. 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.

You must submit your eligibility documents to OEBB even if you already gave them to payroll or human resources. Please provide documents to OEBB during your review so your dependents have coverage.

Go to **oregon.gov/oha/OEBB/Pages/DEV-Audit-Info.aspx** for detailed information on the OEBB dependent eligibility review including definitions and eligibility rules.

Questions?

Contact the OEBB Dependent Eligibility team:

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

Additional Information

Double coverage surcharge

The Oregon state legislature requires a surcharge on OEBB/PEBB double-coverage.

- Only pertains to OEBB/OEBB, PEBB/PEBB and OEBB/PEBB subscriber double medical coverage
- Only charged to active employees (no Early Retirees or COBRA)
- Only charged to full-time employees (not part-time)
- One $5 surcharge per month (even if double-covering more than one dependent)
- Mainly affects spouse/partners double covered
- Children are not included unless they're also an OEBB or PEBB subscriber (if their job makes them eligible for OEBB/PEBB benefits)



Domestic partner coverage

Covering a domestic partner and partner's children has tax implications that lower your take-home pay. For more information, visit: oregon.gov/oha/OEBB/Plans/Med-Dent-Vis-Imputed-Value-Rates-2024-25.pdf.

Medical Benefits

Kaiser Permanente

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.



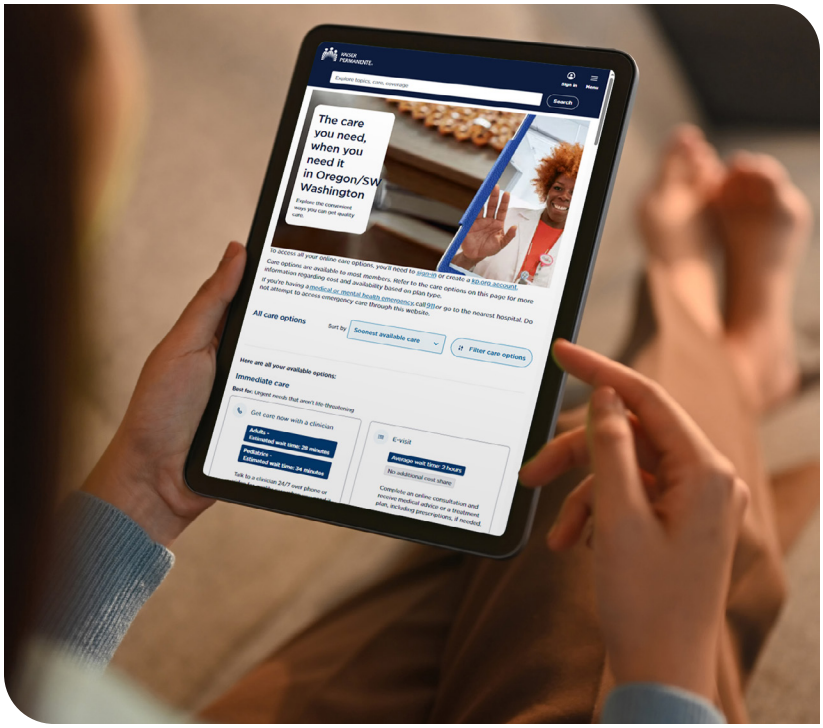
Your doctor coordinates your care, so you don't have to worry about where to go or who to call next.



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 Permanente

- In-person care, including preventive and specialty services
  - Many facilities have pharmacies, labs, and x-ray in the same building
- Get 24/7 virtual care: kp.org/getcare
  - Email, video, and phone
  - Phone interpretation services in more than 150 languages
- Kaiser Permanente app: kp.org/mobile
  - Virtual care
  - Refill most prescriptions
  - View most lab results and doctor's notes
  - Check in for appointments
- Telehealth is covered at no additional cost on Plan 1, 2A, and 2B

Learn more about Kaiser Permanente Medical Plans

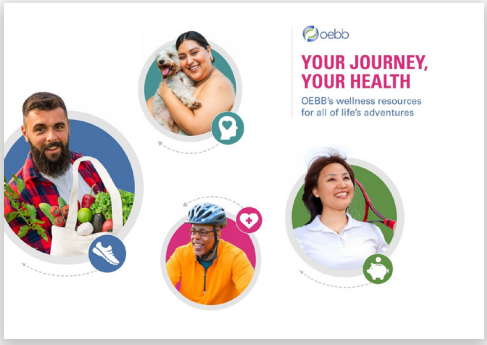
- Visit mybenefits.kp.org/oebb for information about Kaiser Permanente.
- Find in-network providers at kp.org/getcare.
- Go to compareOEBBPlans.com to learn more about covered services and prescriptions.

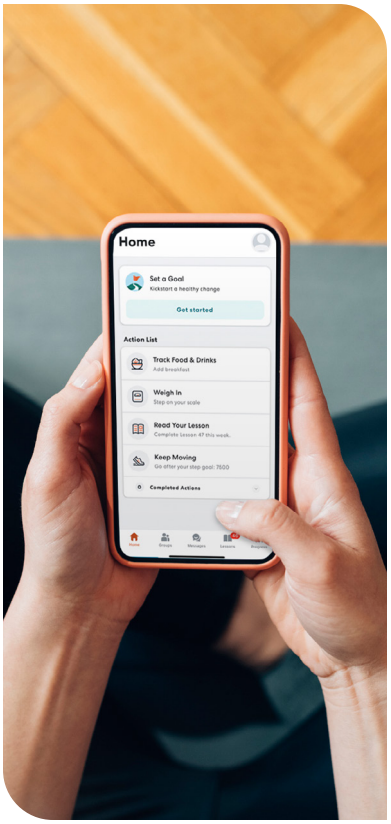
Additional benefits

- Support for ongoing conditions (diabetes, heart disease, and weight management) through Omada: go.omadahealth.com/oebb
- Alternative care (chiropractic, acupuncture, and naturopathic services) through The CHP Group network: chpgroup.com
- Mail-order pharmacy: Have your prescriptions delivered to your door and save money: kp.org/deliverRx
- Health and wellness: healthy.kaiserpermanente.org/oregon-washington/health-wellness
  - Self-care apps (Calm/Headspace)
  - Health classes and programs
  - Wellness coaching
  - Fitness and exercise deals

Wellness programs

Kaiser Permanente provides many programs to support your overall wellness. Visit the OEBB Wellness Guide for details: viewer.zmags.com/publication/4d6b6262





Get the details!

Watch a short video to learn about Kaiser Permanente's 2024-25 medical plan details: mybenefits.kp.org/oebb/enrollment

Moda Health

Moda Health Plan, Inc. provides integrated, whole health plans with robust programs and services, including:

- **Large provider network:** A wide choice of quality providers in Oregon, SW Washington, Idaho, and Northern California utilizing the Connexus Network
- **Personalized Member Dashboard:** Live chat with a Health Navigator, get personalized care reminders, and join specialized programs that meet your specific needs
- **Behavioral Health:** Find the right mental health support to help feel your best. Contact a Behavioral Health Champion or complete a Self-Guided Assessment
- **No referrals:** Specialist referrals aren't required for any of the Moda Health plans
- **Alternative care:** Access to chiropractic and acupuncture services
- **All in one solution:** Medical, pharmacy, vision, and dental benefits by one health partner
- **Out-of-area coverage:** If you live outside the Connexus network area, you have access to the following networks:
  - Most locations: Moda's national network, Aetna PPO® through Aetna Signature Administrators®
  - Idaho: Connexus and First Health networks
  - Alaska: First Health network

Use FindCare to locate an in-network provider, by visiting **modahealth.com/ProviderSearch/faces/webpages/home.xhtml**. Search by the applicable network (Aetna PPO® though Aetna Signature Administrators®, Connexus, or First Health). You can also call the Moda 360 Health Navigator team at **866-923-0409**.

When you sign up for a PCP 360 you pay less for your appointments and get coordinated care.

You must choose a PCP 360 in your Member Dashboard and use the selected PCP 360 to receive the better benefits.

Coordinated care

With Moda Health, you'll need to make two choices:

1. Which plan works best for you and your family
   - Each plan comes with a coordinated care option for you and each of your eligible dependents
2. Whether you and your eligible dependents want to participate in coordinated care. With coordinated care, **you'll receive lower**:
   - Individual deductible
   - Individual out-of-pocket maximum
   - Cost for office, specialist, and alternative care visits

To participate in coordinated care, you must choose a PCP 360 for your primary care services. 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.

Whether or not you choose coordinated care, you will pay the same premium and share the same Connexus Network of providers. **Referrals are not required.**

Learn more about the Moda Health Medical Plan

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



New: Virtual PCP through Teladoc

Starting October 1, if you live outside the Connexus network area, you can select Teladoc as your PCP 360. You'll receive the better benefits of participating in a coordinated care plan.

Additional benefits

- Moda 360 Health Navigator
- Personalized member dashboard just for you: modahealth.com/memberdashboard
- Behavioral Health (BH) 360 program
  - Contact a BH champion for assistance: call 833-212-5027 or email bhchampions@modahealth.com
  - Schedule a virtual therapy appointment: benefits.springhealth.com/modahealth
  - Use our self-guided assessment to find the right mental health support. Log into your member dashboard at modahealth.com/memberdashboard
- 24/7 urgent care via text a doctor: cirrusmd.com/modahealth
- Virtual physical therapy: meet.swordhealth.com/OEBB
- Diabetes prevention: modahealth.com/oebb/pre-d
- Virtual primary care: teladochealth.com
- Weight management: mightyhealth.com/moda-oebb and weightwatchers.com/us/oebb
- Breast cancer risk assessment program: gabbi.com

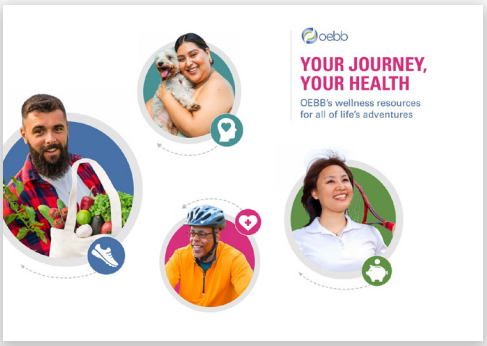
Wellness programs

Moda Health provides many programs to support your overall wellness. Visit the OEBB Wellness Guide for details: viewer.zmags.com/publication/4d6b6262



Get the details!

Watch a short video to learn about Moda's 2024–25 medical plan details: modahealth.com/oebb/members/summaries.shtml



Health Savings Account (HSA)

Moda Health's Health Savings Account (HSA)-compliant, high-deductible health plans (HDHP) give you flexibility and choice. You have the freedom to choose any financial institution for your HSA.

If you enroll in Moda Plan 6 or 7 with the HSA option, you can use HSA tax free dollars to pay for deductibles, coinsurance, and other qualified expenses not covered by your health plan. HSA tax advantages include:

- Contributions are pre-tax
- Unused funds carried over from year to year, growing tax-deferred
- Tax-free withdrawal of funds to pay for qualified medical expenses

Important!

You are not required to open an HSA if you choose a high-deductible health plan.

Eligibility

To be eligible to participate in an HSA plan, you must:

- Be covered by a qualified high deductible health plan
- Not be covered under another non-HSA compliant medical plan (including your spouse's plan)
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else's tax return



Prescriptions

Your pharmacy benefit is covered under the medical portion of Moda Plans 6 and 7. The plans include value-tier medications that waive your annual deductible.

Moda Health pharmacy benefits

Through the prescription program, you can access a high-performance formulary. This is a list of prescription drugs with options under the value, select generic, and preferred tiers. Each tier has a copay or coinsurance amount set by the plan.

Resources

- **Find the full list of medications:** modahealth.com/oebb/members/pharmacy.shtml
- **Find an in-network pharmacy:** Use Moda's online provider directory, FindCare: modahealth.com/ProviderSearch/faces/webpages/home.xhtml
- **Find an estimate on drug prices:** Call the Moda 360 Health Navigator team or log into your Member Dashboard: modahealth.com/memberdashboard

Mail-order benefit

You can receive significant savings by using the mail-order benefit.

You can fill a 90-day prescription for value, select generic, and preferred medications at many participating pharmacies.

Value-tier medications

Value medications include commonly prescribed products used to treat chronic medical conditions and preserve health. They are identified — based on the latest clinical information and medical literature — as being safe, effective, cost-preferred treatment options.

The Moda Health OEBB value tier includes products for the following health issues:

- Asthma
- Heart, cholesterol, high blood pressure
- Diabetes
- Osteoporosis
- Depression

Visit modahealth.com/oebb/members/pharmacy.shtml for a list of medications included under the value tier.

Specialty pharmacy services through Ardon Health

Ardon Health is the specialty pharmacy for OEBB members. Ardon Health provides free delivery of specialty medications for conditions including Crohn's disease, hepatitis C, multiple sclerosis, rheumatoid arthritis, and more.

Go to ardonhealth.com or call Ardon Customer Service toll-free at **855-425-4085**. TTY users, please call 711.

Dental Benefits

Kaiser Permanente Dental

KAISER PERMANENTE®

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

Get the details!

Watch a short video to learn about Kaiser Permanente's 2024–25 dental plan details: mybenefits.kaiserpermanente.org/oebb/enrollment

Delta Dental of Oregon

DELTA DENTAL
Delta Dental of Oregon & Alaska

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 every six months
- 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.

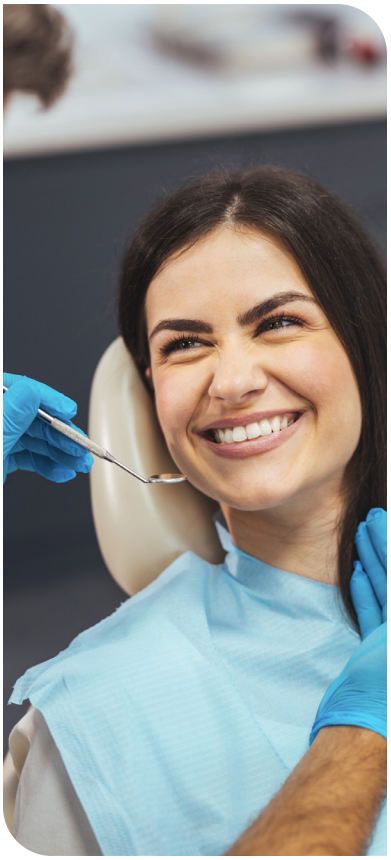
Learn more about the Delta Dental plans

- Visit **modahealth.com/oebb/faq_ben_den.shtml** for details about Delta Dental or to find in-network providers.
- Go to **CompareOEBBPlans.com** to learn more about covered services.

Delta Dental provider networks

You'll pay less when you use an in-network provider. This can help you save on out-of-pocket costs. If you see providers outside the network, you may have to file claims and pay more for care.

Premier® Network	This is the largest dental network. It includes more than 2,300 providers in Oregon and over 152,000 providers nationwide. To use providers in the Premier Network, you must enroll in Dental Plan 1, 5, or 6.
PPO℠ Network	This is a large, preferred provider organization (PPO) network. It includes more than 1,200 participating providers in Oregon and over 113,000 dentists nationwide. These providers have agreed to lower contracted rates, which means more savings for you. If you enroll in a Delta Dental Exclusive PPO plan, you must see Delta Dental PPO Network providers. Delta Dental Premier Network providers and out-of-network providers are not covered on these plans.



Get the details!

Watch a short video to learn about Delta Dental's 2024-25 dental plan details: modahealth.com/oebb/members/summaries.shtml

Willamette Dental Group

Willamette Dental offers an evidence-based, proactive treatment approach to dental care. Focusing on providing quality, individualized care, and education to each patient.



Highlights

- No annual maximum (except for implant surgery benefits)
- No deductibles
- Services covered at predictable, low copays
- Affordable orthodontic coverage for adults and children
- Most offices open Monday – Friday 7 a.m. to 5:30 p.m. with Saturday appointments available

Important!

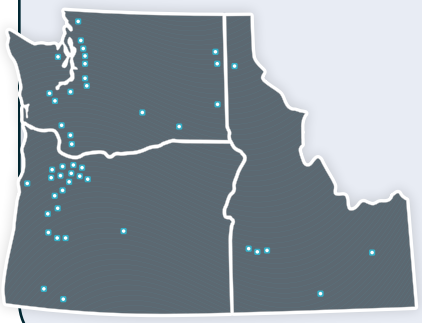
Enrolling in this plan means you must use Willamette Dental Group providers for all your dental care needs. There is no out-of-area coverage, except when there's a dental emergency. Wait times vary based on your location and provider choice. The Willamette Dental Member Services team is committed to helping you schedule the soonest available appointment.

Where to get care

Dental care on this plan is provided by Willamette Dental dentists. You can visit any of the 46 Willamette Dental practices, including 29 locations within the OEBB service area.

Check with network providers in your area **before** you enroll to make sure they're taking new patients.

Locations



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

Questions about access and availability?

- Submit a form at: willamettedental.com/OEBB
- Call **855-433-6825**, option 2, Monday – Friday 8 a.m. – 5 p.m.
- Review office locations and providers at: locations.willamettedental.com

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.

Get the details!

Watch a short video to learn more about the Willamette Dental plan and the providers: willamettedental.com/wp-content/uploads/OEBB-2024-2025-Plan-Year-Information.mp4

Vision Benefits



Kaiser Permanente

You must be enrolled in a Kaiser Permanente medical plan to enroll in a Kaiser Permanente vision plan. Coverage includes routine eye exams to help keep your vision sharp and your eyes healthy.

Hardware allowance

Vision plan participants receive a $250 hardware allowance each plan year. You may use $100 of the allowance for nonprescription sunglasses and/or digital eyestrain glasses.

Integrated care

Your care providers can see a comprehensive picture of your health through the shared electronic health record system. The'll notify you of gaps in your health care.

They'll also help scheduling preventive appointments, including vaccinations, physicals, and important eye health screenings.

Care is provided through Vision Essentials by Kaiser Permanente. Locations extend from Salem to Longview, mostly in medical offices.

Visit kp2020.org to schedule an exam, order contact lenses, or find a location near you.

Learn more about Kaiser Permanente vision coverage

- Visit mybenefits.kp.org/oebb/plans#vision-plan for information about Kaiser Permanente vision coverage.
- Go to Compare OEBBPlans.com to learn more about covered services.

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. Call to make an appointment:

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

Moda Health

Moda Health offers three vision plan options so you can focus on feeling your best.

Limitations and exclusions

- Vision exam and hardware benefits are all subject to the plan-year benefit maximum.
- You can see any licensed ophthalmologist, optometrist, or optician.
- Noncovered, excluded services are your responsibility and don't apply toward the plan-year maximum.

For more limitations and exclusions, visit modahealth.com/oebb and refer to your Member Handbook.

Learn more about Moda Health Vision plans

- Visit modahealth.com/oebb for details and refer to your member handbook.
- Go to compareOEBBPlans.com to learn more about covered services.



VSP | vsp VISION

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
- Increased contact lens allowance
- Anti-glare coating
- Premium and custom progressive lenses
- Impact-resistant lenses for adults

Check out eyeconic! | eyeconic®

Get contacts, glasses, and sunglasses through VSP's preferred online retailer at eyeconic.com.

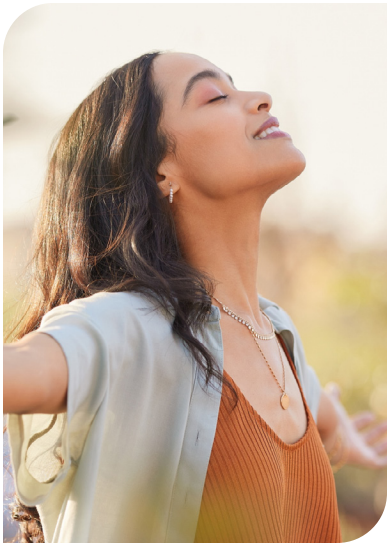


Learn more about VSP Vision plans

- Visit [vsp.com](vsp.com) or call **800-877-7195** for details about VSP or to find in-network providers.
- Go to Compare OEBBPlans.com to learn more about covered services.

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 OEBB's wellbeing resources for all of life's adventures in the OEBB Wellness Guide at viewer.zmags.com/publication/4d6b6262. Click any health area below to see what's available.

Physical wellbeing

Take care of your body with resources to support good nutrition and physical activity

Emotional wellbeing

Maintain peace and balance in your life with support for your mental, emotional, and social wellbeing

Financial wellbeing

Get help with budgeting, reducing debt, improving your credit score, and preparing for your future

Ongoing health conditions

Live your best life while managing an ongoing condition like diabetes, sleep apnea, arthritis, depression, and more

Visit OEBBWellness.com to learn more.

Canopy EAP

Starting October 1, OEBB is partnering with Canopy to provide the Employee Assistance Program (EAP).

The EAP is a **free and confidential** benefit for you and your family members. Check with your employer to find out if Canopy is available to you.

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

Resources for life



Mental health hotline 24/7/365

In-the-moment consultations and assistance from a mental health professional.

Counseling

Eight (8) sessions in-person, on the phone or virtually for concerns such as:

- Depression
- Anxiety
- Relationships and family
- Workplace challenges
- Stress management
- Alcohol or substance misuse
- Grief and loss
- Professional development

Coaching

Eight (8) phone or video sessions with a coach for goal setting, healthy habits, and personal development.

Anonymous virtual peer support

A safe place to connect, share and discuss what's on your mind.

Member site

Personal and professional development videos, webinars, self-assessments, legal tools and more.

Canopy EAP app

Access digital therapy and wellness tools to improve the way you feel.

Self-scheduling portal

Register with your work email address for online provider search and appointment management.

Adult and childcare services

Assistance in finding childcare, adult care, caregiving resources, and more.

Legal consultations/mediation

Free 30-minute consultation and a 25% discount on services thereafter.

Financial coaching

Unlimited guidance to improve spending, debt reduction, credit enhancement, savings, and retirement planning.

Identity theft

60-minute consultation with a Fraud Resolution Specialist™ to restore identity and credit.

Home ownership and housing support

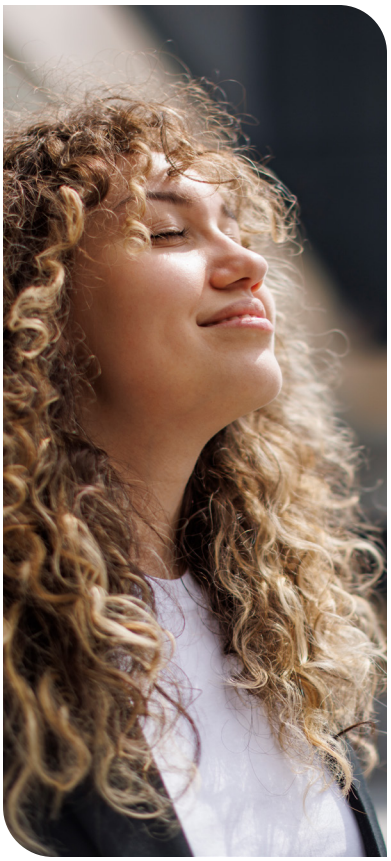
Aid and discounts for home transactions and housing assistance resources.

Pet parent resources

Information, support, and discounts for pet owners.

Wellbeing tools

Fertility health support, wellness resources, and gym discounts.



Life and AD&D Insurance

Optional life insurance

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

Important!

Life and AD&D benefits and availability vary by employer. Please reach out to your employer for your available options.

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

Optional life insurance may be available for you and your eligible dependents. If you want to purchase optional life coverage for your dependents, you must also purchase coverage for yourself.

Type of optional life insurance	Coverage available	Guarantee issue amount*
Employee life	$10,000 increments, up to $500,000	$200,000
Spouse/domestic partner life	$10,000 increments, up to $500,000 or 100% of your optional life insurance (whichever is less)	$30,000
Child life	$2,000 increments, up to $10,000	N/A

*Only applies and 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:

- Members who have already elected coverage can increase it by $20,000 each Open Enrollment, up to the guarantee issue amount, without providing evidence of insurability.
- 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.

Need more information?

Go to sites.standard.com/mybenefits/oebb2 for coverage details, a needs estimator, and a decision support tool.

Optional AD&D insurance

Optional accidental death & dismemberment (AD&D) insurance provides financial security if an accident takes your life or causes you serious harm.

Optional AD&D insurance may be available for you and your eligible dependents. If you want to purchase coverage for your dependents, you must also purchase coverage for yourself.

Type of optional AD&D insurance	Coverage available
Employee AD&D	$10,000 increments, up to $500,000
Spouse/domestic partner AD&D	$10,000 increments, up to $500,000 or 100% of your optional AD&D insurance (whichever is less)
Child(ren) only AD&D	$2,000 increments, up to $10,000 or 100% of your optional AD&D insurance (whichever is less)

Disability Insurance

Short-Term Disability (STD)

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 OEBB disability plan, you can help further protect yourself and your lifestyle if you become disabled.

Important!

Disability benefits and availability vary by employer. Please reach out to your employer for your available options.

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 benefits to recover from surgery or childbirth.

STD benefit details

- Pays up to $1,500/week.
- Lasts up to 90 days.
- STD benefits are reduced by benefits received from Paid Leave Oregon (or an equivalent employer plan).
- STD benefit amount will be the difference between what you receive or are eligible to receive from Paid Leave Oregon (or an equivalent employer plan) and the maximum benefit amount of your STD plan.

What is deductible income?

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

Spotlight on Paid Leave Oregon (or 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 an OEBB STD plan, your STD benefit will be reduced by benefits you receive or are eligible to receive from Paid Leave Oregon (or your employer's equivalent plan).

Questions About Paid Leave Oregon?

Contact Paid Leave Oregon directly for more information.

Phone: 833-854-0166

Email: paidleave@oregon.gov

Online: paidleave.oregon.gov

Do you need more 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 more STD coverage.



Do you already have both Paid Leave Oregon (or 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):
  - Standard will reduce your STD benefit by the amount you're **eligible** to receive under Paid Leave Oregon (or an equivalent employer plan).
  - Standard will pay your full STD benefit if you're **not eligible** for Paid Leave Oregon (or an equivalent employer plan).

For more information about The Standard's disability plans

Call **866-756-8115** or visit sites.standard.com/mybenefits/oebb2

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.

Important!

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

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.

LTD benefit details

- Pays up to $8,000/month based on the plan selected by your employer.
- Benefits could last until age 65 if you remain disabled.

Long-Term Care Insurance

Unum

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.

Need more information?

Go to unuminfo.com/OEBB to learn more.

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 the coverage options you chose, and the place of residence used for long-term care.

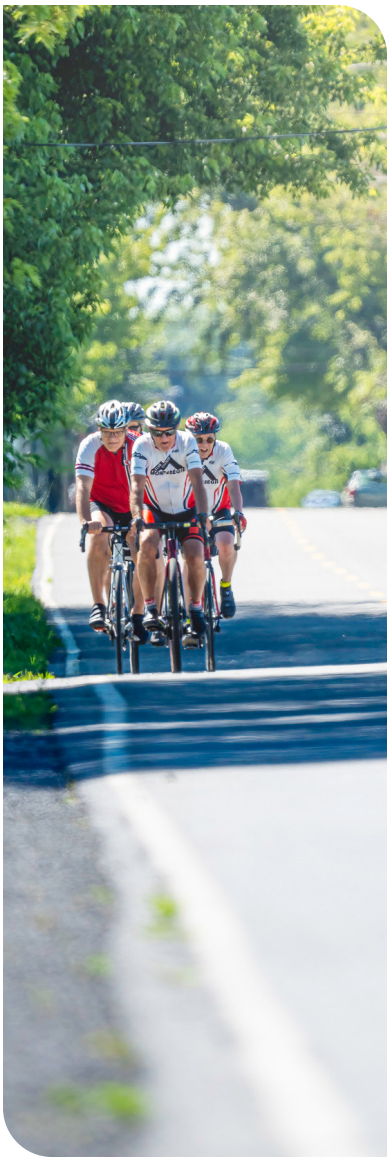
Important!

LTC benefits and availability vary by employer. Please reach out to your employer for your options and costs.

Early Retiree Information

An early retiree is 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 retirement benefits through PERS or an employer-offered plan



Making benefit changes

During Open Enrollment, early retirees can:

- Continue or change (as allowed per the Qualified Status Change Matrix) your medical, dental, and/ or vision enrollment: oregon.gov/oha/OEBB/pages/QSC-matrix.aspx
- Continue or decrease any optional coverages enrolled in, such as life or AD&D
- Drop eligible dependents from any or all coverages
- Waive, decline, or cancel any coverages

Reminder:

- Any coverage waived, declined, or canceled can't be added back unless you're doing so because of gaining other OEBB coverage.
- Any eligible dependent removed from coverage can't be added back unless the dependent experiences a QSC event that would allow the enrollment in coverage.
- Contact your benefits administrator within 31 days of the qualifying event.

Becoming Medicare-eligible

If you or an eligible enrolled dependent becomes eligible for Medicare, OEBB coverage will end the last day of the month prior to the Medicare eligibility effective date.

- If an early retiree gains Medicare eligibility, any eligible dependents currently enrolled (who aren't Medicare eligible) may continue OEBB coverage until they no longer meet eligibility or become eligible for Medicare.
- The only exception to this rule is: if the early retiree or eligible dependent gains Medicare eligibility due to End Stage Renal Disease (ESRD), OEBB coverage can be continued for up to 30 months beyond Medicare eligibility.



Medicare enrollment resources

- You or your dependent can enroll in Medicare up to three months in advance. The Senior Health Insurance Benefits Assistance (SHIBA) Program was created to assist with Medicare and Medicare plan selection questions.
- The SHIBA website (shiba.oregon.gov) is full of helpful Medicare information. Certified counselors are available by phone at **800-722-4134**.

For additional early retiree resources

Visit: oregon.gov/oha/OEBB/Pages/Retiree-Guide.aspx.

If you become eligible for Medicare before age 65 due to a disability, it is your responsibility to notify your employer. The OEBB system will automatically end your coverage when you turn 65. If you don't report your early Medicare eligibility, your medical claims may be denied.

Definitions

Additional Cost Tier (ACT): Services in this tier require an additional copay of $100 or $500. These copays don't apply toward the deductible or the annual medical out-of-pocket maximum. They're in addition to any other applicable copay or coinsurance you must pay under your specific medical plan benefits.

Balance billing: When out-of-network providers bill you for the difference between your maximum plan allowance and their billed charges. In-network providers don't do this.

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. For details, visit oregon.gov/oha/OEBB/Pages/COBRA.aspx.

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

Constant Dental Plan: In contrast to Incentive Dental Plans, benefits remain constant regardless of how often an individual visits the dentist.

Coordinated care: Moda medical plans allow each covered individual the option to participate in coordinated care by choosing and using a PCP 360. Participating individuals receive a lower individual deductible, a lower individual out-of-pocket maximum, and lower costs for office visits, specialist visits, and alternative care visits. (These costs are lower compared to those enrolled in a Moda medical plan who don't choose and use a PCP 360.)

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 retirement benefits through PERS or an employer-offered plan.

Employer contribution: The amount your employer pays toward your benefits package or health insurance premium. This is sometimes referred to as your "cap."

Exclusive PPO Dental Plans: These plans have no out-of-network benefit. Under these plans, services performed outside the Delta Dental PPO network aren't covered except for a dental emergency.

Formulary: A list showing prescription drugs covered by a health insurance plan and which coverage tier they fall under (e.g., generic, preferred, non-preferred).

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

Incentive Dental Plans: (Delta Dental Premier Plans 1 & 5 and Exclusive PPO Incentive Plan) Benefits start at 70% for your first plan year of coverage. Thereafter, benefit payments increase by 10% each plan year (up to a maximum of 100%), provided the individual has visited the dentist at least once during the previous plan year. Failure to do so will cause a 10% reduction in benefit the following plan year, although the benefit will never fall below 70%.

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

Maximum Plan Allowance (MPA): The maximum amount a plan will pay toward the cost of a service.

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

- Disability, or
- Age (65 or older)

Non-Coordinated Care: If an individual enrolled in a Moda medical plan doesn't choose and use a PCP 360, they receive the "non-coordinated care" benefit. This includes a higher individual deductible and individual out-of-pocket maximum. It also includes higher costs for office visits, specialist visits, and alternative care visits (compared to those who choose coordinated care).

Out-of-network provider: A provider or facility that doesn't 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.

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 oregon.gov/OHA/OEBB/pages/QSC-matrix.aspx for a full list of QSCs.

Self-Pay Early Retiree (SPER): An early retiree who doesn't receive any contribution from their previous employer and pays their full premium directly to OEBB.

Who to Contact

OEBB stands for the Oregon Educators Benefit Board, but we also serve cities, counties, and local governments, along with educators. The OEBB Board decides which insurance plans and benefits are offered to participating employers. OEBB holds the legal contracts with the vendors, collects premiums from employers, and passes them along to the vendors.

Contact…	If you need help with…
OEBB	• Logging into or navigating the MyOEBB enrollment system at OEBBenroll.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 employer (decides which OEBB plans to offer their employees and negotiates costs. They may also have unique enrollment deadlines and/or policies that differ from OEBB)	• 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

oebb

888-469-6322

OEBBinfo.com

moda HEALTH

866-923-0409

modahealth.com/OEBB

KAISER PERMANENTE®

866-223-2375

mybenefits.kp.org/OEBB

Willamette Dental Group

855-433-6825

willamettedental.com/OEBB

vsp VISION

800-877-7195

vsp.com

TheStandard®

866-756-8115

sites.standard.com/mybenefits/oebb2

canopy

Available October 1

unum®

800-227-4165

unuminfo.com/OEBB







Contact OEBB

The OEBB Benefits Team is here to help!

Phone: 888-4My-OEBB (888-469-6322)

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

Email: oebb.benefits@odhsoha.oregon.gov

Explore OEBB benefits at OEBBinfo.com

Enroll in OEBB benefits at OEBBenroll.com

Alternate formats

You can get this document in other languages, large print, braille, or a format you prefer free of charge.

Contact OEBB at **888-469-6322** or email OEBB.benefits@odhsoha.oregon.gov.
We accept all relay calls or you can dial 711.