2026–27 Enrollment Guide

Hillsboro School District

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**.

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.

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2026–27 Open Enrollment

Hillsboro School District's Open Enrollment is Aug. 15–August 30, 2026.

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

You need to complete Open Enrollment

This year's Open Enrollment is required. This means:

- **All OEBB members must enroll during Open Enrollment.** Your current medical, dental, and vision coverage will end on Sept. 30, 2026, if you don't submit elections during Open Enrollment. (The only exception is if your employer defaults you into a plan.)
- **Starting Aug. 15**, go to OEBBenroll.com and make your selections during Open Enrollment. This includes:
  - Making plan selections.
  - Enrolling as a new hire.
  - Adding or dropping a dependent.
  - Updating your personal information or beneficiaries.

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

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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. 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. Open Enrollment end dates vary. Confirm your deadline with your employer.
- ☑ **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.

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What's New for 2026–27

There will be changes to some of OEBB's benefit plans for 2026–27. These changes may affect your plan costs and the amount you pay for care. Benefit plan changes and enhancements become effective on Oct. 1, 2026.

Costs

Health care is changing, and it's getting more expensive. This affects every organization that provides benefits to their workers, including OEBB. Last year, more people got care and used more health services. At the same time, doctors and hospitals had higher costs for pay, supplies, and new treatments. All of this makes health coverage more expensive across the country.

The OEBB Board used savings, plan changes, and other ways to control costs. However, most OEBB health care plans will cost more in 2026–27.

If your employer offers them, the cost for employee-paid disability coverage and optional spouse life insurance will go down.

Your employer decides which plans you have and how much they cost. Check the information your employer provides to see your plans and costs for 2026–27.

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Medical Plans

There are changes to OEBB medical plans for 2026–27. Changes vary by plan. Review the details for the plans available to you before selecting benefits. Be sure to compare the plans to see how they cover things like:

- Individual/family deductibles.
- Individual/family out-of-pocket maximum amounts.
- Copays or coinsurance for services like office or virtual visits.
- Costs for different types of care like primary, specialist, and alternative care.

Go to **OEBB's website** to find details about the 2026–27 medical plan options available to you.

Moda Health Medical Plan Members

Mandatory 90-day Fill for Ongoing Prescription Drugs
If you take ongoing prescription drugs, you'll be required to switch to getting up to a 90-day supply through mail order or a participating retail pharmacy. **Go to the Moda Health section** for details.

Increased Garner Limits
For 2026–27, the Garner repayment limit will increase to:

- $950 for individuals.
- $1,900 for families.

When you 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.

Chemotherapy
Home infusions for chemotherapy will be covered at no additional cost.

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Dental Plans

Delta Dental

→ Cleanings and x-rays are now covered twice a year instead of once every six months.

Kaiser Permanente

→ New cost share amounts for nitrous oxide, emergency dental, and composite fillings.

Vision Plans

There are no changes to any of the vision plans (VSP, Moda Health, Kaiser Permanente).

Get More Details

Visit the vendors' websites to review detailed information about plan changes.

→ Moda Health's website.

→ Kaiser Permanente's website.

Long-Term Care (LTC) Coverage

LTC coverage won't be available in 2026–27. Earlier this year, Unum stopped taking new applications for LTC. Because of that, the OEBB Board decided to stop offering LTC coverage to members.

If you currently have LTC insurance and want to continue coverage, you must take action to transfer your coverage to Unum. OEBB will send information to your home and email over the next few months. Be sure to read the communications and act by Nov. 29.

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Canopy: Now the Revive EAP

revive

The Canopy EAP is changing it's name to Revive.

With the name change to Revive, you'll see a new logo and a new look and feel on the website. You'll also hear a new name when you call for assistance.

However, there will be no changes to:

- The services you receive.
- The phone number you call.
- The website URL.

You'll also continue to receive care and support from the same team of "everyday assistance program" resources.

Online Plan Comparison Tool

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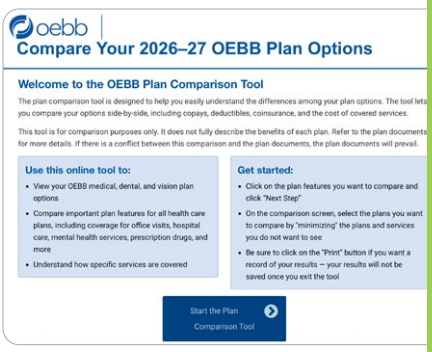
Learn More About Your OEBB Benefits

Online Plan Comparison Tool

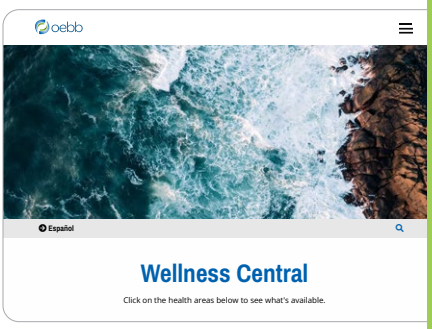
Use the Online Plan Comparison Tool to compare your medical, dental, and vision plans side by side. Customize your comparison to show the plans and covered services available to you. You can also print your customized comparison.



Visit **CompareOEBBplans.com** to compare the health care plans available to you.

New! OEBBWellnessCentral.com

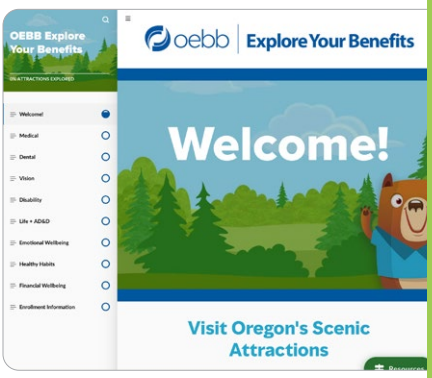
OEBBwellnesscentral.com is OEBB's newest benefit education tool. We've upgraded our Wellness Guide into a robust and accessible website — making it even easier to access all your wellbeing resources.



Visit **OEBBwellnesscentral.com** to find support for your physical, emotional, and financial wellbeing. Information is organized by program category and vendor partner.

Explore Your Benefits

Explore Your Benefits is an interactive, accessible tool that makes learning fun. Whether you're familiar with your OEBB benefits or not, click through this tool to see what's available to you.



Get started at **oebbexploreyourbenefits.com/2027/english/**.

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'll 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. You'll pay the usual copay for non-emergency dental care services. If the provider charges more than the usual and customary amount, you'll also pay the difference.

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.

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Moda Health/Delta Dental

Medical plans

If your dependent lives outside of the Connexus service area they have access to Moda's national network, Aetna PPO® through Aetna Signatures Administrators.®

To ensure they receive in-network benefits, you must update their address in the myOEBB system before seeking care.

- **Most locations:** Moda's national network, Aetna PPO® through Aetna Signature Administrators®.
- **Alaska, Idaho, Northern California, Oregon, SW Washington:** Connexus network.

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

Note: Dependents living out-of-area can use Garner to help find Top Providers in their area. **Go to the Garner Health section** to learn more about Garner and how to use this digital tool.

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 enrolled in Delta Dental Plans 1, 5, and 6 can use any network dentist nationwide. When possible, they should use a dentist who is in the Premier network to avoid paying amounts above the maximum plan allowance.

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Willamette Dental

Willamette Dental plan

Dependents living or traveling outside the Willamette Dental service area can access emergency dental care from non-participating providers. The plan will pay up to $100 per incident.

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

VSP

Members can find VSP Choice providers nationwide. Search for a provider at **OEBB.vspforme.com**.

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Dependent Eligibility Review

Every five years, the Oregon Employees' Benefit Board (OEBB) checks to make sure that dependents who are active in the myOEBB benefit management system are eligible for benefits. This includes spouses/domestic partners, and children—even if they aren't currently enrolled in OEBB coverage. All state employees who are active in the myOEBB benefit management system need to participate. This helps us follow state laws and keeps health care costs lower.

At the beginning of each review, OEBB or a third party that your entity hires, will mail instructions and a form every employee who has active dependents in the myOEBB benefit management system. If you receive this packet, you should send copies (not originals) of the requested documents by the deadline. Follow the instructions in your packet to send documents by mail or secure fax.

Definitions of eligible dependents

- **Spouse:** A person who is married to an eligible member under the laws of the State of Oregon or under the laws of any other state or country.
- **Domestic Partner (if registered with the state):** An unmarried individual who has entered into a "Declaration of Domestic Partnership" with the eligible member that is recognized under Oregon law.
- **Domestic Partner (if not registered with the state):** An unmarried individual who has entered into a partnership with the eligible member that includes the following:
  - Both are at least 18 years of age.
  - Both are both responsible for each other's welfare and are each other's sole domestic partner.
  - Neither is married to anyone and has not had a spouse or another domestic partner within the prior six months. (The six-month period starts on the final date of divorce.)
  - Both share a close personal relationship and are not related by blood closer than would bar marriage in the State of Oregon.
  - Both have jointly shared the same regular and permanent residence for at least the six months before the date of the Affidavit of Domestic Partnership is signed and submitted to OEBB.
  - Both are jointly financially responsible for basic living expenses defined as the cost of food, shelter and any other expenses of maintaining a household. Financial information must be provided if requested.
- **Child:** Includes any of the following:
  - A biological child.
  - A legally adopted child.
  - A stepchild.
  - A domestic partner's child.

  A child must be age 26 or younger.

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→ **Disabled Dependent Child:** Includes any of the following age 26 or older:

- A biological child.
- A child legally adopted or placed for adoption.
- A child legally placed by court order.
- A stepchild.

The person must be incapable of self-sustaining employment because of a developmental disability, mental illness, or physical disability and must meet **all of** the following requirements:

- The person must have had group or individual health plan coverage prior to attaining age 26.
- The disability must have existed before age 26.
- Health plan coverage must have continued without a gap until the OEBB health plan coverage date.
- The person's attending physician must submit documentation to the employee's OEBB health insurance plan of the disability for review. The health plan may review the person's health status at any time to determine continued OEBB eligibility.
- The person must not have terminated from OEBB health plan coverage after attaining the age of 26.
- The person must be your qualifying IRS dependent and must be claimed on your most recent year's tax return; **OR**
- The person files a tax return and demonstrates that their adjusted gross income does not exceed 150% of the federal poverty level (FPL); **OR**
- The person is not your IRS dependent and does not file a tax return as indicated above, but you're the person's legal guardian.

Note: Per IRC rules, extra taxes—called **imputed taxes**—may apply when an employee enrolls and covers dependents on their OEBB coverage who are not claimed as dependents on their federal taxes.

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 listed dependents, even those you do not currently enroll. 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 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, OEBB must end any coverage for dependents for whom you did not submit the required documents. OEBB will also lock their records, preventing you from enrolling them in the future and from adding new dependents to MyOEBB. To restore coverage, 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.

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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**.

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Additional Information

Double coverage surcharge

The Oregon state legislature requires a surcharge for those who have double medical coverage through OEBB and Public Employees' Benefit Board (PEBB). 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 OEBB or PEBB medical plan, and
- That person is covered as a dependent (spouse, partner, or child) on your OEBB medical plan.

Domestic partner coverage

Covering a domestic partner and partner's children has tax implications that lower your take-home pay. For more information about imputed income tax values, **review the rates on OEBB's website**.

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Medical Benefits

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

1. **Share your health history** and any concerns with your personal doctor.
2. **Your doctor coordinates your care,** so you don't have to worry about where to go or who to call next.
3. **Future care teams** have a full picture of your health history—without you having to repeat your story.
4. **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.

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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 Plans 1 and 2B.

Learn more about Kaiser Permanente Medical Plans

Visit **choose.kaiserpermanente.org/OEBB** for information about Kaiser Permanente.

Find in-network providers and locations at **kp.org/getcare** or **kp.org/locations**.

Go to **CompareOEBBPlans.com** to learn more about covered services and prescriptions.

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Additional benefits with Kaiser Permanente

- Support for ongoing conditions (diabetes, heart disease, and weight management) through Omada: **go.omadahealth.com/OEBB**.
- Alternative care (chiropractic, acupuncture, and naturopathic services) through Heraya Health: **herayahealth.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.

Get the details!

Learn about Kaiser Permanente's 2026–27 medical plan details: **choose.kaiserpermanente.org/OEBB/resources**.

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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 Alaska, Idaho, Northern California, Oregon, and SW Washington that use 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 Moda's service area or need care when outside the service area, use the Aetna PPO® through Aetna Signature Administrators® network (Moda's national 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® or Connexus). You can also call the Moda 360 Health Navigator team at **866-923-0409**.

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Coordinated care

With Moda Health, each medical plan gives you the option to use coordinated care for yourself and your covered family members.

If you choose coordinated care, you'll get lower:

- Individual deductibles.
- Individual out-of-pocket maximums.
- Costs for office visits, specialist visits, and alternative care visits.

To get these lower costs, pick a PCP 360 provider from your Member Dashboard and get your primary care from that provider. A PCP 360 is a primary care doctor who helps guide your care and works with other providers to support your health.

Whether you choose coordinated care or not, you'll pay the same premium and can still see any Connexus Network provider. Referrals are not required.

Get the details!

Learn about Moda's 2026–27 medical plan details: **modahealth.com/OEBB/members/summaries.shtml**.

Additional benefits with Moda Health

- 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**.
- Gym discounts and weight management: **modahealth.com/memberdashboard** and **weightwatchers.com/us/oebb**.
- Breast cancer risk assessment program: **gabbi.com/moda**.
- Virta for type 2 diabetes: **virtahealth.com/join/oebb**.

Moda Health pharmacy benefits

Prescriptions

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.

In Moda Plans 6, you must pay the full cost until you meet your deductible, and then the plan starts to help pay. The only exception is for prescription drugs in the value tier, which the plan helps pay for right away.

Resources

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

Mandatory 90-day fill for ongoing medications

If you take a medication on a regular basis, getting up to a 90-day supply can help you save time and money. You'll pay less, and you can pick it up at participating pharmacies or have it delivered to your home.

After you get two 30-day fills of the same ongoing medication, you'll be required to switch to getting up to a 90-day supply through mail order or a participating retail pharmacy.

For more information visit: **modahealth.com/OEBB/members/pharmacy.shtml**.

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

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.

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.

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Garner Health

Moda Health partners with Garner, a tool that helps you find high-quality care. When you choose to 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:

- $950 per year, if you have individual coverage.
- $1,900 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 **app.getgarner.com**.
- Use the Garner Health app.
- Call 458-488-4828.

Visit a Top Provider and get repaid!

Use the Garner directory to find a Top Provider and get repaid for qualified costs. To be approved for reimbursement, you must add Top Providers to your Care Team before your appointment.

Garner will reimburse claims based on your Care Team before the appointment.

Review **Garner's online guide** to learn more.

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Health Savings Account (HSA) plans

Moda Health's HSA-compatible high deductible health plans (HDHPs) let you choose any bank for your Health Savings Account (HSA).

If you enroll in Moda Plan 6 with the HSA option, you can use tax-free money from your HSA to pay for:

- Deductibles.
- Coinsurance.
- Other qualified health care expenses.

HSA tax advantages

- Contributions are made pretax, which helps lower your taxable income.
- Unused funds roll over from year to year and grow tax-deferred.
- Withdrawals are tax-free when you use the money for qualified medical expenses.

HSA eligibility

To put money into an HSA, you must:

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

Using Garner with an HSA plan

If you use Garner to find Top Providers, you must first meet the IRS minimum deductible before Garner can reimburse you. Make sure you understand how Garner works with an HSA-compatible plan before seeking care.

Important!

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

Dental Benefits

KAISER PERMANENTE®

Kaiser Permanente Dental

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 20 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 appersonalized in providing dental care. Emphasizing prevention care to help keep your teeth and gums healthy.

Get the details!

Learn about Kaiser Permanente's 2026–27 dental plan details: **choose.kaiserpermanente.org/oebb/resources**.

Online Plan Comparison Tool

Explore Your Benefits

Enroll

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 like fillings, crowns, implants, and more.
- Access to our Health through Oral Wellness® program for additional cleanings (if eligible).
- Savings from in-network dentists.
- Cleanings twice each plan year.
- Predetermination of benefits if requested in a pretreatment plan.
- 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.

Online Plan Comparison Tool

Explore Your Benefits

Enroll

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 2,400 providers in Oregon and over 154,000 providers nationwide. To use providers in the Premier Network, you must enroll in Dental Plan 1, 5, or 6.

Get the details!

Learn about Delta Dental's 2026–27 dental plan details: **modahealth.com/OEBB/members/summaries.shtml**.

Online Plan Comparison Tool

Explore Your Benefits

Enroll

Willamette Dental

Willamette Dental offers an evidence-based, personalized 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.
- Visit any of the 45 Willamette Dental practices, including 28 locations within the OEBB service area, to receive plan benefits.
- Out-of-area coverage for emergency dental care only (up to $100 paid per incident).
- Most offices open Monday–Friday 7 a.m. to 5:30 p.m. with Saturday appointments available.

Important!

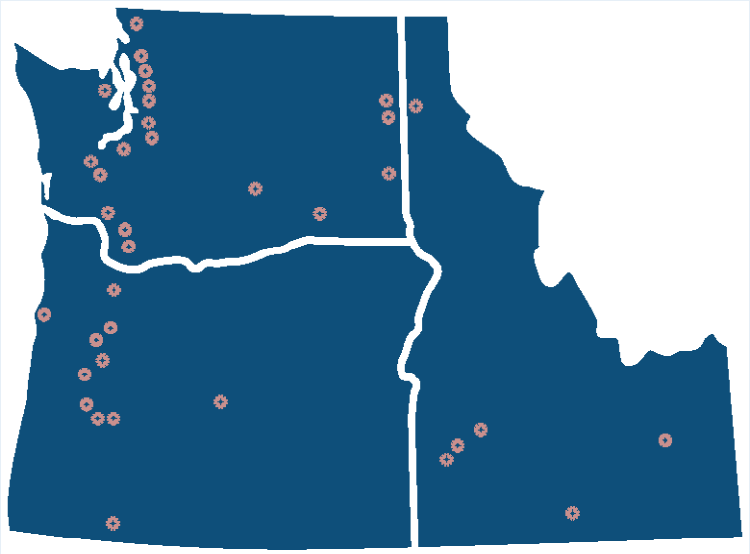
Enrolling in this plan means you must use Willamette Dental providers for all your dental care needs. There is no out-of-area coverage, except when there's a dental emergency. Wait times vary based on your location and provider choice. The Willamette Dental Member Services team is committed to helping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

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

Online Plan Comparison Tool

Explore Your Benefits

Enroll



Locations

Albany, OR
Bend, OR
Boise, ID
Corvallis, OR
Eugene, 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)

Note: Willamette Dental members in Grants Pass would seek services in Medford.

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**.

Get the details!

Learn more about the Willamette Dental plan and the providers: **willamettedental.com/OEBB**.

Online Plan Comparison Tool

Explore Your Benefits

Enroll

Vision Benefits

KAISER PERMANENTE®

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.

Note: Routine eye exams are covered through the medical benefit.

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. They'll notify you of gaps in your health care.

They'll also help schedule 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 vision coverage

Visit **choose.kaiserpermanente.org/OEBB/plans** for information about Kaiser Permanente vision coverage.

Online Plan Comparison Tool

Explore Your Benefits

Enroll

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.

Online Plan Comparison Tool

Explore Your Benefits

Enroll

VSP

VSP offers access to a broad network of providers and range of benefits, including:

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

Learn more about VSP Vision plans

Visit **oebb.vspforme.com** or call 800-877-7195 for details about VSP or to find in-network providers.

Go to **CompareOEBBPlans.com** to learn more about covered services.

Online Plan Comparison Tool

Explore Your Benefits

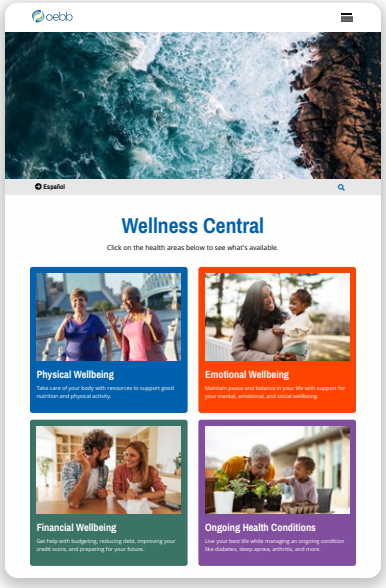
Enroll

Wellness Programs

It's now easier than ever to get help for your physical, emotional, and financial health with **OEBBwellnesscentral.com**. Use this new robust website to find health coaches, self-guided programs, webinars, and other tools that support your overall wellbeing.

All the information is organized by program category and vendor partner, so it's simple to find what you need.

Explore OEBB's new Wellness Central website. You can also use the health areas below to connect to information.



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.

Everyday Assistance Program (EAP)

revive

OEBB is partnering with Revive to provide the Everyday 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 Revive is available to you.

Revive 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 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 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.

Enlight
Your self-paced mental health companion. Enlight helps enhance your wellbeing and support your journey toward a healthier and happier you.

Access customizable resources including:

- Goal setting and tracking tools.
- Breathing, mindfulness, and relaxation tools.
- Digital therapy and support for sleep, stress, and more.

Download the EAP app to complete a short assessment and get started.

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

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.

Contact Canopy today!

Visit **my.canopywell.com** or call **800-433-2320**.

Online Plan Comparison Tool

Explore Your Benefits

Enroll

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 to new employees or when employees initially become eligible.

Online Plan Comparison Tool

Explore Your Benefits

Enroll

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 **www.standard.com/my-benefits/OEBB** for coverage details, a needs estimator, and a decision support tool.

Online Plan Comparison Tool

Explore Your Benefits

Enroll

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)

Online Plan Comparison Tool

Explore Your Benefits

Enroll

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.

Online Plan Comparison Tool

Explore Your Benefits

Enroll

Paid Leave Oregon — 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. Hillsboro School District offers an equivalent plan administered by American Fidelity.

If you enroll in an OEBB STD plan, your STD benefit will be reduced by benefits you receive or are eligible to receive from HSD's equivalent plan.

Questions About Leaves?

Please visit https://www.hsd.k12.or.us/staff-jobs/staff-resources/benefits/leaves for additional information.

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.

Online Plan Comparison Tool

Explore Your Benefits

Enroll

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

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.

For more information about The Standard's disability plans

Call **866-756-8115** or visit **www.standard.com/my-benefits/OEBB**.

Online Plan Comparison Tool

Explore Your Benefits

Enroll

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.
- Benefits may be reduced when you become eligible for Social Security disability or PERS benefits.

Workplace Possibilities program

If you have LTD coverage, you can access Workplace Possibilities services through The Standard. This program gives you a consultant who can help if you're in pain, out on medical leave, or having work problems related to a disability. The program helps you by:

- Removing work barriers that make it hard to do your job safely and comfortably.
- Checking your workstation and suggesting helpful changes or accommodations.
- Supporting your return to work after a disability.

The consultant will work with you, your supervisor, Human Resources, and your doctors to help you stay at work or come back to work when you're ready. Contact your agency or university representative for more information.

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 Qualified Status Change event that would allow the enrollment in coverage.
- Contact your benefits administrator within 31 days of the qualifying event.

Online Plan Comparison Tool

Explore Your Benefits

Enroll

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**.

Becoming 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.

For additional early retiree resources

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

Online Plan Comparison Tool

Explore Your Benefits

Enroll

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.

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: Choose and use a Moda Health PCP 360 provider to receive:

- A lower individual deductible.
- A lower individual out-of-pocket maximum.
- Lower costs for office, specialist, and alternative care visits.

Each covered family member can choose whether to participate. Members who do not use a PCP 360 pay the non-coordinated care costs.

Copay: A fixed dollar amount you pay for certain services.

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

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."

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).

Health Savings Account (HSA): A Health Savings Account (HSA) is a type of personal savings account you can set up to pay certain health care costs. An HSA allows you to put money away and withdraw it tax free, as long as you use it for qualified medical expenses, like deductibles, copayments, and coinsurance.

Generally, insurance premiums aren't considered qualified medical expenses.

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): 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.

Online Plan Comparison Tool

Explore Your Benefits

Enroll

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.

Online Plan Comparison Tool

Explore Your Benefits

Enroll

Contacts

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 OEBBenroll.com. → Understanding rules. → Verifying enrollments. → Understanding benefits or wellness programs.
Vendors (your insurance companies—medical, dental, vision, and other benefit providers)	→ Calculating how much you'll pay for a procedure. → Understanding how a claim was paid. → Finding in-network providers. → Completing an online health assessment. → Getting a new ID card.
Your employer (the entity that chooses the OEBB plans to offer their employees and negotiates costs. Your employer's enrollment deadlines and rules may 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 payroll deductions. → Planning for benefits when you retire.

Online Plan Comparison Tool

Explore Your Benefits

Enroll

Contact…	If you need help with…
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.

Online Plan Comparison Tool

Explore Your Benefits

Enroll

Vendor partners

oebb

888-469-6322

OEBBinfo.com

moda HEALTH

866-923-0409

modahealth.com/OEBB

KAISER PERMANENTE®

866-223-2375

choose.kaiserpermanente.org/OEBB

Willamette Dental

855-433-6825

willamettedental.com/OEBB

vsp VISION

800-877-7195

oebb.vspforme.com

TheStandard

866-756-8115

www.standard.com/my-benefits/OEBB

revive

800-433-2320

my.canopywell.com

Online Plan Comparison Tool

Explore Your Benefits

Enroll

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**.

7/2026