

Open Enrollment around the Corner

Open Enrollment for 2007 benefits starts October 1, 2006, and runs through October 31. This will be a voluntary enrollment period. If you don't want to change plans, you don't have to re-enroll (unless you want a flexible spending account for 2007). You can check your benefits record now at pebb.benefits.oregon.gov/members to:

Go to <https://pebb.benefits.oregon.gov/members> to:

- Verify your current plans and coverage
- Update your personal information (including address, phone

and e-mail) and your dependents' personal information

- Verify or make changes to your beneficiary designations.

Register or Log In

- If you haven't registered yet, select the **Register Here** button and follow the instructions on the new screen.
- If you have registered, enter your user name and password and select the **Log In** button. *Reminder:* Your password must be a combination of at least seven characters and must

include at least one upper-case letter and one number.

- If you have forgotten your password, select "**Forgot Your User Name/Password?**" and follow the instructions on the new screen.

Benefit Statements in the Mail

It's a good idea to check that your address is correct in your online record. That's the address used to mail your benefit statement this month. The statement shows your current plans, dependents and coverage levels. If you see a discrepancy on your statement or don't receive it by September 29, contact your payroll, personnel or benefits office.

Employees Benefit from Worksite Health Screenings

Employees in Southern and Eastern Oregon are learning their numbers and how to improve them at free worksite health screenings. They're finding out if their blood pressure, blood sugar level and body mass index are all in the "good" range. Health coaches are there to discuss their numbers and what they mean for their health.

PEBB is now scheduling screenings in eastern and southern parts of the

"It motivated me to do better!"

– Screening Participant

state. Other regions will be scheduled for September and October. Check the updated schedule online at www.oregon.gov/das/pebb/worksitescreenings.shtml.

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Open Enrollment Message from the Board

Dear PEBB Member:

In 2006, the Benefit Board created new, long-term partnerships with its medical plans. These partnerships focus on achieving better health outcomes at costs that are affordable to PEBB members and the state. Among other things, the Board asked the plans to offer every PEBB member:

- A medical home where teams of providers seamlessly integrate and coordinate care
- Health risk assessments that identify lifestyle risks and support healthy behaviors
- Providers whose practices follow widely accepted guidelines for the best outcomes
- Knowledge tools that help members work with their doctors to make confident healthcare decisions
- Electronic medical records to increase efficiency for both members and providers
- Published safety and quality scores members can use to choose the best providers.

Each of our medical plan partners made progress toward these goals in 2006. So, the Board made no changes to medical plan designs or plans for 2007.

With your benefits in the balance, we urge you to be an active partner in reviewing and making your

medical plan choice for 2007. Before you choose, we encourage you ask yourself these important questions:

- What are my own and my family's current healthcare needs? Do we have special needs caused by chronic illness? Which plan will best meet those needs?
- How can we change our behavior to reduce our risks for illness? Which plan provides the most support to achieve those changes?
- What can we do to lower the cost of our care? Which plan makes the most economic sense for us, now and in the future?
- How will we know the quality of the care we get? Which plan shows us the quality of care it offers?
- If we develop a physical or mental health issue, how can we decide on the care we need? Which plan supports our role in making those decisions?
- When we're not sure if we need medical care, how do we know whether to seek treatment? Which plan gives us guidance?

The Benefit Board is your advocate in the healthcare delivery system. We're asking the system to change how it provides care – to focus less on just providing services and more on making sure you and your

family always get the right care at the right time. No accidents, no mistakes, no waste – in dollars, time or outcomes.

Please take time to consider how you fit into the value equation: quality divided by cost. When you choose your medical plan during Open Enrollment, make sure you choose the fit that's right for you.

Public Employees' Benefit Board

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2007 Healthcare Premium Rates

Overall premium rates for 2007 healthcare plans will increase less than 10 percent. Under existing collective bargaining agreements, this means the state contribution will continue to fully cover medical and dental premium costs for full-time state-

agency employees beginning January 2007. (Judicial and OUS employees see your employer's notice.)

During Open Enrollment, full-time employees may enroll in the full plans available according to service area.

Eligible part-time employees may enroll in any of the healthcare plans (including the part-time and retiree plans not available to full-time employees) available according to service area. *(See Medical Plan Service Areas, page 5.)*

2007 Employee Medical Plans Monthly Premium Rates

	Employee	Employee & Spouse/Partner	Employee & Children	Employee & Family
Kaiser Permanente HMO ¹	\$674.07	\$903.24	\$775.17	\$923.47
Kaiser Permanente Added Choice POS ²	707.39	947.90	813.50	969.13
Providence Choice PPO ³	659.57	883.82	758.52	903.62
Regence BCBSO PPO ³	734.83	984.58	845.01	1006.61
Samaritan Select PPO ³	664.34	890.22	764.00	910.16
Kaiser Permanente Part-time & Retiree HMO ⁴	572.03	766.50	657.84	783.65
Kaiser Permanente Added Choice Part-time & Retiree POS ⁴	573.04	767.87	658.99	785.06
Providence Choice Part-time & Retiree PPO ⁵	526.45	705.44	605.41	721.23
Regence BCBSO Part-time & Retiree PPO ⁵	590.19	790.76	678.68	808.49
Samaritan Select Part-time & Retiree PPO ⁵	534.81	716.64	615.03	732.69

¹ Kaiser Permanente HMO routine vision services.

² Kaiser Permanente HMO tier 1 routine vision services.

³ Routine vision services through VSP.

⁴ Vision exam only.

⁵ No vision benefit.

2007 Employee Dental Plans Monthly Premium Rates

	Employee	Employee & Spouse/Partner	Employee & Children	Employee & Family
Kaiser Permanente	\$88.53	\$118.64	\$101.81	\$121.28
ODS Preferred	61.40	82.27	70.60	84.11
ODS Traditional	66.47	89.07	76.44	91.06
Willamette Dental Group	61.99	83.07	71.29	84.93
ODS Part-time & Retiree	47.83	64.09	55.01	65.53

Did You Know?

You Have just 13 Minutes to Talk with Your Child's Doctor

The average time spent talking with a doctor during a visit is now about 13 minutes. When your child is sick – or even if it's a visit for a checkup – can you get all your questions answered in that 13-minute time frame? What can you do to make sure you're getting the most out of your visit?

One thing you can do is come prepared to ask questions. Here are some examples of questions to ask if your child has symptoms.

Ask about the diagnosis:

- What is wrong with my child?
- What do we need to do to get better?
- Where can I get more information about the condition?

If your child needs any type of test, ask the doctor:

- How will the test be done?
- How accurate will the results be?
- What are the benefits and risks of the test?
- When and how will I receive the results?
- What should I do if I don't receive the results?

If the provider prescribes a new medicine for your child:

- What is the name of the medicine?
- What is it supposed to do?
- Is it on my health plan's preferred drug list?
- If not, is there an alternative available that is equally effective at less cost?
- When should I give my child the medicine; how much; how long; with or without food?
- What side effects should I watch for?

This is not a complete list. You may have many other questions. Keep asking questions until you understand your child's needs and how you and the doctor will meet them.

Sources: The National Agency for Healthcare Research and Quality, www.ahrq.gov/consumer/guidetoq/guidetoq3.htm; and OregonRx.org, oregon.gov/DAS/OHPPR/ORRX/pt_understanding.shtml.

Saving Trees **Everything "PEBB" is Online for Open Enrollment**

During Open Enrollment this October, you won't be loaded down with a packet full of paper. Instead, you can handle all your benefits online.

PEBB contacted all state agencies this fall to find out how many employees don't have access to the Web at work. These employees may access a printed benefits handbook from their payroll, personnel or benefits office.

All other employees can use the following Web sites for benefits information and to enroll in 2007 plans:

- Information, forms and links to all the plans: www.oregon.gov/das/pebb.
- Online enrollment: <https://pebb.benefits.oregon.gov/members>

If you don't have access to the Web at work and don't receive a 2007 benefits handbook by October 1, contact your payroll, personnel or benefit office.

Public Meetings

The Benefit Board and its subcommittees usually meet monthly. Times and locations are subject to change. For

schedules, please check the Meetings section of the PEBB Web site: oregon.gov/das/pebb/meetings.shtml.

Back-to-School Physicals in PEBB Plans

Summers fly by. If you have kids, your September plans may include back-to-school physicals. PEBB medical plans differ in coverage levels for such exams based on the type of provider you see. They also have different schedules. Here's a summary. Call your plan's customer service line if you have questions or need more information.

Kaiser Permanente HMO

Kaiser HMO providers work with each member to determine the need for and timing of preventive exams. The plan's recommendation is every two years after the age of six. The services are fully covered in the HMO. If you see a provider who is not in the HMO, you pay the full cost. Member Services: (503) 813-2000 (Portland) or (800) 813-2000.

Kaiser Permanente POS

This plan covers preventive exams in full if you see a provider in the Kaiser HMO (Tier 1) or a CNN Network Preferred Provider (Tier 2). If you see an out-of-network provider, you will pay 30 percent of the cost. On Tiers 2 and 3, coverage for preventive exams is capped at \$300 per member per year. After that, you pay 100 percent of charges. Member Services: (503) 813-2000 (Portland) or (800) 813-2000.

Providence Choice

This plan covers preventive health exams in full if you see a Providence Network Preferred Provider. If the provider says more frequent exams are needed, they will be covered, too. If you use a non-preferred provider, you will pay 30 percent of the cost. The plan's schedule covers one exam per year for children age two through six and one exam every two years for children age seven through 19. Customer Service: (503) 574-6620 (Portland) or (800) 423-9470

Regence BlueCross BlueShield

Regence covers preventive health exams in full for dependents age two through 18 once every three years if you see a preferred provider. If you see a non-preferred provider, you pay 30 percent of the cost. Customer Service: (503) 220-3849 (Portland) or (800) 826-9813.

Samaritan Select

This plan covers preventive health exams in full if you see a Samaritan Network Preferred Provider. If you use a non-preferred provider, you pay 30 percent of the cost. The plan's schedule covers one exam per year for children age two through six and one exam every two years for children age seven through 18. Customer Service: (541) 768-6900 or (800) 569-4616.

2007 Medical Plan Service Areas

- **Kaiser Permanente HMO and Added Choice POS plans:** live or work (at least 50 percent of the time) in the following ZIP Codes:

Oregon Counties

Benton: 97330, 97331, 97333, 97339, 97370

Clackamas: 97004, 97009, 97011, 97013, 97015, 97017, 97022, 97023, 97027, 97034, 97035, 97036, 97038, 97042, 97045, 97049, 97055, 97067, 97068, 97070, 97086, 97222, 97267, 97268

Columbia: All

Hood River: 97014

Linn: 97321, 97322, 97335, 97355, 97358, 97360, 97374, 97389

Marion: 97002, 97020, 97026, 97032, 97071, 97137, 97301, 97302, 97303, 97305, 97306, 97307, 97308, 97309, 97310, 97311, 97312, 97313, 97314, 97317, 97325, 97342, 97346, 97352, 97359, 97362, 97373, 97375, 97381, 97383, 97384, 97385, 97392

Multnomah, Polk, Washington, Yamhill: All

Washington Counties

Clark, Cowlitz: All

Lewis: 98591, 98593, 98596

Skamania: 98639, 98648

Wahkiakum: 98612, 98647

- **Providence Choice PPO plans:** Live or work in Multnomah, Clackamas, Washington, Yamhill counties
- **Regence BlueCross BlueShield of Oregon PPO plans:** Statewide and nationwide
- **Samaritan Select PPO plans:** Live in Linn, Benton or Lincoln counties.

Dependent Care FSAs **Good News from the IRS!**

PEBB members with a dependent care flexible spending account (FSA) can now claim the following expenses that were previously denied because of IRS rules:

- Application fees and deposits for pre-kindergarten and day camp programs
- Expenses for transportation provided by a day care provider.

It gets better. If you pay for day care on a weekly or monthly basis, and you have short-term absence from work, you can request reimbursement for the entire week or month. This means if you take a few days vacation or are sick for a couple of days, you can still file a claim for the entire time period.

Clarification (not so good news)

Some people with dependent care FSAs pre-pay their day care providers monthly and submit a claim for reimbursement as soon as they pay. Under IRS rules, you can be reimbursed only **after** the services are provided. So, if you pre-pay monthly, you may want to ask your provider to give you four “weekly” receipts and submit them with your claim form at the end of each week.

Remember that, for dependent care FSAs, you can be reimbursed only the amount of funds in your account. If you submit a claim for \$500 for a month and you only have \$300 in the account, you

won't get the additional \$200 until it has been deducted from your pay and put in your account.

For More Information

BenefitHelp Solutions (BHS) administers FSAs for PEBB members. For further information, contact BHS at (800) 556-2230.

Check out Your Wellness Library

All employees have access to the State Employee Wellness Collection at the State Library. Check out the wide range of books, videos and tapes on wellness topics available through the library's online catalog. Visit www.oregon.gov/osl, select “Online Catalog,” and use the keyword “Wellness.”

PEBB Resources

PEBB

www.oregon.gov/das/pebb
Salem: (503) 373-1102
Statewide: (800) 788-0520

BenefitHelp Solutions

(FSA Administrator)
www.benefithelpsolutions.com
(800) 556-2230

Kaiser Permanente

(Medical & Dental Plans)
<http://my.kp.org/nw/pebb>
Portland: (503) 813-2000
Outside Portland: (800) 813-2000
TTY: (800) 735-2900

The ODS Companies

(Dental Plans)
www.odscompanies.com/pebb
Portland: (503) 265-5680
Outside Portland (877) 277-7280

Providence Choice

(Medical Plan)
www.providence.org/resources/pebb
Portland: (503) 574-6620
Outside Portland: (800) 423-9470

Regence BlueCross BlueShield

(Medical Plans)
www.or.regence.com/pebb
Portland: (503) 220-3849
Outside Portland: (800) 826-9813

Samaritan Select

(Medical Plans)
www.samaritanselect.com
Corvallis area: (541) 768-6900
Outside Corvallis area: (800) 569-4616

The Standard Insurance Company

(Life & Disability Plans)
www.standard.com
Life Benefits (800) 242-1888
Disability Benefits (800) 842-1707

VSP

(Routine Vision Services except Kaiser)
www.vsp.com
(800) 877-7195

Willamette Dental

(Dental Plan)
www.willamettedental.com
Portland: (503) 644-6444, Option 8
Statewide: (800) 460-7644, Option 8

UnumProvident

(Long Term Care Plan)
www.unumprovident.com/enroll/pebb
(800) 227-4165

PEBB Mission

To provide a high quality plan of health and other benefits that are affordable to both the employee and the state.