

COBRA member information

Open enrollment runs Oct. 1–31, 2019

COBRA members:

- > Must actively sign up each open enrollment period if enrolled in a medical plan
- > If only enrolled in a dental or vision plan, do not have to complete open enrollment
- > Who are enrolled in a medical plan for 2019, but do not complete open enrollment:
 - Will stay in their 2019 plan
 - Will pay \$25 per month for tobacco-use (regardless of actual use)
 - Will pay \$50 per month for spouse or domestic partner coverage
- > May have vision coverage without enrolling in a medical plan
 - Kaiser full-time medical plans include vision.
 - VSP is available to Providence and Moda members.
 - VSP offers both Basic and Plus plans.
- > May enroll in a dental plan for 2020
 - If you choose Delta Dental and didn't sign up when you were first eligible, you may have a waiting period on some services.

To enroll in your 2020 health plans:

Review the health plan regions, premiums and coverage in this Open Enrollment Guide.

- > Go to: <https://www.oregon.gov/oha/PEBB/Pages/forms.aspx> to fill out the COBRA enrollment form.
- > Mail or fax the form by Oct. 31, 2019, to BenefitHelp Solutions (BHS):
PO Box 40548, Portland, OR 97240-0548
Fax: 888-393-2943



How to contact PEBB during open enrollment

Call PEBB at 503-373-1102 during the following times:

- > Monday–Friday, 7 a.m.–6 p.m.

Email PEBB at: inquiries.pebb@dhsoha.state.or.us

How to contact BenefitHelp Solutions (BHS)

Phone: 503-412-4257

Customer service toll free: 1-877-433-6079

Mail or fax the form by Oct. 31, 2019, to:

BenefitHelp Solutions (BHS)

PO Box 40548, Portland, OR 97240-0548

Fax: 888-393-2943

COBRA member information — continued**2020 COBRA medical plan monthly premium rates**

	Self	Self & spouse/partner	Self & children	Self & family	Children only ⁷
Kaiser Traditional ²	\$811.03	\$1,622.07	\$1,378.76	\$2,189.80	\$652.10
Kaiser Deductible ²	\$744.42	\$1,488.88	\$1,265.55	\$2,009.99	\$602.45
Moda Synergy ¹	\$739.98	\$1,479.96	\$1,257.97	\$1,997.94	\$628.98
Providence PEBB Statewide ³	\$849.96	\$1,699.90	\$1,444.92	\$2,294.87	\$722.46
Providence Choice ¹	\$711.97	\$1,423.95	\$1,210.36	\$1,922.34	\$605.19
Kaiser Traditional part-time ⁶	\$686.58	\$1,373.17	\$1,167.17	\$1,853.76	\$552.05
Kaiser Deductible part-time ⁶	\$613.91	\$1,227.83	\$1,043.64	\$1,657.56	\$530.87
Moda Synergy part-time ⁴	\$602.44	\$1,204.89	\$1,024.17	\$1,626.60	\$512.08
Providence PEBB Statewide part-time ⁵	\$690.46	\$1,380.93	\$1,173.80	\$1,864.25	\$586.89
Providence Choice part-time ⁴	\$576.97	\$1,153.93	\$980.84	\$1,557.82	\$490.42

¹ Available to PEBB eligible full-time and part-time individuals in plan service area.

² Available to PEBB eligible full-time and part-time individuals in plan service area. Kaiser routine vision services.

³ Available to PEBB eligible full-time and part-time individuals.

⁴ Additional option available to eligible part-time individuals in plan service area.

⁵ Additional option available to eligible part-time individuals.

⁶ Additional option available to eligible part-time individuals in plan service area. Vision exam only.

⁷ Children only coverage is available only to COBRA & retiree participants.

2020 COBRA vision plan monthly premium rates

	Self	Self & spouse/partner	Self & children	Self & family	Children only ⁷
VSP	\$8.71	\$17.42	\$14.81	\$23.52	\$7.41
VSP Plus	\$15.25	\$30.49	\$25.92	\$41.15	\$12.96

2020 COBRA dental plan monthly premium rates

	Self	Self & spouse/partner	Self & children	Self & family	Children only ⁷
Kaiser ¹	\$66.03	\$132.06	\$112.26	\$178.29	\$53.22
Delta Dental Premier ²	\$59.48	\$118.94	\$101.10	\$160.57	\$50.55
Delta Dental PPO ³	\$54.95	\$109.90	\$93.41	\$148.37	\$46.71
Willamette Dental Group ⁴	\$57.23	\$114.48	\$97.36	\$154.60	\$48.63
Delta Dental part-time ⁵	\$42.79	\$85.61	\$72.76	\$115.56	\$36.39
Kaiser part-time ⁶	\$49.24	\$98.48	\$83.72	\$132.96	\$39.64

¹ Available to PEBB eligible individuals in plan service area.

² Available to PEBB eligible individuals.

³ Available to PEBB eligible individuals.

⁴ Available to PEBB eligible individuals; in plan facilities.

⁵ Additional option available to PEBB eligible individuals.

⁶ Additional option available to PEBB eligible individuals; in plan service area.

⁷ Children only coverage is available only to COBRA & retiree participants.

Note: All rates include 0.13% commission and 0.35% PEBB administration cost