

PEBB OPEN ENROLLMENT 2010

Who do I contact if I have questions about the new statewide plan?

WOU, Human Resources:

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<http://www.wou.edu/admin/hr/benefits.php>

Public Employees Benefit Board:

inquiries@pebb@state.or.us

503-373-1102

<http://www.oregon.gov/DAS/PEBB/>

PEBB Board, Feedback: pebb.connect@state.or.us

Where do I enroll in my plans or make changes for 2010?

PEBB.Benefits Online:

<https://pebb.benefits.oregon.gov/members!/pb.main>

Paper Forms:

<http://pebb.das.state.or.us/DAS/PEBB/forms.shtml>

Topics:

- **Choice of 2010 Healthcare Plans**
- **Coverage and Plan Design**
- **Providers and Provider Networks**
- **Premium Rates**

Choice of 2010 Healthcare Plans

What medical plans will be available for 2010?

PEBB will offer three medical plans for 2010.

1. PEBB's Statewide Plan will be available for members throughout the state.
2. The Kaiser Permanente HMO will be available to members who live (or work at least 50 percent of the time) in the Kaiser service area
3. The Providence Choice plan will be available to members who live or work in the Portland metro area.

The Board will continue to offer a version of each plan for eligible part-time employees and retirees.

Why won't the Kaiser Permanente Added Choice plan be available next year?

The Board offered this plan as a way to offer additional choice to members. In this plan, you have lower costs when you access care through the Kaiser system, but you can choose to use another provider if you're willing to pay more. Initially, 424 members enrolled; total enrollment grew to 611 over four years. With this low enrollment, the Board decided to discontinue the Added Choice plan in 2010. This offers administrative savings for the PEBB program. Members in the Kaiser service area continue to have a choice of plans.

How will PEBB's Statewide Plan differ from the current plan with Regence?

The main difference is in who acts as the insurer – who pays the difference if claims are higher than premiums and who keeps the balance if claims are lower than premiums. Regence insures the current plan. Beginning 2010, PEBB will self-insure the plan. If claims are higher than premiums, PEBB reserves will cover the difference. If claims are lower than premiums, the balance stays in the reserves.

How does Providence Health Plans figure into PEBB's Statewide Plan?

Providence Health Plans will administer PEBB's Statewide Plan. This means they will contract with a network of doctors, clinics, hospitals and other healthcare providers and

How will PEBB's Statewide Plan cover healthcare when I travel?

The plan will cover care for you and covered dependents when you travel, whether you travel out of state or internationally. The plan administrator will process claims for care you receive as required by PEBB contract. In addition, all members covered by the employer's basic life insurance have a healthcare coordination benefit when they travel, provided by Medex TravelAssist. If you or a dependent becomes ill while traveling 100 or more miles from home, Medex offers a range of assistance at no cost. Learn more here: <http://www.standard.com/eforms/12092w.pdf>.

Will I be able to rely on the same processes currently in place to get covered care when I travel?

You should follow the same processes in 2010 as you use now. Have your healthcare plans' ID cards with you – both medical and dental – and a copy of the Medex TravelAssist card or brochure (<http://www.standard.com/eforms/12092w.pdf>). If you travel outside the U.S., take a copy of your plan's claim form, as well. If you need to access care, ask the provider to contact your plan directly and immediately to make arrangements for claims.

How will the new plan cover emergency care at a hospital that's not in the network?

Your PEBB benefits cover emergency services in the emergency room of any hospital. Emergency services are covered at the in-network level when your medical condition meets the guidelines for emergency care. This coverage includes services to stabilize an emergency medical condition and emergency medical screening exams. Your plan will coordinate transition of care when your condition is stabilized.

Will I have to get another exception for the lower co-pay for my brand-name drug?

Not in most cases. If you are taking a brand-name prescription drug that is not on the formulary, and your provider has shown that only the brand drug will work for you, you will typically continue to pay the lower co-pay for the medication.

Can my plan deny coverage for abortion, sterilization or physician-assisted suicide, or make me pay upfront to access this care?

No. The Board designs the plans (what is covered and at what level), and PEBB contracts determine how claims are paid. It's important to recognize that some doctors or hospitals in a plan's provider network may choose not to offer certain covered services [08/18/09]. It's also important to choose healthcare providers based on personal values. Talk with your healthcare providers about decisions about your care.

Will the plans change how they coordinate benefits with other coverage?

No. Insurance regulations determine how plans coordinate payment for benefits when members have coverage among different plans or dual coverage within the same plan. PEBB-sponsored plans follow these regulations.

designed and insured by PEBB, instead of an insurance company. The plan offers statewide, nationwide and worldwide coverage through networks of providers [08/18/19]. PEBB has selected Providence Health Plans to administer this PEBB-insured plan. This means they will process claims and contract with providers to be in the networks.

How do I find out if my provider is in the network for PEBB's Statewide Plan?

Go to:

https://www.providence.org/PHP_ProviderDirectory/Pages/PHP/EnterSelections.aspx,

Type in your provider's name and zip code, and click "Go."

I live outside the state's borders but work in Oregon; will I need to change doctors?

The Statewide Plan network includes a large number of providers across the country [08/18/09]. You can search for the providers online through the MultiPlan Web site.

1. Go to www.multiplan.com/search/search-2.cfm?originator=84450.
2. Select "Doctor" or "Facility" and click "Continue."
3. Type in your search criteria and click "Continue."

I heard my providers are in the network; why don't they show up in the search results?

There could be a number of reasons:

1. When you search for a specific provider, you must spell the name correctly – even one letter makes a difference. For example, typing in Kelley will not return results for Kelly. Using first and last names means more opportunity for error; try using the last name only. Check the tips on the returned-results page.
2. The search sorts by distance from the zip code you enter, and your provider's zip code may be outside the default radius. Try expanding the radius from the drop-down menu.
3. Building and joining a provider network involves contracts; it can take a little time to get details in place.

Are most providers in the network for PEBB's Statewide Plan?

Currently, more than 95 percent of all providers used by PEBB members are already in the network. The plan administrator continues to broaden and refine the network. If your providers do not already contract to be in the network, you may want to encourage them to do so.

How do I encourage my providers to be included in the network? [typo corrected 08/02]

You can ask your provider, directly. You are an equal partner in your care, and there is power in partnerships. The implementation team is working through a process for PEBB

Does PEBB determine how much my providers are paid?

No. Insurance companies and plan administrators negotiate reimbursement rates as part of discussions with providers on participating in a network. These rates determine what providers are paid when they submit claims for covered services. The Benefit Board plays no role in these negotiations. Kaiser Permanente, which is an HMO, owns its facilities and employs (or otherwise engages) its own providers. It may contract for services not offered inside the HMO. PEBB plays no role in these contracts.

Do providers in the network accept the plan's reimbursement plus my coinsurance as payment in full?

Yes. That is one element that determines a provider's participation in the network. Providers must meet other criteria, as well.

Can out-of-network providers bill me for more than usual and customary rates?

Yes, out-of-network providers may "balance bill." You may want to ask out-of-network providers if they charge based on usual and customary rates; if they don't, ask if they balance bill for their charges beyond usual and customary rates. If you choose to continue receiving care from an out-of-network provider who will charge more than the usual and customary rates and balance bill, you may want to compare how the charges will affect your healthcare costs in 2010. Note that your plan covers emergency care at the in-network rate when your medical condition meets the guidelines for emergency care.

How can I compare one plan's network with another?

You will usually get more-accurate results by searching for specific providers rather than comparing networks. Provider networks are fluid; a provider not in the network today may be in-network tomorrow. Plans may sort their lists of providers using different criteria. For example, you may see a provider listed in one plan's network under the heading of "internal medicine," but that provider may work exclusively as a hospitalist who sees only patients admitted to a hospital. If a specific provider is not listed in a plan's network, you may want to call the provider's office to ask about network status.

When will details on the networks be in place?

PEBB tries to post detailed information on benefits for the coming plan year the month prior to Open Enrollment. Open Enrollment is the first opportunity for members to enroll in benefit plans for the coming plan year; it's typically held during October [08/19/09].

Frequently Asked Questions

Q: Will having Providence Health Plans administer PEBB's Statewide Plan affect my medical plan?

A: No. While Providence Health Plans will administer PEBB's Statewide Plan, it is the Benefit Board that designs the plan – what is covered and at what level. The plan design has not changed.

Q: How do I know if my doctor is in the plan's network?

A: Your current physician is most likely in the PEBB Statewide Plan network. More than 11,000 providers in Oregon and Southwest Washington participate in the network, as well as 58 hospitals in Oregon, Southwest Washington and west-central Idaho.

You can find out whether your provider is in the plan's network online at www.providence.org/healthplans/pebb.

Q: What if the provider I want to see is not in the PEBB Statewide Plan network?

A: You are free to choose any provider you like for your care. If the provider you choose is not in the plan's network, your coinsurance level may be higher, and the provider may bill you for charges that exceed what we have determined are the usual and customary charges for such services. You can also request that your provider participate in our network. This is a simple process; just have your provider's office contact us at (888) 568-2482, or (800) 711-4577 for behavioral health providers.

Q: Do I need to get a referral to see a provider who is not in the network?

A: You may see your choice of out-of-network providers, including specialists, without a referral or prior authorization.

Q: Will I still be able to go to OHSU?

A: Yes. The network includes OHSU and Doernbecher hospitals, clinics, and providers. Treatment for trauma, burns, high-risk obstetrics and many pediatric services at Legacy hospitals is also covered as in-network.

Q: How do I arrange for mail-order pharmacy services?

A: You can have your prescriptions mailed to you from your choice of three mail-order pharmacies: Well Partner, Walgreens, and Postal Prescription Services. For your convenience, the PEBB Statewide Plan also offers a 90-day supply of maintenance drugs at the mail order copay through Walgreens, Fred Meyer, Costco, QFC, Safeway, and Yoke's.

Q: Someone in my family is undergoing treatment right now. How do I make sure she can keep getting the care she needs?

A: If you or a family member is currently receiving care for a serious medical condition, please complete and send us a transition of care form during open enrollment so that we have the most complete and up-to-date information.

Q: I have a disabled dependent in my family. Will he need to be re-certified to continue health care coverage?

A: If there is a disabled dependent in your family, he or she does not need to be re-certified in order to continue receiving coverage. You will simply need to call the PEBB Statewide Plan Customer Service number available beginning in mid-September to make sure we have the correct information.

Q: I have a child who will be attending college in another state. Will she still be covered by my insurance?

A: Dependents who meet PEBB eligibility requirements are covered just as you are for both in-network and out-of-network benefits. In order to receive in-network benefits, your child would need to see a doctor who participates in the national network.



2010 PEBB Medical Plans

Posted June 15, 2009

Available to all eligible members

Projected as of June 15, 2009. Elements may change before the start of the plan year

Plans may: cover preventive services on recommended schedules; require prior authorization for some goods or services; place limits on type, number, frequency, source or maximum coverage of goods or services.

1. Healthcare

Medical Plan	PEBB Statewide		Kaiser Permanente*	Providence Choice (Portland Metro area)	
	In Network	Out of Network	HMO	Medical Home	Other
Individual Out-of-pocket Maximum	\$1,000	\$2,000	\$600	\$1,000	\$2,000
Family Out-of-pocket Maximum	\$3,000	\$6,000	\$1,200	\$3,000	\$6,000
Individual Lifetime Maximum	\$2 million	\$2 million	No limit	\$2 million	\$2 million
Service	You pay	You pay	You pay	You pay	You pay
General Office Visit	15%	30%	\$5	\$5	30%
Specialist Office Visit	15%	30%	\$5	\$5	30%
Imaging and Labs	15%	30%	\$0	\$0	30%
Health Appraisal	\$0	30%	\$0	\$0	30%
Immunizations	\$0	\$0	\$0	\$0	\$0
Hearing Exams	15%	30%	\$5	\$5	30%
Cancer Screenings	\$0	30%	\$0	\$0	30%
Ambulance	15%	15%	\$75	\$75	\$75
Hospital Inpatient/day	15%	30%	\$50**	\$50**	30%
Hospital Outpatient	15%	30%	\$5	\$5	30%
Hospital Emergency Department	15%	30%	\$75	\$75	50%
Surgery Inpatient/day	15%	30%	\$50**	\$50**	30%
Surgery Outpatient Office	15%	30%	\$5	\$5	30%
Childbirth (prenatal, delivery, postpartum)	15%	30%	\$0	\$0	30%
Mental Health Inpatient & Residential/day	15%	30%	\$50**	\$50**	30%
Mental Health Outpatient	15%	30%	\$5	\$5	30%
Diabetic Supplies, Insulin	\$0	\$0	\$0	\$0	\$0
Hearing Aids (\$4,000 once in 4 years)	10%	10%	10%	10%	10%
Durable Medical Equipment	15%	30%	\$0	15%	30%
Chiropractic, Acupuncture, Naturopathic	30%	30%	\$10	\$10	\$10
Physical Therapy	15%	30%	\$5	\$5	30%

*Available in Kaiser service area; plan pays nothing for non-emergency services accessed outside the HMO

**\$250 max per admittance