



2025-2026 Mandatory Benefits Open Enrollment Non-Represented and SEIU



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Included in this packet:

- Open Enrollment Newsletter
- 2025—2026 Rate Sheet & Plan Comparison
- Flexible Spending Account (FSA) Flyer
- Wellness Flyers

Mandatory Open Enrollment August 15, 2025 – September 5, 2025

- The Oregon Educators Benefit Board (OEBB) is requiring a mandatory Open Enrollment. Even if you want to keep the same plans and dependents, you must make an election (including opt-out) for the 2025-2026 plan year.
- Open enrollment is also your annual opportunity to make plan changes and to add or remove dependents outside of a qualifying life event. Elections are effective October 1, 2025.
- If you want a healthcare or dependent care Flexible Spending Account (FSA) or a Health Savings Account (HSA), you must re-enroll in these accounts during Open Enrollment to continue participating for the new plan year. See page 4 for additional information.

Enrollment links: www.pps.net/Page/7105

In Person Benefits Fair & Enrollment Lab Schedule

Type	Date	Time	Location
Benefit Fair & Enrollment Lab (Insurance carriers on-site, online enrollment help & door prizes!)	August 18, 2025	3:30—5:30 pm	PEC lobby
Enrollment Lab at Nutrition Services Back to School	August 21, 2025	12:00 pm —2:00 pm	McDaniel
Enrollment Lab	August 28, 2025	2:00—5:00 pm	PEC lobby
Enrollment Lab	September 4, 2025	11:00—3:00 pm	PEC lobby

PEC located at 501 N Dixon Street Portland, OR

Online Resources

PPS Open Enrollment Website & Enrollment Links: <https://www.pps.net/Page/7105>
OEBB website OEBBinfo.com

What is changing? Effective October 1st

MODA

- The individual deductible increases by \$300 for all medical plans (see plan comparison)
- The individual out-of-pocket maximum (OOPM) increases by \$900 for all medical plans (see plan comparison)
- Various copay increases by \$5 (see plan comparison)
- Moda plan 1 only: the family deductible and family OOPM is 2x the individual deductible and OOP maximums (previously 3x)
- Moda plan 6 only: diagnostic breast exams are not subject to the deductible and are now covered at 100%
- New! Garner program to help find the best doctors based on patient outcomes and reimburse for some out-of-pocket medical costs when you visit these doctors of up to \$700 individuals/\$1400 for families. This includes your deductible, copay or coinsurance. More information: <https://www.modahealth.com/oebb/members/summaries.shtml>

KAISER

The following changes apply to Kaiser medical plan 1 only

- The deductible increases to \$400 individual/\$800 family (previously no deductible)
- The out-of-pocket maximum increases to \$1700 individual/\$3400 family (previously \$1500/\$3000)
- office visits increase by \$5
- Lab/X-ray increase by \$15
- New coinsurance (after deductible) for hospital, emergency room, outpatient surgery, skilled nursing, and clinically administered medicine (see plan comparison)

DENTAL PLANS

The following change applies to Kaiser dental plan only

- The annual benefits maximum decreases to \$3000 (previously \$4000)

FLEXIBLE SPENDING ACCOUNT

- The annual limit for Health FSA will increase to \$3300. See page 4 of this newsletter and the enclosed flyer for further details and enrollment information.

HEALTH SAVINGS ACCOUNT (for High Deductible Health Plan Kaiser 3 or Moda 6 only)

- Full-time employees enrolling in Moda 6 or Kaiser 3 medical plans must complete the PPS HSA enrollment/authorization google form during open enrollment to receive the district contribution. See page 4 of this newsletter for further details and the enrollment link.
- In 2026, the annual limit for HSA will increase to \$4,400 for employee only and \$8,750 for employee + dependents. District contributions count toward the annual limit. Please note, the annual limits run on the tax year, not on the plan year.

Important Reminders

- **OEBB timelines differ from PPS.** Please honor the PPS timeline of August 15 through September 5, 2025, as the system will lock you out at midnight on September 5th.
- Your deductible and out of pocket maximums coincide with the plan year, which is 10/1/25 through 9/30/26.
- If you make an election change on OEBB’s enrollment site, a summary will appear once you complete and submit your enrollment. The premiums on this summary are the total cost, not the rates PPS employees pay. Refer to the enclosed rate sheet for the monthly PPS employee rates.
- Eligible employees are automatically enrolled in basic life and long term disability insurance, paid by PPS, when either enrolled in a medical plan or opting out.

Contact Information

Canopy	800-433-2320	www.my.canopywell.com
Kaiser	866-223-2375	my.kp.org/oebb/
Moda	866-923-0409 503-265-2909	modahealth.com/oebb/
OEBB	888-469-6322	Enroll: oebbenroll.com Info/webinars: OEBBinfo.com
Optum (Health Savings Account)	877-470-1771	www.mycdh.optum.com
PacificSource (Flexible Spending Account)	877-470-1771	https://psa.consumer.pacificsource.c om/
PPS Benefits	503-916-6464 benefits@pps.net	https://www.pps.net/Page/7105
UNUM (Long Term Care)	800-227-4165	http://unuminfo.com/oebb Enroll: https://www.pps.net/Page/7105
Standard Insurance (Life and Long Term Disability)	866-756-8115	www.standard.com/mybenefits/oebb
Vision Service Plan (VSP)	800-877-7195	VSP.com

Plan Information continued...

IMPUTED INCOME

- **Life insurance**—Per IRC section 79, group-term life insurance in excess of \$50,000 which is paid for by the employer is subject to imputed costs. This means the value of your life insurance in excess of \$50,000 will be subject to Social Security and Medicare taxes.
- **Domestic Partner**—The IRS considers health coverage for a domestic partner a taxable fringe benefit that must be included in the employee's gross income. This means that if you enroll your domestic partner, you will pay income tax and Social Security payroll tax on the fair market value of your partner's coverage.

UNUM LONG-TERM CARE INSURANCE

- Long-Term Care is an optional benefit available to you. Long-Term Care is the type of care you may need if you are unable to independently perform the basic activities of daily living or if you have a severe cognitive impairment. Long-term Care insurance will help pay for a home health aide, an assisted living facility or a private nursing home not covered by health insurance or Medicare. Learn more at: <https://unuminfo.com/oebb/>.

PacificSource Flexible Spending Account (FSA)

- The 2025-2026 FSA plan year is October 1, 2025 through September 30, 2026.
- Refer to the enclosed FSA flyer to learn more about the healthcare and dependent care tax savings plans and how to enroll. **Employees MUST re-enroll to continue participation in the new plan year.**
- Enroll online by September 5, 2025 through PacificSource Administrators at <https://psa.consumer.pacificsource.com/>. Refer to the enclosed FSA flyer for enrollment instructions.
- If you are enrolled in a High Deductible Health plan with a Health Savings Account, you may elect a Limited FSA for vision and dental expenses only and/or a dependent care FSA for daycare expenses.

OPTUM Health Savings Account (HSA)

If you are a full-time employee enrolled in a High Deductible Health plan (MODA PLAN 6 or KAISER PLAN 3), you are eligible for a Health Savings Account. If you are dual covered under another medical plan, including Medicare, please email benefits@pps.net as you may not be eligible for an HSA.

To receive a monthly District contribution and/or to elect your own pre-tax contribution to your HSA, you MUST submit the online enrollment/authorization form by September 5, 2025 at <https://www.pps.net/Page/18852>.

If you are planning to retire in the next year, carefully consider what medical plan you will enroll in during open enrollment. You cannot contribute (or receive district contributions) to a Health Savings Account once Medicare coverage starts. Please note that gaining Medicare is NOT a qualifying event to change health plans mid-year.

Plan Information

OPT-OUT

- Employees may receive a taxable amount of \$400/month to opt-out of coverage with PPS. This is available to active, full-time employees who choose not to enroll in medical, dental, and vision benefits and can prove that they have other employer-sponsored coverage, Medicare or Tricare. (See below for restrictions).
- **Opt-out restrictions**—OEBB covered employees who are enrolled in certain other health insurance coverages are NOT eligible for the district opt-out incentive payment. This includes employees with coverage through the individual market, Oregon Health Plan (OHP), Veterans Administration, or Student Health Insurance. Employees in this situation must check WAIVE when enrolling, instead of OPT-OUT.
- If you are currently enrolled in the OPT-OUT option, your election will NOT roll over. You may be asked to provide proof of your other coverage. If you are not currently opted out and want to elect this option, be sure to choose OPT-OUT (not WAIVE) when enrolling online.

QUALIFYING PLAN CHANGES (LIFE EVENTS)

A qualified status change, often referred to as a life event, is a change in work or family status that allows limited mid-year changes to benefit. These changes are allowed outside of the annual open enrollment period, if reported timely. You must initiate enrollment and provide the required supporting documentation to PPS Benefits within 31 days of the event. To make a change, refer to information here: <https://www.pps.net/Page/7324>.

Examples of allowable changes include:

- Gain Spouse or Domestic Partner by marriage or meets Domestic Partner eligibility.
- Loss of Spouse or Domestic Partner by divorce, annulment, death or termination of Domestic Partnership.
- Gain Dependent by birth, placement for/or adoption or Gain Domestic Partner's children by Affidavit of Domestic Partnership. Report change within 60 days of event.
- Employee experiences a change in employee group which affects plan option availability.
- Spouse/Domestic Partner or child starts new employment or other change in employment status which affects eligibility.
- Termination of Spouse/Domestic Partner's or child's employment or other change in employment status which results in a loss of eligibility under their employer's health coverage. Report change within 60 days of change.
- Move which causes loss of eligibility (ex. leave HMO network).

For a complete list of allowable qualified status changes: <https://www.oregon.gov/oha/OEBB/Pages/QSC-Matrix.aspx>

Plan information continues on page 4