

Benefit Newsletter



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2015-16 OEGB PLAN OPTIONS

OEGB IS **TERMINATING** CURRENT MEDICAL,
DENTAL & VISION INSURANCE FOR
ALL EMPLOYEES EFFECTIVE 9-30-2015.

YOU MUST **RE-ENROLL** TO HAVE INSURANCE
COVERAGE FOR THE 2015-16 PLAN YEAR.

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**YOU MUST
COMPLETE YOUR
ENROLLMENT BY
MIDNIGHT,
SEPTEMBER 5.**

**BENEFITS FAIR
WEDNESDAY
SEPTEMBER 2
9:30 am - 4:00 pm
REYNOLDS HIGH
SCHOOL
MULTIPURPOSE
ROOM**

OR

GET HELP AT ONE
OF THE SCHOOL
COMPUTER LABS.
SEE CALENDAR
BELOW.

Medical Plans: There are no changes in the medical plan offerings this year. Kaiser made some changes to their prescription coverage and Moda made some changes to the annual maximum calculation. See the OEGB Open Enrollment Guide for more information.

Dental Plans: There are additional Moda/ODS dental plans available this year. For a summary of plan benefits, see the OEGB Open Enrollment Guide, page 25. Kaiser and Willamette dental plans are still available. You do not have to be enrolled in Kaiser medical in order to enroll in Kaiser dental.

Vision Plans: There are additional Moda vision plans available this year. For a summary of plan benefits, see the OEGB Open Enrollment Guide, page 28. Kaiser vision is available only to Kaiser medical enrollees.

Open Enrollment August 15 – September 5

If you have not received your OEGB Open Enrollment Guide by August 15, please call OEGB at 888-469-6322.

Healthy Futures is Changing: Even if you did not participate in Healthy Futures for 2014-15, you have a second chance to lower your deductible/copays this October. See detailed plan information in the OEGB Open Enrollment Guide, page 32.

New OEGB Fitness Rewards: This is a gym membership reimbursement benefit. For details of the plan, see the OEGB Open Enrollment Guide, page 30.

No Cost Wellness Activities:

Better Choices, Better Health-Managing Chronic Conditions

MoodHelper-Depression Management

Quit for Life-Tobacco Cessation

WeightWatchers-Weight Management

Healthy Team Healthy U-Team-Based Wellness.

Be sure to check out these programs. Contact information is in the OEGB Open Enrollment Guide, page 31, or visit the OEGB website.

Computer labs available for Benefits Enrollment

August 24	9:00-11:00 11:30-1:30	Reynolds Middle School Hartley Elementary
August 25	9:00-11:00 11:30-1:30 2:30-4:30	Reynolds High School Walt Morey Middle School Sweetbriar Elementary
August 26	9:00-11:00 11:30-1:30	H.B. Lee Middle School Glenfair Elementary

SUPPLEMENTAL BENEFITS

Life Insurance

The District provides a \$20,000 term life and accidental death and dismemberment policy for **all** District employees as stated in your respective contracts. Values of the optional employee life plan and spouse/partner life plan can range from \$10,000 to \$500,000, in \$10,000 increments. Optional child life values are available between \$2,000 and \$10,000, in \$2,000 increments. The employee must be enrolled to receive dependent coverage, and the amount of spouse insurance may not exceed the value of the employee's insurance. Rates for the optional life plans are listed on Page 3. Unless you are a new employee, enrollment may require approval by the Standard Insurance Company.

Short Term Disability

The optional Short Term Disability plan has a 7-day waiting period with a 90-day benefit paid at 60% of your average monthly wage. The cost for an employee earning \$2,500 per month would be about \$22.00 per month. The rate for short-term disability is listed on Page 3. Unless you are a new employee, some restrictions may apply if you are a new enrollee.

Section 125 Cafeteria Plan – Flexible Spending Accounts

This plan offers employees a way to pay for eligible medical or dependent day care expenses with pre-tax dollars from monthly paychecks. Select the amount to be deducted, and the funds are set aside to be used for eligible expenses throughout the year. The maximum amount that may be deducted by an employee per year is \$2,500 for medical and \$5,000 for dependent day care. Open enrollment for the 2016 flexible spending account is in December. A newly hired employee may enroll for the balance of the 2015 year (September through December).

Weight Watchers

Employees may sign up for Weight Watchers using their OEBB medical benefit. Weight Watchers will sign you up and bill your medical carrier directly, just like any other medical claim. You must call the OEBB dedicated number (1-866-531-8170) to sign up. The medical carriers will NOT reimburse members who pay Weight Watchers directly.

Employee Assistance Program (EAP)

EAP provides services to help people privately resolve issues that may interfere with work, family, and other important areas of life. Services include counseling, work-life balance, and wellness resources. There is no cost for employees or employee family members for using EAP services. Anyone dependent on the employee's income, regardless of age or where they live, and anyone living in the employee's household, related or not, may access these services for free.

Long Term Care (LTC) Insurance

Whether it's due to accident or illness, LTC is the type of care available to those who cannot independently perform the basic activities of daily living (bathing, dressing, eating, etc.), or for those who have suffered severe cognitive impairment from a condition such as Alzheimer's disease. Cost of LTC insurance is based on the age of the employee and the level of the benefit selected. More information can be accessed at the Unum website (see Page 4).

Dental & Vision Coverage: If you do not enroll yourself or a dependent in **dental and/or vision** coverage when initially eligible, and choose to enroll during a future Open Enrollment period, you and/or your dependents will be enrolled in the Basic Plan for the first 12 months. The Basic Plan covers only diagnostic and preventive care for dental, and routine eye exams for vision.

FUTURE CHANGES

Once open enrollment is over, it is your responsibility to advise the Human Resources department of any qualified status changes **within 30 days** of the qualifying event (e.g., dependent eligibility, marital status, name, newborn, adoption).

The Open Enrollment function on MyOebb will be available from August 15 to midnight, September 5

District Benefit Contribution for 2015-16

Licensed ¹	Prorated per FTE	\$1,250.00 ³
Classified ²	12 months	\$1,250.00 ³
Classified ²	195 or more days	\$1,038.00 ³
Classified ²	194 or less days	\$ 938.00 ³

¹REA members opting out of medical insurance will be limited to half of the District's monthly benefit contribution to allocate toward supplemental insurance. (REA Contract, Article 23, Section G)

²OSEA members will have the choice of allocating fringe benefit dollars to any medical, dental, vision, disability, and/or life insurance. Half of any balance is available for use on any other district-provided supplemental insurance currently available through district agents of record. (OSEA Contract, Article 4, Section B)

³You may be eligible for an additional contribution from the pool. See REA contract, Article 23, Section G, or OSEA contract, Article 4, Section E.

2015-16 BENEFIT RATES

Rates & plans will be effective October 1, 2015 to September 30, 2016

MEDICAL		Employee	Emp + Sp	Emp + Ch	Family
Kaiser HMO Plan 1	\$0/\$20/\$30 copay	586.08	1,289.40	1,113.57	1,816.87
Kaiser High deductible Plan 3	\$1500/\$3000 ded; 20%	359.49	790.88	683.03	1,114.41
Moda Plan A Statewide	\$200/\$600 ded	876.95	1,929.33	1,666.27	2,718.65
Moda Plan As Synergy*	\$200/\$600 ded	812.62	1,787.79	1,544.04	2,519.20
Moda Plan B Statewide	\$350/\$1050 ded	702.69	1,545.92	1,335.14	2,178.38
Moda Plan Bs Synergy*	\$350/\$1050 ded	651.14	1,432.51	1,237.19	2,018.58
Moda Plan C Statewide	\$500/\$1500 ded	586.46	1,290.19	1,114.27	1,818.03
Moda Plan Cs Synergy*	\$500/\$1500 ded	543.43	1,195.55	1,032.52	1,684.66
Moda Plan F Statewide	\$1250/3750 ded	469.25	1,032.35	891.60	1,454.72
Moda Plan Fs Synergy*	\$1250/3750 ded	434.62	956.18	825.81	1,347.37

*You must choose a medical home for the Synergy plans. Out-of-network charges apply to all visits to non-medical home providers.

*Not all hospitals are participating in the Synergy plans. Be sure to check the Moda website for details.

VISION		Employee	Emp + Sp	Emp + Ch	Family
Kaiser Vision Plan 5	\$5 copay	7.67	16.86	14.56	23.76
Moda Vision Plan 1	Max \$250/yr	12.20	26.88	23.19	37.84
Moda Vision Plan 2	Max \$350/yr	16.03	35.30	30.48	49.73
Moda Vision Plan 3	Max \$450/yr	18.08	39.79	34.36	56.04
Moda Vision Plan 4	Max \$600/yr	21.17	46.54	40.19	65.59

DENTAL		Employee	Emp + Sp	Emp + Ch	Family
Kaiser Dental Plan 8	\$20 copay	66.81	147.01	126.96	207.13
ODS Dental Plan 1	Max ben \$2,200; \$50 ded	63.15	125.09	139.11	206.00
ODS Dental Plan 2	Max ben \$1,500; \$50 ded**	56.34	111.53	125.37	185.02
ODS Dental Plan 3	Max ben \$1,500; \$50 ded**	55.13	109.16	122.95	181.33
ODS Dental Plan 4	Max ben \$1,500; \$50 ded**	51.88	102.76	116.45	171.39
ODS Dental Plan 6 (no ortho)	Max ben \$1,200; \$50 ded	41.69	82.54	83.78	127.98
Willamette Dental 8	\$20 copay	40.14	79.48	84.57	127.11

**See plan summary for details. Plans 2 & 3 are incentive plans but don't have same coverage. Plan 4 is not an incentive plan.

Optional Employee Life		
Guarantee issue \$100,000***		
\$10,000 - \$500,000 Max Benefit		
Rate per \$10,000 of benefit		
Age as of Oct 1	Non-tobacco user in past 12 mos	Tobacco user in past 12 mos
Under 25	\$0.40	\$0.57
25 - 29	\$0.45	\$0.64
30 - 34	\$0.50	\$0.80
35 - 39	\$0.70	\$1.00
40 - 44	\$1.00	\$1.43
45 - 49	\$1.50	\$2.12
50 - 54	\$2.30	\$3.24
55 - 59	\$4.30	\$5.93
60 - 64	\$6.60	\$9.04
65 - 69	\$12.70	\$17.02
70 - 74	\$14.80	\$20.60
75+	\$20.60	\$26.40

Optional Spouse Life		
Guarantee issue \$30,000***		
\$10,000 - \$500,000 Max Benefit		
Rate per \$10,000 of benefit		
Age as of Oct 1	Non-tobacco user in past 12 mos	Tobacco user in past 12 mos
Under 25	0.52	0.75
25 - 29	0.62	0.89
30 - 34	0.83	1.19
35 - 39	0.94	1.36
40 - 44	1.15	1.66
45 - 49	1.78	2.52
50 - 54	2.62	3.71
55 - 59	4.72	6.53
60 - 64	7.13	9.78
65 - 69	13.63	18.29
70 - 74	16.34	21.46
75+	37.74	48.38

Short Term Disability	
Benefit Waiting Period	7 days
Benefit Amount	60%
Benefit Duration	90 days
Max Weekly Benefit	\$1,500
Premium	
.00857 times your average monthly wage	

Long Term Care
Go to website for plans & rates
<http://unuminfo.com/oebb/default.aspx>

Optional Child Life
\$2,000 - \$10,000 Max Benefit
Rate per \$2,000 of benefit
0.10

***Guarantee issue only available to new employees.

CONTACT INFORMATION

Oregon Educators Benefit Board (OEBB)

MyOEBB Employee website: myoebb.org

Questions: 1-888-469-6322 or 1-888-4MYOEBB

Information website: www.oregon.gov/OHA/OEBB

Kaiser: 1-866-223-2375 my.kp.org/oebb

Moda: 1-866-923-0409 (Medical/Vision) www.modahealth.com/oebb
1-866-923-0410 (Dental)
1-866-923-0411 (Pharmacy)

Willamette: 1-800-460-7644 www.willamettedental.com/oebb

Employee Assistance Program:

1-866-750-1327 www.myrbh.com Access code: OEBB

Weight Watchers:

1-866-531-8170

Flexible Spending Accounts (American Fidelity Assurance):

1-800-325-0654 americanfidelity.com

The Standard: 1-866-756-8115 www.standard.com/mybenefits/oebb/

UNUM: 1-800-227-4165 unuminfo.com/oebb/

The following companies provide supplemental insurance outside of the OEBB system:

Aflac Representative: Penny Mouser, 971-221-7378, penny_mouser@us.aflac.com

American Fidelity Representative: Kathy Nagy, 877-293-1090 ext. 37,
kathy.nagy@americanfidelity.com

Colonial Life Representative: Rita Robinson, 503-557-4997, rita.robinson@coloniallife.com

New York Life Representative: Kevin Kirkpatrick, 503-341-5879, kkirkpatric@ft.newyorklife.com