

# Benefit Newsletter



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## 2016-17

### OEBB PLAN OPTIONS

OEBB IS **TERMINATING** CURRENT MEDICAL, DENTAL & VISION INSURANCE FOR ALL EMPLOYEES EFFECTIVE 9-30-2016.

YOU MUST **RE-ENROLL** TO HAVE INSURANCE COVERAGE FOR THE 2016-17 PLAN YEAR.

### This Issue

- Open Enrollment Highlights
- Supplemental Benefits
- District Benefit Contribution
- 2016-2017 Rates
- Contact Information

### Open Enrollment August 15 – September 5

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

**Medical Plans:** There are no changes in the Kaiser medical plan this year. Moda Health plan offerings have changed significantly. The four available plans will have different deductibles and out-of-pocket maximums. Note that the Alder plan is only available in the Synergy model. If you are currently enrolled in Plan A with a \$200 deductible, you will have to choose a plan with either \$400 or \$800 deductible. For more details, see the OEBB Open Enrollment Guide, page 8. All Synergy plans require you to choose a Medical Home for yourself and your dependents. For in-network benefits your providers must be in the applicable network. PPO plans are in the Connexus network; CCM or Synergy plans are in the Synergy network. You can find provider network information at [www.Modahealth.com](http://www.Modahealth.com) under Find Care.

**Dental Plans:** The same dental plans are available through Kaiser and Willamette. However, the Kaiser dental plan will now have an annual maximum of \$4,000. You do not have to be enrolled in Kaiser medical in order to enroll in Kaiser dental. Moda plans will also be the same but will be called Delta Dental. All dental plans will now include coverage for night guards. For more details, see the OEBB Open Enrollment Guide, page 13.

**Vision Plans:** Both Kaiser and Moda have made changes to their vision plans. Kaiser is merging allowances into one benefit maximum of \$250. Moda will be offering three options: Opal \$600 benefit; Pearl \$400; and Quartz \$250. For details see the OEBB Open Enrollment Guide, page 14.

**Healthy Futures:** If you are a current Healthy Futures participant, you must report your two healthy actions during Open Enrollment. If you want to participate in 2016-17, see detailed plan information in the OEBB Open Enrollment Guide, page 15.

**OEBB Fitness Rewards:** Reimbursement requests for the 2015-16 benefit year, must be received by OEBB by December 31, 2016. For plan details, and directions for enrolling in the plan for 2016-17, go to [www.oregon.gov/oha/OEBB](http://www.oregon.gov/oha/OEBB) under Wellness.

#### 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.

Check out these programs at [www.oregon.gov/oha/OEBB](http://www.oregon.gov/oha/OEBB) under Free Wellness Resources.

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

**BENEFITS FAIR  
MONDAY  
AUGUST 29  
9:30 am - 4:00 pm  
REYNOLDS HIGH  
SCHOOL  
MULTIPURPOSE  
ROOM**

OR

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

### Computer labs available for Benefits Enrollment

- August 22, 9:00 am-1:00 pm** Walt Morey Middle School
- August 23, 9:00 am-1:00 pm** Reynolds Middle School
- August 24, 9:00 am-1:00 pm** H.B. Lee Middle School

# 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 \$2,550 for medical and \$5,000 for dependent day care. Open enrollment for the 2017 flexible spending account is in December. A newly hired employee may enroll for the balance of the 2016 year.

## 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.

## MIDYEAR/QUALIFIED STATUS CHANGES

It is your responsibility to advise the Human Resources department within thirty (30) days if you experience any life changes which affect your benefits (e.g., dependent eligibility, marital status, name, newborn, adoption). Qualified status changes allow you to make midyear changes to your enrollments. Restrictions may apply.

**Licensed employees:** There is a change in the way you can use your district benefit contribution in 2016-17. Be sure you understand the new contract clause (REA Contract, Article 23, Section B, Paragraph 3).

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

### District Benefit Contribution for 2016-17

Licensed <sup>1</sup>	Prorated per FTE	\$1,300.00 <sup>3</sup>
Classified <sup>2</sup>	12 months	\$1,300.00 <sup>3</sup>
Classified <sup>2</sup>	195 or more days	\$1,079.00 <sup>3</sup>
Classified <sup>2</sup>	194 or less days	\$ 975.00 <sup>3</sup>

<sup>1</sup>REA members will have the choice of allocating fringe benefit dollars to medical, dental, and vision premium. One-half of the unused portion is available for use on any other district-provided supplemental insurance currently available through district agents of record (REA Contract, Article 23, Section B, Paragraph 3). REA members opting out of medical insurance will be limited to one-half of the District's monthly benefit contribution to allocate toward supplemental insurance (REA Contract, Article 23, Section G).

<sup>2</sup>OSEA members will have the choice of allocating fringe benefit dollars to any medical, dental, vision, disability, and/or life insurance. One-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)

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

# 2016-17 BENEFIT RATES

Rates & plans will be effective October 1, 2016 to September 30, 2017

<b>MEDICAL</b>		<b>Employee</b>	<b>Emp + Sp</b>	<b>Emp + Ch</b>	<b>Family</b>
Kaiser HMO Plan 1	\$0/\$20/\$30 copay	588.98	1,295.78	1,119.08	1,825.86
Kaiser High Deductible Plan 3	\$1600/\$3200 ded; 20%	354.78	780.98	673.83	1,100.06
Moda Birch Plan PPO	\$800/\$2400 deductible	613.03	1,348.64	1,164.75	1,900.39
Moda Cedar Plan PPO	\$1200/\$3600 deductible	552.51	1,215.51	1,049.77	1,712.81
Moda Dogwood Plan PPO	\$1600/\$4800 deductible	481.34	1,058.98	914.60	1,492.24
Moda Alder Plan Synergy*	\$400/\$1200 deductible	623.45	1,371.60	1,184.59	1,932.74
Moda Birch Plan Synergy*	\$800/\$2400 deductible	551.71	1,213.78	1,048.26	1,710.35
Moda Cedar Plan Synergy*	\$1200/\$3600 deductible	497.25	1,093.97	944.80	1,541.54
Moda Dogwood Plan Synergy*	\$1600/\$4800 deductible	433.22	953.10	823.14	1,343.03

\*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.

<b>VISION</b>		<b>Employee</b>	<b>Emp + Sp</b>	<b>Emp + Ch</b>	<b>Family</b>
Kaiser Vision Plan	Max \$250/yr	8.27	18.20	15.72	25.65
Moda Opal Vision Plan	Max \$600/yr	21.92	48.20	41.62	67.92
Moda Pearl Vision Plan	Max \$400/yr	17.89	39.41	34.03	55.53
Moda Quartz Vision Plan	Max \$250/yr	12.64	27.83	24.01	39.19

<b>DENTAL</b>		<b>Employee</b>	<b>Emp + Sp</b>	<b>Emp + Ch</b>	<b>Family</b>
Kaiser Dental Plan 8	\$20 copay; \$4000 annual max	71.91	158.23	136.65	222.94
Delta Dental <sup>1</sup> Plan 1	Max ben \$2,200; \$50 ded	63.46	125.71	139.80	207.02
Delta Dental <sup>1</sup> Plan 2	Max ben \$1,500; \$50 ded	56.62	112.09	125.99	185.94
Delta Dental <sup>1</sup> Plan 3	Max ben \$1,500; \$50 ded	55.40	109.70	123.56	182.22
Delta Dental <sup>1</sup> Plan 4	Max ben \$1,500; \$50 ded	52.14	103.27	117.03	172.24
Delta Dental <sup>1</sup> Plan 6 (no ortho)	Max ben \$1,200; \$50 ded	41.90	82.95	84.19	128.61
Willamette Dental Plan 8	\$20 copay	41.93	83.03	88.35	132.77

<sup>1</sup>Dental plans 1-6 have not changed carriers, just names. You may see either name in various places. Moda Health is the correct carrier to contact about these plans.

<b>Optional Employee Life</b>		
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

<b>Optional Spouse Life</b>		
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

<b>Short Term Disability</b>	
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](http://myoebb.org), or email [OEBB.benefits@oregon.gov](mailto:OEBB.benefits@oregon.gov)

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

Information website: [www.oregon.gov/OHA/OEBB](http://www.oregon.gov/OHA/OEBB)

**Kaiser:** 1-866-223-2375 [my.kp.org/oebb](http://my.kp.org/oebb)

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

**Willamette:** 1-800-460-7644 [www.willamettedental.com/oebb](http://www.willamettedental.com/oebb)

### Employee Assistance Program:

1-866-750-1327 [www.myrbh.com](http://www.myrbh.com) Access code: OEBB

### Weight Watchers:

1-866-531-8170

### Flexible Spending Accounts (American Fidelity Assurance):

1-800-325-0654 [americanfidelity.com](http://americanfidelity.com)

**The Standard:** 1-866-756-8115 [www.standard.com/mybenefits/oebb/](http://www.standard.com/mybenefits/oebb/)

**UNUM:** 1-800-227-4165 [unuminfo.com/oebb/](http://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](mailto:penny_mouser@us.aflac.com)

**American Fidelity Representative:** George Kimble, 503-839-4166, [george.kimble@americanfidelity.com](mailto:george.kimble@americanfidelity.com)

**Colonial Life Representative:** Rita Robinson, 503-557-4997, [rita.robinson@coloniallife.com](mailto:rita.robinson@coloniallife.com)

**New York Life Representative:** Matthew Witten, 503-992-6806, [mwitten@ft.newyorklife.com](mailto:mwitten@ft.newyorklife.com)