

# Benefit Newsletter



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## 2018-19

### OEBB PLAN OPTIONS

OEBB IS **TERMINATING** CURRENT MEDICAL, DENTAL & VISION INSURANCE FOR ALL EMPLOYEES EFFECTIVE 9-30-2018.

YOU MUST **RE-ENROLL** TO HAVE INSURANCE COVERAGE FOR THE 2018-19 PLAN YEAR.

#### This Issue

- Open Enrollment Highlights
- Supplemental Benefits
- District Benefit Contribution
- 2018-19 Rates
- Contact Information

#### Open Enrollment

**August 15 – September 3**

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

##### Medical Plans:

- All previously available medical plans will be available for the 2018-19 plan year with the addition of a new low-cost, high deductible plan— The Moda Fir Medical Plan will be available as a CCM Synergy or Summit and PPO Connexus offering.
- Kaiser will be expanding into the Eugene/Springfield area

##### Dental Plans:

- All the current plans will be offered, but with some new benefits.
- Delta Dental will have enhanced coverage for fillings, nitrous oxide and night guards.
- Kaiser Permanente Dental and Willamette Dental Group have new copays for crowns, bridges, root canals, surgical extractions, dentures and increased copays for orthodontics treatment.
- 12-month waiting period still applies to all dental plans. If an individual declines dental coverage, then enrolls during an Open Enrollment period, a 12-month waiting period applies. Only diagnostic and preventive care will be covered for the first 12 months of coverage.

##### Vision Plans:

- The same vision plans are available through Kaiser and Moda. Effective October 1, 2018, the Kaiser Permanente Vision plan will include a \$100 benefit for non-prescription sunglasses and/or eyestrain computer glasses in lieu of hardware allowance.

**Healthy Futures:** Healthy Futures is being discontinued for all medical plans effective October 1, 2018. New and improved wellness offerings are in development....stay tuned.

##### No Cost Wellness Activities:

**Better Choices, Better Health-**

Managing Chronic Conditions

**Quit for Life-**Tobacco Cessation

**Weight Watchers-**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.

##### QUALIFIED STATUS CHANGES:

If you experience a Qualified Status Change that coincides with Open Enrollment (e.g., dependent eligibility, marital status, newborn, adoption), please contact Jennifer Phy for instructions. There may be restrictions to coverage if you enroll through the Open Enrollment utility.

**YOU MUST COMPLETE YOUR ENROLLMENT BY MIDNIGHT, SEPTEMBER 3.**

**BENEFITS FAIR WEDNESDAY AUGUST 29 7:30 am - 4:00 pm REYNOLDS MIDDLE SCHOOL CAFETERIA**

OR

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

#### Computer labs available for Benefits Enrollment

**August 21, 9:00 am-1:00 pm Reynolds Middle School**

**August 22, 9:00 am-1:00 pm H.B. Lee Middle School**

**August 23, 9:00 am-1:00 pm Walt Morey Middle School**

# SUPPLEMENTAL BENEFITS

## Life Insurance

The District provides a \$20,000 or \$50,000 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 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.

Standard Life Insurance Company is offering a \$200,000 Guarantee Issuance. This means no medical evidence is required for employee coverage \$200,000 or below. An increase of \$100,000 from last year's optional life insurance policies.

## 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 \$2,650 for medical and \$5,000 for dependent day care. (2018 Rates). Open enrollment for the 2019 flexible spending account is in November and December. A newly hired employee may enroll for the balance of the year.

**ENROLLMENT ENDS AT MIDNIGHT SEPTEMBER 3, 2018**

## 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.

## Weight Watchers

Employees may sign up for Weight Watchers using their OEGB medical benefit. Weight Watchers will sign you up and bill your medical carrier directly, just like any other medical claim. You must call the OEGB 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). For more details, see the OEGB Open Enrollment Guide, page 46.

**2017-18 District benefit contribution rates will continue to be used for OSEA ONLY until a successor bargaining agreement is ratified**

### District Benefit Contribution for 2017-18

Licensed <sup>1</sup>	Prorated per FTE	\$1,315.00 <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 premiums. 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 premiums. 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.

# 2018-19 BENEFIT RATES

Rates & plans will be effective October 1, 2018 to September 30, 2019

MEDICAL		Employee	Emp + Sp	Emp + Ch	Family
Kaiser HMO Plan 1	\$0/\$20/\$30 copay	631.47	1,389.24	1,199.80	1,957.55
Kaiser High Deductible Plan 3	\$1600/\$3200 ded; 20%	381.58	839.96	724.68	1,183.10
Moda Birch Plan PPO	\$800/\$2400 deductible	640.46	1,408.99	1,216.88	1,985.44
Moda Cedar Plan PPO	\$1200/\$3600 deductible	593.50	1,305.68	1,127.65	1,839.87
Moda Dogwood Plan PPO	\$1600/\$4800 deductible	550.77	1,211.70	1,046.50	1,707.45
Moda Evergreen Plan PPO	\$1600/\$3200 deductible	494.02	1,086.84	938.65	1,531.46
Moda Fir Plan PPO	\$2000/\$4000 deductible	484.13	1,065.11	919.87	1,500.84
Moda Alder Plan Synergy*	\$400/\$1200 deductible	651.36	1,432.98	1,237.60	2,019.24
Moda Birch Plan Synergy*	\$800/\$2400 deductible	576.41	1,268.09	1,095.16	1,786.88
Moda Cedar Plan Synergy*	\$1200/\$3600 deductible	534.14	1,175.13	1,014.90	1,655.92
Moda Dogwood Plan Synergy*	\$1600/\$4800 deductible	495.69	1,090.51	941.83	1,536.66
Moda Evergreen Plan Synergy*	\$1600/\$3200 deductible	444.62	978.14	844.77	1,378.31
Moda Fir Plan Synergy*	\$2000/\$4000 deductible	435.72	958.58	827.87	1,350.74

\*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	Max \$250/yr	8.15	17.95	15.50	25.29
Moda Opal Vision Plan	Max \$600/yr	23.07	50.71	43.77	71.45
Moda Pearl Vision Plan	Max \$400/yr	18.82	41.46	35.80	58.41
Moda Quartz Vision Plan	Max \$250/yr	13.29	29.28	25.26	41.22
VSP Choice Plus Plan	Copays; see benefit summary	18.80	41.37	35.73	58.29
VSP Choice Plan	Copays; see benefit summary	9.15	20.12	17.37	28.34

DENTAL		Employee	Emp + Sp	Emp + Ch	Family
Kaiser Dental Plan 8	\$20 copay; \$4000 annual max	70.45	155.02	133.88	218.42
Delta Premier Network Plan 1	Max ben \$2,200; \$50 ded	66.09	130.91	145.58	215.59
Delta Premier Network Plan 5	Max ben \$1,700; \$50 ded	58.32	115.53	128.48	190.26
Delta Premier Plan 6 (no ortho)	Max ben \$1,200; \$50 ded	43.63	86.38	87.68	133.94
Delta Exclusive PPO Plan*	Max ben \$1,500; \$50 ded	38.99	77.23	85.88	127.20
Willamette Dental Plan 8	\$20 copay	45.53	90.21	95.98	144.20

\*This plan has no out-of-network benefit. Services performed by providers outside the Delta Dental PPO network are not covered.

OPTIONAL EMPLOYEE LIFE		
Guarantee issue \$200,000***		
\$10,000 - \$500,000 Max Benefit		
Rate per \$1,000 of benefit		
Age as of Oct 1	Non-tobacco user in past 12 mos	Tobacco user in past 12 mos
Under 25	\$0.034	\$0.050
25 - 29	\$0.038	\$0.060
30 - 34	\$0.043	\$0.800
35 - 39	\$0.060	\$0.090
40 - 44	\$0.085	\$0.122
45 - 49	\$0.128	\$0.180
50 - 54	\$0.196	\$0.275
55 - 59	\$0.366	\$0.504
60 - 64	\$0.561	\$0.768
65 - 69	\$1.080	\$1.447
70 - 74	\$1.258	\$2.060
75+	\$1.751	\$2.244

OPTIONAL SPOUSE LIFE		
Guarantee issue \$30,000***		
\$10,000 - \$500,000 Max Benefit		
Rate per \$1,000 of benefit		
Age as of Oct 1	Non-tobacco user in past 12 mos	Tobacco user in past 12 mos
Under 25	0.047	0.068
25 - 29	0.056	0.080
30 - 34	0.075	0.107
35 - 39	0.085	0.122
40 - 44	0.100	0.149
45 - 49	0.150	0.227
50 - 54	0.230	0.334
55 - 59	0.425	0.588
60 - 64	0.642	0.880
65 - 69	1.227	1.646
70 - 74	1.471	2.060
75+	2.060	4.354

SHORT TERM DISABILITY	
Benefit Waiting Period	7 days
Benefit Amount	60%
Benefit Duration	90 days
Max Weekly Benefit	\$1,500
Premium	
.00686 times your average monthly	

**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  
0.100

\*\*\*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@state.or.us](mailto:OEBB.benefits@state.or.us)

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/Delta Dental:** 1-866-923-0409 [www.modahealth.com/oebb](http://www.modahealth.com/oebb)

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

**VSP:** 1-800-877-7195 [vsp.com](http://vsp.com)

**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:** Debbie Braden, 503-718-7040, [debbie.braden@americanfidelity.com](mailto:debbie.braden@americanfidelity.com)

**Colonial Life Representative:** Casey Rathmanner, 503-929-1215, [casey.rathmanner@coloniallife.com](mailto:casey.rathmanner@coloniallife.com)

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