

Benefit Newsletter



1204 NE 201ST AVE
FAIRVIEW, OR 97024
503-661-7200
503-491-3443 (FAX)

JENNIFER PHY
EMPLOYEE BENEFITS
Extension 3220
jphy@rsd7.net

LORI PHILLIPS
RETIREE BENEFITS
Extension 3238
lphillips@rsd7.net

2019-2020

OEBB PLAN OPTIONS

OEBB IS TERMINATING CURRENT MEDICAL, DENTAL & VISION INSURANCE FOR ALL EMPLOYEES EFFECTIVE 9-30-2019.

YOU MUST RE-ENROLL TO HAVE INSURANCE COVERAGE FOR THE 2019-20 PLAN YEAR.

This Issue

- Open Enrollment Highlights
- Supplemental Benefits
- District Benefit Contribution
- 2019-2020 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:

- Moda is launching all new plans under just one network. All Moda plans will utilize Moda's statewide Connexus provider network. The Synergy and Summit networks will be discontinued for all OEBB plans effective October 1, 2019.
- All medical plans will include a new fertility benefit.
- Kaiser Permanente will expand coverage of services and prescriptions related to reproductive health and women's preventive health with no cost-share.
- Kaiser Permanente will enhance hearing aid coverage.

Dental Plans:

- Delta Dental and Kaiser Permanente dental plans will remain the same for the 2019-20 plan year.
- Willamette Dental Group will have a change to their dental implant surgery benefit effective October 1, 2019.
- 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 vision plans will remain the same for the 2019-20 plan year.

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 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 5.

BENEFITS FAIR THURSDAY AUGUST 29 8:00 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 20, 9:00 am-1:00 pm Walt Morey Middle School**
- August 21, 9:00 am-1:00 pm H.B. Lee Middle School**
- August 22, 9:00 am-1:00 pm Reynolds Middle School**

SUPPLEMENTAL BENEFITS

Life Insurance

The District provides a \$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.

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 2020 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 5, 2019

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.

District Benefit Contribution for 2019-20 School Year

Licensed*	Prorated per FTE	\$1,330.00***
Classified**	12 Months	\$1,340.00***
Classified**	195 or more days	\$1,112.00***
Classified**	194 or less days	\$1,005.00***

REA members will have the choice of allocating fringe benefit dollars to medical, dental, and vision premium. One-quarter 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 Districts monthly benefit contribution to allocate toward supplemental insurance (REA Contract, Article 23, Section G)

**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 then available for use on any other district-provided supplemental insurance currently available through district agents of record. (OSEA Contract, Article 4, Section B)

***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

2019-20 BENEFIT RATES

Rates and plans will be effective October 1, 2019 to September 30, 2020

MEDICAL	IN NETWORK Deductible/Co-pays	Employee	Emp + Sp	Emp + Ch	Family
Kaiser HMO Plan 1	\$0 deductible/ \$20-\$35 co-pay	\$659.42	\$1,450.73	\$1,252.90	\$2,044.20
Kaiser HMO Plan 2	\$800 ind./\$2400 family; \$25-\$40 co-pay	\$544.97	\$1,199.71	\$1,035.40	\$1,690.23
Kaiser High Deductible Plan 3*	\$1600 ind./\$3200 family; 20 % co-pay	\$397.93	\$875.96	\$755.75	\$1,233.82
Moda Medical Plan 1	\$400 individual/\$1500 family	\$678.31	\$1,492.27	\$1,288.81	\$2,102.80
Moda Medical Plan 2	\$800 individual/\$2700 family	\$631.05	\$1,388.30	\$1,199.01	\$1,956.28
Moda Medical Plan 3	\$1200 individual/\$3900 family deductible	\$593.23	\$1,305.10	\$1,127.17	\$1,839.05
Moda Medical Plan 6 *	\$1600 individual/\$3400 family deductible	\$533.09	\$1,172.79	\$1,012.89	\$1,652.61
Moda Medical Plan 7 *	\$2000 individual/\$4200 family deductible	\$497.53	\$1,094.57	\$945.33	\$1,542.38
Moda Medical Plan 1 Select ¹	\$400 individual/\$1500 family deductible	\$678.31	\$1,492.27	\$1,288.81	\$2,102.80
Moda Medical Plan 2 Select ¹	\$800 individual/\$2700 family deductible	\$631.05	\$1,388.30	\$1,199.01	\$1,956.28
Moda Medical Plan 3 Select ¹	\$1200 individual/\$3900 family deductible	\$587.82	\$1,293.22	\$1,116.88	\$1,822.31
Moda Medical Plan 6 Select ¹	\$1600 individual/\$3400 family deductible	\$499.12	\$1,098.04	\$948.33	\$1,547.27
Moda Medical Plan 7 Select ¹	\$2000 individual/\$4200 family deductible	\$482.91	\$1,062.39	\$917.53	\$1,497.03

* HSA Optional Plans - Plan MAY be paired with an HSA (Health Savings Account), but the HSA is not required.

¹ Select Rates apply only to members whose most recent OEBB medical plan enrollment between June 30, 2019 and September 30, 2019 was in a Moda CCM Synergy/Summit Plan.

VISION		Employee	Emp + Sp	Emp + Ch	Family
Kaiser Vision Plan	Max \$250/yr	\$8.34	\$18.34	\$15.83	\$25.83
Moda Opal Vision Plan	Max \$600/yr	\$24.26	\$53.33	\$46.03	\$75.14
Moda Pearl Vision Plan	Max \$400/yr	\$19.79	\$43.61	\$37.65	\$61.43
Moda Quartz Vision Plan	Max \$250/yr	\$13.98	\$30.79	\$26.57	\$43.35
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	\$73.07	\$160.77	\$138.84	\$226.53
Delta Premier Network Plan 1	Max ben \$2,200; \$50 ded	\$66.48	\$131.70	\$146.45	\$216.88
Delta Premier Network Plan 5	Max ben \$1,700; \$50 ded	\$58.67	\$116.22	\$129.25	\$191.41
Delta Premier Plan 6 (no ortho)	Max ben \$1,200; \$50 ded	\$43.89	\$86.90	\$88.20	\$134.74
Delta Exclusive PPO Plan*	Max ben \$1,500; \$50 ded	\$39.22	\$77.70	\$86.40	\$127.96
Willamette Dental Plan 8	\$20 copay	\$47.39	\$93.88	\$99.90	\$150.09

*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	\$0.03	\$0.05
25 - 29	\$0.04	\$0.06
30 - 34	\$0.04	\$0.80
35 - 39	\$0.06	\$0.09
40 - 44	\$0.09	\$0.12
45 - 49	\$0.13	\$0.18
50 - 54	\$0.20	\$0.28
55 - 59	\$0.37	\$0.50
60 - 64	\$0.56	\$0.77
65 - 69	\$1.08	\$1.45
70 - 74	\$1.26	\$2.06
75+	\$1.75	\$2.24

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	\$0.07
25 - 29	0.056	\$0.08
30 - 34	0.075	\$0.11
35 - 39	0.085	\$0.12
40 - 44	0.1	\$0.15
45 - 49	0.15	\$0.23
50 - 54	0.23	\$0.33
55 - 59	0.425	\$0.59
60 - 64	0.642	\$0.88
65 - 69	1.227	\$1.65
70 - 74	1.471	\$2.06
75+	2.06	\$4.35

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 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, or email OEBB.benefits@state.or.us

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/Delta Dental: 1-866-923-0409 www.modahealth.com/oebb

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

VSP: 1-800-877-7195 vsp.com

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: Debbie Braden, 503-718-7040, debbie.braden@americanfidelity.com

Colonial Life Representative: Casey Rathmanner, 503-929-1215, casey.rathmanner@coloniallife.com

New York Life Representative: Matthew Witten, 503-992-6806, mwitten@ft.newyorklife.com