



2018-19

4J Open Enrollment Benefit Essentials:
Licensed and MAPS Employees



Windows User

Eugene School District 4J / FSHR

07/12/2018

Table of Contents

2018-19 Plan Changes.....	2
2018-2019 Open Enrollment Checklist	4
Medical Plans	5
MODA Health	5
Dental Plans	6
Optional Benefits	8
Optional Term Life Insurance.....	8
Flexible Spending Accounts (FSA)	8
➤ Health Care FSA.....	9
➤ Dependent Care FSA	9
Additional 4J Benefits	10
Basic Life and AD&D Insurance	10
Long Term Disability Insurance	10
4J Wellness Clinic	10
Employee Assistance Program (EAP)	10
Computer Assistance at the Ed Center	11
Glossary of Insurance Terms.....	11
Resources	12



4J Benefit Program Annual Open Enrollment

OEBB Mandatory Open Enrollment Period
August 15, 2018 – September 15, 2018

ALL Benefits-Eligible Employees MUST Participate in Open Enrollment
Failure to participate will result in loss of health insurance coverage

The 4J Human Resources Department and Joint Benefits Committee are pleased to provide you this Open Enrollment information, which summarizes the 4J Benefit Program for the upcoming 2018-2019 Plan Year. The information is not intended to fully describe the benefits of each plan. In the case of a conflict between this information and the official plan documents, insurance policies, or the OEBB Oregon Administrative Rules the official governing documents will prevail.

2018-19 Plan Changes

Rate Structure:

In an effort to mitigate ever-increasing insurance costs and to lower premiums for many licensed employees, the Licensed Joint Benefit Committee (JBC) has decided to move from a composite rate structure to a tiered rate structure beginning October 1, 2018. This means that health insurance coverage is available at no cost for employees, and you still have the option to cover family members. Your monthly premium will vary depending on your FTE and enrollment tier.

While this decision was incredibly difficult to make, we determined that the high cost of the composite rate structure was no longer sustainable. To help offset the cost for employees covering family members, the JBC opted to subsidize the Dogwood plan to ensure there are affordable options for all employees.

The rate sheets for licensed and MAPS staff are available for view online at:
<https://www.4j.lane.edu/hr/benefits/open-enrollment/>.

Medical:

No changes to the medical plans for 2018-19.

Healthy Futures Incentive Program:

Moda is discontinuing the Healthy Futures Incentive Program for the 2018-19 plan year. If you completed your 3 healthy actions for the 2017-18 year, you will still receive the \$100 deductible credit for 2017-18.

Prescription:

Moda has changed the prescription coverage formulary, effective October 1, 2018. Moda will send a notification letter to affected members during the summer; most members will not see a change.

Dental:

For 2018-2019 we will continue to offer Delta (formally called Moda) Dental Plans 5 and 6, and Willamette Dental. Plan changes include:

2018-19 Dental Changes

Delta Dental Plans 5 & 6:

- Coverage for composite fillings on posterior teeth
- Coverage for nitrous oxide
- Enhanced night guard coverage

Willamette Dental Plan:

- Co-payments for crowns, bridges, root canals and dentures increase – see plan summary for details
- Upgrade to composite fillings for no additional cost
- Orthodontia deductible will increase from \$1500 to \$2500

Vision:

We will continue to offer VSP Choice Plus Plan in the 2018-19 plan year. Beginning October 1, 2018, VSP changes include enhanced coverage of standard progressive lenses and increased allowance for select name brand frames (not applicable at Costco or Walmart).

Life Insurance:

OEGB was able to reduce life insurance rates for the 2018-19 plan year. Highlights of life insurance changes:

2018-19 Life Insurance Changes

Rates:

- 15% reduction to current age-rated additional employee life rates (some age bands for tobacco users will not decrease)
- 10% reduction to current age-rated additional spousal life insurance rates

Coverage:

- Increase the guarantee issue (GI) amount from \$100,000 to \$200,000
- Full open enrollment opportunity – OEGB members will have the opportunity to elect additional life insurance up to the new GI amount without going through underwriting

2018-2019 Open Enrollment Checklist

- Know your dates:** [MyOEBB](#) opens on August 15, 2018 and shuts their system down at 11:59 pm PST on September 15, 2018 (**this is a Saturday! 4J and OEBB assistance will not be available**). During this time, you will be making elections for the plan year beginning October 1, 2018 and ending September 30, 2019. **Note:** PacificSource Administrators closes their system at 8:59 pm PST on September 15, 2018. You will need to log into their system before that time to make your 2018-19 Flexible Spending Account elections.
- Review NEW plan offerings and changes:** Review the new plans and plan changes in this document or on the [4J Benefits website](#) at <http://www.4j.lane.edu/hr/benefits/open-enrollment/>
- Review the 2018-19 OEBB Open Enrollment Guide:** OEBB sent this guide by US mail in the first week of August. The guide details important plan features, compares networks and provides instruction to the online enrollment system. An electronic copy is posted on OEBB's website at: <https://www.oregon.gov/OHA/OEBB/Pages/Member.aspx> Please note that the booklet will highlight ALL OEBB plans, even those which are NOT offered through 4J.
- Review Rates:** Rates have changed! Review the rate sheet specific to your classification, FTE and pay schedule (12 check or 10 check) on the [4J Benefits website](#).
- Log into MyOEBB:** Log into your MyOEBB account <https://myoebb.org> and make new elections. **Note: You and your covered dependents MUST enroll in the same coverage tier. Example: If you elect dental for yourself, your child(ren) and spouse/DP must also have the same coverage**
 - ✓ **Add, drop or change** eligible dependent information.
 - ✓ **Medical:** Choose between MODA Connexus, Moda Synergy or choose to waive coverage. For detailed information of each plan, review the member handbook and summary of benefits at <https://www.4j.lane.edu/hr/benefits/open-enrollment/>.
 - ✓ **Vision:** Only VSP Choice Plus Plan is available. Vision insurance is priced into your medical rate, so members should elect VSP for self and all dependents enrolled in a medical plan.
 - ✓ **Dental:** Choose between Delta Dental Premier Plan 5, Delta Dental Premier Plan 6, Willamette Dental Group Plan, or choose to waive coverage. You may not enroll in dental insurance if you choose to waive medical coverage. Dental restrictions may apply- see the Dental section of this document for more information.
 - ✓ **Optional Life:** The district provides Employee Basic Life Insurance of \$50,000. You have the option to add additional employee life insurance. You may only make an election of optional spouse/partner life and/or child life if you have elected optional employee life in the same amount or higher. This is an optional benefit that will be deducted from your pay check post-tax.
 - ✓ **Long-Term Disability, Basic Life, Accidental Death & Dismemberment:** The district provides these mandatory benefits at no additional cost to you. You are automatically enrolled in these benefits (even if you're waiving health insurance) and do NOT need to re-enroll during open enrollment.
- Log into MyFlex to make FSA elections (optional):** Log into your PacificSource flex account at <https://hrbenefitsdirect.com/PSA/signIn.aspx> to make annual elections for your health flexible spending account and/or your dependent care flexible spending account. **We will NOT accept a paper form for FSA elections.** To create a new member account, look to the right of the log-in information and use **Group Pass Code: ESD2018FSA**.

Medical Plans

MODA Health

About Moda Health:

Moda Health offers 3 medical plans within 2 different provider networks for all eligible classified 4J employees/retirees and their eligible dependents. Most medical facilities in Lane County accept Moda insurance, but some are not in-network; always verify with your provider before the time of service. Members who choose Moda plans will still have access to the 4J Wellness Clinic.

Networks:

Benefits are paid at in-network or out-of-network rates. To keep your out-of-pocket cost down, Moda recommends you use in-network providers for services. Moda does have coverage out-of-network, but your benefit will be subject to all out-of-network conditions. For complete information of coverage, see the specific plan handbooks and summaries.

PPO - Connexus Network: Formerly called the Statewide Plan, this plan uses the Connexus Network of providers which includes a large number of provider options across all of Oregon. The Connexus Networks is one of the largest Preferred Provider Organizations (PPO) in Oregon.

CCM - Synergy Network: This plan is a Coordinated Care Model (CCM) and provides the same benefits as the Connexus Plan, but with lower premium costs in exchange for a more limited network of providers.

- If you enroll in this plan, you will need to select a participating medical home from within the network to coordinate your care. You can choose a different medical home for each person on your plan, but each covered individual must receive their care from one of the providers from within the Synergy Network to qualify for in-network benefits.
- Beginning in late September, enrollees will be contacted by Moda to designate a Synergy medical home.

Plans:

All Moda plans are offered in the Connexus Network and the Synergy Network. While most benefits are the same for each network, some exceptions apply. See plan handbook and summary for details.

Birch Plan: \$800 individual/\$2,400 family deductible; \$30 co-pay for primary care visit at in-network Moda Medical Home (MMH); \$30 co-pay for mental health outpatient services; do not need referral for specialists.

Cedar Plan: \$1,200 individual/\$3,600 family deductible; \$30 co-pay for primary care visit at in-network Moda Medical Home (MMH); \$30 co-pay for mental health outpatient services; do not need referral for specialists.

Dogwood Plan: \$1,600 individual/\$4,800 family deductible; \$30 co-pay for primary care visit at in-network Moda Medical Home (MMH); \$30 co-pay for mental health outpatient services; do not need referral for specialists.

Prescription:

Prescription coverage is included in all Moda health plans, and remains unchanged from last year. See plan handbook and summary for additional detail.

Connexus Prescription Coverage: \$12 generic 31-day; \$24 generic 90-day mail-order

Synergy Prescription Coverage: \$8 generic 31-day; \$16 generic 90-day mail-order

Healthy Futures Incentive Program: (optional Wellness Incentive Program) Effective October 1st, 2018, Healthy Futures Incentive Program has been discontinued. If you completed your 3 healthy actions for the 2017-18 year, you will still receive the \$100 deductible credit for 2017-18.

Wellness Programs: Moda continues to offer no-cost wellness programs such as Weight Watchers, diabetes prevention and smoking cessation, and has recently added an Active&Fit Direct program for low-cost gym membership. More information on these programs can be found at

<https://www.modahealth.com/oebb/> or our website: <https://www.4j.lane.edu/hr/benefits/>

Virtual Visits: In collaboration with Oregon Health Sciences University, Moda has begun offering virtual visits where members are able to connect with an OHSU healthcare professional via computer or mobile device without having to leave their home.

Dental Plans

You **must** be enrolled in a Medical/Vision plan in order to select a Dental plan.

If you cover qualified dependents and/or spouse/domestic partner, you ALL must enroll in the same Dental Plan. You must also elect the same Coverage Tier Category for Medical, Vision, and Dental plans, i.e. employee only, employee plus spouse/domestic partner, employee plus children, employee plus family.

All benefit eligible employees may select from following Dental Plans, or choose to waive dental coverage:

- **Delta Dental Premier Plan 5 • Includes Orthodontia • Incentivized Plan - \$1,700/member Benefit Maximum**
 - Under this incentive plan, benefits start at 70% for your first plan year of coverage. Thereafter, benefit payments increase by 10% each plan year (up to a maximum benefit of 100%) provided the individual has visited the dentist at least once during the previous plan year. Failure to do so will cause a 10% reduction in benefit payment the following plan year, although payment will never fall below 70%.
 - You may choose your dentist from the Delta Dental Premier network. Network dentists have agreed to provide services at contracted rates. There are no annual deductibles for Preventive and Diagnostic Services.
 - Non-Delta Dental Premier dentists are not required to provide services at contracted rates. The plan pays out-of-network providers based on the maximum plan allowance. You may be required to file your claim and you may be charged for amounts that exceed the maximum plan allowance.
 - You can access the Moda Health website at: <https://www.modahealth.com/ProviderSearch/faces/webpages/search.xhtml> to search for a Delta Dental Premier Dentist under “Find a doctor, dentist, pharmacy or clinic”.

- **Delta Dental Premier Plan 6 • NO Orthodontia • Non-incentivized Plan- \$1,200/member Benefit Maximum**
 - You may choose your dentist from the Delta Dental Premier network. Network dentists have agreed to provide services at contracted rates. There are no annual deductibles for Preventive and

Diagnostic Services.

- Non-Delta Dental Premier dentists are not required to provide services at contracted rates. The plan pays out-of-network providers based on the maximum plan allowance. You may be required to file your claim and you may be charged for amounts that exceed the maximum plan allowance.
- You can access the Moda Health website at: <https://www.modahealth.com/ProviderSearch/faces/webpages/search.xhtml> to search for a Delta Dental Premier Dentist under “Find a doctor, dentist, pharmacy or clinic”.

➤ **Willamette Dental Group Plan • Includes Orthodontia - No Benefit Maximum, Must Use Willamette Dental Office**

- The Willamette Dental Group plan provides set co-payments so that you always know what your out-of-pocket costs will be. There are no annual deductibles and no maximums for covered benefits.
- If you receive services from a non-Willamette Dental Group provider you will be responsible for all costs. If you are currently covered by a different carrier and switch to Willamette Dental Group, you will most likely need to change dental providers.
- You can access the OEGB Willamette Dental Group website at: <https://www.willamettedental.com/oebb> to find an In-Network dentist.

Note: All benefit eligible employees are allowed to waive dental coverage during Open Enrollment. However, dental benefits are subject to 12-month waiting period restrictions for members who previously waived dental coverage for themselves and/or a dependent and re-enroll in the future. The “waiting period” restrictions only allow an exam and cleaning, with no other preventive/diagnostic, basic, major or orthodontia benefits for the first 12 months of coverage.

Optional Benefits

Optional Term Life Insurance

You may purchase Optional Term Life Insurance for you and your family. The amount of coverage you need is a personal decision. ***New*** OEGB is allowing members to increase the guaranteed issue amount for employees during open enrollment from \$100k to \$200k without going through the underwriting process. **An employee must be enrolled in optional life coverage at or higher than the level requested for the spouse/domestic partner or dependents.**

Rate Criteria:

OEGB applies a Tobacco Rate for employee and/or spouse/domestic partner enrolled in any Optional Term Life insurance who has used tobacco in the past 12 months. You must update smoking status for yourself and spouse/domestic partner (regardless of enrollment).

Non-Tobacco Rate:

- If employee HAS NEVER used tobacco or HAS NOT used tobacco in the past 12 months.
- If spouse/domestic partner HAS NEVER used tobacco or HAS NOT used tobacco in the past 12 months.

Tobacco Rate:

- If employee HAS used tobacco in the past 12 months.
- If spouse/domestic partner HAS used tobacco in the past 12 months.

Underwriting:

Evidence of Insurability/Proof of Good Health will be required if:

- An employee wants to newly enroll in Optional Life Insurance for themselves or their spouse/domestic partner.
- A currently enrolled employee/spouse/domestic partner elects to increase life coverage beyond the Guarantee Issue Amount.
- To provide **Evidence of Insurability** complete the "Standard Medical History Statement", which can be obtained from The Standard Insurance company website at:

<http://www.standard.com/mybenefits/oebb/>

Flexible Spending Accounts (FSA)

A Flexible Spending Account allows employees to save money by paying for qualifying health related and/or dependent care expenses with pre-tax dollars. You decide how much to set aside to pay for eligible expenses incurred during the plan year. You make a separate election for each account. Plan year runs October 1, 2018 through September 30, 2018.

Enrollment for FSA will be online again this year. Log into your existing PacificSource account or create a new member account here: <https://hrbenefitsdirect.com/PSA/signIn.aspx>. You will use your Username/ZZMAN number to enroll. If you do not remember your Username/ZZMAN number, call PacificSource at (800) 422-7038.

Rules and Requirements:

- Participation requires a new enrollment each year. 4J will NOT accept a paper enrollment – all enrollments must be completed online. For a list of computer assistance dates/times, see the section in this document or on our website at <https://www.4j.lane.edu/hr/benefits/open-enrollment/>

- The amount is deducted on a pre-tax basis from your paycheck in equal amounts throughout the year before social security, federal and, in most cases, state and local income taxes are deducted.
- Any health care or dependent care expenses that are paid from the Flexible Spending Account may not be claimed as a deduction or credit when filing your income tax return.
- Money set aside for dependent care expenses cannot be used to reimburse health care expenses and vice-versa.

➤ Health Care FSA

- ***New*** Plan Year and Calendar Year Maximum allowed is \$2,650.
- Mid-Year elections changes **are not allowed** for the Health FSA plan.
- Use the FSA for eligible health related expenses for you, your spouse and any dependent you list on your tax return, provided they have not been reimbursed by other coverage. Examples include: health plan deductibles, prescriptions and other co-payments or coinsurance.
- Domestic Partner and their family member health related expenses are not eligible for reimbursement.
- You can **roll over up to \$500** into the following plan year of your current year Health FSA remaining balances.
- **Use-it-or-Lose-it Rule** applies to unused balances above \$500.
- **Benny Debit MasterCard** can be issued to make transactions easier! PacificSource may still request a copy and/or the Explanation of Benefits to verify eligible expenses.

➤ Dependent Care FSA

- Plan Year and Calendar Year Maximum allowed is \$5,000 (\$2,500 if married and filing separately).
- The amount you contribute to your account cannot be greater than your income or your spouse's income—whichever is less.
- You will be reimbursed for dependent care expenses only up to the amount of your Dependent Care Spending Account balance.
- Domestic Partner's children's day care expenses are **not** eligible for reimbursement.
- Mid-Year elections changes are only allowed with a Qualifying Life Event status change and must be made within 31 days of the life event.
- **Use-it-or-Lose-it Rule** applies. IRS rules require that any money left in your Dependent Care FSA at the end of the Plan Year must be forfeited. Contribution amounts **are not carried forward** from one year to the next year.
- Eligible Dependent Care expenses are for child day care or other dependent day care services when:
 - you and your spouse work outside the home (this is also true if your spouse is actively looking for work).
 - you work outside the home and your spouse is a full-time student at least five months of a year.
 - you work outside the home and your spouse is incapable of self-care.
 - your child(ren) is under age 13, as well as your spouse or an IRS Section 152 qualified child or relative—who is physically or mentally incapable of self-care.
- **Note:** You cannot use reimbursed expenses on the Earned Income Credit, which may be more advantageous if your family income is below \$25,000.

Additional 4J Benefits

Benefit programs are one of the many ways Eugene School District 4J takes care of its eligible staff and their dependents. 4J automatically provides several benefits for eligible employees and pays the full cost for basic life and AD&D insurance and long term disability coverage. Benefit eligible employees have access to a variety of benefits such as *no-cost services at our on-site Wellness Clinic, an Employee Assistance Plan and no-cost Wellness Events throughout the school year. The following are highlights of these employer-provided benefits:

Basic Life and AD&D Insurance

Basic Life and Accidental Death & Dismemberment (AD&D) coverage, both in the amount of \$50,000, are provided for all benefit eligible employees, and are paid by Eugene School District 4J. For more information see The Standard's Insurance Brochure at: http://www.standard.com/eforms/14729_646595.pdf

Long Term Disability Insurance

The Long Term Disability (LTD) Plan provides a source of income should you experience a qualifying long-term illness or injury that prevents you from working. 4J provides this benefit to eligible employees at no cost to the employee. For more information visit: <http://www.4j.lane.edu/hr/benefits/life-and-other-insurance/long-term-disability/>

4J Wellness Clinic

The 4J Wellness Clinic is a medical clinic providing individualized, comprehensive care and follow up. The clinic is run through a joint effort of Cascade Health and the Joint Benefits Committee. The clinic provides benefit eligible 4J employees and their families, as well as enrolled retirees and their insurance-covered dependents with pre-paid routine medical care at no cost to the patient. For more information visit:

<http://www.4j.lane.edu/hr/benefits/wellness-clinic/>

- The clinic is located at 200 N. Monroe Street in the 4J District Office and is open for appointments and scheduling Monday through Friday, from 9 a.m. to 6 p.m. Call the clinic at 541-686-1427 to make an appointment.

Employee Assistance Program (EAP)

- The Employee Assistance Program (EAP) provides services to help employees and their family members privately resolve problems that may interfere with work, family, and other important areas of life. EAP services include counseling, legal services, financial services and other work-life balance services. For more information visit: <https://www.myrbh.com/> Services are always confidential with no private information reported to the District.
- Call 1-866-750-1327 or visit <https://www.myrbh.com/> with the access code: OEBS.
- For you and your household members EAP services includes:
 - 5 no cost counseling sessions per issue per year.
 - Life Balance services i.e. legal services, financial services, eldercare referral, will preparation, identity theft services, childcare referral services.
 - Wellness services i.e. health coaching and online wellness portal

Computer Assistance at the Ed Center

Day	Date	Time	Location	Event
Tuesday	August 21, 2018	1:00 – 3:00 p.m.	Classroom	OEBB Open Enrollment Assistance
Tuesday	August 28, 2018	3:00 – 5:00 p.m.	Classroom	OEBB Open Enrollment Assistance
Wednesday	August 29, 2018	1:00 – 3:00 p.m.	Classroom	OEBB Open Enrollment Assistance
Wednesday	September 5, 2018	10:00 a.m. – 12:00 p.m.	Classroom	OEBB Open Enrollment Assistance
Thursday	September 6, 2018	3:00 – 5:00 p.m.	Classroom	OEBB Open Enrollment Assistance
Tuesday	September 11, 2018	2:00 – 4:00 p.m.	Classroom	OEBB Open Enrollment Assistance
Wednesday	September 12, 2018	9:00 – 11:00 a.m.	Classroom	OEBB Open Enrollment Assistance
Friday	September 14, 2018	2:00 – 4:00 p.m.	Classroom	OEBB Open Enrollment Assistance

Glossary of Insurance Terms

This is a list of common insurance terms used throughout your benefits materials. A complete glossary of health coverage and medical terms can be found by clicking [here](#).

Deductible: The amount you owe for health care services that Moda covers before Moda begins to pay. For example, if your deductible is \$1200, your plan won't pay anything until you've met your \$1200 deductible for covered health care services subject to the deductible. ***The deductible does not apply to all services.***

Network: The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Out-of-Pocket Limit: The most you pay during the benefit year before your health plan begins to pay 100% of the allowed amount. This limit does not include your monthly premium, balance-billed charges, or non-covered services.

Balance Billing: When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A preferred provider may not balance bill you for covered services.

Co-insurance: Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe. For example, if Moda’s allowed amount for an office visit is \$100 and you’ve met your deductible, your co-insurance payment of 20% would be \$20. Moda pays the rest of the allowed amount.

Resources

4J Benefits Staff:

Andrea Webb	HR Manager	webb_a@4j.lane.edu	541-790-7675
Jasmine Lee	HR Generalist	lee_ja@4j.lane.edu	541-790-7681
Diana McElhinney	Classified Benefits Coordinator	mcelhinney_d@4j.lane.edu	541-790-7679
Julie Wenzl	Licensed Benefits Coordinator	wenzl@4j.lane.edu	541-790-7682


Insurance Carriers:

OEBB – Oregon Educators Benefit Board	1-888-469-6322	https://www.oregon.gov/oha/OEBB/Pages/index.aspx
Moda Health	1-866-923-0409	https://www.modahealth.com/oebb/
Kaiser Permanente	1-866-223-2375	https://my.kp.org/oebb/
Willamette Dental	1-855-433-6825	https://willamettedental.com/oebb
Delta Dental	1-866-923-0410	https://www.modahealth.com/oebb/
VSP Vision	1-800-877-7195	http://oebb.vspforme.com/
The Standard Insurance	1-866-756-8115	www.standard.com/mybenefits/oebb
4J Wellness Clinic – Cascade Health	541-686-1427	https://www.4j.lane.edu/hr/benefits/wellness-clinic/
Reliant Behavioral Health	1-866-750-1327	www.myrbh.com
Benefit Health Solutions (COBRA)	1-800-556-2230	http://www.benefithelpsolutions.com/oebb/
PacificSource Administrators	(541) 485-7488	https://psa.pacificsource.com/Flex/

Web Resources:

4J Benefits – Open Enrollment	https://www.4j.lane.edu/hr/benefits/open-enrollment/
OEBB Online Portal	https://myoebb.org/
PacificSource Administrators Online Portal	https://hrbenefitsdirect.com/PSA/signIn.aspx

Moda Health - 4J
2018-19 Benefit Plan Summary
Connexus

	Birch Connexus PPO (Not available for Classified Employees)		Cedar Connexus PPO		Dogwood Connexus PPO	
	In-Network Member Pays	Out-of-Network Member Pays	In-Network Member Pays	Out-of-Network Member Pays	In-Network Member Pays	Out-of-Network Member Pays
Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.						
Deductible per person	\$800	\$1,600	\$1,200	\$2,400	\$1,600	\$3,200
Maximum deductible per family	\$2,400	\$4,800	\$3,600	\$7,200	\$4,800	\$9,600
Out-of-pocket (OOP) maximum per person ³	\$4,000	\$8,000	\$5,000	\$10,000	\$6,850	\$13,700
Out-of-pocket (OOP) maximum per family ³	\$12,000	\$24,000	\$13,700	\$27,400	\$13,700	\$27,400
Maximum cost share per person	\$7,350	N/A	\$7,350	N/A	\$7,350	N/A
Maximum cost share per family	\$14,700	N/A	\$14,700	N/A	\$14,700	N/A
Preventive Care Services						
Wellness Visit (Moda plans: ages 21 and over, must use Medical Home)	\$0 ¹	Not covered	\$0 ¹	Not covered	\$0 ¹	Not covered
Routine adult, well-child and women's exams; annual obesity screening & immunizations. See Plan Handbook for add'l Preventive Care Services.	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%
Incentive Care Services (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)						
Moda Medical Home incentive care	\$15 copay ¹	50%	\$15 copay ¹	50%	\$15 copay ¹	50%
Incentive office visits and home visits	20% ¹	50%	20% ¹	50%	20% ¹	50%
Office Services						
Moda Medical Home primary care services	\$30 copay ¹	50%	\$30 copay ¹	50%	\$30 copay ¹	50%
Primary care office visits	20%	50%	20%	50%	20%	50%
Specialist office visits	20%	50%	20%	50%	20%	50%
Urgent Care		\$50 ¹		\$50 ¹		\$50 ¹
Mental Health Services						
Mental health office visits	\$30 copay ¹	50%	\$30 copay ¹	50%	\$30 copay ¹	50%
Mental health inpatient and residential services	20%	50%	20%	50%	20%	50%
Chemical dependency services (inpatient, outpatient or residential)	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%
Outpatient Services						
Outpatient surgery/facility care	20%	50%	20%	50%	20%	50%
Outpatient Rehabilitation (physical, occupational & speech therapy) Kaiser Plans: Maximum 20 visits per therapy per Plan Year, Moda Plans: 30 sessions per plan year / 60 for spinal or head injury	20%	50%	20%	50%	20%	50%
Tests (outpatient)						
Preventive tests	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%
Laboratory	20%	50%	20%	50%	20%	50%
X-ray, imaging, and special diagnostic procedures	20%	50%	20%	50%	20%	50%
CT, MRI, PET scans	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%
Alternative Care Services (\$2,000 combined maximum)						
Acupuncture, Chiropractic & Naturopathic Services, labs, diagnostics, etc. <i>Cost of supplies & procedures performed in Alternative Care Provider's office applies to Alternative Care Benefit Maximum</i>	20%	50%	20%	50%	20%	50%
Maternity Care						
Outpatient Maternity Care	20%	50%	20%	50%	20%	50%
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	20%	50%	20%	50%	20%	50%
Hospital Services						
Inpatient care/surgery	20%	50%	20%	50%	20%	50%
Skilled nursing facility care (Kaiser Plans: 100 days per plan year, Moda Plans: 60 days per plan year)	20%	50%	20%	50%	20%	50%
Additional Cost Tier						
Moda Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep studies, lumbar discographies	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%
Moda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement ⁴ , knee & shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%
Emergency Services						
Emergency room (copay waived if admitted)		\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 20%
Ambulance		20%		20%		20%
Other Covered Services						
Hearing Aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for children	10%	50%	10%	50%	10%	50%
Durable Medical Equipment (DME)	20%	50%	20%	50%	20%	50%
Bariatric Surgery (Roux-en-Y and gastric sleeve)	\$500 + 20%	Not covered	\$500 + 20%	Not covered	\$500 + 20%	Not covered
Pharmacy Services						
Out-of-pocket Maximum		Rx applies toward		Rx applies toward		Rx applies toward
Retail						
Value (Moda Plans Only)		\$4 per 31-day supply		\$4 per 31-day supply		\$4 per 31-day supply
Generic (Kaiser plans) / Select generic (Moda Plans)		\$12 per 31-day supply		\$12 per 31-day supply		\$12 per 31-day supply
Preferred Brand		25% up to \$75 per 31-day supply		25% up to \$75 per 31-day supply		25% up to \$75 per 31-day supply
Non-preferred brand ⁵		50% up to \$175 per 31-day supply		50% up to \$175 per 31-day supply		50% up to \$175 per 31-day supply
Mail						
Value (Moda Plans Only)		\$8 per 90-day supply		\$8 per 90-day supply		\$8 per 90-day supply
Generic (Kaiser plans) / Select generic (Moda Plans)		\$24 per 90-day supply		\$24 per 90-day supply		\$24 per 90-day supply
Preferred Brand		25% up to \$150 per 90-day supply		25% up to \$150 per 90-day supply		25% up to \$150 per 90-day supply
Non-preferred brand ⁵		50% up to \$450 per 90-day supply		50% up to \$450 per 90-day supply		50% up to \$450 per 90-day supply
Specialty						
Select generic (Kaiser plans) / Preferred brand (Moda Plans)		25% up to \$200 per 31-day supply		25% up to \$200 per 31-day supply		25% up to \$200 per 31-day supply
Non-preferred brand ⁵		50% up to \$500 per 31-day supply		50% up to \$500 per 31-day supply		50% up to \$500 per 31-day supply

NA - Not applicable

** If enrolled in a Moda CCM plan using the Synergy or Summit Network, you must select a Medical Home (primary care clinic) for each individual on the plan. Primary care must be performed at the designated Medical Home in order to

¹ Deductible waived.

² Individual deductible and out-of-pocket maximum apply to single coverage only. Family deductible and out-of-pocket maximum apply when two or more individuals are covered on the plan. This plan also includes an embedded per member

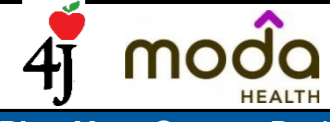
³ For PPO plans, OOP max includes medical copayments and coinsurance. Pharmacy copays and coinsurance and ACT copayments will continue accruing towards Maximum Cost Share. For CCM plans, OOP max includes medical

⁴ Benefit is subject to a reference price limitation. This is not applicable to CCM Plans.

⁵ A formulary exception must be approved for non-preferred brand prescription medication.

This document is for comparison purposes only and is not intended to fully describe the benefits of each plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this

Moda Health - 4J
2018-19 Benefit Plan Summary
Synergy

	Birch Synergy CCM** (Not available for Classified Employees)		Cedar Synergy CCM**		Dogwood Synergy CCM**	
	In-Network Member Pays	Out-of-Network Member Pays	In-Network Member Pays	Out-of-Network Member Pays	In-Network Member Pays	Out-of-Network Member Pays
Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.						
Deductible per person	\$800	\$1,600	\$1,200	\$2,400	\$1,600	\$3,200
Maximum deductible per family	\$2,400	\$4,800	\$3,600	\$7,200	\$4,800	\$9,600
Out-of-pocket (OOP) maximum per person ³	\$4,000	\$8,000	\$5,000	\$10,000	\$6,850	\$13,700
Out-of-pocket (OOP) maximum per family ³	\$12,000	\$24,000	\$13,700	\$27,400	\$13,700	\$27,400
Maximum cost share per person	\$7,350	N/A	\$7,350	N/A	\$7,350	N/A
Maximum cost share per family	\$14,700	N/A	\$14,700	N/A	\$14,700	N/A
Preventive Care Services						
Wellness Visit (Moda plans: ages 21 and over, must use Medical Home)	\$0 ¹	Not covered	\$0 ¹	Not covered	\$0 ¹	Not covered
Routine adult, well-child and women's exams; annual obesity screening & immunizations. See Plan Handbook for add'l Preventive Care Services.	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%
Incentive Care Services (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)						
Moda Medical Home incentive care	\$15 copay ¹	50%	\$15 copay ¹	50%	\$15 copay ¹	50%
Incentive office visits and home visits	see above	50%	see above	50%	see above	50%
Office Services						
Moda Medical Home primary care services	\$30 copay ¹	50%	\$30 copay ¹	50%	\$30 copay ¹	50%
Primary care office visits	see above	50%	see above	50%	see above	50%
Specialist office visits	20%	50%	20%	50%	20%	50%
Urgent Care		\$50 ¹		\$50 ¹		\$50 ¹
Mental Health Services						
Mental health office visits	\$30 copay ¹	50%	\$30 copay ¹	50%	\$30 copay ¹	50%
Mental health inpatient and residential services	20%	50%	20%	50%	20%	50%
Chemical dependency services (inpatient, outpatient or residential)	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%
Outpatient Services						
Outpatient surgery/facility care	20%	50%	20%	50%	20%	50%
Outpatient Rehabilitation (physical, occupational & speech therapy) Kaiser Plans: Maximum 20 visits per therapy per Plan Year, Moda Plans: 30 sessions per plan year / 60 for spinal or head injury	20%	50%	20%	50%	20%	50%
Tests (outpatient)						
Preventive tests	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%
Laboratory	20%	50%	20%	50%	20%	50%
X-ray, imaging, and special diagnostic procedures	20%	50%	20%	50%	20%	50%
CT, MRI, PET scans	\$100 + 20%	\$100 + 50%	\$100 + 20%	\$100 + 50%	\$100 + 20%	\$100 + 50%
Alternative Care Services (\$2,000 combined maximum)						
Acupuncture, Chiropractic & Naturopathic Services, labs, diagnostics, etc. <i>Cost of supplies & procedures performed in Alternative Care Provider's office applies to Alternative Care Benefit Maximum</i>	20%	50%	20%	50%	20%	50%
Maternity Care						
Outpatient Maternity Care	20%	50%	20%	50%	20%	50%
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	20%	50%	20%	50%	20%	50%
Hospital Services						
Inpatient care/surgery	20%	50%	20%	50%	20%	50%
Skilled nursing facility care (Kaiser Plans: 100 days per plan year, Moda Plans: 60 days per plan year)	20%	50%	20%	50%	20%	50%
Additional Cost Tier						
Moda Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep studies, lumbar discographies	\$100 + 20%	\$100 + 50%	\$100 + 20%	\$100 + 50%	\$100 + 20%	\$100 + 50%
Moda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement ⁴ , knee & shoulder arthroscopy, uncomplicated hernia repair	\$500 + 20%	\$500 + 50%	\$500 + 20%	\$500 + 50%	\$500 + 20%	\$500 + 50%
Emergency Services						
Emergency room (copay waived if admitted)	\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 20%	
Ambulance		20%		20%		20%
Other Covered Services						
Hearing Aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for children	10%	50%	10%	50%	10%	50%
Durable Medical Equipment (DME)	20%	50%	20%	50%	20%	50%
Bariatric Surgery (Roux-en-Y and gastric sleeve)	\$500 + 20%	Not covered	\$500 + 20%	Not covered	\$500 + 20%	Not covered
Pharmacy Services						
Out-of-pocket Maximum		Rx applies toward		Rx applies toward		Rx applies toward
Retail						
Value (Moda Plans Only)		\$0		\$0		\$0
Generic (Kaiser plans) / Select generic (Moda Plans)						
Preferred Brand		25% up to \$50 per 31-day supply		25% up to \$50 per 31-day supply		25% up to \$50 per 31-day supply
Non-preferred brand ⁵		50% up to \$150 per 31-day supply		50% up to \$150 per 31-day supply		50% up to \$150 per 31-day supply
Mail						
Value (Moda Plans Only)		\$0		\$0		\$0
Generic (Kaiser plans) / Select generic (Moda Plans)		\$16 per 90-day supply		\$16 per 90-day supply		\$16 per 90-day supply
Preferred Brand		25% up to \$100 per 90-day supply		25% up to \$100 per 90-day supply		25% up to \$100 per 90-day supply
Non-preferred brand ⁵		50% up to \$300 per 90-day supply		50% up to \$300 per 90-day supply		50% up to \$300 per 90-day supply
Specialty						
Select generic (Kaiser plans) / Preferred brand (Moda Plans)		25% up to \$100 per 31-day supply		25% up to \$100 per 31-day supply		25% up to \$100 per 31-day supply
Non-preferred brand ⁵		50% up to \$300 per 31-day supply		50% up to \$300 per 31-day supply		50% up to \$300 per 31-day supply

NA - Not applicable

** If enrolled in a Moda CCM plan using the Synergy or Summit Network, you must select a Medical Home (primary care clinic) for each individual on the plan. Primary care must be performed at the designated Medical Home in order to receive the "In-Network" benefit; if these services are performed outside the individual's selected Medical Home, they will be paid at the "Out-of-Network" benefit level.

¹ Deductible waived.

² Individual deductible and out-of-pocket maximum apply to single coverage only. Family deductible and out-of-pocket maximum apply when two or more individuals are covered on the plan. This plan also includes an embedded per member out-of-pocket max, which is set at the individual OOP amount. Under this plan, deductible must be met before benefits will be paid (except where 1 indicates deductible waived).

³ For PPO plans, OOP max includes medical copayments and coinsurance. Pharmacy copays and coinsurance and ACT copayments will continue accruing towards Maximum Cost Share. For CCM plans, OOP max includes medical copayments, coinsurance, as well as pharmacy copays and coinsurance. ACT copayments will continue accruing towards Maximum Cost Share limit.)

⁴ Benefit is subject to a reference price limitation. This is not applicable to CCM Plans.

⁵ A formulary exception must be approved for non-preferred brand prescription medication.

This document is for comparison purposes only and is not intended to fully describe the benefits of each plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the member handbook will prevail.

VSP Vision - 4J
2018-19 Benefit Plan Summary
Choice Plus

Vision	VSP Choice Plus Plan VSP Choice Network
Plan Year Maximum	N/A
Routine Eye Exam:	
Benefit:	Plan pays 100% after \$10 copay
Frequency:	Every 12 months
Lenses:	
Basic lens benefit:	\$20 copay (applied towards lenses & frame): Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses covered in full. Polycarbonate lenses, scratch resistant and UV coatings covered in full
Lens enhancements:	\$0 copay for standard progressive lenses \$15 copay for anti-reflective coating or progressive lenses
Frequency:	Once every 12 months
Frames / Contacts:	
Benefit:	Covered in full up to retail allowance of \$300 ; 20% off amount over retail allowance for frames Additional \$50 or higher allowance for feature frame brands (i.e. Nike, Calvin Klein, Columbia Sportswear, Cole Haan, etc.) Available in-network at VSP doctor and participating retail chain locations (not applicable at Costco or Walmart) Not eligible to combine the Enhanced Featured Frame Allowance with Extra \$20 or Extra \$40 promotions.
Frequency:	Once every 12 months
Non-Prescription Benefit	
Benefit:	OEBB members can use their frame allowance to pay for non-prescription sunglasses, in lieu of prescription glasses or contacts. Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details

This document is for comparison purposes only and is not intended to fully describe the benefits of each Plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the member handbook will prevail.



OEBS Summary of Dental Benefits 2018-19 Plan Year

			LIMITED NETWORK PLANS- MUST USE IN-NETWORK PROVIDERS!
Dental	Premier Plan 5 [‡] Delta Dental Premier Network	Premier Plan 6 Delta Dental Premier Network	Willamette Dental Plan [‡] Willamette Dental Group Facilities
Dental Office Visit Copayment	NA	NA	\$20 ^{3*}
Benefit Maximum	\$1,700	\$1,200	NA
Deductible	\$50	\$50	NA
Preventive & Diagnostic Services * - Deductible Waived for Preventive & Diagnostic Services on Delta Dental Plans			
Oral exams, X-rays, cleaning (prophylaxis), fluoride treatments, and space maintainers	70% + 10% each Plan Year	100%	100% *
Restorative Services *			
Routine fillings, inlays and stainless steel crowns	70% + 10% ¹ each Plan Year	80% ¹	100% *
Simple Extraction *			
Simple tooth extractions	70% + 10% each Plan Year	80%	100% *
Oral Surgery *			
Surgical tooth extractions, including diagnosis and evaluation	70% + 10% each Plan Year	80%	\$50 Copay *
Periodontics *			
Diagnosis, evaluation, and treatment of gum disease including scaling and root planing	70% + 10% each Plan Year	80%	100% *
Endodontics *			
Root canal and related therapy including diagnosis and evaluation	70% + 10% each Plan Year	80%	\$50 Copay*
Major Restorative Services *			
Gold or porcelain crowns and onlays	70%	50%	\$250 Copay *
Implants	50%	50%	See Certificate of Coverage for copays
Other covered services*			
Occlusal guards (night guards)	50% up to \$250 maximum, once every 5 years	50% up to \$250 maximum, once every 5 years	100% ⁴
Athletic mouth guards	50%	50%	\$100 Copay *
Nitrous Oxide	50%	50%	\$15 Copay *
Fixed and Removable Prosthetic Services *			
Full and partial dentures, relines, rebases	50%	50%	\$100 Copay *
Bridge retainers and pontics	50%	50%	\$250 Copay *
Orthodontics * (All plans except Delta Dental Plan 6)			
Orthodontic Treatment	80% to \$1,800 lifetime max	NA	\$2,500 Copay + \$20 per visit **

◆ Under Delta Dental Plans 1 and 5, benefits start at 70% the first plan year then increase by 10% each plan year (up to a maximum of 100%) provided the individual has visited the dentist at least once during the previous plan year. Switching between incentive plans (1 or 5) and other non-incentive plans will have an effect on benefit level.

‡ Under the Willamette Dental Plan, services must be provided by a Willamette Dental Group provider in order for benefits to be payable. See handbook for details.

* For Kaiser Permanente and Willamette Dental Group plans: Office visit copayment applies at each visit, in addition to any plan copayments for services.

** Pre-Orthodontic Service fee of \$150 is credited toward the orthodontic benefit if patient accepts treatment plan.

*** Preventive care and orthodontia do not accrue to this maximum.

¹ Posterior fillings paid to composite fee.

² Fillings are covered at 100% for all amalgam tooth surfaces, composite anteriors and one-surface composite posteriors. Patients can request composite fillings, which are considered a buy-up and

³ The office visit copayment is waived for participants in the Chronic Condition Dental Management program for specific preventive services.

⁴ Replacement of lost or stolen appliance once every 2 years; replacement or repair of broken appliance as needed.

This document is for comparison purposes only and is not intended to fully describe the benefits of each Plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the member handbook will prevail.