



2020-21

4J Open Enrollment Benefit Essentials:  
Classified Employees



Windows User

Eugene School District 4J / FSHR

10/01/2020

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## 4J Benefit Program Annual Open Enrollment

OEBB Open Enrollment Period  
August 15, 2020 – September 15, 2020

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**Open Enrollment is not mandatory for the 2020-21 year!**

You **DO NOT** need to log in to MyOEBB during this open enrollment unless you want to:

**\*Add, Drop, or Change your current plan**

**\*Add or Drop a dependent**

**\*Add, Increase, or Decrease your optional life insurance**

**Pacific Source Flexible Spending Account Open Enrollment**  
**August 15, 2020 – September 15, 2020 @ 8:59 p.m.**

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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 2020-21 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.

# 2020-21 Plan Changes

## **New for 2020-21: \$5.00 Surcharge on Double Coverage**

- Only pertains to OEGB/OEGB, PEBB/PEBB, and OEGB/PEBB subscriber double medical coverage
- Only charged to ACTIVE employees (no Early Retirees or COBRA)
- One \$5 surcharge per month (even if double-covering more than one dependent)
- Mainly will affect spouse/partners double covered
- Children are not included unless they are also an OEGB or PEBB subscriber (if their job makes them eligible for OEGB/PEBB benefits)
- Any OEGB or PEBB full-time subscriber double-covering any other OEGB or PEBB member will pay \$5/month. This DOES include double-covering a part-time, COBRA, or Early Retiree subscriber.

**Plan rates have changed!!** The rate sheets for classified staff are available for view online at:

<https://www.4j.lane.edu/hr/benefits/open-enrollment/>.

## **Medical:**

4J classified employees and retirees have two options for their Medical/Rx Coverage:

- Kaiser Permanente
- Moda Health

## **Kaiser Permanente:**

4J is offering Kaiser Plan 2 (\$800 deductible) for the 2020-21 plan year.

**\*\*Notice:\*\*** The 4J Wellness Clinic is now part of the Kaiser Network. Active employees and retirees who elect Kaiser Plan 2 will be eligible to access all 4J Wellness Clinic services.

## **Moda:**

4J is offering two Moda Medical Plans for the 2020-21 plan year:

- Plan 3 (\$1200/\$1300 deductible)
- Plan 4 (\$1600/\$1700 deductible)

All OEGB Moda medical plans will continue to use the Connexus network. Employees will have the option of coordinated or non-coordinated care. Employees will continue to have the same access to the 4J Wellness Clinic.

**Prescription:**

All medical plans include a pharmacy benefit.

**Dental:**

For 2020-21, we will continue to offer Delta Dental Premier Plans 5 and 6, and Willamette Dental. Plan changes include:

**2020-21 Dental Changes****Delta Dental Plans 5 & 6:**

- No changes for the 2020-21 plan year

**Willamette Dental Plan:**

- No changes for the 2020-21 plan year

**Vision:**

We will continue to offer VSP Choice Plus Plan in the 2020-21 plan year.

**2020-21 VSP Vision Changes****Coverage:**

- No changes for the 2020-21 plan year.

**Life Insurance:****2020-21 Life Insurance Changes****Rates:**

- No changes to the rate structure for the 2020-21 plan year.

**Coverage:**

- No changes in coverage options for the 2020-21 plan year.

## 2020-2021 Open Enrollment Checklist

- Know your dates:** The [MyOEBB](#) system opens on August 15, 2020 and shuts down at 11:59 pm PST on September 15, 2020. During this time, you will be making elections for the plan year beginning October 1, 2020 and ending September 30, 2021.  
**Note:** PacificSource Administrators closes their system at 8:59 pm PST on September 15, 2020. You will need to log into their system before that time to make your 2020-21 Flexible Spending Account elections.
- Review Plan offerings and changes:** Review the 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 2020-21 OEBB Open Enrollment Guide:** The guide details important plan features, compares plans and provides instruction on the online enrolment system. An electronic copy is posted on OEBB's website at: <https://www.oregon.gov/OHA/OEBB/Pages/Members.aspx> Please note that the open enrollment guide 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**
  - ✓ **Update** eligible dependent information.
  - ✓ **Medical:** Choose between Moda medical plans 3, or 4, Kaiser Medical Plan 2, or choose to waive coverage. For detailed information on 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 bundled 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://psa.consumer.pacificsource.com/> to make annual elections for your health flexible spending account and/or your dependent care flexible spending account. **4J 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: PSA-P00356.**

# Medical Plans

## MODA Health

### **About Moda Health:**

All Moda plans will utilize Moda's statewide Connexus provider network.

4J offers 2 Moda Health medical plans 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. The 4J Wellness Clinic is an in-network provider.

### **Benefits:**

Each plan will come with a coordinated-care option and a non-coordinated care option. Choosing coordinated care means you'll receive enhanced benefits, like a lower deductible, a lower out-of-pocket maximum, and lower costs for office visits, specialist visits, and alternative care visits. 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.

- If you and/or your family members choose coordinated care, you must choose a primary care provider or "PCP 360" who will be accountable for your health. Each covered family member can choose if they want coordinated care, and if so, their own PCP 360.
- Employees can choose their PCP 360 in one of two ways:
  - Online – log into MyModa
  - Call Moda Customer Service: 866-923-0409
- Moda members who already have a PCP 360 selected only need to contact Moda if they want to update their PCP 360 selection. Otherwise, their PCP 360 selection will carry forward.
- Employees who choose their PCP 360 at any other point during the year will begin receiving the coordinated care enhanced benefit the first of the month of the date they choose their PCP 360 with Moda.
- Moda medical plans will introduce Moda 360. This service includes a health navigator offering personalized support for chronic conditions, coordination with the member's PCP 360 and telemedicine expansion.
- eviCore is changing under the Moda medical plans:
  - Members will have an increased initial approval of PT/OT/ST therapies to 12 visits for a 90-day period
  - An annual alternative care 12-visit limit in lieu of prior authorization

### **Plans:**

All Moda plans will use the Connexus Network of providers. See plan handbook and summary for details.

**Moda Medical Plan 3:** \$1,200 coordinated care/\$1,300 non-coordinated care individual deductible; \$25 co-pay for coordinated care primary care office visit; \$25 co-pay for mental health in-network office visits; do not need referral for specialists.

**Moda Medical Plan 4:** \$1,600 coordinated care/\$1,700 non-coordinated care individual deductible;

\$25 co-pay for coordinated care primary care office visit; \$25 co-pay for mental health in-network office visits; do not need referral for specialists.

**Pharmacy:**

Prescription coverage is included in all Moda health plans. See plan handbook and summary for additional detail.

**Select Generic Prescription Coverage:** \$12 per 31-day supply; \$24 per 90-day supply mail-order

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

## Kaiser Permanente

**About Kaiser:**

Kaiser Permanente places a strong emphasis on integrated care, and in most cases you will need a referral from your primary care physician before you will be able to see a specialist. Kaiser’s new clinic in Eugene, located at 360 S. Garden Way, opened in May of 2020. The new clinic site will offer members a nurse treatment area, new imaging and pharmacy services, and additional on-site lab services.

**Network:**

Kaiser Permanente uses a Provider Network that combines care coverage featuring physician directed care, primary care access, tele-health services, video and phone visits with Kaiser Permanente providers, and a mobile app. Through collaboration with PeaceHealth, Kaiser Permanente members will have access to Kaiser Permanente facilities and providers across the US, along with many existing health care providers in the Eugene/Springfield area.

For primary and routine care, urgent care, hospitals and emergency care, Kaiser offers the following options for 4J employees:

Primary Care

- 4J Wellness Clinic
- Kaiser Permanente Chase Gardens Medical Office
- PeaceHealth Santa Clara
- PeaceHealth RiverBend Pavilion
- PeaceHealth Cottage Grove
- PeachHealth Florence

Hospitals

- PeaceHealth Sacred Heart Medical Center at RiverBend



- PeaceHealth Sacred Heart Medical Center University District
- PeaceHealth Cottage Grove Community Medical Center
- PeaceHealth Peace Harbor Medical Center

To get started, visit: [kp.org/locations](http://kp.org/locations) to choose a Kaiser Permanente doctor or see if your PeaceHealth doctor is in their network.

**Plan:**

4J is offering Kaiser Permanente Plan 2 for the 2020-21 benefit plan year. See plan handbook and summary for details.

**Plan 2 HMO:** \$800 individual/\$2,400 family deductible; \$25 co-pay for primary care visits within Kaiser Network; \$25 alternative care office visit co-pay; \$35 co-pay for specialist visits; **no out-of-network coverage.**

**Pharmacy:**

Kaiser Permanente contracts with five pharmacies and will be increased to seven pharmacies in January 2021 in Eugene and Springfield and offers mail-order pharmacy service for new and refilled prescriptions. Pharmacy coverage is included in medical cost. For a complete list of participating pharmacies, see the list below. For additional information see plan handbook and summary.

**Plan 2 HMO:** \$5 generic 30-day; \$10 generic 90-day mail-order

**2021 First Fill Policy:** Kaiser Permanente members can pick up their new prescription of an acute medication (medications prescribed for a sudden onset of illness and taken for a short duration) or the first fill of a maintenance medication (medications prescribed for chronic, long-term conditions and are taken on a regular, recurring basis) at any of Kaiser’s network pharmacies. After the initial fill, maintenance medications must be filled through Kaiser Permanente mail order or at the Chase Gardens Pharmacy.

OUR NETWORK

## Pharmacies

Pharmacy	Current	January 2021
Kaiser Permanente- Chase Gardens Garden Way	Available	Available
Sav-On Pharmacy Royal Ave.	Available	Available
Safeway Pharmacy Hwy 101	Available	Available
Hirons Drug E. 18 <sup>th</sup> Ave	Available	Available
Sav-On Pharmacy Coburg Rd.	Available	Not Available
Sav-On Pharmacy Division Ave.	Not Available	Available
Safeway Pharmacy Coburg Rd	Not Available	Available
River Road Pharmacy River Rd.	Not Available	Available

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## OEGB WELLNESS PROGRAMS

OEGB continues to offer no- and low- cost wellness programs for Moda and Kaiser members, including:

- Physical Health Programs
  - WW (formerly Weight Watchers)
  - Active & Fit Direct Discounted Gym Membership
- Chronic Condition Management (diabetes care, cancer, etc.)
- Sleep Management
- Emotional Health
- Quitting Tobacco

More information on these and other programs can be found at

<https://www.oregon.gov/oha/OEGB/Pages/Wellness-Programs.aspx> or our website:

<https://www.4j.lane.edu/hr/benefits/>

## 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 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%.
    - *For the 2020-21 plan year, because members may have had difficulty seeing their dentist during the stay-at-home order, Delta Dental will maintain current incentive levels for members on incentive plans if they did not visit their dentist in the 2019-20 plan year. Members who did visit their dentist will still receive their benefit increase as scheduled.*
  - You may choose your dentist from the Delta Dental Premier Plan 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 Plan 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 Plan 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 Plan 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 Plan 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 for Most Services, 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 most 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. **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:

OEBB 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. The plan year runs October 1, 2020 through September 30, 2021.

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

When you have completed your FSA enrollment online, the PacificSource system allows you to print an enrollment confirmation letter. Please consider printing this document for your records.

### 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 \$2,750.
- 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 \$550** into the following plan year of your current year Health FSA remaining balances.
- **Use-it-or-Lose-it Rule** applies to unused balances above \$550.
- **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](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 in person or tele-medicine 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://myrbh.com/Home/Home?role=member>. Services are always confidential with no private information reported to the District.
- Call 1-866-750-1327 or visit <https://myrbh.com/Home/Home?role=member> with the access code: OEGB.
- 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

**4J Summary of Medical and Pharmacy Benefits  
2020-21 Plan Year**

No lifetime maximum on any medical plans.	 <b>Medical Plan 2 Kaiser Permanente Network</b>		 <b>Medical Plan 3 Connexus Network</b>			 <b>Medical Plan 4 Connexus Network</b>		
	In-Network Member Pays	Out-of-Network Member Pays	In-Network Coordinated Care <sup>6</sup> Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care <sup>6</sup> Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Any Out-of-Network Services Member Pays
Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.								
Deductible per person	\$800	NA	\$1,200	\$1,300	\$2,400	\$1,600	\$1,700	\$3,200
Maximum deductible per family	\$2,400	NA	\$3,900	\$3,900	\$7,200	\$5,100	\$5,100	\$9,600
Out-of-pocket (OOP) maximum per person <sup>3</sup>	\$4,000	NA	\$4,850	\$5,250	\$10,000	\$6,700	\$7,100	\$13,700
Out-of-pocket (OOP) maximum per family <sup>3</sup>	\$12,000	NA	\$15,750	\$15,750	\$27,400	\$15,800	\$15,800	\$27,400
Maximum cost share per person	NA	NA	\$7,900	\$7,900	NA	\$7,900	\$7,900	NA
Maximum cost share per family	NA	NA	\$15,800	\$15,800	NA	\$15,800	\$15,800	NA
<b>Preventive Care Services</b>								
Wellness visit	\$0 <sup>1</sup>	NA	\$0 <sup>1</sup>	\$0 <sup>1</sup>	Not covered	\$0 <sup>1</sup>	\$0 <sup>1</sup>	Not covered
Routine adult, well-child and women's exams; annual obesity screening & immunizations. See Plan Handbook for add'l Preventive Care Services.	\$0 <sup>1</sup>	Not Covered	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50%	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50%
<b>Mental Health Services</b>								
Primary care office visits	\$25 <sup>1</sup>	Not Covered	\$25 <sup>1,6</sup>	25%	50%	\$25 <sup>1,6</sup>	25%	50%
Primary care office visits with a provider other than your chosen PCP 360 (Moda Plans only)	NA	NA	\$50 <sup>1</sup>	NA	50%	\$50 <sup>1</sup>	NA	50%
Virtual Care	\$0 <sup>1</sup>	Not Covered	\$10 <sup>1,9</sup>	\$10 <sup>1,9</sup>	50%	\$10 <sup>1,9</sup>	\$10 <sup>1,9</sup>	50%
Specialist office visits	\$35 <sup>1</sup>	Not Covered	\$50 <sup>1</sup>	25%	50%	\$50 <sup>1</sup>	25%	50%
Urgent care	\$40 <sup>1</sup>	See Plan Handbook	\$50 <sup>1</sup>	25%	25%	\$50 <sup>1</sup>	25%	25%
<b>Outpatient Services</b>								
Outpatient surgery/facility care	20%	Not Covered	25%	25%	50%	25%	25%	50%
Outpatient rehabilitation (physical, occupational & speech therapy)								
<b>Kaiser Plans:</b> Maximum 20 visits per therapy per Plan Year <b>Moda Plans:</b> 30 sessions per plan year / 60 for spinal or head injury	\$35 <sup>1</sup> per visit	Not Covered	25%	25%	50%	25%	25%	50%
<b>Tests (outpatient)</b>								
Preventive tests	\$0 <sup>1</sup>	Not Covered	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50%	\$0 <sup>1</sup>	\$0 <sup>1</sup>	50%
Laboratory	\$25 <sup>1</sup> per visit	Not Covered	25%	25%	50%	25%	25%	50%
X-ray, imaging, and special diagnostic procedures	\$25 <sup>1</sup> per visit	Not Covered	25%	25%	50%	25%	25%	50%
CT, MRI, PET scans	\$25 <sup>1</sup> per visit	Not Covered	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%
<b>Alternative Care Services<sup>8</sup></b>								
Acupuncture, chiropractic & naturopathic services	\$25 <sup>1</sup> per service	Not Covered	\$25 <sup>1</sup>	25%	50%	\$25 <sup>1</sup>	25%	50%
<b>Maternity Care</b>								
Outpatient maternity care	\$0 <sup>1</sup>	Not Covered	25%	25%	50%	25%	25%	50%
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	20%	Not Covered	25%	25%	50%	25%	25%	50%

NA - Not applicable 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 Moda plans, OOP max includes medical copayments and coinsurance. Pharmacy copays and coinsurance and ACT copayments will continue accruing towards Maximum Cost Share. 4 Benefit is subject to a reference price limitation.

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

6 If enrolled in a Moda medical plan, each covered individual must choose a PCP 360 with Moda for that individual to receive the enhanced "coordinated" benefit shown in the far left column under that plan when using a provider in the Connexus network. If an individual has not chosen a PCP 360 with Moda, they will receive the "non-coordinated" benefit shown in the center column if using a provider in the Connexus network. Any services by a provider outside the Connexus network will be paid at the "out-of-network" level (far right column under that plan) regardless of whether or not the individual has chosen a PCP 360 with Moda.

7. For value tier list please visit <https://my.kp.org/oebb/plans/> at bottom of page.




8. For Kaiser plans, acupuncture care, spinal manipulation and naturopathic substance only accrue towards your \$2000 benefit maximum. For Moda Plans, alternative care services are subject to 12 visits annually.

9. For Moda plans, virtual care (defined as 2-way video conferencing visits) is covered for primary care and urgent care services only.

**This document is for comparison purposes only. The full benefits of each plan are described in the member handbooks. In the case of a conflict between this comparison and the member handbook, the member handbook will prevail.**



**4J Summary of Medical and Pharmacy Benefits  
2020-21 Plan Year**

No lifetime maximum on any medical plans.	 <b>Medical Plan 2 Kaiser Permanente Network</b>		 <b>Medical Plan 3 Connexus Network</b>			 <b>Medical Plan 4 Connexus Network</b>			
	In-Network Member Pays	Out-of-Network Member Pays	In-Network Coordinated Care <sup>6</sup> Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Any Out-of-Network Services Member Pays	In-Network Coordinated Care <sup>6</sup> Member Pays	In-Network Non-Coordinated Care <sup>6</sup> Member Pays	Any Out-of-Network Services Member Pays	
<b>Plan Year Costs</b> - Deductibles and copayments apply to the annual out-of-pocket maximum.									
<b>Hospital Services</b>									
Inpatient care/surgery	20%	See Plan Handbook	25%	25%	50%	25%	25%	50%	
Skilled nursing facility care ( <b>Kaiser Plans</b> : 100 days per plan year, <b>Moda Plans</b> : 60 days per plan year)	20%	NA	25%	25%	50%	25%	25%	50%	
<b>Additional Cost Tier</b>									
<b>Moda Plans Only</b> : \$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	NA	NA	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 50%	
<b>Moda Plans Only</b> : \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement <sup>4</sup> , knee & shoulder arthroscopy, uncomplicated hernia repair	NA	NA	\$500 copay + 25%	\$500 copay + 25%	\$500 copay + 50%	\$500 copay + 25%	\$500 copay + 25%	\$500 copay + 50%	
<b>Emergency Services</b>									
Emergency room (copay waived if admitted)	20%		\$100 copay + 25%			\$100 copay + 25%			
Ambulance	\$100 <sup>1</sup>		25%			25%			
<b>Other Covered Services</b>									
Hearing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for children	10% <sup>1</sup>	Not Covered	10%	10%	50%	10%	10%	50%	
Durable medical equipment (DME)	20% <sup>1</sup>	Not Covered	25%	25%	50%	25%	25%	50%	
Bariatric surgery	\$500 + 20%	Not Covered	\$500 + 25%	\$500 + 25%	Not covered	\$500 + 25%	\$500 + 25%	Not covered	
<b>Pharmacy Services</b>									
Out-of-pocket (OOP) maximum	\$1100 - Rx max also applies to Medical OOP			Rx applies toward Max Cost Share			Rx applies toward Max Cost Share		
<b>Retail</b>									
Value	NA	NA	\$4 per 31-day supply			\$4 per 31-day supply			
Generic (Kaiser Plans) / Select generic (Moda Plans)	\$5 per 30-day supply	See Plan Handbook	\$12 per 31-day supply			\$12 per 31-day supply			
Preferred brand	\$25 per 30-day supply	See Plan Handbook	25% up to \$75 per 31-day supply			25% up to \$75 per 31-day supply			
Non-preferred brand <sup>5</sup>	\$45 per 30-day supply if criteria met	See Plan Handbook	50% up to \$175 per 31-day supply			50% up to \$175 per 31-day supply			
<b>Mail</b>									
Value	NA	NA	\$8 per 90-day supply			\$8 per 90-day supply			
Generic (Kaiser plans) / Select generic (Moda Plans)	\$10 per 90-day supply	See Plan Handbook	\$24 per 90-day supply			\$24 per 90-day supply			
Preferred Brand	\$50 per 90-day supply	See Plan Handbook	25% up to \$150			25% up to \$150			
Non-preferred brand <sup>5</sup>	\$90 per 90-day supply if criteria met	See Plan Handbook	50% up to \$450 per 90-day supply			50% up to \$450 per 90-day supply			
<b>Specialty</b>									
Select generic (Kaiser plans) / Preferred brand (Moda Plans)	25% up to \$100 per 30-day supply	See Plan Handbook	25% up to \$200 per 31-day supply			25% up to \$200 per 31-day supply			
Non-preferred brand <sup>5</sup>	25% up to \$100 per 30-day supply	See Plan Handbook	50% up to \$500 per 31-day supply			50% up to \$500 per 31-day supply			

NA - Not applicable 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 Moda plans, OOP max includes medical copayments and coinsurance. Pharmacy copays and coinsurance and ACT copayments will continue accruing towards Maximum Cost Share. 4 Benefit is subject to a reference price limitation.

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

6 If enrolled in a Moda medical plan, each covered individual must choose a PCP 360 with Moda for that individual to receive the enhanced "coordinated" benefit shown in the far left column under that plan when using a provider in the Connexus network. If an individual has not chosen a PCP 360 with Moda, they will receive the "non-coordinated" benefit shown in the center column if using a provider in the Connexus network. Any services by a provider outside the Connexus network will be paid at the "out-of-network" level (far right column under that plan) regardless of whether or not the individual has chosen a PCP 360 with Moda.

7. For value tier list please visit <https://my.kp.org/oebb/plans/> at bottom of page.

8. For Kaiser plans, acupuncture care, spinal manipulation and naturopathic substance only accrue towards your \$2000 benefit maximum. For Moda Plans, alternative care services are subject to 12 visits annually.

9. For Moda plans, virtual care (defined as 2-way video conferencing visits) is covered for primary care and urgent care services only.

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**VSP Vision - 4J  
2020-21 Benefit Plan Summary  
Choice Plus**



Vision	VSP Choice Plus Plan VSP Choice Network
Plan Year Maximum	N/A
<b>Routine Eye Exam:</b>	
Benefit:	Plan pays 100% after \$10 copay
Frequency:	Every 12 months
<b>Lenses:</b>	
Basic lens benefit:	\$20 copay (applied towards lenses & frame): Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses covered in full. <b>Polycarbonate lenses, scratch resistant and UV coatings covered in full</b>
Lens enhancements:	<b>\$0 copay for standard progressive lenses</b> <b>\$15 copay for anti-reflective coating or premium/custom progressive lenses</b>
Frequency:	Once every 12 months
<b>Frames / Contacts:</b>	
Benefit:	Covered in full up to retail allowance of <b>\$300</b> ; 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
<b>Non-Prescription Benefit</b>	
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 <a href="http://vsp.com">vsp.com</a> 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.



## 4J Summary of Dental Benefits 2020-21 Plan Year



	INCENTIVE PLAN See footnote ♦ for details.		LIMITED NETWORK PLAN! MUST USE IN-NETWORK PROVIDER! See footnotes Ω, †, and ‡ for details.
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 * <sup>3</sup>
Benefit Maximum	\$1,700	\$1,200	NA
Deductible	\$50	\$50	NA
<b>Preventive &amp; Diagnostic Services * - Deductible Waived for Preventive &amp; Diagnostic Services on Delta Dental Plans</b>			
Oral exams, X-rays, cleaning (prophylaxis), fluoride treatments, and space maintainers	70% + 10% each Plan Year	100%	100% *
<b>Restorative Services *</b>			
Routine fillings, inlays and stainless steel crowns	70% + 10% <sup>1</sup> each Plan Year	80% <sup>1</sup>	100% *
<b>Simple Extraction *</b>			
Simple tooth extractions	70% + 10% each Plan Year	80%	100% *
<b>Oral Surgery *</b>			
Surgical tooth extractions, including diagnosis and evaluation	70% + 10% each Plan Year	80%	\$50 Copay *
<b>Periodontics *</b>			
Diagnosis, evaluation, and treatment of gum disease including scaling and root planing	70% + 10% each Plan Year	80%	100% *
<b>Endodontics *</b>			
Root canal and related therapy including diagnosis and evaluation	70% + 10% each Plan Year	80%	\$50 Copay *
<b>Major Restorative Services *</b>			
Gold or porcelain crowns and onlays	70%	50%	\$250 Copay * <sup>5</sup>
Implants	50%	50%	Implant surgery up to \$1,500 calendar year maximum
<b>Other covered services*</b>			
Occlusal guards (night guards)	50% up to \$250 max, once every 5 years	50% up to \$250 max, once every 5 years	100% <sup>4</sup>
Athletic mouth guards	50%	50%	\$100 Copay *
Nitrous Oxide	50%	50%	\$15 Copay *
<b>Fixed and Removable Prosthetic Services *</b>			
Full and partial dentures, relines, rebases	50%	50%	\$100 Copay * <sup>5</sup>
Bridge retainers and pontics	50%	50%	\$250 Copay * <sup>5</sup>
<b>Orthodontics * (All plans except Delta Dental Plan 6)</b>			
Orthodontic Treatment	80% to \$1,800 lifetime max	<b>NO ORTHO COVERAGE on this plan</b>	\$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.

Ω The Delta Dental Exclusive PPO plan has no out-of-network benefit. Services performed by providers outside the Delta Dental PPO network are not covered unless for a dental emergency. Covered emergencies consist of problem focused exam, palliative treatment and x-rays. All other services are considered non-covered. OT refer

‡ 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.

<sup>1</sup> Posterior fillings paid to composite fee.

<sup>2</sup> 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 additional fees apply. Contact Kaiser Permanente directly for fees.

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

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

<sup>5</sup> Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit under the Willamette Dental Group plan.

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## Computer Assistance at the Ed Center

<u>Day</u>	<u>Date</u>	<u>Time</u>	<u>Location</u>	<u>Event</u>
Thursday	August 20, 2020	CANCELED		
Tuesday	August 25, 2020	CANCELED		
Thursday	August 27, 2020	CANCELED		
Tuesday	September 1, 2020	3:00 – 6:00 p.m.	Courtyard	OEBB Open Enrollment Assistance
Wednesday	September 2, 2020	CANCELED		
Friday	September 4, 2020	CANCELED		
Tuesday	September 8, 2020	CANCELED		
Thursday	September 10, 2020	4:00 – 6:00 p.m.	Courtyard	OEBB Open Enrollment Assistance
Tuesday	September 15, 2020	CANCELED		

## 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 your health plan covers before your health insurance 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.***

**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.

**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. \*Moda plan members must check to see what applies to out-of-pocket limit and what applies to max-cost-share limit.

# Resources

## 4J Benefits Staff:

Colleen Jones	Benefits Manager	<a href="mailto:jones_col@4j.lane.edu">jones_col@4j.lane.edu</a>	541-790-7675
Kimberly Kaina	HR Generalist	<a href="mailto:Kaina_k@4j.lane.edu">Kaina_k@4j.lane.edu</a>	541-790-7681
Arthur Hart	Classified Benefits Coordinator	<a href="mailto:hart_a@4j.lane.edu">hart_a@4j.lane.edu</a>	541-790-7679
Jamie Myers	Licensed-Staff Benefits Coordinator	<a href="mailto:myers_j@4j.lane.edu">myers_j@4j.lane.edu</a>	541-790-7682

## Insurance Carriers:

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

## Web Resources:

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