



Benefits Program Overview - October 1, 2017-2018 Plan Year

LICENSED STAFF

To help you make your benefit elections for the **2017-18 plan year effective October 1, 2017** following is a brief overview of your benefits program. Detailed plan descriptions and answers to your questions are available from the District business office and/or you may contact the insurance carrier representatives (contact information found on our Benefits Intranet website). While every effort has been made to accurately describe your benefits in all cases the actual plan contracts and documents will prevail.

Medical/Prescription Drug/Vision Benefits

You have a choice of four Health Net Health Plan of Oregon plans: two PPO plans, a Point of Service (POS) plan and an HDHP plan. Or, you may select the Kaiser HMO plan if you live in the Kaiser service area. None of our plans exclude benefits for pre-existing conditions. The plan that's best for you should consider not only cost but also these primary differences:

- **Kaiser HMO Plan:** *PCP Selection Required, The Most Restricted Provider Access*
The Kaiser HMO plan requires that you seek all non-emergency care from or directed by HMO providers and facilities and that you select a Kaiser physician as your Primary Care Physician (PCP) to direct your care. The Kaiser HMO plan covers most routine services in full after any applicable copays.
- **Health Net PPO Plans:** *No PCP Required, Higher Benefits When Seeking Care In Network*
The Preferred Provider Organization (PPO) plans allow you to seek care In or Out of Health Net's PPO network of providers and facilities, but benefits are higher (and your out-of-pocket costs lower) when you seek care from PPO network providers. In addition, you are not responsible for PPO provider charges that exceed Health Net's contracted fees (whereas you will be responsible for provider charges that exceed Health Net's allowable fees (MAA) when using Out of Network providers). Eligible expenses are subject to either copays or annual deductible and/or coinsurance, depending on the type of service. The PPO plans vary in the amount of their deductibles and the coinsurance for PPO services.
- **POS "Triple Option" Plan:** *Two Levels of Network Access (EPO, PPO), Must Select a PCP to Access EPO Benefits*

This Health Net plan provides the greatest level of provider access. Members may obtain care from its EPO or PPO networks of providers or seek care outside of these networks. Member out-of-pocket expenses will be lowest when using EPO providers, and highest when obtaining routine care from Out of Network providers. To receive EPO-level benefits, members must choose a PCP from the EPO network. When you receive covered care from In Network PPO providers, your out-of-pocket expenses include a calendar year deductible (where applicable), fixed copays for certain services or a fixed percentage of coinsurance and you are not responsible for charges beyond their contracted fees.

	Kaiser HMO	Health Net PPO	Health Net PPO	Health Net Triple Option POS
Annual Deductible (Person/Family)	None	\$100/\$200	\$200/\$400	EPO/PPO: None (Combined) NonNetwork: \$100/\$200,
Out-of-Pocket Maximum (Person/Family)	\$600/\$1,200 (includes office visit copays)	\$1,100/\$2,200 (includes deductible and office visit copays)	\$700/\$1,400 (includes deductible and office visit copays)	EPO/PPO: \$1,500/\$3,000 (Combined) NonNetwork: \$4,500/ \$9,000 (includes deductible and office visit copays)
Office Visits	\$10 copay	PPO: No charge, NonPPO: 30%	PPO: 10%, NonPPO: 30% (PPO limited to contract rates)	EPO: \$10 copay, PPO and NonNetwork: 20% (PPO limited to contract rates)
Inpatient Care	No copay	PPO: No charge, NonPPO: 30%	PPO: 10%, NonPPO: 30% (PPO limited to contract rates)	EPO: \$100/day copay, PPO and NonNetwork: 20% (PPO limited to contract rates)
X-ray and Lab Tests	No copay	PPO: No charge, NonPPO: 30%	PPO: 10%, NonPPO: 30% (PPO limited to contract rates)	EPO: No copay, PPO and NonNetwork: 20% (PPO limited to contract rates)
Emergency Room Visit	\$25 copay	PPO: No charge, NonPPO: No charge	PPO: 10%, NonPPO: 10% (PPO limited to contract rates)	\$150 copay

	Kaiser HMO	Health Net PPO	Health Net PPO	Health Net Triple Option POS
Vision Care	\$150 benefit allowance/24 months	In Network: \$10/exam, \$25 lenses copays, \$100 frames allowance plus 20% discount on balance over allowance. Out of Network: \$40 exam allowance, \$40-\$80 lenses allowance, \$45 frames allowance. Exams: One/12 months, Lenses and Frames: One/24 months	In Network: \$10/exam, \$25 lenses copays, \$100 frames allowance plus 20% discount on balance over allowance. Out of Network: \$40 exam allowance, \$40-\$80 lenses allowance, \$45 frames allowance. Exams: One/12 months, Lenses and Frames: One/24 months	In Network: \$10/exam, \$25 lenses copays, \$100 frames allowance plus 20% discount on balance over allowance. Out of Network: \$40 exam allowance, \$40-\$80 lenses allowance, \$45 frames allowance. Exams: One/12 months, Lenses and Frames: One/24 months
Rx Drug Copays for Participating Pharmacies (x2 for mail order)	\$10 copay (Kaiser facilities only)	Tier 1: \$10, Tier 2: \$15, Tier 3: \$25 copays	Tier 1: \$10, Tier 2: \$15, Tier 3: \$25 copays	Tier 1: \$10, Tier 2: \$15, Tier 3: \$25 copays

High Deductible Health Plan (HDHP)

	Health Net High Deductible Health Plan (HDHP)
Annual Deductible (Person/Family)	PPO: \$1,500 / \$3,000; NonPPO: \$3,000 / \$6,000
Out-of-Pocket Maximum (Person/Family)	PPO: \$3,000 / \$6,000; NonPPO: \$9,000 / \$18,000 Includes Deductible amounts
Office Visits	PPO: 20%, NonPPO: 40%
Inpatient Care	PPO: 20%, NonPPO: 40%
X-ray and Lab Tests	PPO: 20%, NonPPO: 40%
Emergency Room Visit	PPO: 20%, NonPPO: 20%
Rx Drug Copays for Participating Pharmacies	20%

In a Health Savings Account (HSA), funds can be placed in a bank account to be used for qualified health care expenses. Any unused funds will continue to roll over year after year.

HSA holders can choose to save up to \$3,400 for an individual and \$6,750 for a family (HSA holders 55 and older get to save an extra \$1,000 which means \$4,400 for an individual and \$7,750 for a family) - and these contributions are 100% tax deductible from gross income.

Alternative Care

Health Net and Kaiser medical plans cover preventive care (routine exams, pediatric care, immunizations, inoculations and vision screening) and all plans now provide benefits for *alternative care* (except on the HSA plan). When receiving care from ASH network providers, chiropractic, naturopathic and acupuncture expenses are covered in full after a visit copay of \$15 (\$25 for massage therapy up to 18 visits/year) to a maximum annual benefit of \$1,000. When receiving care from the CHP Group network on the Kaiser plan providers, chiropractic, naturopathic and acupuncture expenses are covered in full after a visit copay of \$10 (\$25 for massage therapy up to 12 visits/year) to a maximum annual benefit of \$1,000.

Vision benefits for employees without medical coverage are insured by Ameritas Group. When using VSP vision providers, members pay a \$10/visit copay for exams (one/12 months) and a \$25 copay for lenses or frames (one pair/24 months). There is no charge for lenses and up to an \$80 frames allowance.

When obtaining care from non-VSP providers, members must still pay the \$10 and \$25 copays, but the benefit allowance for lenses is \$55 to \$125 and the frames allowance is limited to \$40. For a list of VSP providers, visit the Ameritas Group website at https://www.vsp.com/member/htmls/find_dr_signon.jsp

Dental Benefits- Two Plan Options

The district offers two dental insurance plans you can choose from. Ameritas Group or Willamette Dental.

The Ameritas Group and is an "incentive" design whereby the 70% benefit in the first year of preventive and restorative coverage increases by 10% each year in which services are received (not applicable to major coverage). Orthodontia benefits cover both adults and children and are limited to \$1,000 in a lifetime.

	Ameritas Group
Annual Deductible (Person/Family)	None
Annual Maximum Benefit/Person	\$1,500
Preventive Care (exams, cleanings, x-rays)	70%/80%/90%/100%
Restorative Care (fillings, extractions)	70%/80%/90%/100%
Major Care (inlays, onlays, crowns, bridges, dentures)	70%/80%/90%/100%
Orthodontia	Adults and Children: 20% coinsurance up to a \$1,000 lifetime maximum benefit/person

The Willamette Plan has no deductibles and no Annual Maximums. You can only use Willamette Dental dentists.

	Willamette Dental
Annual Deductible, Annual Maximum	None
General & Orthodontic Office Visit	You pay a \$10 Copay per Visit
Diagnostic, Preventative, Restorative, Prosthodontics, Endodontics, Periodontics and Oral Surgery	Covered with the Office Visit Copay
Orthodontia	You pay a \$1,500 Copay

Life Insurance Benefits

The district provides eligible employees with life/AD&D benefits for themselves and their dependents. Employees are covered for \$20,000 (benefits reduce beginning at age 65), spouses and dependent children to age 26 receive \$1,000 of life coverage. This benefit is insured by LifeMap Assurance Company that also insures our disability coverage.

Employees may purchase **Voluntary Life and AD&D Insurance** for themselves and their eligible spouses (or domestic partners). Employee and Spouse Life and AD&D Insurance is offered in increments of \$10,000 to a maximum of the lesser of 5X annual earnings or \$300,000. Spouses are eligible even if the employee does not enroll. Dependent child(ren) coverage may be elected with employee and/or spouse coverage from \$2,000 to \$10,000 in \$2,000 increments. Children are eligible from birth to age 26.

Enroll within 31 days from when you first become eligible with no medical questions up to \$200,000 for employees and \$50,000 for spouses. After initial offering, you will be required to answer a few health questions (Evidence of Insurability) and be approved by LifeMap Assurance Company. Coverage for dependent children is issued without this requirement.

Long Term Disability Benefits

The district provides eligible employees with long term disability coverage providing disabled employees with a monthly benefit of 66 2/3% of their basic monthly salary following 90 days of total or partial disability. The maximum monthly benefit of \$6,000 is generally payable to normal retirement age for disabilities occurring before age 61.

Section 125 Flexible Spending Accounts

If you incur healthcare expenses not covered by insurance and you want to save 25-40% on those costs, you can choose to set-aside up to \$2,600 of your annual salary to be reimbursed on a tax-free basis for eligible healthcare expenses (such as deductibles, copays, over-the-counter drugs and supplies and LASIK eye surgery). By choosing to participate in our **Healthcare Flexible Spending Account** you reduce your salary and effectively save money on these healthcare costs.

If you pay for the care of dependent children under the age of 13 or a disabled dependent that allows you or your spouse to work or attend school full-time, you may choose to participate in our **Dependent Care Flexible Spending Account**. You may reduce your salary annually up to \$2,500 if you are married and file a separate tax return, or up to \$5,000 if you are single/head of household or married/filing jointly. Like your ability to pay your health plan contributions on a pre-tax basis (thereby saving money on those contributions) these are all considered *cafeteria* plans and are governed by strict IRS rules relating to elections and allowable mid-year changes. Please read the materials provided by our plan administrator, PacificSource Administrators, before electing to participate in these salary reduction plans.

Employee Assistance Program

Employees and their family members can access our EAP through Reliant Behavioral Health (RBH) to obtain counseling and resources to help them with personal and financial solutions. This totally confidential service is available to eligible employees 24/7 by calling 1-866-750-1327. Visit the RBH website to learn what services are available to you and how to access them at www.myrbh.com. The group access code is LifeMap.