SPECIAL PROGRAMS

Wellness Clinic

Employee Assistance Program

Workers’ Compensation Program

COPES

(Coordinated Outpatient Education & Intervention Services)

Flexible Spending Plan

(Available Only to Active Employees)
Overview of the Wellness Clinic

What Is the 4J Wellness Clinic?

The Wellness Clinic is a medical clinic run through a joint effort of the District and its employees (via the Joint Benefit Committees) to provide insurance-eligible 4J employees, retirees and their families with pre-paid medical care for routine needs. The clinic has three nurse practitioners and support staff who work together to provide high-quality care.

What Services Does the Clinic Provide?

The clinic provides a full range of primary health care, diagnostic tests, minor surgery and preventive care. Annual physicals are available, as well as school, sports and camp physicals for children. Below is a list of services.

**Illness**
- Sore throats
- Respiratory infections
- Colds, coughs & flus
- Vaginal infections & other women’s health problems
- Rashes
- Urinary tract infections
- Headaches
- Depression
- Ill-defined conditions such as dizziness and pain

**Preventive Care**
- Routine physical exam
- Annual pap & pelvic exam
- Sports physicals
- School physicals
- Camp physicals
- Blood pressure monitoring
- Cholesterol monitoring
- Flu shots
- Adult immunizations
- Nutrition counseling
- Exercise-related issues

**Injury Treatment**
- Stitching minor lacerations
- Evaluating strains & sprains
- Wounds
- Burns

**Other Services**
- Evaluating suspicious skin lesions
- Removal of small warts & moles
- Evaluation and treatment of boils & cysts
- Lab tests as necessary

What Do I Need to Do to Use the Wellness Clinic?

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

4J Wellness Clinic 686-1427
Q & A About the Wellness Clinic

Q What are the primary objectives of the clinic?

A The clinic makes a contribution to long-term employee health and wellness by making this pre-paid, easily accessed service available. In addition, it reduces health care expenses and helps the district control premium costs.

Q Who pays for the clinic?

A All employees contribute to the costs of running the clinic as part of the basic benefits package.

Q Does the clinic provide immunizations for children?

A The clinic is unable to provide this service for children 14 years of age or younger, but does provide immunizations for children 15 years of age and older.

Q How far in advance should I schedule a routine physical?

A About two months.

Q If I can’t get an appointment the same day I call, does the clinic have a system for recontacting me if an opening occurs due to cancellation?

A No, the clinic does not offer this service.

Q What happens if I miss my appointment?

A You will be billed $20 for the missed appointment.

Q Is there any cost to visit the clinic?

A No, all services provided during your clinic visit are free of any charges or co-pays. (This includes lab work ordered by the clinic.)
Overview of the Employee Assistance Program

What Is the 4J Employee Assistance Program?

The 4J Employee Assistance Program (EAP) is a special program offered through a contracting arrangement with the Cascade Centers EAP. It provides 4J employees, retirees and immediate household members with short-term, confidential, professional counseling designed to resolve issues within four or fewer visits.

What Kinds of Help Can I Get From the EAP?

The 4J EAP provides assistance, such as marital or financial counseling and limited legal consultation, for a wide range of personal problems that affect your personal, family and professional life.

What Do I Do if I Want to See an EAP Counselor?

Call Cascade Centers EAP at 1-800-433-2320. The person you speak with will be able to refer you to local programs and resources and help you choose an appropriate counselor, if necessary. (Regular office hours for the 4J EAP are 7:30 a.m. to 5 p.m., Monday through Friday. However, there is someone on call 24 hours per day to handle emergency situations.)

What if I’m Not Sure if I Should Contact the EAP or a Regular Mental Health Provider?

Call the Cascade Centers EAP at 1-800-433-2320. The mental health professional you speak with will be able to help you and refer you to a counselor, if necessary.
Q & A About the Employee Assistance Program

Why does the District make this service available?

The program is offered to help retirees, employees and their families deal effectively with the many complex problems encountered in our society today. By helping employees resolve difficulties in their lives, the district can make a contribution to their productivity and happiness both on and off the job.

Who pays for the services? Do I have to pay for my individual sessions?

Employees contribute to the cost of the EAP as part of the basic benefits package. However, you pay nothing when you go for individual EAP counseling sessions, which typically consist of four or fewer visits. If further services are needed through Cascade Centers, co-insurance or co-payments may be required. Please refer to the Mental Health and Alcohol & Substance Abuse coverage benefits overview chart (page 2•5) for more information.

What Is the Workers’ Compensation Program?

If an employee is injured while on the job, the workers’ compensation program provides for:

• Medical coverage outside the employee group medical plan.
• Partial salary or wages if the employee is unable to return to work immediately.
• Temporary or modified work assignments if appropriate.

The program's goal is to ensure that employees receive the financial and medical assistance needed for a speedy and healthy return to work.
What if an Injury or Incident Occurs?

1. Report all on-the-job injuries or incidents to your supervisor immediately. Fill out a Preliminary Accident Report of Employee Injury form and return it to your supervisor or the Workers’ Compensation Office (WC Office). Forms are available from your school department secretary or on the 4J Risk Management web site (www.4j.lane.edu/hr/rm).

2. If emergency medical care is required, your supervisor will arrange for transportation through 911. If your supervisor is not available, contact 911. Call the WC Office at 687-3402 to report the injury as soon as possible.

3. If non-emergency care is required, contact one of the following:
   • MedExpress at 744-6111. If MedExpress is called, its staff will handle the situation or transport you to and from an appropriate care facility (e.g., personal health care provider, urgent-care provider, etc.).
   • Cascade Health Solutions and Cascade Medical Associates at 228-3100, which can provide treatment immediately after an injury. Cascade Medical Associates is the 4J provider. It is located at 2650 Suzanne Way, Suite 200, Eugene (behind PetSmart and across from Costco).
   • A physician of your choice.

The District recommends that you complete and return the accident reporting form to your supervisor, no matter how minor the injury. If the injury develops into something more serious at a later date, proof that the injury is work related will be important.

What Happens After the Injury?

To facilitate a smooth transition back to work, follow these guidelines:

• Call your supervisor and the WC Office at 687-3402 to notify them if you are unable to return to work for your next scheduled shift.
• Call the WC Office each Monday if you continue to be off work due to injuries. It is important to report your current medical status, upcoming doctor appointments and other related information. The WC Office will coordinate your medical and time loss benefits under workers’ compensation and can answer your questions on this subject.
• Always obtain a written statement from the physician returning you to work.
• The District may provide you with temporary work assignments during your recovery. Contact your supervisor or the WC Office for more information.

Q & A About Workers’ Compensation

Q Should I see my regular doctor even though medical care will be covered through workers’ compensation?

A We recommend that you always see your regular doctor, particularly before seeing a specialist. Going to your regular doctor ensures coverage if for some reason your workers’ compensation claim is not accepted.
Overview of the COPES Program

What Is the COPES Program?

COPES, which stands for Coordinated Outpatient Education and Intervention Services, is a special program designed to help people with chronic or recurring diseases understand and manage their condition. COPES participants work closely with an RN who develops an individualized treatment plan and coordinates care with the primary care physician and other providers.

What Kinds of Help Will I Get From COPES?

When you start in the COPES program, you’ll meet with an RN Program Coordinator to review your status and personal health care goals. The program incorporates the following:

- An educational component, which involves a series of classes to educate you about your condition, how to manage it and how to live as healthful and productive a life as possible.
- A treatment component in which all your care is coordinated by your RN, who reviews your treatment plan with you, helps you navigate the health care system and is available to answer questions and help you problem-solve.
- A coordination component in which the case manager coordinates your care with your health insurance provider(s).

Who Is Eligible to Participate in COPES?

If you are a 4J School District employee or insurance beneficiary between the ages of 18 and 60 and have a complex chronic or recurring condition or disease that is responsive to self-care management skills, you may be eligible.

When Is the Best Time to Start COPES?

The best time to get involved is as soon as you find out about your condition. Learning about what helps your condition—or makes it worse—can make a big difference in your long-term health and prognosis. Having an RN Coordinator who serves as your advocate and guide can also improve your health outlook.
Q & A About COPES

Q Will I have out-of-pocket expenses in the COPES program?

A There are no costs for RN Coordinator services and classes offered through COPES. Medical treatment is covered by your insurance plan, but you will have the usual co-pay and deductible expenses. However, there will be no surprises; your RN Coordinator will review your treatment plan with you and discuss costs involved.

Q Will my employer and supervisor know that I’m enrolled in the program?

A Not if you don’t want them to know.

Q How long does the program last?

A The active enrollment period, during which you will be attending classes and appointments determined by your treatment plan, is three months. For nine months after that you will be in contact with your RN Coordinator every three months to go over how you are doing and determine if more assistance is needed.

Q How do I get involved?

A It’s easy. Call the COPES program at Cascade Health Solutions at 228-3000 any weekday between 8 a.m. and 4:30 p.m.
Overview of the Flexible Spending Program

What Is the Flexible Spending Program?

The Flexible Spending Program allows you to have a designated dollar amount of your paycheck put aside and held in an account until you need to use it for out-of-pocket health care or dependent-care expenses. The money is deducted before taxes are paid, allowing you to apply 100% of the money you earn and put aside toward eligible expenses.

What Kinds of Expenses Are Eligible?

The following out-of-pocket expenses are eligible:

• Co-pays (physician, prescription, etc.)
• Dental expenses (co-pays or non-covered expenses)
• Vision expenses (glasses, contacts, lasik eye surgery)
• Day-care expenses (This can be more advantageous than the child-care tax credit now offered by the IRS. Other expenses are also eligible.)

More complete information about eligible expenses is available on the web site of Manley Services, the organization that manages the District's Flexible Spending Plan. Visit the 4J web site at www.4j.lane.edu/hr/rm. Click on “Flexible Spending,” then select “What Kinds of Expenses are Eligible?” This will link to the Manley Services web site information.

Is the Same Amount Taken Out of My Paycheck Every Month?

Yes, you must select a fixed amount that is deducted each month for one year. The amount accumulates during the year and can be used only during the year it is deducted. At the end of the year, you can specify a new monthly deduction amount. Dependent-care and health-care deductions are held in separate accounts, so you must specify the type of expense and amount to be deducted for each category.

How Do I Get Reimbursed?

It's easy. The District contracts with Manley Services to manage the Flexible Spending Program. When you have incurred an eligible out-of-pocket expense, simply send a reimbursement request form (downloadable from Manley’s web site at www.manleyserv.com), along with your bill or receipts, to Manley Services. (For a reimbursement request form, you may also visit the 4J web site at www.4j.lane.edu/hr/rm. Click “Flexible Spending,” then select “How Do I Get Reimbursed?” This will link to the downloadable form.)

Retirees Special Note

The Flexible Spending Program is not available to retirees.
What if I Don’t Use Up All the Money in My Flexible Spending Account During the Year?

This is the tricky part of participating in the program. Any unused money in the account at the end of the calendar year is forfeited, by IRS law, to the employer. For this reason, it is important to carefully analyze your needs. For example, child-care expenses may be very predictable, allowing you to specify an exact amount to be deducted. Health-care expenses may not be as predictable. You can base your deduction on previous years’ expenses, knowing that you can use excess amounts toward the end of the year to buy new glasses or other items you might have waited to purchase.

What Do I Have to Do to Participate?

If you are a current employee, you can participate by signing up during the program’s open enrollment period. The open enrollment period for the Flexible Spending Program is later in the year because the Flexible Spending Program’s plan year runs from January 1 to December 31. For this reason there are no enrollment forms in this packet. You will receive information from the Employee Benefits Office about enrolling prior to the enrollment period. New employees can enroll at the time of hire. (When you complete your enrollment form, ignore the check-off box for the premium deduction plan since Manley does not administer that program for the District.)

If you would like more information about the program before deciding to enroll, visit the Manley website (www.manleyserv.com) or call Manley Services at 485-7488 and ask for Stan Manley at ext. 102 or Kim Apo at ext. 106.
Q & A About the Flexible Spending Program

Is there a cost to participate in the program?

No. The Flexible Spending Program is a no-cost benefit the District offers its employees to help offset the increasing cost of health care and child care.

Should I include the amount withheld from my check for health insurance when I’m calculating how much to contribute to my healthcare flexible spending account?

No. Insurance premiums are not considered eligible expenses for the healthcare flexible spending account. (This is true of all insurance premiums, whether they are withheld from your paycheck for the district insurance plans or if you pay an outside carrier for an independent plan.) You should only include expenses for the treatment of actual health conditions – no insurance costs of any kind.

Once I’m participating, how can I access my account information?

Once you enroll, Manley will mail you a personal identification number (PIN), which you can use to enter the MyFlex area of Manley’s web site (www.manleyserv.com). This feature allows you to:

• Access information on the most recent reimbursement payments, including payment dates and amounts
• See payment details, including account type and form of payment
• View recently submitted claims along with their payment status
• Check account balances, annual elections and deposits

How do I make changes to my account information (address, election amounts, etc.)?

All changes must be directed to the Employee Benefits Office (EBO) at (541) 687-3491. The EBO will pass along the appropriate information to Manley Services.