



2018-19

4J Open Enrollment Benefit Essentials:
Benefit Eligible Licensed Substitutes



Windows User

Eugene School District 4J / FSHR

07/12/2018

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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

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).

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 on the [4J Benefits website](#) or [4J Licensed Substitute](#) webpage.
- 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.

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 OEBC 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.

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
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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/
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/
Benefit Health Solutions (COBRA)	1-800-556-2230	http://www.benefithelpsolutions.com/oebb/

Web Resources:

4J Benefits – Open Enrollment	https://www.4j.lane.edu/hr/benefits/open-enrollment/
OEBB Online Portal	https://myoebb.org/