2022-23

4J New Hire Benefit Enrollment Essentials: MAPS Employees

Windows User

Eugene School District 4J / FSHR

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4J Benefit Program New Hire

ALL Benefits-Eligible Employees MUST Fill Out

New Hire Enrollment Forms

Failure to do so will result in waiving health insurance coverage

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The 4J Human Resources Department and Joint Benefits Committee are pleased to provide you this New Hire Enrollment information, which summarizes the 4J Benefit Program for the upcoming 2022-23 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.

*All Benefit Eligible Employees have access to the 4J Wellness Clinic.

Medical:

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

- Kaiser Permanente
- Moda Health

Kaiser Permanente:

4J is offering Kaiser Plan 2a ($800 deductible) for the 2022-23 plan year.

Moda:

4J is offering two- Moda Medical Plans for the 2022-23 plan year:

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

All OEBB Moda medical plans will continue to use the Connexus network. Employees will have the option of coordinated or non-coordinated care.

Prescription:

All medical plans include a pharmacy benefit.

Dental:

We offer Delta Dental Premier Plans 5 and 6, and Willamette Dental.

Vision:

We offer VSP Choice Plus Plan in the 2022-23 plan year.

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 MAPS 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 360. This service includes a health navigator offering personalized support for chronic conditions, coordination with the member's PCP 360 and telemedicine expansion.

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; $36 per 90-day supply when allowed

Virtual Visits: CirrusMD app is covered at no member cost sharing. All other virtual care for primary and urgent care services (defined as 2-way video conferencing visits) is covered at a $10 copay with deductible waived for plans 2-4.

Kaiser Permanente

About Kaiser: 4J offers Kaiser Permanente Plan 2a to all benefit eligible MAPS employees/retirees and their benefit eligible dependents for the 2022-2023 plan year. 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 clinic in Eugene is located at 360 S. Garden Way. The clinic site offers members a nurse treatment area, imaging, 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 Peace Health, 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
- Eugene Pediatric Associates
- Peace Health Santa Clara
- Peace Health Riverbend Pavilion
- Peace Health Cottage Grove
- Peach Health

FlorenceHospitals

- Peace Health Sacred Heart Medical Center at Riverbend
- Peace Health Sacred Heart Medical Center University District
- Peace Health Cottage Grove Community Medical Center
- Peace Health Peace Harbor Medical Center

To get started, visit: **kp.org/locations** to choose a Kaiser Permanente doctor or see if your Peace Health doctor is in their network.

Plan:
4J is offering Kaiser Permanente Plan 2a for the 2022-23 benefit plan year. See plan handbook and summary for details.

Plan 2a 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 seven pharmacies in Eugene, Springfield, and Florence; 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

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, at the Chase Gardens Pharmacy or Safeway Pharmacy in Florence.

Kaiser Permanente Chase Garden Pharmacy
360 S. Garden Way, Eugene, OR 97401

Safeway Pharmacy – Florence
700 US-101, Florence, OR 97439

Additional Participating Pharmacies: Refills for maintenance medication at these pharmacies are not covered. Additional refills should be filled at one of the pharmacies listed above or through mail order.

Albertsons Sav-On Pharmacy – Royal
4740 Royal Ave, Eugene, OR 97402

Hirons Drug – 18th Ave.
185 E 18th Ave, Eugene, OR 97401

River Road Pharmacy
884 River Rd, Eugene, OR 97404

Sav-On Pharmacy
55 Division Ave, Eugene, OR 97404

Safeway Pharmacy
1500 Coburg Rd, Eugene, OR 97401

OEBB WELLNESS PROGRAMS

OEBB offers 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
- Long-term or Chronic Condition (diabetes care, cancer, high blood pressure, etc.)
- Sleep Management
- Emotional Health
- Quitting Tobacco

More information on these and other programs can be found at https://www.oregon.gov/oha/OEBB/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%.
  - Preventative services do not accrue towards annual 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 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.
  - Preventative services do not accrue towards annual benefit maximum.
  - 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.
  - Office visit copay waived for new patient visit, only for members who have never been seen a Willamette Dental Group provider.
  - 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 OEBB 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:

- Employee/spouse/domestic partner elects to increase life coverage beyond theGuarantee Issue Amount. ($200,000 for employee, $30,000 for spouse/domestic partner)
- 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, 2022 through September 30, 2023.

Rules and Requirements:

- Participation requires a new enrollment each year.
- 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

Plan Year and Calendar Year Maximum allowed is $2,850 or $237.50/month.
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 activelylooking 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 childor relative—who is physically or mentally incapable of self-care.
- **Note**: You cannot use reimbursed expenses on the Earned Income Credit, which may be more advantageous if your family income is below $25,000.

Additional 4J Benefits

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

Basic Life and AD&D Insurance

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

Long Term Disability Insurance

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

4J Wellness Clinic

The 4J Wellness Clinic is a medical clinic providing individualized, comprehensive care and follow up. The clinic is run through a joint effort of Cascade Health and the Joint Benefits Committee. The clinic provides benefit eligible 4J employees and their families, as well as enrolled retirees and their insurance-covered dependents with pre-paid routine medical care at no out of pocket cost to the patient. However, your insurance will be billed. 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://members.uprisehealth. Services are always confidential with no private information reported to the District.
- Call 1-800-395-1616 or visit https://members.uprisehealth with the access code: OEBB.
- For you and your household members EAP services includes:
    - 6 no cost counseling sessions per issue per year.
    - 4 health coaching sessions per year
    - Life Balance services i.e. legal services, financial services, eldercare referral, will preparation, identity theft services, and childcare referral services.
    - Wellness services i.e. app and online wellness portal

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***.

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.