



Benefits Program Overview - October 1, 2019-2020 Plan Year

ADMINISTRATIVE AND CONFIDENTIAL STAFF

To help you make your benefit elections for the **2019-2020 plan year effective October 1, 2019** 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 three Health Net Health Plan of Oregon plans: EPO, a PPO and an HDHP plan. Or, you may select the Kaiser EPO plan if you live in the Kaiser service area. None of our plans exclude benefits for pre-existing conditions. Cost is not the only consideration when making your choice. Look at each plan and their differences and consider what fits best for you and your family needs.

- Kaiser EPO Plan:** *PCP Selection Required – The Most Restricted Provider Access*
The Kaiser EPO plan requires all non-emergency services be from an EPO provider or facility directed by an EPO. Kaiser requires members to select a Primary Care Physician (PCP) and be seen only in Kaiser facilities. Referrals to Specialists must be to Network providers. The Kaiser EPO plan covers most routine services in full after any applicable copays.
- Health Net EPO Plan:** *PCP Selection Required – The Most Restricted Provider Access*
The Health Net EPO plan requires all non-emergency services be from a EPO provider or facility directed by an EPO. Health Net requires members to select a PCP from a larger selection of contracted EPO network providers and receive all inpatient care from a wide selection of contracted EPO network hospitals. Referrals to Specialists must be to Network providers. The Health Net EPO plan covers most routine services in full after any applicable copays.
- PPO Plan:** *No PCP Required, Higher Benefits When Seeking Care In Network*
This Preferred Provider Organization (PPO) plan allows members to seek care In or Out of Health Net’s PPO network of providers and facilities. However, the PPO Plan pays more when treatment is from an In-Network provider and the members out-of-pocket costs are less. In addition, the member is NOT responsible for “balance billed” amounts over Health Net’s allowable fee schedule (MAA) when seen by an In-Network provider. Treatment from an Out-of-Network provider could result in the member being responsible for charges that exceed Health Net’s contracted fee schedule (Balanced billed amount). This plan also includes access to Health Net’s First Health network for those living or traveling outside of Oregon.

	Kaiser EPO	Health Net EPO	Health Net PPO
Annual Deductible (Person/Family)	None	None	\$100/\$200
Out-of-Pocket Maximum (Person/Family)	\$600/\$1,200 (includes office visit copays)	\$500/\$1,000 (includes office visit copays)	\$1,100/\$2,200 (includes deductible and office visit copays)
Office Visits	\$5 copay	\$5 copay	PPO: No charge, Out of Network: 30%
Inpatient Care	No copay	No copay	PPO: No charge, Out of Network: 30%
X-ray and Lab Tests	X-ray: \$10 copay; Lab: No copay	No copay	PPO: No charge, Out of Network: 30%
Emergency Room Visit	\$25 copay	\$150 copay	PPO: No charge, Out of Network: No charge

Vision Care	\$5/exam; \$150 benefit allowance /24 months	In Network: \$10/exam, \$10 lenses copays, \$150 frames allowance plus a 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/12 months	In Network: \$10/exam, \$10 lenses copays, \$150 frames allowance plus a 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/12 months
Rx Drug Copays for Participating Pharmacies (x2 for mail order)	\$5 copay (Kaiser facilities only)	Tier 1: \$5 Tier 2: \$10 Tier 3: \$25 copays \$1,000 individual / \$2,000 family OOP Rx max	Tier 1: \$5 Tier 2: \$10 Tier 3: \$25 copays \$1,000 individual / \$2,000 family OOP Rx max

High Deductible Health Plan (HDHP)

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

For 2019, HSA holders can choose to save up to \$3,500 for an individual and \$7,000 for a family (HSA holders 55 and older get to save an extra \$1,000 which means \$4,500 for an individual and \$8,000 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*. When receiving care from ASH network providers on the Health Net plans, 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 providers on the Kaiser plan, 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 \$1,500.

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 \$80. 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 and Willamette Dental.

The Ameritas Group 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/Accidental Death & Dismemberment (AD&D) Benefits

The district provides eligible employees with life/AD&D benefits for themselves and their dependents. Employees are covered for \$200,000 (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 with life coverage 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. Employees can be covered up to \$200,000 and \$50,000 for spouses without a health statement. 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 50% of their basic monthly salary following 90 days of total or partial disability. The maximum monthly benefit of \$5,000 is generally payable to normal retirement age for disabilities occurring before age 61.

Pre-Tax 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 \$2,650 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 Cascade Centers 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 1-800-433-2320. Visit the Cascade website to learn what services are available to you and how to access them at www.cascadecenters.com.