



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

CLASSIFIED 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 four Health Net Health Plan of Oregon plans: EPO, PPO, HDHP and the Community Care 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. The plan that's best for you should consider not only cost but also these primary differences:

- 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 been seen only in Kaiser facilities. Referrals to Specialists must be to Network providers. The Kaiser EPO 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 Heath 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 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. This plan includes access to Health Net's First Health network for those living or traveling outside of Oregon.
- Community Care Plan: Community Care Health Plan provides care at three benefit levels. Level 1: Community Care Providers, Level 2: Other Health Net Providers, Level 3: Providers who are not contracted with Health Net. Member out-of-pocket expenses will be lowest when using Level 1 Community Care Providers, and highest when obtaining routine care from Level 3. If you use a Level 3 provider, you are responsible for charges that exceed Health Net's allowable fees (referred to as MMA).**

	Kaiser EPO	Health Net EPO	Health Net PPO	Community Care
Annual Deductible (Person/Family)	None	None	\$1,500/\$3,000	None
Out-of-Pocket Maximum (Person/Family)	\$600/\$1,200 (includes office visit copays)	\$2,500/\$5,000 (includes office visit copays)	\$4,500/\$9,000 (includes deductible and office visit copays)	\$3,000/\$6,000 (includes office visit copays) Level 1, 2 and 3 combined
Office Visits	\$10 copay	\$10 copay	PPO: \$25 copay Out of Network: 40%	Level 1: \$10 copay Level 2 & 3: 40%
Inpatient Care	No copay	\$200 copay per day	PPO: 20% Out of Network: 40%	Level 1: 20% Level 2 & 3: 40%
X-ray and Lab Tests	No copay	No copay	PPO: 20% Out of Network: 40%	Level 1: 20% Levels 2 & 3: 40%
Emergency Room Visit	\$25 copay	\$150 copay	PPO: \$150 copay then 20% Out of Network: \$150 copay then 20%	\$250 copay per visit, then 20% (copay waived if admitted)

	Kaiser EPO	Health Net EPO	Health Net PPO	Community Care
Vision Care	\$10 copay/exam \$150 allowance/ 24 months	Not Covered	Not Covered	Not Covered
Rx Drug Copays for Participating Pharmacies (x2 for mail order)	\$10 copay (Kaiser facilities only)	Tier 1: \$15 Tier 2: \$30 Tier 3: \$50 copays \$1,000 individual / \$2,000 family OOP Rx max	Tier 1: \$15 Tier 2: \$30 Tier 3: \$50 Copays \$1,000 individual / \$2,000 family OOP Rx max	Tier 1: \$15 Tier 2: \$30 Tier 3: \$50 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.

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 the all plans now provide benefits for alternative care. 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 Kaiser medical coverage are insured by EyeMed. When using EyeMed vision providers, members pay a \$10/visit copay for exams (one/12 months) and a \$25 copay for lenses (one pair/12 months) or frames (one pair/24 months). There is no charge for standard lenses and up to an \$120 frames allowance.

When obtaining care from non-EyeMed providers, a copay is not required, but the benefit allowance for lenses is from \$35 to \$60 and the frames allowance is limited to \$48. For a list of EyeMed providers, visit the EyeMed website at <https://www.eyemed.com>

Dental Benefits- Three Plan Options

The district offers three dental insurance plans you can choose from: Ameritas Group, Kaiser and 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). For an additional cost, employees may choose to enroll in the Kaiser Dental Health Maintenance Organization (DHMO) Plan.

	Ameritas Group	Kaiser DHMO
Annual Deductible (Person/Family)	None	No deductible. \$10visit copay/office visit
Annual Maximum Benefit/Person	\$1,500	Unlimited
Preventive Care (exams, cleanings, x-rays)	70%/80%/90%/100%	No charge
Restorative Care (fillings, extractions)	70%/80%/90%/100%	No charge
Major Care (inlays, onlays, crowns, bridges, dentures)	70%/80%/90%/100%	Periodontics/Endodontics: 20% Crowns ,bridges, dentures: 50%
Orthodontia	Not Covered	Children to age 17: \$100 plus 30% copay up to \$200

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

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.

Voluntary Life/Accidental Death & Dismemberment (AD&D) Benefits

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.

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.