



2023 - 2024

**Siuslaw School District 97J
Annual Open Enrollment
Benefits**

Siuslaw School District 97J Annual Open Enrollment

OEBB Open Enrollment Period

August 15, 2023 – September 15, 2023

Open Enrollment is Mandatory for the 2023-24 year!

You need to log in to OEBSenroll.com during this open enrollment to:

- ◆ Select your medical, dental, and vision plans – or to decline coverage.
(Your current medical, dental and vision elections will NOT roll-over into 2023 – 2024. Please note: District office staff cannot enroll for you.)
- ◆ Add or delete dependents
- ◆ Select “optional” AD&D or Long-Term Care Insurance. *(If you already have the “optional” AD&D plan, this plan will automatically roll-over to the new plan year. If you wish to increase/decrease amount, add or delete plan, you will need to make changes during this open enrollment period.)*
- ◆ Once you enroll in medical, dental, and vision plans, do not forget to “**save**” your selections. *Once you save your selections, you can always go back into the website and change your plans up until the enrollment cutoff date.*
- ◆ Mid-year changes are only allowed if you experience a Qualified Status Change (QSC) event (e.g., marriage, birth or adoption of a child, divorce). Let the district office know anytime you experience a QSC, even during Open Enrollment.

The information provided in this document 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.

2023– 2024 Plan Changes

◆ \$5.00 Surcharge on Double Coverage

- Only pertains to OEGB/OEGB, OEGB/PEGB
- Only charged to Active employees (no Early Retirees or Cobra)
- One \$5.00 surcharge per month (even if double-covering more than one dependent)
- Mainly will affect spouse/partners double covered
- Children are not included unless they are also an OEGB or PEGB subscriber (if their job makes them eligible for OEGB/PEGB benefits)
- Any OEGB or PEGB subscriber double covering any other OEGB or PEGB member will pay \$5.00/month. This charge will not be included in any insurance pool calculations or covered by district contributions.

Plan rates have changed. Please check the 2023 – 2024 rate sheet for new plan costs.

◆ 9 Medical Plans Available: *Including pharmacy benefit*

Moda Plan 2

Moda Plan 3

Moda Plan 4

Moda Plan 5

Moda Plan 6 (H.S.A. eligible)

Moda Plan 7 (H.S.A. eligible)

Kaiser Plan 1

Kaiser Plan 2A

Kaiser Plan 3 (H.S.A. eligible)

◆ 5 Dental Plans Available:

Delta Dental Premier Plan 1

Delta Dental “Incentive Exclusive” PPO

Delta Dental Exclusive PPO

Kaiser Dental

Willamette Dental

◆ 3 Vision Plans Available:

Moda “Pearl” Plan

VSP Choice Plan

Kaiser Vision

Medical Plans - Moda

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.

All OEBC Moda Medical Plans will continue to use the Connexus network.

Employees will have the option of coordinated or non-coordinated care. Choosing coordinated care means you will 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 on 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.

Medical Plans – Kaiser

Kaiser plans are available in our area. 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 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 PeaceHealth, Kaiser Permanente members will have access to Kaiser Permanente facilities and providers across the U.S., along with many existing health care providers in Lane County.

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

Dental Plans

Delta Dental Premier Plan 1, and *Exclusive PPO Incentive Plan* are incentive plans, with benefits starting 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%.

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.

Willamette Dental – You must go to a Willamette Dental Office in Eugene or Springfield for services.

Kaiser Dental – You must go to a Kaiser facility to obtain services.

Vision Plans

Check provider website for list of plan providers for either Moda Vision, VSP Vision, or Kaiser Vision.

Employee Assistance Program (EAP)

This program is being offered to all staff members, and premium is paid by the district. Some of the benefits include:

- Up to six face-to-face or telephone counseling for each new issue, including family, relationship, stress and other common challenges.
- Online Peer Support Group
- Adult & Eldercare Services
- Child & Parenting Services
- 24-hour Crisis Consultation
- Financial help

Visit website: uprisehealth.com/members

Access Code: OEGB

Phone: 866-750-1327

Avoid These Common Mistakes

- ◆ Know YOUR monthly cost for coverage. The MyOEBB system shows the full premium cost, but most employers contribute toward that, so the amount you pay may be different. Get your specific plan option costs from your employer. Insurance Pools are calculated once everyone enrolls, so make your selections with this in mind.
- ◆ Make sure your doctors/providers are in-network for the plans you select. Some plans have limited networks and no out-of-network coverage. Be sure your plan will cover services where you want to receive them.
- ◆ Double-check your dependents have the right coverage. Each dependent needs to be added to each plan (medical, dental, vision, etc.) if you want them to be covered. If your dependents live out of the area, make sure you provide their current mailing address.
- ◆ Make sure everyone you cover meets one of the definitions of an eligible dependent. Grandchildren are only eligible for OEBB coverage when the eligible employee is the court-ordered legal guardian or adoptive parent of the grandchild. Definitions of eligible dependents, including child, spouse, and eligible domestic partner, can be found on the OEBB website at:
www.oregon.gov/oha/OEBB/Pages/Eligibility.aspx
- ◆ Before you decline dental for yourself or a dependent, recognize a 12-month wait will apply if you choose to add dental coverage at a future Open Enrollment.
- ◆ Do not wait until the last minute! OEBB and insurance carrier offices are closed on weekends and holidays and may not be available to help you during these times. Decide early, enroll early.

OEBB Contact Information:

Phone: 888-469-6322

www.OEBBinfo.com

Enroll at: www.OEBBenroll.com

Glossary of Insurance Terms

Health Savings Account - A Health Savings Account (HSA) is a tax-advantaged account created for or by individuals covered under high-deductible health plans (HDHPs) to save for qualified medical expenses. Contributions are made into the account by the individual or their employer and are limited to a maximum amount each year.

Who qualifies for an HSA? An eligible individual is anyone who:

- ◆ is covered under a High Deductible Health Plan (HDHP)
- ◆ is not covered by any other health plan that is not an HDHP
- ◆ is not currently enrolled in Medicare or TRICARE
- ◆ has not received medical benefits through the Department of Veterans Affairs (VA) during the preceding three months
- ◆ may not be claimed as a dependent on another person's tax return

Deductible – The amount you owe for health care services that your health plan covers before your health insurance begins to pay.

Coinsurance - The percentage of costs of a covered health care service you pay (20%, for example) after you have paid your deductible.

Let us say your health insurance plan's allowed amount for an office visit is \$100 and your coinsurance is 20%.

- ◆ If you have paid your deductible: You pay 20% of \$100, or \$20. The insurance company pays the rest.
- ◆ If you have not met your deductible: You pay the full allowed amount, \$100.

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.

PCP 360 – Primary Care Physician who has contracted with Moda Health to deliver full-circle care, coordinating with other providers as needed.

PPO – For PPO plans, a medical care provider or facility that has agreed contractually to accept discounted fees as payment (with the member's coinsurance) for covered services from the plan.