



OEBB

2016-17 Plan Year

Your Benefits Open Enrollment Guide

Required Open Enrollment

All OEBB members must log in this Open Enrollment and make medical, dental and vision elections for 2016-17.

Optional plan enrollments are not required – current elections will continue unless changes are made.

Open Enrollment is August 15 – September 15 for most OEBB members. Your employer's end date may vary. Verify your dates with your employer.



oregon.gov/OHA/OEBB



Contents

Welcome to Open Enrollment 2016!	3
Highlights for 2016-17	4
Types of Health Plans	5
2015-16 to 2016-17 Comparisons	6-7
Medical Plans	8-10
Prescription Benefits	11
Dental Plans.....	12-13
Vision Plans.....	14
OEGB's Healthy Futures Program	15
The Online Health Assessment.....	16
Optional Plans	17-19



Welcome to Open Enrollment 2016!

This guide contains core information about:

- What's new for 2016
- When and how to enroll
- How to reduce your deductible with Healthy Futures
- Where to find more details

The OEBB website (oregon.gov/OHA/OEBB) contains:

- Direct link to MyOEBB enrollment system
- Professional videos on important topics like
 - › [Health Insurance 101](#). Explains terms like “deductible,” “out-of-pocket maximum,” “copay” and “coinsurance” with tips to help choose the best plan for your needs
 - › [Enrolling In and Changing Benefits](#). Explains when you can enroll in or change plan elections, QSCs, special opportunities available to new hires, and consequences of waiting to enroll in certain plans
 - › [Who You Gonna Call?](#) Explains the roles of OEBB, carriers, employers, and providers – who does what, and who can help in various situations
 - › [Types of Health Plans](#). Explains the terms HMO, PPO, CCM, and Medical Home, and how these terms apply to OEBB plans, as well as how these plans work and how to choose the best plan type for your needs

- › [HSAs and HDHPs](#). Explains Health Savings Accounts and High-Deductible Health Plans, how they work, and how to determine if they are a good choice for you
- › [Planning for Retirement](#). Explains OEBB rules specific to retirees and helps members get a proper foundation in place before they retire

- Short video presentations from OEBB and the carriers on
 - › [Medical, dental, and vision plan options](#)
 - › [Synergy/Summit medical plans](#)
 - › [Optional plans](#) (life, AD&D, short-term and long-term disability, long term care, EAP)
 - › [Demonstration of MyOEBB enrollment system](#)
- Schedule and registration links for online webinars, where you can
 - › [Learn about benefit plan options and programs](#)
 - › [Ask questions and get answers from live representatives](#)

NEW Tools on the OEBB Website!

- Easy Link to Enroll
 - Educational Videos
 - Webinar Schedule & Registration Links
- oregon.gov/OHA/OEBB



Highlights for 2016-17

Overview of major changes only.
Not all details are included.

OEGB's goals are to provide:

- Choice.** A wide range of plans to fit member needs and simplify decision making
- Better Health.** Incentives and wellness programs to help members achieve their best health
- Sustainability.** Benefits that make financial sense for the foreseeable future

The most significant changes for 2016-17 are:

- **All new Moda Health medical plans.** New names, new deductibles and maximum out-of-pocket amounts
- **Kaiser Medical Plans 2 & 3** have increased deductible and maximum out-of-pocket amounts (no change to Kaiser Medical Plan 1)
- **Moda PPO plans*** have increased pharmacy copays (no change to pharmacy benefits on Moda Synergy/Summit or Kaiser plans)
*except in Coos and Curry counties where Synergy/Summit options are not available
- **All new Moda Health vision plans.** New plan names, some new benefit maximums
- **Kaiser Vision Plan** merging individual frame, lens, and contact allowances into one \$250 benefit maximum
- **Kaiser Dental Plan 8** has a new \$4,000 annual benefit maximum
- **All dental plans** will cover night guards



Highlights for 2016-17

Overview of major changes only. Not all details are included.

Types of Health Plans

OEBB offers a variety of health plan types to serve a broad range of needs and preferences. Below are explanations of the different plan types (HMO, CCM, and PPO), what those terms mean, and what they mean to you as far as accessing your care. Watch OEBB's short animated video, "Types of Health Plans," to learn more! oregon.gov/OHA/OEBB/pages/videos.aspx

Both HMOs and CCMs are considered systems of care where you choose one primary care physician (PCP) or medical home to work with a closed network of professionals and coordinate all your care. These systems of care have been shown to provide better health outcomes at lower costs.

OEBB's Kaiser Permanente Plans are HMO (Health Maintenance Organization) Plans

- Exclusive network of Kaiser Permanente providers - available only in designated areas
- Choose a primary care physician (PCP)
- PCP coordinates care, refers to specialists
- No out-of-network benefits (except emergencies and out-of-area dependents)
- Typically costs less

OEBB's Moda Health Synergy/Summit Plans are CCM (Coordinated Care Model) Plans

- Select Synergy or Summit network providers - not available in Coos and Curry counties
- Choose a medical home
- PCP/medical home coordinates care – direct access to medical home specialists
- Out-of-network benefit available (higher coinsurance)
- Typically costs less

OEBB's Moda Health PPO Plans Previously called "Statewide Plans" are PPO (Preferred Provider Organization) Plans

- Broad range of Connexus Network providers - available throughout Oregon
- See any in-network provider at any time
- Out-of-network benefit available (higher coinsurance)
- Typically costs more

These colors/labels indicate which of these plan types apply to OEBB plans:

- HMO** HMO (Health Maintenance Organization) Plan
- CCM** CCM (Coordinated Care Model) Plan
- PPO** PPO (Preferred Provider Organization) Plan

Look for these symbols/colors throughout this book when evaluating your medical plan options.



Highlights for 2016-17

Overview of major changes only. Not all details are included.

Medical Plan Changes

HMO Kaiser Permanente Medical Plans

Plan	2015-16 Deductible	2016-17 Deductible
1	None \$1,500 Max OOP	None \$1,500 Max OOP
2	\$200 \$3,400 Max OOP	\$800 \$4,000 Max OOP
3 HSA Optional	\$1,500 \$5,000 Max OOP	\$1,600 \$6,500 Max OOP

NO CHANGE!

The tables on this page show the individual deductible and maximum out-of-pocket (Max OOP) of both the current 2015-16 plans and the new 2016-17 plans. The arrows in the Moda Health section can help guide you from your previous plan selection to the 2016-17 plan(s) with the most similar benefits.

CCM PPO Moda Health Medical Plans

Plan	2015-16 Deductible	Plan	2016-17 Deductible
A	\$200 \$2,400 Max OOP	Alder	\$400 \$3,000 Max OOP CCM (Synergy/Summit) only (except in Coos and Curry counties)
B	\$350 \$2,950 Max OOP		
C	\$500 \$3,300 Max OOP	Birch	\$800 \$4,000 Max OOP Both CCM (Synergy/Summit) and PPO options
D	\$750 \$3,800 Max OOP		
E	\$1,000 \$4,250 Max OOP	Cedar	\$1,200 \$5,000 Max OOP Both CCM (Synergy/Summit) and PPO options
F	\$1,250 \$5,500 Max OOP		
G	\$1,500 \$6,350 Max OOP	Dogwood	\$1,600 \$6,850 Max OOP Both CCM (Synergy/Summit) and PPO options
H HSA Required	\$1,500 \$5,000 Max OOP	Evergreen HSA Required	\$1,600 \$6,550 Max OOP Both CCM (Synergy/Summit) and PPO options



Highlights for 2016-17

Overview of major changes only. Not all details are included.

Pharmacy Benefit Changes (Retail)

Mail order discount continues on all plans.

HMO

NO CHANGE to Rx benefit on Kaiser Plans!

CCM

NO CHANGE to Rx benefit on Moda Synergy/ Summit plans!

PPO	2015-16 Moda Plans: A-G	2016-17 Moda PPO Plans: Birch, Cedar and Dogwood	
Value	\$0	\$4	Copay increasing \$4 (PPO plans only)
Generic	\$8	\$12	
Preferred brand	25% up to \$50	25% up to \$75	Coinsurance limit increasing \$25 (PPO plans only)
Non-preferred brand	50% up to \$150	50% up to \$175	

PPO	2015-16 Moda Plan: H	2016-17 Moda PPO Plan: Evergreen	
Value	\$0	\$4	Copay increasing \$4 (PPO plans only)

Dental Plan Changes

- [Kaiser Dental Plan 8](#) — New \$4,000 annual benefit
- [All plans](#) are adding coverage for night guards

Vision Plan Changes

Kaiser Permanente Vision Plans

Must be paired with a Kaiser medical plan.

2015-16 Benefit	2016-17 Benefit
\$75 frames	<p>\$250 Merging allowances into one benefit maximum</p>
\$109 lenses	
\$192.50 contacts	

Moda Vision Plans

2015-16

Moda Vision Plans

2016-17

Plan	Benefit	Plan	Benefit
4	\$600	Opal	\$600
3	\$450	Pearl	\$400
2	\$350		
1	\$250	Quartz	\$250



Medical Plans

HMO HMO (Health Maintenance Organization) Plan

CCM CCM (Coordinated Care Model) Plan

PPO PPO (Preferred Provider Organization) Plan

Medical Plans

These pages highlight the key differences between OEGB medical plans. For a more detailed summary of each plan's benefits, visit the OEGB website (oregon.gov/OHA/OEGB) and click "Plan Designs and Rates", or for full coverage details, click "Plan Handbooks."

Kaiser Plan 1	HMO	In-Network Member Pays	Out-of-Network Member Pays
Deductible (Individual)		None	See Plan Handbook
Deductible (Family)		None	See Plan Handbook
Out-of-Pocket Maximum (Individual)		\$1,500	See Plan Handbook
Out-of-Pocket Maximum (Family)		\$3,000	See Plan Handbook
Primary Care Office Visit		\$20	Not Covered
Specialist Office Visit		\$30	Not Covered

HMO: Must use Kaiser Permanente facilities, not available in all areas

Kaiser Plan 2	HMO	In-Network Member Pays	Out-of-Network Member Pays
Deductible (Individual)		\$800	See Plan Handbook
Deductible (Family)		\$2,400	See Plan Handbook
Out-of-Pocket Maximum (Individual)		\$4,000	See Plan Handbook
Out-of-Pocket Maximum (Family)		\$12,000	See Plan Handbook
Primary Care Office Visit		\$25 ¹	Not Covered
Specialist Office Visit		\$35 ¹	Not Covered

¹ Deductible waived.

HMO: Must use Kaiser Permanente facilities, not available in all areas

Moda Alder Plan	CCM	In-Network Member Pays	Out-of-Network Member Pays
Deductible (Individual)		\$400	\$800
Deductible (Family)		\$1,200	\$2,400
Out-of-Pocket Maximum (Individual)		\$3,000	\$6,000
Out-of-Pocket Maximum (Family)		\$9,000	\$18,000
Primary Care Office Visit		20%	50%
Specialist Office Visit		20%	50%

CCM (Synergy/Summit) only, except in Coos and Curry counties

Members in Coos and Curry counties enrolled in the Alder PPO Plan incur a 20% coinsurance for in-network Primary Care Office Visits. Other benefits shown above remain the same.

This document is for comparison purposes only and is not intended to fully describe the benefits of each Plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the member handbook will prevail.



Medical Plans

Medical Plans

These pages highlight the key differences between OEBB medical plans. For a more detailed summary of each plan's benefits, visit the OEBB website (oregon.gov/OHA/OEBB) and click "Plan Designs and Rates," or for full coverage details, click "Plan Handbooks."

Moda Birch Plan	CCM	PPO	In-Network Member Pays	Out-of-Network Member Pays
Deductible (Individual)			\$800	\$1,600
Deductible (Family)			\$2,400	\$4,800
Out-of-Pocket Maximum (Individual)			\$4,000	\$8,000
Out-of-Pocket Maximum (Family)			\$12,000	\$24,000
Primary Care Office Visit			CCM \$30, PPO 20%	50%
Specialist Office Visit			20%	50%

CCM (Synergy/Summit) except in Coos and Curry counties

PPO available in all areas

Moda Cedar Plan	CCM	PPO	In-Network Member Pays	Out-of-Network Member Pays
Deductible (Individual)			\$1,200	\$2,400
Deductible (Family)			\$3,600	\$7,200
Out-of-Pocket Maximum (Individual)			\$5,000	\$10,000
Out-of-Pocket Maximum (Family)			\$13,700	\$27,400
Primary Care Office Visit			CCM \$30, PPO 20%	50%
Specialist Office Visit			20%	50%

CCM (Synergy/Summit) except in Coos and Curry counties

PPO available in all areas

Moda Dogwood Plan	CCM	PPO	In-Network Member Pays	Out-of-Network Member Pays
Deductible (Individual)			\$1,600	\$3,200
Deductible (Family)			\$4,800	\$9,600
Out-of-Pocket Maximum (Individual)			\$6,850	\$13,700
Out-of-Pocket Maximum (Family)			\$13,700	\$27,400
Primary Care Office Visit			CCM \$30, PPO 20%	50%
Specialist Office Visit			20%	50%

CCM (Synergy/Summit) except in Coos and Curry counties

PPO available in all areas

This document is for comparison purposes only and is not intended to fully describe the benefits of each Plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the member handbook will prevail.



Medical Plans

Medical Plans

These pages highlight the key differences between OEBB medical plans. For a more detailed summary of each plan's benefits, visit the OEBB website (oregon.gov/OHA/OEBB) and click "Plan Designs and Rates", or for full coverage details, click "Plan Handbooks."

Moda Evergreen Plan HSA Required	CCM	PPO	In-Network Member Pays	Out-of-Network Member Pays
Deductible (Individual)			\$1,600 ²	\$3,200 ²
Deductible (Family)			\$3,200 ²	\$6,400 ²
Out-of-Pocket Maximum (Individual)			\$6,550 ²	\$13,100 ²
Out-of-Pocket Maximum (Family)			\$13,100 ²	\$26,200 ²
Primary Care Office Visit			20%	50%
Specialist Office Visit			20%	50%

² Individual deductible and out-of-pocket maximum apply to single coverage only. Family deductible and out-of-pocket maximum apply when two or more individuals are covered on the plan. This plan also now includes an embedded per member out-of-pocket max, which is set at the individual OOP amount. Under this plan, deductible must be met before benefits will be paid (except where ¹ indicates deductible waived).

CCM (Synergy/Summit) except in Coos and Curry counties

PPO available in all areas

Kaiser Plan 3 HSA Optional	HMO	In-Network Member Pays	Out-of-Network Member Pays
Deductible (Individual)		\$1,600 ²	See Plan Handbook
Deductible (Family)		\$3,200 ²	See Plan Handbook
Out-of-Pocket Maximum (Individual)		\$6,550 ²	See Plan Handbook
Out-of-Pocket Maximum (Family)		\$13,100 ²	See Plan Handbook
Primary Care Office Visit		20%	Not Covered
Specialist Office Visit		20%	Not Covered

² Individual deductible and out-of-pocket maximum apply to single coverage only. Family deductible and out-of-pocket maximum apply when two or more individuals are covered on the plan. This plan also now includes an embedded per member out-of-pocket max, which is set at the individual OOP amount. Under this plan, deductible must be met before benefits will be paid (except where ¹ indicates deductible waived).

HMO: Must use Kaiser Permanente facilities, not available in all areas

These two plans are the only two HSA (health savings account) compliant plans OEBB offers. The Moda Evergreen Plan **MUST** be paired with an HSA, while Kaiser Plan 3 **MAY** be paired with an HSA, but it's not required.

These plans are known as High Deductible Health Plans (HDHPs). Watch OEBB's short animated video, "HSAs & HDHPs," to learn more! oregon.gov/OHA/OEBB/pages/videos.aspx



Prescription Benefits

All OEGB medical plans include prescription coverage, which varies by the type of medical plan as shown below. All amounts below reflect in-network providers. See Plan Handbook to determine if out-of-network benefits are available.

	Non-HSA-compliant			HSA-compliant		
	HMO Plans	CCM Plans (Synergy/Summit)	PPO Plans ²	HMO Plans	CCM Plans (Synergy/Summit)	PPO Plans ²
	Kaiser Plans 1 & 2	Moda Alder, Birch, Cedar and Dogwood	Moda Birch, Cedar and Dogwood	Kaiser Plan 3	Moda Evergreen	Moda Evergreen
Rx Out-of-Pocket Maximum	\$1,100 (Rx max also applies to medical OOP Max)	Rx applies toward OOP Max	Rx applies toward Max Cost Share	Rx applies toward OOP Max	Rx applies toward OOP Max	Rx applies toward OOP Max
Retail						
Value (Moda Plans only)	NA	\$0	\$4 per 31-day supply	NA	\$0 ¹	\$4 ¹ per 31-day supply
Generic (Kaiser Plans) Select Generic (Moda Plans)	\$5 per 30-day supply	\$8 per 31-day supply	\$12 per 31-day supply	20%	20%	20%
Preferred Brand	\$25 per 30-day supply	25% up to \$50 per 31-day supply	25% up to \$75 per 31-day supply	20%	20%	20%
Non-Preferred Brand	\$45 per 30-day supply if criteria is met	50% up to \$150 per 31-day supply	50% up to \$175 per 31-day supply	20%	20%	20%
Mail						
Value (Moda Plans only)	NA	\$0	\$8 per 90-day supply	NA	\$0 ¹	\$8 ¹ per 90-day supply
Generic (Kaiser Plans) Select Generic (Moda Plans)	\$10 per 90-day supply	\$16 per 90-day supply	\$24 per 90-day supply	20%	20%	20%
Preferred Brand	\$50 per 90-day supply	25% up to \$100 per 90-day supply	25% up to \$150 per 90-day supply	20%	20%	20%
Non-Preferred Brand	\$90 per 90-day supply if criteria is met	50% up to \$300 per 90-day supply	50% up to \$450 per 90-day supply	20%	20%	20%
Specialty						
Select Generic (Kaiser Plans only) & Preferred Brand	25% up to \$100 per 30-day supply	25% up to \$100 per 31-day supply	25% up to \$200 per 31-day supply	20%	20%	20%
Non-Preferred Brand	25% up to \$100 per 30-day supply	50% up to \$300 per 31-day supply	50% up to \$500 per 31-day supply	20%	20%	20%

¹ Deductible waived.

² Entities in Coos and Curry counties receive Synergy/Summit pharmacy benefit design, with the exception that on non-HSA-compliant plans pharmacy expenses will continue to accrue toward maximum Cost Share limit. See separate Coos and Curry pharmacy document for more details.

This document is for comparison purposes only and is not intended to fully describe the benefits of each Plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the member handbook will prevail.



Dental Plans

Dental Plans

These pages highlight the key differences between OEBB dental plans. For a more detailed summary of each plan's benefits, visit the OEBB website (oregon.gov/OHA/OEBB) and click "Plan Designs and Rates," or for full coverage details, click "Plan Handbooks."

12-month Waiting Period applies when individuals decline Dental and/or Vision Coverage, then enroll during an Open Enrollment period.

If you didn't enroll yourself or a dependent in dental and/or vision coverage when initially eligible, then choose to enroll during an Open Enrollment period, you or your dependent will be considered a "late enrollee" and will be subject to a 12-month waiting period on all dental and vision plans, meaning only diagnostic and preventive care on the dental plans and routine eye exams on the vision plans will be covered for the first full 12 months of coverage.

New to Willamette Dental Group or Kaiser Permanente?

Willamette Dental Group and Kaiser Permanente both require you to use their facilities and providers to have services covered. If you are currently covered by a different carrier and switching to one of these plans, be aware that you will need to change providers.

What is an incentive dental plan?

Moda/Delta Dental Plans 1, 2 and 3 are "incentive plans," meaning as long as you visit the dentist at least once during the year, the level of benefit for certain services will increase the following year (up to a maximum of 100 percent). If you switch to one of the other "non-incentive" plans (Kaiser Dental Plan 8, Willamette Dental Group Plan 8, and Moda/Delta Dental Plans 4 and 6), you will not retain any higher benefit level you previously earned. If you switch back to an incentive plan in the future, your benefit will start over at 70 percent.



Delta Dental = Moda Health/ODS
Dental Plans 1 – 6 have not changed carriers, just names. You may see either name in various places. Moda Health is the correct carrier to contact about these plans.

Dental	Dental Plan 1*	Dental Plan 2*	Dental Plan 3*	Dental Plan 4	Dental Plan 6	Dental Plan 8†	Dental Plan 8‡
Dental Office Visit Copayment	NA	NA	NA	NA	NA	\$20*	\$20 ^{3*}
Benefit Maximum	\$2,200	\$1,500	\$1,500	\$1,500	\$1,200	\$4,000 ^{***}	NA
Deductible	\$50	\$50	\$50	\$50	\$50	NA	NA
Preventive and Diagnostic Services* - Deductible Waived for Preventive & Diagnostic Services on Delta Dental Plans							
Oral exams, X-rays, cleaning (prophylaxis), fluoride treatments, and space maintainers	70% + 10% each Plan Year	70% + 10% each Plan Year	70% + 10% each Plan Year	100%	100%	100%*	100%*
Restorative Services*							
Routine fillings, inlays and stainless steel crowns	70% + 10% ¹ each Plan Year	70% + 10% ¹ each Plan Year	70% + 10% ¹ each Plan Year	80% ¹	80% ¹	100% ^{2*}	100% ^{2*}
Orthodontics* (All plans except Delta Dental Plan 6)							
Orthodontic Treatment	80% to \$1,800 lifetime max	NA	\$1,500 copay + \$20 per visit	\$1,500 copay + \$20 per visit **			
New Benefit for 2016-17							
Occlusal guards (night guards)	50% up to \$150 maximum, once every 5 years	50% up to \$150 maximum, once every 5 years	50% up to \$150 maximum, once every 5 years	50% up to \$150 maximum, once every 5 years	50% up to \$150 maximum, once every 5 years	50% up to \$150 maximum, once every 5 years	100% ⁴

*Under Delta Dental Plans 1-3 benefits start at 70% the first plan year then increase by 10% each plan year (up to a maximum of 100%) provided the individual has visited the dentist at least once during the previous plan year. Switching between incentive plans (1 - 3) and non-incentive plans (4, 6 and 8) will have an effect on benefit level.

† Kaiser Dental Plan 8 no longer requires enrollment in a Kaiser medical plan. Services must be provided by a contracted Kaiser provider in order for benefits to be payable. See handbook for details.

‡ Under Willamette Dental Group Plan 8, services must be provided by a Willamette Dental Group provider in order for benefits to be payable. See handbook for details.

*For Kaiser Permanente and Willamette Dental Group plans: Office visit copayment applies at each visit, in addition to any plan copayments for services.

**Pre-Orthodontic Service fee of \$150 is credited toward the orthodontic benefit if patient accepts treatment plan.

***Preventative care and orthodontia do not accrue to this maximum

¹ Posterior fillings paid to amalgam fee.

² Fillings are covered at 100% for all amalgam tooth surfaces, composite anteriors and one-surface composite posteriors. Patients can request composite fillings, which are considered a buy-up and additional fees apply. Please contact Kaiser Permanente or Willamette Dental Group directly for actual fees.

³ The office visit copayment is waived for participants in the Chronic Condition Dental Management program for specific preventive services.

⁴ Replacement of lost or stolen appliance once every 2 years, replacement or repair of broken appliance as needed.

This document is for comparison purposes only and is not intended to fully describe the benefits of each Plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the member handbook will prevail.



Vision Plans

Vision Plans

This page summarizes the benefits of all OEBB vision plans. For full coverage details, visit the OEBB website (oregon.gov/OHA/OEBB) and click "Plan Handbooks."

12-month Waiting Period applies when individuals decline Dental and/or Vision Coverage, then enroll during an Open Enrollment period.

If you didn't enroll yourself or a dependent in dental and/or vision coverage when initially eligible, then choose to enroll during an Open Enrollment period, you or your dependent will be considered a "late enrollee" and will be subject to a 12-month waiting period on all dental and vision plans, meaning only diagnostic and preventive care on the dental plans and routine eye exams on the vision plans will be covered for the first full 12 months of coverage.

Kaiser Vision Must Be Paired with Kaiser Medical

You must be enrolled in an OEBB Kaiser Medical Plan option in order to enroll in the Kaiser Vision Plan offered through OEBB. You may enroll in a Moda vision plan with a Kaiser medical plan, but you cannot enroll in a Kaiser vision plan with a Moda medical plan, or if you opt-out or waive OEBB medical coverage.

				
Vision	Opal Plan	Pearl Plan	Quartz Plan	Vision Plan**
Plan Year Maximum	\$600*	\$400*	\$250*	\$250
Routine Eye Exam	100% Once per Plan Year	100% Once per Plan Year	100% Once per Plan Year	See medical plan benefits**
Lenses (Either one pair of lenses or contacts)				
Plan pays 100% (up to plan maximum)	Once per Plan Year	Once per Plan Year	Once per Plan Year	Under age 19 No charge for one pair of standard frames and lenses or contacts every 12 months
				Age 19 and older Once every 12 months
Frames				
Plan pays 100% (up to plan maximum)	Under age 17 Once per Plan Year	Under age 17 Once per Plan Year	Under age 17 Once per Plan Year	Under age 19 No charge for one pair of standard frames and lenses every 12 months
	Age 17 and older: Once every two Plan Years	Age 17 and older: Once every two Plan Years	Age 17 and older Once every two Plan Years	Age 19 and older Once every 12 months

* Exam and hardware charges all apply to the Plan Year maximum on Moda Plans ** Must be enrolled in a Kaiser Medical Plan to enroll in the Kaiser Vision Plan

This document is for comparison purposes only and is not intended to fully describe the benefits of each Plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the member handbook will prevail.



OEBB's Healthy Futures Program

Healthy Futures Incentive Program continues!

- \$100 lower medical deductible if requirements met
- Complete Health Assessment August 15 – October 15

Healthy Futures is an incentive program designed to encourage OEBB members to learn their individual health risks and how to take action to reduce or eliminate those risks whenever possible.

The Incentive: Members who successfully complete the requirements of the Healthy Futures program within the designated timeframe receive a reduced medical plan deductible (\$100/person, up to \$300 per family depending on plan selection and number of individuals covered) or copays (if enrolled in Kaiser Plan 1, which has no deductible).

If Currently Participating: Complete the Requirements for 2015-16

- [Complete two health-supporting actions by August 15, 2016.](#) Anything that promotes your health will count! Also, remember that if you cover a spouse or domestic partner on your medical plan, they must also complete their own two activities.
- [Report your activities in the MyOEBB system during Open Enrollment.](#) If you cover a spouse or domestic partner on your medical plan, you will need to report their two activities as well.

To Participate for the Upcoming Plan Year 2016-17:

- Agree to participate when you log into the MyOEBB Enrollment System this Open Enrollment
- Agree to complete an online health assessment between August 15 – October 15, 2016. Be sure to complete a new health assessment between these dates, even if you've completed one recently. Only assessments completed within this timeframe will satisfy the 2016-17 Healthy Futures requirements. If you cover a spouse or domestic partner on your medical plan, they must also complete their own health assessment (with their own unique login) within this timeframe.

[You will automatically receive your reduced deductible or copays effective October 1, 2016.](#)

(Note: If you and/or your covered spouse/partner fail to complete the health assessment requirement within this year's timeframe, you will lose your incentive retroactively to October 1, 2016.)

If you complete the health assessment requirement within this year's timeframe (August 15, 2016 – October 15, 2016), you will continue to receive your incentivized medical plan the remainder of the plan year. Just complete two healthy actions by August 15, 2017 and report them in the MyOEBB enrollment system during next year's 2017 Open Enrollment to successfully complete the Healthy Futures requirements for 2016-17.



The Online Health Assessment

When to Complete the Health Assessment:

August 15, 2016 –
October 15, 2016

Members who do not complete the Health Assessment requirement within this timeframe will lose their incentive retroactive to Oct. 1, 2016.

Please note this year's specific dates for completion of online health assessments. To satisfy the 2016-17 Healthy Futures requirements, members (and their covered spouse/partners) must complete a health assessment between August 15, 2016 and October 15, 2016. It doesn't matter when you or your spouse/partner last completed one, in order to qualify for the 2016-17 Healthy Futures incentive, health assessments must be completed between these two dates. Even if you completed a health assessment just one month, one week, or one day earlier, you must complete another one between August 15, 2016 and October 15, 2016 in order to qualify for the 2016-17 Healthy Futures incentive.

How Do I Complete my Health Assessment?

Go to the OEBB website (oregon.gov/OHA/OEBB) and click on "Healthy Futures" for all details of the program including health assessment links and instructions.

Health assessments must be completed on your medical carrier's website.

- If enrolled in a Kaiser Permanente medical plan, go to: kp.org.
- If enrolled in a Moda Health medical plan, go to MyModa.com.

Completing and Reporting Healthy Actions.

What Counts as a Healthy Action?

Any health-promoting activity will count. OEBB does offer a number of no cost programs scientifically proven to improve participants' health in the areas of weight loss, managing chronic conditions, diabetes prevention, depression treatment, and general wellness education.

For more details on the specific benefits available, visit the OEBB website (oregon.gov/OHA/OEBB) and click on "Wellness."



Optional Plans

Life, AD&D, Disability, Long Term Care, and EAP

Optional plan enrollments are not required – current elections will continue unless changes are made.

Not all employers or employee groups offer all optional plans. For plan availability, check with your employer or refer to your personalized Open Enrollment cover letter.

Life Insurance

Eligible employees may elect Optional Life coverage in units of \$10,000 to a maximum of \$500,000. Dependent coverage is also available for a spouse/domestic partner in units of \$10,000 to a maximum of \$500,000 and for eligible children in units of \$2,000 to a maximum of \$10,000. Optional Dependent Life coverage cannot exceed 100% of the Employee Optional Life coverage.

If your employer is offering this benefit to your employment group for the first time this Open Enrollment, or if you are a new hire within your initial eligibility period, or with certain qualifying mid-year change events, Optional Life enrollment has a guarantee issue amount of \$100,000 for employee and \$30,000 for spouse/partner coverage. Any requested amount in excess of the guarantee issue amount or requested at a later date such as during an Open Enrollment period, will be subject to medical underwriting approval.

Optional Life Brochure:

www.standard.com/eforms/10391d_646595.pdf

AD&D – Accidental Death and Dismemberment Insurance

By participating in the group Optional AD&D insurance plan through OEGB, your employer offers you an excellent opportunity to help protect your loved ones. With Optional AD&D coverage, you, your dependents or your beneficiaries as applicable may receive an AD&D insurance benefit in the event of death or dismemberment as a result of a covered accident. You may elect coverage for yourself or elect coverage for yourself and your spouse/domestic partner and/or eligible children:

- Employee in units of \$10,000 from \$10,000 up to a maximum of \$500,000
- Spouse/Domestic Partner: Any multiple of \$10,000 up to \$500,000, but not to exceed the amount of the Employee coverage
- Children: Any multiple of \$2,000 up to \$10,000, but not to exceed the amount of Employee coverage

Optional AD&D Brochure:

www.standard.com/eforms/4241_646595.pdf

Disability Insurance – Short Term Disability and Long Term Disability

Short Term Disability (STD) and Long Term Disability (LTD) insurance is designed to pay a benefit to you in the event you cannot work because of a covered illness, injury or pregnancy. This benefit replaces a portion of your income, thus helping you meet your financial commitments in time of need. Check with your employer for enrollment availability.



Optional Plans

Life, AD&D, Disability, Long Term Care, and EAP

Short Term Disability (STD)

STD insurance is designed to pay a weekly benefit to you in the event you cannot work because of a covered non-occupational illness or injury. This benefit is an income replacement insurance. Weekly benefit amount, calendar day waiting period, and benefit duration will depend upon the plan selected by your employing entity for enrollment. Note: If enrollment is elected after you first became eligible or with a qualifying mid-year change event, you will be subject to a late enrollment penalty that if you file a claim for any condition other than an accidental injury during the first 12 months after your coverage becomes effective, STD benefits will not become payable until after you have been continuously disabled for 60 days and remain disabled.

Short Term Disability Brochure:

www.standard.com/eforms/10388d_646595.pdf

Long Term Disability (LTD)

LTD insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit is an income replacement insurance. Monthly benefit amount and calendar day waiting period will depend upon the plan selected by your employer.

Long Term Disability Brochure:

www.standard.com/eforms/10386d_646595.pdf

Long Term Care Insurance

What is long term care?

Whether it's due to a motorcycle accident or a serious illness, it is the type of care you may need if you couldn't independently perform the basic activities of daily living: bathing, dressing, using the toilet, transferring from one location to another, continence and eating, or if you suffered severe cognitive impairment from a condition such as Alzheimer's disease.

Won't my other insurance pay for long term care? **Unfortunately, no.**

- Medical insurance and Medicare are designed to pay for specific care for acute conditions — not for long term help with daily living.
- Medicaid only helps with long term care expenses after you have depleted virtually all of your assets.

The exact amount varies by state but usually leaves just a few thousand dollars in total assets.

Only long term care insurance may cover those costs and allow you to maintain as much of your assets as possible.



Optional Plans

Life, AD&D, Disability, Long Term Care, and EAP

Do I need to be in a nursing home to use my LTC insurance?

All Unum plans include a home health option. This allows you to use your benefit to pay for an aide to come to your home, so you can remain in your residence as long as possible. For an extra premium, some plans allow you to pay a family member or friend to take care of you.

Why buy now?

People often buy long term care insurance at an early age, because the younger you are, the more affordable the rates. In fact, 63% of the people who buy group LTC insurance are under age 55.

Additional help for caregivers

Even if you don't need long term care in the immediate future, you may be a caregiver for someone you love. Your plan includes LTC Connect® service, which gives you access to counselors who can help you find long term care providers in your area, a support group, or other assistance you may need. This service also provides discounts for medical equipment such as walkers, hearing aids, wheelchairs, and other related needs. Your parents, grandparents, siblings and children may also apply for this coverage by contacting Unum.

For more information about OEGB Long Term Care
 UNUM Life Insurance Company of America
 1-800-227-4165
<https://w3.unum.com/enroll/OEGB002/index.aspx>

EAP – Employee Assistance Program

A free benefit to you if your employer offers this program.

The Employee Assistance Program (EAP) helps you privately solve problems that may interfere with your work, family, and life in general. EAP services are FREE to you, your dependents, and all household members. EAP services are always confidential and provided by experts:

Confidential Counseling

- 24-hour Crisis Help
- In-person Counseling
- Online Consultations

Other Available Services:

- Health Coaching
- Childcare Services
- Adult and Eldercare Services
- Legal Services
- Financial Services
- Mediation Services
- Home Ownership Program
- Simple Will Kit
- Identity Theft Recovery Assistance

For more information or to access EAP services contact Reliant Behavioral Health (RBH)
 1-866-750-1327
www.MyRBH.com
 Access Code: OEGB

enroll
starting August 15

Open Enrollment is
August 15 – September 15
for most OEBB members.
Your employer's end date
may vary. Verify your dates
with your employer.

oregon.gov/OHA/OEBB

OEBB will have extended hours during Open Enrollment:
Monday-Friday 7:00 a.m. - 6:00 p.m. and until 8:00 p.m. on September 15.
OEBB will be closed September 5 for Labor Day.



500 Summer Street NE, E-88 • Salem, OR 97301-1063

OEBB.benefits@oregon.gov • 888-469-6322

Kaiser Permanente
(866) 223-2375

Moda Health
(866) 923-0409

Reliant Behavioral Health
(866) 750-1327

The Standard Insurance
(866) 756-8115

Unum
(800) 227-4165

Willamette Dental Group
(800) 460-7644