



OEBB

2016-17 Plan Year

This guide includes all plans offered by OEBB. Some members may not have access to all plans shown in this summary. Your employer can confirm which plans are available to you.

Benefits Enrollment Guide for Newly Eligible Employees

Make your benefit elections within 31 days of your hire date.

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.



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Welcome to OEGB!

Introduction to OEGB Benefits

Congratulations and welcome to OEGB! This guide is a general overview containing core information to help you understand the options available for the 2016-17 plan year. More detailed information can be found on the OEGB website .

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

- Direct link to MyOEGB 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 OEGB, 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 OEGB 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 OEGB rules specific to retirees and helps members get a proper foundation in place before they retire
- Short video presentations from OEGB 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 MyOEGB enrollment system](#)

Tools and Resources on the OEGB Website!

- Easy Enrollment Link
- Educational Videos
- Online presentations and handouts to help with plan selections



Getting Ready to Enroll

To make the enrollment process as smooth and simple as possible, review the tips below and gather any information you may need before you begin. Not all items will be required for all members.

The MyOEGB Plan Selection Process

Make sure your computer settings are compatible. The site is best viewed if you have:

- Internet Explorer 6.0 or higher with "Compatibility Mode" turned on
- Screen resolution set at 1024*768
- Pop-ups enabled
- Fullsize computer or laptop (some functionality may not be available on a tablet or smartphone)

When you're ready to enroll, click "MyOEGB Login" on the home page of the OEGB website:

oregon.gov/OHA/OEGB

Your MyOEGB User Name and Password

- If you are a returning user you will need to enter the MyOEGB User Name and Password you created for yourself in the past.
- If you have forgotten your User Name and/or Password click on the "I Forgot" button, or
- If you are new to MyOEGB click on the "Register Here" button

In either of these last two cases you will need the following information:

- First and last name as it appears on your paycheck
- Date of birth
- One of the following ID numbers:
 - Social Security Number
 - E Number (OEGB Benefits Number that begins with the letter "E")

Other Information or Documents You May Need

- Birth dates and Social Security Numbers of eligible family members you want on your benefit plans
- Available Plan Choices for healthcare benefits and optional plans (Check with your employer if you're unsure which plans are available to you.)
- Affidavit Form (if covering a non-registered domestic partner)
- Other group coverage information (if applicable)



Types of Health Plans

Overview only. Not all details included.

Types of Health Plans

OEBC 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 OEBC's short animated video,

"Types of Health Plans," to learn more! oregon.gov/OHA/OEBC/pages/videos.aspx

Both HMOs and CCMs are systems of care where you choose one primary care physician (PCP) or medical home. These systems of care have been shown to provide better health outcomes at lower costs.

OEBC'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

OEBC'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
- Medical home can help coordinate care – referrals not required by Moda for specialist visits
- Out-of-network benefit available (higher coinsurance)
- Typically costs less

OEBC'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 OEBC 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.



Plan Selection Facts

Overview only. Not all details included.

12-Month Waiting Period if you delay enrolling in Dental and/or Vision

If you or a dependent don't enroll 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/or 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 12 months of coverage.

Why is this waiting period in place? Dental and vision services tend to be less urgent than medical services, which leads to "adverse selection", meaning people who know they need costly services are most likely to enroll. The uninsured have greater leeway to postpone needed services until they attain insurance to cover them. If left unregulated, this can cost the plan more in claims than the premiums it brings in. The waiting period helps control costs, maintaining a balance between premiums coming in and claims paid out.

[New to Willamette Dental Group or Kaiser Permanente?](#)

Willamette Dental Group and Kaiser Permanente both require you to use their facilities and provider to have non-emergency 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?](#)

Delta Dental (Moda Health/ODS) Dental Plans 1, 2, and 3 are "incentive plans," meaning as long as you visit the dentist at least once during the plan 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 Delta Dental (Moda Health/ODS) 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.

Full dependent eligibility rules can be found on the OEGB website:

oregon.gov/OHA/OEGB/pages/eligibility.aspx

Dependent Eligibility

[Make sure everyone you cover meets one of the definitions of an eligible dependent.](#) Definitions of eligible dependents, including child, spouse, and eligible domestic partner, can be found on the OEGB website. (The URL is in the box to the left.)

[Thinking about covering your grandchild?](#) Grandchildren are only eligible for OEGB coverage when the eligible employee is the court-ordered legal guardian or adoptive parent of the grandchild. (Visit the URL in the box to the left for more details.)



Out-of-Area Dependents

Information and instructions for covering dependents who do not live with you, by carrier:

Kaiser Permanente

Medical = **HMO**

Instructions also apply to Kaiser vision and dental plan

Kaiser Permanente Northwest (KPNW) covers routine, continuing, and follow-up care for dependent children temporarily residing outside of the KPNW service area. With the dependent out-of-area benefit, you pay 20 percent of the actual fee the provider, facility, or vendor charges for the service. Services are limited to ten office visits, ten lab and X-ray, and ten prescription fills.

You can find more information about the out-of-area benefit for dependent children at kp.org.

Moda Health

Medical = **PPO**

Instructions also apply to Moda vision and dental plans

Moda PPO Plans (Connexus Network)

If a student or dependent lives outside of the Connexus network service area, the OEGB employee must update the dependent's address in the MyOEGB system prior to the dependent seeking services. The dependent will be enrolled in an out-of-area status beginning the 1st day of the month following notification.

When a dependent has out-of-area status, Moda Health will extend plan benefits for treatment of an illness or injury, preventive healthcare (including routine physicals and immunizations) and maternity services, as if the care were rendered by in-network physicians or providers.

Members are encouraged to see a Moda Health Travel network provider in order to avoid balance billing for amounts above the maximum plan allowance. Fees charged by non-Travel Network out-of-area providers of care will be reimbursed at the maximum plan allowance for those services.

Moda CCM Medical Plans (Synergy and Summit Networks)

For the Synergy and Summit networks, benefits for out-of-area dependents will be paid as they currently are on the PPO plan. The dependent's out-of-area address must be updated in the MyOEGB system and that dependent must elect a Moda Medical Home to use for primary care when they are in the service area. When seeking services outside of the area, members are encouraged to use the Moda Travel Network to avoid balance billing.

To locate a Travel Network provider call the Moda Health Medical Customer Service Team at 866-923-0409.

Medical = **CCM**

See PPO instructions above for Moda vision and dental plans.

See Page 5 to learn the differences between HMO, PPO, and CCM medical plans.

Willamette Dental Group

Members can access care at any one of the 52 Willamette Dental Group offices located throughout Oregon, Washington and Idaho. Dependents residing outside of the Willamette Dental Group service area will not have coverage for any dental care with a non-Willamette Dental Group provider, unless they have a dental emergency. Non-emergent services will only be covered when performed by a Willamette Dental Group provider.



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.

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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

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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 applies 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 specific services where the deductible is waived, such as preventive care).

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 applies 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 specific services where the deductible is waived, such as preventive care).

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 plans			HSA-compliant plans		
	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-complaint plans pharmacy expenses will continue to accrue toward Maximum Cost Share limit. See separate Coos and Curry pharmacy document for more details.

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Dental Plans

Dental Plans

These pages highlight the key differences between OEGB dental 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."

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.

Why is this waiting period in place? Dental and vision services tend to be less urgent than medical services, which leads to "adverse selection", meaning people who know they need costly services are most likely to enroll. The uninsured have greater leeway to postpone needed services until they attain insurance to cover them. If left unregulated, this can cost the plan more in claims than the premiums it brings in. The waiting period helps control costs, maintaining a balance between premiums coming in and claims paid out.

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 changed names over the past few years, and you may see different names in different 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.

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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

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No-Cost Wellness Programs

OEBB offers a number of scientifically proven health-promoting activities at NO COST to qualifying members. See if you could benefit from any of the following programs!

OEBB wellness benefits are always evolving and improving!

For the latest details visit the "Wellness" section of the OEBB website:

oregon.gov/OHA/OEBB/pages/wellness.aspx

Better Choices, Better Health - Managing Chronic Conditions

Better Choices, Better Health is an online self-management course developed by Stanford University to assist people in dealing with problems associated with chronic medical conditions. Workshops are led by trained facilitators and include approximately 25 participants. You can participate in the six-week interactive workshop at your own pace from any computer. OEBB members and dependents age 18 or older enrolled in an OEBB medical plan can participate at NO COST.

MoodHelper - Depression Management

MoodHelper is an online program for adults to help manage depression. Going at your own pace, in the comfort of your own home, you can learn the skills to overcome depressions that have been effective for millions of people. OEBB members and dependents age 18 or older enrolled in an OEBB medical plan can participate at NO COST.

Weight Watchers® - Weight Management

Weight Watchers is based on the philosophy that successful weight loss is achieved through the attainment of a series of realistic goals. The program incorporates healthy eating, physical activity, behavior modification, and for those who attend meetings, a supportive atmosphere. Anyone enrolled in an OEBB medical plan can enroll in their first 13-week session at NO COST (age restrictions may apply to children), either with AtWork Meetings, Community Meetings, or Online. Those who maintain participation requirements could qualify for up to four 13-week sessions per plan year.

Quit For Life® - Tobacco Cessation

The Quit For Life® Program has resources to help you quit tobacco. Your chances of quitting tobacco use will be eight times greater using the Quit For Life® Program than trying to quit on your own. Quit For Life® is available at NO COST to anyone enrolled in an OEBB medical plan.

Healthy Team Healthy U - Team-Based Wellness

Healthy Team Healthy U (HTHU) is an innovative program proven to help participants lead a healthier life by forming fun teams with coworkers or family members. You get the tools to improve your diet, be more physically active, have more energy, and enjoy better health. OEBB members and dependents age 18 or older enrolled in an OEBB medical plan can participate at NO COST.

VLM Virtual Lifestyle Management® - Diabetes Prevention

VLM is an internet-based program designed by researchers at the University of Pittsburgh to help you prevent diabetes, by integrating healthy habits into your daily life at your pace with the support and guidance of a health coach, online tracking tools and weekly internet-based lessons. OEBB members and dependents age 18 or older enrolled in an OEBB medical plan can participate at NO COST.



Optional Plans

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

Not all employers or employee groups offer all optional plans. Check with your employer for plan availability.

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 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 OEBC Long Term Care

UNUM Life Insurance Company of America

1-800-227-4165

<https://w3.unum.com/enroll/OEBC002/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: OEBC



Glossary of Terms

The terms defined below are commonly used in reference to OEBB plans. Some apply to health insurance in general and some are specific to OEBB plans.

Additional Cost Tier (ACT)

Services in this tier require an additional copayment of \$100 or \$500. These services have been shown to have alternatives that are often as safe or safer, less expensive and/or produce better health outcomes. The additional copayment serves as financial incentive for members to discuss other options with their doctor before proceeding.

Coinsurance

The percentage of the total cost of a covered service you pay once the deductible has been met. Example: 20% coinsurance = member pays 20%, insurance pays 80%.

Copay or Copayment

A fixed dollar amount (e.g., \$20) you pay to the provider at the time of service.

Deductible

The amount you pay for covered services before the plan begins to pay claims at a coinsurance level. The deductible is waived on preventive services.

Early Retiree

An individual who retires before the age of 65. In order to be eligible for OEBB benefits, an early retiree must not be eligible for Medicare and must be eligible to receive a service retirement allowance under PERS or a retirement benefit plan or system offered by an OEBB-participating organization.

Employer Contribution

The amount your employer pays toward your benefits package or insurance premium.

Formulary

A list showing which prescription medications are covered by a health insurance plan and which coverage tier they fall under (e.g., generic, preferred).

Incentive Office Visit

A regularly scheduled visit with a healthcare provider to manage specified chronic conditions. This is only applicable to OEBB Moda Health medical plans.

Maximum benefit

The total amount payable by a plan per plan year. Examples: Alternative Care under OEBB medical plans and all Moda Health dental and vision plans.

Medical Home (Moda Health plans)

A select group of healthcare providers who practice team-based medicine and have met certification criteria. OEBB members enrolled in a CCM (Synergy or Summit) medical plan must select a medical home that is participating in that plan's specific network.

Out-of-Pocket Maximum (OOP Max)

The most you could possibly pay for covered services in a plan year, after which, the plan will pay 100%. This does not include monthly premiums, which must continue to be paid to maintain coverage.

Premium or Premiums

The monthly amount you pay for insurance coverage, often withheld from your paycheck by your employer.

Primary Care Provider (PCP)

Also referred to as General Practitioner, provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions not limited by cause, organ system, or diagnosis. Examples: Internist, Family Practice, ObGyn, Pediatrician, Nurse Practitioner.

Qualified Status Change (QSC)

A life event that allows a member to change their plan elections outside the annual Open Enrollment period. OEBB's QSC Matrix lists all the events that qualify as a QSC.

Specialist

Provides services specific to a particular cause, organ system, or diagnosis on which they have chosen to focus their medical expertise. Examples: Allergist, Neurologist, Oncologist, Dermatologist.

Value Tier

A tier of medications under the Moda Health pharmacy benefit available at reduced cost when used to manage specified chronic conditions.

Wellness Visit

A visit with a physician focused on overall wellness rather than treating a specific condition. The visit could focus on drug/alcohol/tobacco use, exercise, weight, physical activity, nutrition, depression, or other wellness-related topics.

Visit the OEBB website for more tools and resources, like:

- Educational Videos
- PDF Handouts
- Member Forms
- Plan Summaries & Handbooks
- Required Notices
- Links to Carrier Websites

Make your benefit elections within 31 days of your hire date.

oregon.gov/OHA/OEBB

The OEBB Member Services team is available to assist you by phone or email
Monday-Friday 8:00 a.m. - 5:00 p.m.
OEBB offices are closed on state and federal holidays.



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