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OREGON EDUCATORS BENEFIT BOARD

2017-18 Plan Year Benefits Open Enrollment Guide

**Enrollment
Required**
Starting August 15th



Important!

**Sept. 15th deadline
for MOST members**

Open Enrollment dates
may vary. Verify your
Open Enrollment period
with your employer.

OEBOinfo.com





Action Required

***Important!**

Enrollment dates may vary. Verify your Open Enrollment period with your employer.

OEGB's Annual **Open Enrollment is August 15 to September 15, 2017.***

You must take action and enroll during Open Enrollment. If you do not make elections during Open Enrollment, your current elections will not carry over and you may not have medical, dental and/or vision coverage in 2017-18. Elections made during this Open Enrollment period are effective October 1, 2017 through September 30, 2018, and cannot be changed during the year unless you experience a qualified status change (QSC) event (e.g. marriage, birth or adoption of a child, divorce).

Test your passwords now, avoid hassles later.

Resetting a password can take valuable time, so make sure you're able to log in well in advance of your deadline.

[OEGBenroll.com](#)

Where you log into the MyOEGB system to make your enrollment selections. If you can't remember your password, click on the "Forgot User Name or Password" link. If you've never logged in before, you'll need to create a user name and password by clicking the **[Create your MyOEGB account](#)** link. In both cases, you will need to provide your first and last name as it appears on your paycheck, your date of birth, and either your Social Security Number or E-Number (OEGB Benefit Number that begins with the letter "E").

[MyModa.com](#)

Where Moda members log in to complete their Healthy Futures health assessment (Aug. 15 – Oct. 15).

[KP.org](#)

Where Kaiser Permanente members log in to complete their Healthy Futures health assessment (Aug. 15 – Oct. 15).



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Who to Call for Help

See back cover for contact information.

OEBB manages the enrollment system and contracts with the carriers. **Contact OEBB if you need help:** Logging into or navigating the MyOEBB enrollment system, clarifying rules, verifying enrollments, understanding your benefits or wellness program options.

The Carriers are the insurance companies (Kaiser, Moda, VSP, Willamette Dental) that pay your providers for your healthcare services. **Contact your carrier if you need help:** Estimating your portion of the cost for a procedure, understanding how a claim was paid, finding an in-network provider, completing their online health assessment, or getting a new ID card.

Your Providers are the professionals (doctors, dentists, specialists, etc.) who provide your healthcare, examine and diagnose illnesses, and prescribe treatments. **Contact your provider if you need to:** Make an appointment, estimate the total cost of a procedure, pay your portion (copay or coinsurance) for a service, get advice regarding symptoms or results of lab tests.

Your Employer knows the most about your specific plan options and your monthly cost for coverage. Each employer decides which OEBB plans to offer their employees, and they negotiate different financial contributions to their employee benefit packages. They may also set their own enrollment deadlines or have their own policies apart from OEBB. **Contact your employer if you need to:** Make a change to your benefits due to a life event (like getting married or having a baby), determine your monthly cost for coverage, plan for retirement, understand or correct your payroll deductions.



Overview



2017-18 Benefit Options

Important! Some members may not have access to all plans shown.

Medical Plans

All the same medical plans will be available for 2017-18

New!

Effective October 1, 2017, gastric bypass surgery benefit extends to all adult dependents

You still have three types of medical plans to choose from: (some in limited areas)

Moda Health CCM Plans

CCM = Coordinated Care Model

Networks: Synergy or Summit
Alder • Birch • Cedar • Dogwood • Evergreen

CCM plans use an organized system of care – meaning you choose a medical home to coordinate all your care. These plans require you to use Moda's Synergy or Summit network providers to receive the best benefit. In-network care is typically offered at a lower price than the PPO plans.

Out-of-network care is available but will cost more.

These plans are now available in all areas of Oregon and SW Washington.

What's a medical home?

A medical home is a team-based approach to healthcare. You'll have one doctor or primary care provider who works with the rest of your team to bring the best treatments to you. You must select a medical home for each individual covered on a CCM plan.



Moda Health PPO Plans

PPO = Preferred Provider Organization

Network: Connexus
Birch • Cedar • Dogwood • Evergreen

PPO plans (formerly known as "statewide" plans) offer more provider flexibility and a larger network. The Moda PPO Plans use the Connexus network and offer the greatest flexibility in determining when and where you receive care, but you usually pay more for that freedom with higher premiums and out-of-pocket costs.

Kaiser Permanente HMO Plans

HMO = Health Maintenance Organization

Network: Kaiser Permanente Facilities
HMO plans use an organized system of care, utilizing their own provider facilities to provide excellent health outcomes at an affordable price. If you enroll in one of these plans, you must use Kaiser Permanente facilities (not available in all areas).

Vision Plans

All the current vision plans will still be available, but there will also be two new options!

Vision Plan Options

- Moda Opal Plan
- Moda Pearl Plan
- Moda Quartz Plan
- Kaiser Vision Plan
- New!** VSP Choice Plus Plan
- New!** VSP Choice Plan



Dental Plans

Choose from six dental plan options through Delta Dental of Oregon (Moda), Willamette Dental Group or Kaiser Permanente.

Dental Plan Options

Delta Dental Premier Network

2016 -17		2017-18
Plan 1	Continues	Plan 1
Plan 2 Plan 3 Plan 4	New!	Plan 5
Plan 6	Continues	Plan 6

Dental Plans with limited network

2016 -17		2017-18
	New!	Delta Dental Exclusive PPO Plan
Kaiser Dental Plan	Continues	Kaiser Dental Plan
Willamette Dental Plan	Continues	Willamette Dental Plan



Healthy Futures Incentive Program

Sign up and save!

Reduce Your Medical Deductible

OEBB's Healthy Futures incentive program gives you the opportunity to lower your medical plan deductible or copays by agreeing to complete a few simple steps. To learn more about the program requirements, visit: OEBBincentive.com.

One crucial step toward earning your Healthy Futures incentive (lower medical deductible or copays) is to complete your medical carrier's online health assessment between **Aug. 15 & Oct. 15. Assessments completed outside these dates will not count toward the incentive.**

Get ready by making sure you have a working user name and password at your carrier's health assessment site:

MyModa.com (for Moda members) or **KP.org** (for Kaiser members).

New this year! Spouses/domestic partners are no longer required to participate in Healthy Futures to qualify for the incentive. Only the benefits-eligible employee needs to participate to earn the incentive for the whole family.



You can always find important plan information like detailed plan comparisons and rates at OEBBplandocs.com



Plan Selection Facts

Overview only. Not all details included.

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.

Kaiser Vision Must Be Paired with Kaiser Medical

You must be an OEBB subscriber (employee or early retiree eligible for OEBB benefits due to your own employment status) enrolled in an OEBB Kaiser Medical Plan in order to enroll in the Kaiser Vision Plan. 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.

What is the difference between an incentive dental plan and a constant dental plan?

Moda's Delta Dental Premier Plans 1 and 5 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 or "constant" plans – the Kaiser Dental Plan, Willamette Dental Plan, or Moda's Delta Dental Premier Plan 6 or Exclusive PPO Plan – you will not retain any higher benefit level you previously earned. If you switch back to incentive plan in the future, your benefit will start over at 70 percent.

12 Month Waiting Period if you delay enrolling in Dental Coverage

If you or a dependent don't enroll in dental 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 plans, meaning only diagnostic and preventive care will be covered for the first 12 months of coverage.

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 OEBB website. www.oregon.gov/oha/OEBB/Pages/Eligibility.aspx

Thinking about covering your grandchild? Grandchildren are only eligible for OEBB coverage when the eligible employee is the court-ordered legal guardian or adoptive parent of the grandchild. www.oregon.gov/oha/OEBB/Pages/Eligibility.aspx



The A,B,Cs of Key Benefit Terms

Here is a list of key OEBB benefit terms for you to use:

ACA Maximum Cost Share This is the maximum amount you will pay out-of-pocket for in-network medical and prescription services combined, including Additional Cost Tier (ACT) copayments.

Additional Cost Tier (ACT) Services in this tier require an additional copayment of \$100 or \$500. These copayments do not apply toward the deductible or the annual medical out-of-pocket maximum and are in addition to any other applicable copayment or coinsurance you must pay under your specific medical plan benefits. These copayments do apply toward the annual ACA Maximum Cost Share.

CCM Coordinated Care Model (Moda Synergy and Summit medical plans).

COBRA This acronym stands for the Consolidated Omnibus Budget Reconciliation Act, which is the federal law requiring employers to allow for continued coverage through a group health plan after losing eligibility in the group, on a self-pay basis.

Coinsurance The percentage of eligible health care expenses your plan pays after you meet any required annual deductible. You are responsible for paying the remaining difference.

Constant Dental Plan In contrast to Incentive Dental Plans, benefits remain constant regardless of how often an individual visits the dentist.

Copayments (copay) The fixed dollar amount you pay for certain services.

Deductible The amount you must pay each year before your plan begins to pay for covered health care expenses you use.

Dependent An individual who qualifies for OEBB benefits based on their relationship to someone else as opposed to their own employment status. (e.g., a spouse, domestic partner, child, step-child, etc.)

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 health insurance premium.

Exclusive PPO Dental Plan New for 2017-18, this plan has no out-of-network benefit. Under this plan, services performed outside the Delta Dental PPO network are not covered unless for a dental emergency.

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



The A,B,Cs of Key Benefit Terms

HMO Health Maintenance Organization (Kaiser medical plans)

Incentive Dental Plan Benefits start at 70 percent for your first plan year of coverage. Thereafter, benefit payments increase by 10 percent each plan year (up to a maximum of 100 percent) provided the individual has visited the dentist at least once during the previous plan year. Failure to do so will cause a 10 percent reduction in benefit payment the following plan year, although payment will never fall below 70 percent. (For 2017-18: Delta Dental Premier Plans 1 & 5).

In-Network Provider A provider or facility contracted with a health plan to provide services at a negotiated discount.

Maximum Benefit The total amount payable by a plan per plan year.

Maximum Plan Allowance (MPA) The maximum amount a plan will pay toward the cost of a service.

Medical Home A medical home is a team-based health care delivery model intended to provide comprehensive and continuous medical care to patients with the goal of obtaining maximized health outcomes.

Medicare Eligible A person who currently meets the requirements to receive Medicare benefits, either due to disability or age (65 or older).

Out-of-Network Provider A provider who does not have a contract with the health plan.

Out-of-Pocket Maximum The most you will pay out of your pocket in a year before your plan begins paying 100% of eligible expenses.

PPO Preferred Provider Organization (Moda Connexus medical plans)

Pre-authorization (or Prior Authorization) An insurance plan requirement that covered services be approved by the plan prior to the date of service.

Preventive Care Measures taken for disease prevention, as compared to disease treatment.

Primary Care Provider 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.

Qualified Status Change (QSC) A life event that allows a member to change their plan elections outside the annual Open Enrollment period. For a full listing of all the Qualified Status Changes, please visit our website for our full matrix:

<https://www.oregon.gov/oha/OEBC/Policies/QSCMatrix.pdf>

Self-Pay Early Retiree (SPER) An Early Retiree who does not receive any contribution from their previous employer and pays their full premium directly to OEBC.



Out-of-Area Dependents

Information on covering dependents who do not live with you, by carrier:

Kaiser Permanente

Kaiser HMO Medical Plans, Vision and Dental Plans (Kaiser Permanente Facilities)

Kaiser Permanente Northwest (KPNW) covers routine, continuing, and follow-up care for dependent children temporarily residing outside of the KPNW service area, you pay 20 percent of the actual fee the provider, facility, or vendor charges for the service. Limited to ten office visits, ten lab and X-ray, and ten prescription fills. You can find more information at my.kp.org/oebb.

Moda Health/Delta Dental

Moda PPO Medical Plans (Connexus Network)

If a dependent lives outside the Connexus network 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.

Members are encouraged to utilize providers in the Moda Health Travel Network in order to avoid balance billing for amounts above the maximum plan allowance. 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. Fees charged by non-Travel Network out-of-area providers of care will be reimbursed at the maximum plan allowance for those services and members may be balanced billed for any additional charges.

Moda CCM Medical Plans (Synergy and Summit Networks)

For the Synergy and Summit networks, benefits for out-of-area dependents will be paid as if they 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 medical/dental Travel Network provider call the Moda Health Medical Customer Service Team at 866-923-0409.

Moda Vision Plans

Vision members can see any licensed provider, but benefit dollars will go further if you utilize an in-network provider.

Moda/Delta Dental Premier Plans (Delta Dental Premier Network)

Members enrolled in a Delta Dental Plan 1, 5 or 6, should see a Premier network dentist, in order to avoid balance billing for amounts above the maximum plan allowance.

Moda/Delta Dental Exclusive PPO Plan (Delta Dental PPO Network)

Members enrolled in the Delta Dental Exclusive PPO plan must use a Delta Dental PPO provider (providers available nationwide) or they will receive no benefit. To locate a Delta Dental provider call the Delta Dental Customer Service Team at 866-923-0410.

VSP

VSP Vision Plans (VSP Choice Network)

Members can find VSP Choice providers nationwide. Search for a provider at www.vsp.com.

Willamette Dental Group

Willamette Dental Plan (Willamette Dental Group Facilities)

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.



Early Retiree Information

Enrollment Changes Allowable during Open Enrollment

As an Early Retiree during Open Enrollment you can:

- Continue or Change (as allowed per the QSC Matrix) your medical, dental, and/or vision enrollment
- Continue or Decrease any optional coverages enrolled in such as life or AD&D
- Drop eligible dependents from any or all coverages
- Waive, Decline, or Cancel any coverages

As a Reminder:

- Any coverage waived, declined, or canceled cannot be added back unless you are doing so because of gaining other OEBB coverage
- Any eligible dependent removed from coverage cannot be added back unless the dependent experiences a Qualified Status Change (QSC) Event that would allow the enrollment in coverage. Contact your benefits administrator within 31 days of the qualifying event.

Becoming Eligible for Medicare during the Plan Year

If you or an eligible enrolled dependent becomes eligible for Medicare, OEBB coverage will end the last day of the month prior to the Medicare eligibility effective date.

- If the Early Retiree gains Medicare Eligibility, any eligible dependents currently enrolled may continue OEBB coverage until they no longer meet eligibility or become eligible for Medicare.
- The only exception to this rule is: If the Early Retiree or eligible dependent gains Medicare due to End Stage Renal Disease (ESRD) OEBB coverage can be continued for up to 30 months beyond Medicare eligibility.

The OEBB system will end coverage for eligibility gained due to turning 65. You will need to notify your benefits administrator when gaining eligibility prior to turning 65.

Medicare Enrollment Resources

You can enroll in Medicare up to three months in advance. The Senior Health Insurance Benefits Assistance (SHIBA) Program was created to assist with Medicare and Medicare plan selection questions. The SHIBA website is full of helpful Medicare information and certified counselors are available by phone at **1-800-722-4134**.

Additional Resources for Early Retirees can be found online at:

www.oregon.gov/oha/OEBB/Pages/Retiree-Guide.aspx

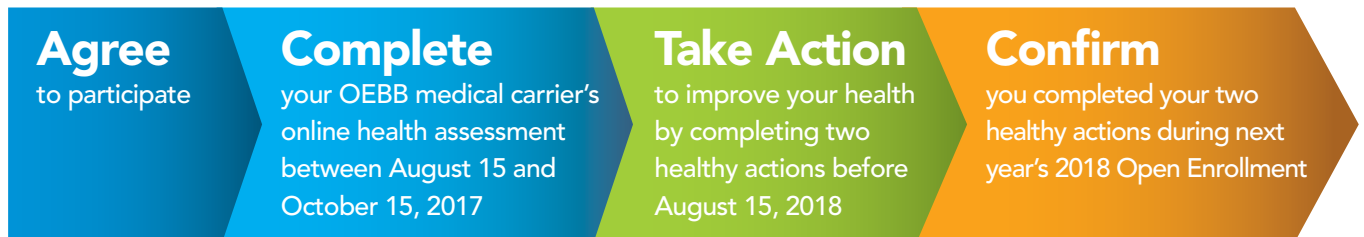


Healthy Futures

The Healthy Futures incentive program provides OEBB members an opportunity to lower their medical deductible or copays by completing an online health assessment and taking two healthy actions. The program will help you identify health risks and understand how to take action to reduce or eliminate those risks whenever possible.

Get Started!

If you complete the requirements of the Healthy Futures program within the designated timeframes, effective October 1, 2017 your medical plan deductible will be reduced \$100/person (up to a \$300 value per family depending on plan selection and number of individuals covered) or, if enrolled in Kaiser Plan 1 (which has no deductible) your copays on certain services will be reduced.



If Currently Participating: Complete the Requirements for 2016-17

- Complete two healthy actions by August 15, 2017. Anything that promotes your health will count!
- Confirm that you've completed your two healthy actions in the MyOEBB system during Open Enrollment.
- No details or proof required.

To Participate for the Upcoming Plan Year 2017-18:

- Agree to participate when you log into the MyOEBB Enrollment System.

Answer one simple question to be on your way to savings!

When enrolling in OEBB benefits, you'll be asked if you would like to participate in Healthy Futures for the 2017-18 plan year. By selecting YES, you are agreeing to take the required steps by their respective deadlines, and you will receive your incentive effective October 1, 2017.

Important Dates: When to Complete Your Health Assessment

- Complete your OEBB medical carrier's online health assessment between August 15 and October 15, 2017. Be sure to complete a new health assessment between these dates, even if you've completed one in the past. Only assessments completed within this timeframe will satisfy the 2017-18 Healthy Futures requirements.

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.

NEW! Spouses and domestic partners no longer need to participate to earn your incentive! Only the benefits-eligible employee needs to participate to earn the incentive for the whole family.



Wellness Programs

The programs shown below are all available at no cost if enrolled in an OEBB medical plan. See program details for specific eligibility requirements: www.Oregon.gov/OHA/OEBB/Pages/Wellness-Resources.aspx



Better Choices Better Health: Managing Chronic Conditions

Better Choices, Better Health is an online, six-week interactive workshop led by trained facilitators to help people deal with problems associated with chronic medical conditions.

Must be at least 18 years of age.



Mood Helper: Depression Management

Mood Helper is an online, at-your-own-pace program to learn skills to overcome depression that have been effective for millions of people.

Must be at least 18 years of age.



Quit For Life[®] Tobacco Cessation

The **Quit For Life** program has resources to help you quit tobacco, improving your chances of success by eight times over trying to quit on your own.



Weight Watchers[®] is a nationally recognized program for healthy weight loss and lifestyle change, available via **AtWork Meetings, Community Meetings, or OnlinePlus**. Must be at least 10 years of age. First 13-week session is free. May renew for additional free sessions if participation minimum (10 of 13 weeks) is met.



Healthy Team Healthy U: Team-Based Wellness

Form a team with co-workers or family members, and get the tools to improve your diet, increase physical activity, gain energy, and enjoy better health. Fun game-like atmosphere increases motivation and accountability.



VLM and CCNO: Diabetes Prevention

Online and in-person programs help you lose weight and prevent diabetes through healthy food choices and increased activity. Must be at least 18 years of age and meet medical criteria.



Medical/Rx Benefits

Kaiser Permanente
Moda Health



Medical/Rx Benefits: Kaiser

Care and coverage that fit your life

Welcome to Kaiser Permanente Get started in 3 easy steps

Visit kp.org/newmember or call the New Member Help Desk at **1-888-491-1124** (Monday through Friday, 7 a.m. to 8 p.m., and Saturday, 8 a.m. to 4:30 p.m.), and we'll help you get started.



1 Register on kp.org

Get connected to have health at your fingertips. Sign up at kp.org/register and start enjoying many time-saving tools to:*

- Make routine appointments
- View most lab results
- Email your doctor
- Pay your bills securely
- And more

After you register, download the Kaiser Permanente mobile app to stay connected on the go.

*These features are available when you get care at Kaiser Permanente facilities.



Find more useful tips at kp.org/getstartedvideo



2 Choose your doctor

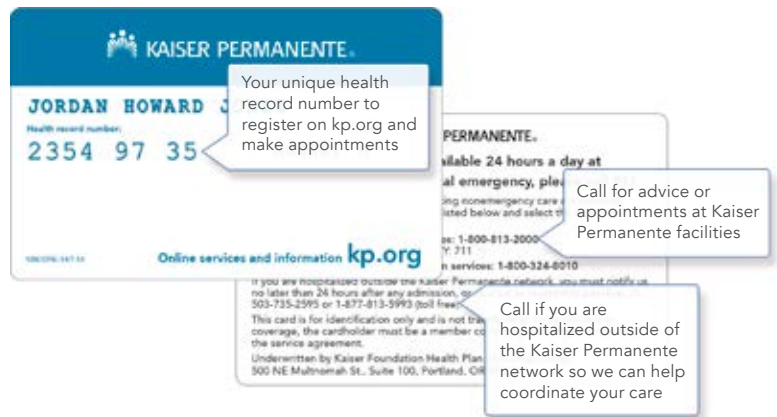
Find a doctor who's right for you by browsing our online doctor profiles, where you'll see their education, credentials, and specialties. Go to kp.org/searchdoctors to see your options and visit kp.org/doctorreviews/nw to read member reviews about our providers.

Choose or change your doctor at any time, for any reason.



3 Get prescriptions

Call us at **503-261-7900** or **1-888-572-7231** (toll free) or go to kp.org/newmember, and we'll help you transition your prescriptions to Kaiser Permanente. Then fill your prescriptions at any Kaiser Permanente pharmacy near you. And get most refills mailed at no charge when you order online at kp.org/refill.





Medical/Rx Benefits: Kaiser

Kaiser Permanente

Your care, your way

Get care where, when, and how you want it. With more options to choose from, it's easier to stay on top of your health.

Choose how you connect to care



Email

Email your doctor's office anytime with nonurgent questions. You'll usually get a response within 2 business days – if not sooner.



Video

For some conditions, you can meet face-to-face online with your doctor on your computer, smartphone, or tablet.



Phone

You may be able to save a trip to the doctor's office by having a phone appointment instead. We also offer care guidance and advice by phone 24/7.



In person

Most of our locations have many services under one roof, so you can see your doctor, get lab services or X-rays, and pick up a prescription – all in the same trip.

Manage your health your way



Online

Stay on top of your care at **kp.org**. Once you're registered, you can view your medical record, refill most prescriptions, schedule routine appointments, and more.



In app

Manage your care anytime, anywhere. Access many of the features on **kp.org** with the Kaiser Permanente mobile app.* Learn more at **kp.org/mobile**.

*To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on **kp.org**.



Medical/Rx Benefits: Kaiser

Convenient care near you

With multiple locations to choose from, it's easy to find one near home or work. You can also see different doctors at different locations – whatever works best for you.

Finding the right location

Choosing a convenient place to get care is simple – just hop online or grab your smartphone.

- Visit kp.org/kpfacilities to search by ZIP code, keyword, or the type of service you need.
- Search on your smartphone with the location finder on the Kaiser Permanente mobile app.¹

Getting care anytime, anywhere

Emergency care

If you ever need emergency care, you're covered. You can always get care at any Kaiser Permanente or non-Kaiser Permanente hospital emergency department.²

Care away from home

If you get hurt or sick while traveling, we'll help you get care. We can also help you before you leave town by checking to see if you need a vaccination, a prescription refill, and more. Just call our 24/7 Away From Home Travel Line at **951-268-3900** or visit kp.org/travel.

Visiting member care

You can get care in all or parts of California, Colorado, Georgia, Hawaii, Maryland, Virginia, Washington, and Washington, D.C. as a visiting member. Call our Away From Home Travel Line at **951-268-3900** and let them know you plan to visit another Kaiser Permanente service area for care.



Facility information is current as of January 2017. For up-to-date information, please visit kp.org/facilities.



Medical/Rx Benefits: Kaiser

MEDICAL FACILITIES

Portland-area medical centers

- 1 Kaiser Permanente Sunnyside Medical Center
10180 SE Sunnyside Road
Clackamas, OR 97015
- 2 Kaiser Permanente Westside Medical Center
2875 NW Stucki Ave.
Hillsboro, OR 97124
- 3 OHSU Doernbecher Children's Hospital
3181 SW Sam Jackson Park Road
Portland, OR 97239
(For children 17 and younger)

Portland-area medical offices

- 4 Beaverton Medical Office
VE 4855 SW Western Ave.
Beaverton, OR 97005
- 5 Brookside Center
10180 SE Sunnyside Road
Clackamas, OR 97015
- 6 Care Essentials by Kaiser Permanente
1035 NW Northrup St.
Portland, OR 97209
- 7 Cedar Hills Medical Office
12450 SW Walker Rd.
Beaverton, OR 97005
- 8 Center for Health Research
3800 N. Interstate Ave.
Portland, OR 97227
- 9 Clackamas Eye Care
12100 SE Stevens Court, Suite 106
Portland, OR 97086
- 10 Gateway Medical Office
1700 NE 102nd Ave.
Portland, OR 97220
- 11 Hillsboro Medical Office
5373 E. Main St.
Hillsboro, OR 97123
- 12 Interstate Medical Office Central
VE 3600 N. Interstate Ave.
Portland, OR 97227
- 13 Interstate Medical Office East
3550 N. Interstate Ave.
Portland, OR 97227
- 14 Interstate Medical Office South
3500 N. Interstate Ave.
Portland, OR 97227
- 15 Interstate Medical Office West
3325 N. Interstate Ave.
Portland, OR 97227
- 16 Interstate Radiation Oncology Center
3620 N. Interstate Ave.
Portland, OR 97227
- 17 Lake Road Nephrology Center
6902 SE Lake Road, Suite 100
Milwaukie, OR 97267

- 18 Mt. Scott Medical Office
9800 SE Sunnyside Road
Clackamas, OR 97015
- 19 Mt. Talbert Medical Office
10100 SE Sunnyside Road
Clackamas, OR 97015
- 20 Murrayhill Medical Office
11200 SW Murray Scholls Place, Suite 100
Beaverton, OR 97007
- 21 One Town Center
10163 SE Sunnyside Road, Suite 490
Clackamas, OR 97015
- 22 Rockwood Medical Office
VE 19500 SE Stark St.
Portland, OR 97233
- 23 Sunnybrook Medical Office
9900 SE Sunnyside Road
Clackamas, OR 97015
- 24 Sunnyside Medical Office
10180 SE Sunnyside Road
Clackamas, OR 97015
- 25 Sunset Medical Office
VE 19400 NW Evergreen Parkway
Hillsboro, OR 97124
- 26 Tualatin Medical Office
19185 SW 90th Ave.
Tualatin, OR 97062
- 27 Westside Medical Office
2875 NW Stucki Ave.
Hillsboro Oregon, 97124
(located inside Kaiser Permanente Westside Medical Center)

The Portland Clinic facilities*

- 28 The Portland Clinic – Beaverton
15950 SW Millikan Way
Beaverton, OR 97003
- 29 The Portland Clinic – Columbia
5847 NE 122nd Ave.
Portland, OR 97230
- 30 The Portland Clinic – Downtown
800 SW 13th Ave.
Portland, OR 97205
- 31 The Portland Clinic – East
541 NE 20th Ave., Suite 210
Portland, OR 97232
- 32 The Portland Clinic – South
6640 SW Redwood Lane
Portland, OR 97224
- 33 The Portland Clinic – Tigard
9250 SW Hall Blvd.
Tigard, OR 97223

Vancouver-area medical center and offices

- 34 Legacy Salmon Creek Medical Center
2211 NE 139th St.
Vancouver, WA 98686
(24-hour, emergency, low-risk childbirth, and selected services only)
- 35 Cascade Park Medical Office
VE 12607 SE Mill Plain Blvd.
Vancouver, WA 98684
- 36 Mill Plain One Medical Office
203 SE Park Plaza Drive, Suite 140
Vancouver, WA 98684
- 37 Orchards Medical Office
VE 7101 NE 137th Ave.
Vancouver, WA 98682
- 38 Salmon Creek Medical Office
VE 14406 NE 20th Ave.
Vancouver, WA 98686

Salem-area medical center and offices

- 39 Salem Hospital
890 Oak St. SE
Salem, OR 97301
- 40 Keizer Station Medical Office
5940 Ulali Drive
Keizer, OR 97303
- 41 North Lancaster Medical Office
VE 2400 Lancaster Drive NE
Salem, OR 97305
- 42 Skyline Medical Office
5125 Skyline Road S.
Salem, OR 97306
- 43 West Salem Medical Office
1160 Wallace Road NW
Salem, OR 97304

Longview-area medical center and office

- 44 PeaceHealth St. John Medical Center
1614 E. Kessler Blvd.
Longview, WA 98632
- 45 Longview-Kelso Medical Office
VE 1230 Seventh Ave.
Longview, WA 98632

Eugene-Springfield-area medical office

- 46 Downtown Eugene Medical Office
100 W. 13th Ave.
Eugene, OR 97401

Battle Ground-area medical office

- 47 Battle Ground Medical Office
720 W. Main St., Suite 15
Battle Ground, WA 98604

Additional Vision Essentials location

- VE Clackamas Eye Care
12100 SE Stevens Court
Clackamas, OR 97086

*Available to all Kaiser Permanente members except those on Medicaid, receiving full financial assistance, or visiting from another Kaiser Permanente region.



Medical/Rx Benefits: Kaiser

Care and coverage that fit your life

OEGB 2017–2018 benefits summary—medical

Plan benefits	Plan 1	Plan 2	Plan 3
Plan year deductible	None	\$800/individual \$2,400/family	\$1,600/individual \$3,200/family
Out-of-pocket maximum per plan year	\$1,500/individual \$3,000/family	\$4,000/individual \$12,000/family	\$6,550/individual \$13,100/family
Preventive care services	\$0	\$0	\$0
Prenatal care	\$0	\$0	\$0
Well-baby routine visits	\$0	\$0	\$0
Preventive tests	\$0	\$0	\$0
Office visit copay	\$20	\$25	20% after deductible
Specialist copay	\$30	\$35	20% after deductible
Outpatient surgery	\$75	20% after deductible	20% after deductible
Emergency room copay	\$100	20% after deductible	20% after deductible
Hospital inpatient care	\$100 per day, up to \$500 per admission max	20% after deductible	20% after deductible
Bariatric surgery ¹	\$500 + hospital inpatient care cost share	\$500 + 20% after deductible	\$500 + 20% after deductible
Lab/X-ray/diagnostics	\$20	\$25	20% after deductible
Prescription Mail-order pharmacy is available at 2 copays for a 90-day supply	\$5 generic \$25 formulary brand \$45 non-formulary brand 25% up to \$100 specialty	\$5 generic \$25 formulary brand \$45 non-formulary brand 25% up to \$100 specialty	20% after deductible
Prescription annual out-of-pocket maximum per person	\$1,100	\$1,100	Subject to medical out of pocket maximum
Self-referred alternative care: chiropractic, naturopathy, and acupuncture	\$20 \$2,000 combined annual benefit maximum applies to alternative care services	\$25 \$2,000 combined annual benefit maximum applies to alternative care services	20% after deductible \$2,000 combined annual benefit maximum applies to alternative care services
Routine eye exam	\$5	\$5	20% after deductible

¹See Plan Handbook for specific criteria regarding this benefit.

This is not a contract. This benefit summary does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details of your benefit coverage, exclusions and limitations, claims review, and adjudication procedures, please see your *Member Handbook*, also known as the *Evidence of Coverage (EOC)*, or call Member Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.

To learn more about Kaiser Permanente, visit kp.org.



Medical/Rx Benefits: Moda

How your health plan works

Better than anyone, you understand that knowledge is power. When you know your plan, you can get the most out of your benefits.

Preventive care matters

Regular checkups are vital to staying well. When you feel good, it's easier to create healthy moments. These services may include:

- Periodic health exams
- Well-baby care
- Women's annual exams
- Many immunizations
- Colorectal cancer and other screenings

Additional Cost Tier

The Additional Cost Tier (ACT) is designed to encourage exploration of less invasive treatment alternatives. It is important to understand and consider all factors, including additional costs, as you discuss treatment options with your provider.

The ACT refers to select procedures, including:

- Spine surgery
- Knee and hip replacement ¹
- Arthroscopies (knee and shoulder)
- Advanced imaging
- Sleep studies
- Upper endoscopies
- Tonsillectomies ²
- Uncomplicated hernia repair

PPO plans

Our PPO plans, powered by the Connexus Network, offer a wide selection of providers to meet your needs. The PPO Connexus Plans combine great benefits to Connexus-contracted physicians and hospitals to help you save money.

By choosing a PPO Connexus Plan, you'll enjoy:

- Access to more than 80 hospitals & 30,000 providers in Oregon, Washington, Idaho and Northern California
- In-network and out-of-network benefits
- No primary care selection required

If you're looking for statewide coverage and want to access care through Connexus, one of the largest PPO networks in Oregon, the PPO Connexus Plans may be the best option for you.

Professional services

Primary care and specialist office visit services performed by a licensed healthcare provider. When you see a participating Moda Medical Home provider, you will have a better benefit for incentive and primary care office visits. It is also important to remember that if you select a Synergy or Summit medical plan, you must select a Medical Home with Moda and use that clinic for all of your primary care needs in order to receive in-network benefits.

Incentive services

Office visits to help you manage certain conditions, including:

- Asthma
- Heart conditions
- Cholesterol
- Diabetes
- High blood pressure

Medical Homes make care personal

Once your Synergy or Summit plan is active, you'll need to pick a Moda Medical Home. Your Medical Home is the place you go for your primary care needs. Your primary care providers will work together with you and the rest of your team on the best treatments for you. This team-based approach offers:

- 1 Faster, easier ways to find care
- 2 Support in meeting your health goals
- 3 Personalized care centered on you
- 4 Lower out-of-pocket with your Medical Home

Selecting your Medical Home

Both Synergy and Summit networks have lots of great providers who are part of a Medical Home. Each of your covered family members can pick the same provider, or a different one – it's up to each of you. Please note, a naturopathic provider is not considered a Medical Home unless they are credentialed as a primary care provider.

After you receive your Moda Health ID card, log into myModa and choose the "Medical Home" tab to make your selection. Follow the steps listed on the screen to let us know which Medical Home you have chosen.

Learn more at modahealth.com/oebb under the "Medical Home" tab.

¹ Benefit is subject to a reference price limitation of \$25,000 under the Connexus Network plans.

² Additional Cost Tier applies to members under age 18 who have chronic tonsillitis or sleep apnea.



Medical/Rx Benefits: Moda

Networks protect you, near and far

Health happens, whether you're at home or on the road. We've made it easy for you to find in-network coverage in your hometown and across the country.

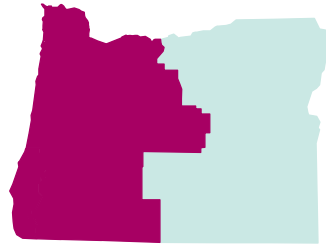
All plans include a provider network

Each medical plan comes with a provider network. This is a group of licensed medical professionals, clinics, pharmacies, labs and hospitals located in a certain area. These providers offer quality care and services to Moda Health members at an agreed-upon cost.

In- and out-of-network care

It's important to remember you may pay more for services from out-of-network providers than from in-network providers. Out-of-network providers may also bill you for the difference between your maximum plan allowance and their billed charges. This is known as "balance billing." In-network providers don't do this. See our plan summaries or your Member Handbook to learn more about in-network and out-of-network benefits and costs.

Options near you



Synergy Network

This network serves you living or working in the Portland metro area, Southwest Washington, the Oregon coast, the Columbia River Gorge, Salem, Eugene, central and southern Oregon communities. It connects you with high-quality care close to home. You can choose a Moda Medical Home from a diverse and wide selection of participating providers:

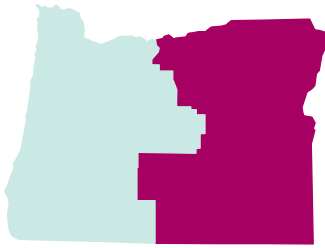
- Oregon Health & Science University (OHSU)
- Salem Health
- Salem Clinic
- Adventist Health
- Tuality Healthcare
- Legacy Health
- PeaceHealth
- Samaritan Health
- Tillamook Regional Medical Center
- Mid-Columbia Medical Center
- Columbia Memorial Hospital
- Asante
- Sky Lakes Medical Center
- Bay Area Hospital
- Santiam Memorial Hospital
- Silverton Hospital
- St. Charles Medical Center

This network covers these counties:

Benton, Clackamas, Clark, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Hood River, Jackson, Jefferson, Josephine, Klamath, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Wasco, Washington and Yamhil.



Medical/Rx Benefits: Moda



Summit Network

This network serves you living or working in eastern Oregon. It connects you with high-quality care at an affordable cost. You can pick a Moda Medical Home from a diverse and wide selection of participating providers:

- Good Shepherd Medical Center
- Grande Ronde Hospital
- St. Anthony Hospital
- Lake Health District Hospital
- Harney District Hospital
- Blue Mountain Hospital
- Wallowa Memorial Hospital
- Pioneer Memorial Hospital – Heppner
- Saint Alphonsus Medical Center – Baker City, Nampa and Ontario
- Saint Alphonsus Regional Medical Center – Boise
- Kadlec Regional Medical Center and Kadlec Health System
- Trios Southridge Hospital (formerly Kennewick General Hospital) and Trios Health Medical Group
- Walla Walla General Hospital and Walla Walla Clinic

This network covers these counties:

Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa and Wheeler

Connect with care across the state

Connexus Network

When you want a broad selection of providers across Oregon, Connexus Network has you covered. You'll find in-network doctors and specialists just about everywhere – even in some outlying places.

Is your provider in a network?

Find out by visiting modahealth.com and using Find Care, Moda's online provider directory. Simply choose a network option and look for providers near you.

Travel with peace of mind

When you hit the road, care is never far. While traveling outside the network service area, you can receive care through the First Health Travel Network, paid at the in-network amount. Other covered care received while traveling is paid at the out-of-network amount. Traveling for the purpose of seeking care does not qualify for the travel network benefit.

Outside the United States, you may access any provider for in-network emergency or urgent care. This care is subject to balance billing.



Medical/Rx Benefits: Moda

2017–18 Medical plan benefit table

	Alder CCM	
	In-network, you pay	Out-of-network, you pay ²
Plan-year costs		
Deductible per person / family	\$400 / \$1,200	\$800 / \$2,400
Out-of-pocket max per person	\$3,000	\$6,000
Out-of-pocket max per family	\$9,000	\$18,000
Maximum cost share per person (includes OOP and ACT)	\$6,850	N/A
Maximum cost share per family (includes OOP and ACT)	\$13,700	N/A
Preventive care		
Moda Medical Home wellness visit (ages 21 and over) ³	\$0 ¹	Not covered
Periodic health exams, routine women's exams, annual obesity screening, immunizations ³	\$0 ¹	50%
Incentive care		
Moda Medical Home incentive office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes) ³	\$10 copay ¹	50%
Professional services		
Moda Medical Home primary care office visits ³	\$20 copay ¹	50%
Specialist office visits	20%	50%
Mental health office visits	\$20 copay ¹	50%
Chemical dependency services	\$0 ¹	50%
Alternative care services (\$2,000 plan year maximum)		
Acupuncture/chiropractic/naturopathic care	20%	50%
All other services (e.g., labs, diagnostics, etc.)	20%	50%
Maternity care		
Physician or midwife services and hospital stay	20%	50%
Outpatient and hospital services		
Inpatient care and outpatient hospital/facility care	20%	50%
Skilled nursing facility care (60 days per plan year)	20%	50%
Surgery	20%	50%
ACT 100: Sleep studies, specified imaging (MRI, CT, PET), upper endoscopy, spinal injections, viscosupplementation, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea	\$100 copay + 20%	\$100 copay + 50%
ACT 500: Spine surgery, knee and hip replacement, knee and shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 20%	\$500 copay + 50%
Gastric bypass (Roux-en-Y) ⁴	\$500 copay + 20%	Not covered
Emergency care		
Urgent care visit		\$50 ¹
Emergency room (copay waived if admitted)		\$100 copay + 20%
Ambulance		20%
Other covered services		
Hearing aids and bone-anchored hearing aids – \$4,000 max/48 months for members 26 and older	10%	50%
Physical, occupational and speech therapy (including physical therapy performed in conjunction with alternative care) – <i>Inpatient limitations: 30 days per plan year/60 days for spinal or head injury. Outpatient limitations: 30 sessions per plan year/up to 60 sessions for spinal or head injury.</i>	20%	50%
Outpatient diagnostic lab and X-ray	20%	50%
Durable medical equipment	20%	50%

¹ Deductible waived. All amounts reflect member responsibility.

² Out-of-network coinsurance based on MPA for these services.

³ To receive the copay benefit, members must see a provider at their preselected Moda Medical Home.

⁴ This benefit is only for the plan subscriber. Members must use an approved Moda Health Center of Excellence. Benefit is subject to a reference price of \$20,000 for the facility charge. Travel benefits are available for services that are subject to reference pricing. Please see your handbook for more details.



CCM Synergy/Summit Plans

Alder, Birch, Cedar and Dogwood (not HSA-Compliant)

Synergy Network

Summit Network

Connexus Network

Birch CCM		Cedar CCM		Dogwood CCM	
In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²
\$800 / \$2,400	\$1,600 / \$4,800	\$1,200 / \$3,600	\$2,400 / \$7,200	\$1,600 / \$4,800	\$3,200 / \$9,600
\$4,000	\$8,000	\$5,000	\$10,000	\$6,850	\$13,700
\$12,000	\$24,000	\$13,700	\$27,400	\$13,700	\$27,400
\$6,850	N/A	\$6,850	N/A	\$6,850	N/A
\$13,700	N/A	\$13,700	N/A	\$13,700	N/A
\$0 ¹	Not covered	\$0 ¹	Not covered	\$0 ¹	Not covered
\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%
\$15 copay ¹	50%	\$15 copay ¹	50%	\$15 copay ¹	50%
\$30 copay ¹	50%	\$30 copay ¹	50%	\$30 copay ¹	50%
20%	50%	20%	50%	20%	50%
\$30 copay ¹	50%	\$30 copay ¹	50%	\$30 copay ¹	50%
\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%
20%	50%	20%	50%	20%	50%
20%	50%	20%	50%	20%	50%
20%	50%	20%	50%	20%	50%
20%	50%	20%	50%	20%	50%
20%	50%	20%	50%	20%	50%
20%	50%	20%	50%	20%	50%
\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%
\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%
\$500 copay + 20%	Not covered	\$500 copay + 20%	Not covered	\$500 copay + 20%	Not covered
\$50 ¹		\$50 ¹		\$50 ¹	
\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 20%	
20%		20%		20%	
10%	50%	10%	50%	10%	50%
20%	50%	20%	50%	20%	50%
20%	50%	20%	50%	20%	50%
20%	50%	20%	50%	20%	50%

Medical/Rx: Moda

Medical and Rx copays (excluding ACT), coinsurance and deductibles apply to the medical out-of-pocket maximum. Medical out-of-pocket and ACT copays apply to the maximum cost share. For limitations and exclusions, visit modahealth.com/oebb/members and refer to your Member Handbook.



Medical/Rx Benefits: Moda



2017 – 18 Medical plan benefit table

	Birch PPO	
	In-network, you pay	Out-of-network, you pay ²
Plan-year costs		
Deductible per person / family	\$800 / \$2,400	\$1,600 / \$4,800
Out-of-pocket max per person	\$4,000	\$8,000
Out-of-pocket max per family	\$12,000	\$24,000
Maximum cost share per person (includes OOP, ACT and Rx)	\$6,850	N/A
Maximum cost share per family (includes OOP, ACT and Rx)	\$13,700	N/A
Preventive care		
Moda Medical Home wellness visit (ages 21 and over)	\$0 ¹	Not covered
Periodic health exams, routine women's exams, annual obesity screening, immunizations	\$0 ¹	50%
Incentive care		
Moda Medical Home incentive office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)	\$15 copay ¹	50%
Incentive office and home visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)	20% ¹	50%
Professional services		
Moda Medical Home primary care office visits	\$30 copay ¹	50%
Primary care and specialist office visits	20%	50%
Mental health office visits	\$30 copay ¹	50%
Chemical dependency services	\$0 ¹	50%
Alternative care services (\$2,000 plan year maximum)		
Acupuncture/chiropractic/naturopathic care	20%	50%
All other services (e.g., labs, diagnostics, etc.)	20%	50%
Maternity care		
Physician or midwife services and hospital stay	20%	50%
Outpatient and hospital services		
Inpatient care and outpatient hospital/facility care	20%	50%
Skilled nursing facility care (60 days per plan year)	20%	50%
Surgery	20%	50%
ACT 100: Sleep studies, specified imaging (MRI, CT, PET), upper endoscopy, spinal injections, viscosupplementation, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea	\$100 copay + 20%	\$100 copay + 50%
ACT 500: Spine surgery, knee and hip replacement ³ , knee and shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 20%	\$500 copay + 50%
Gastric bypass (Roux-en-Y) ⁴	\$500 copay + 20%	Not covered
Emergency care		
Urgent care visit		\$50 ¹
Emergency room (copay waived if admitted)		\$100 copay + 20%
Ambulance		20%
Other covered services		
Hearing aids and bone-anchored hearing aids – \$4,000 max/48 months for members 26 and older	10%	50%
Physical, occupational and speech therapy (including physical therapy performed in conjunction with alternative care) – <i>Inpatient limitations: 30 days per plan year/60 days for spinal or head injury. Outpatient limitations: 30 sessions per plan year/up to 60 sessions for spinal or head injury.</i>	20%	50%
Outpatient diagnostic lab and X-ray	20%	50%
Durable medical equipment	20%	50%

¹ Deductible waived. All amounts reflect member responsibility.

² Out-of-network coinsurance based on MPA for these services.

³ This benefit is subject to a reference price of \$25,000 for the facility charge. Travel benefits are available for services that are subject to reference pricing. Please see your Member Handbook for more details.

⁴ This benefit is only for the plan subscriber. Members must use an approved Moda Health Center of Excellence. Benefit is subject to a reference price of \$20,000 for the facility charge. Travel benefits are available for services that are subject to reference pricing. Please see your Member Handbook for more details.



PPO Connexus Plans

Birch, Cedar and Dogwood (not HSA-Compliant)

- Synergy Network
- Summit Network
- Connexus Network

Cedar PPO		Dogwood PPO	
In-network, you pay	Out-of-network, you pay ²	In-network, you pay	Out-of-network, you pay ²
\$1,200 / \$3,600	\$2,400 / \$7,200	\$1,600 / \$4,800	\$3,200 / \$9,600
\$5,000	\$10,000	\$6,850	\$13,700
\$13,700	\$27,400	\$13,700	\$27,400
\$6,850	N/A	\$6,850	N/A
\$13,700	N/A	\$13,700	N/A
\$0 ¹	Not covered	\$0 ¹	Not covered
\$0 ¹	50%	\$0 ¹	50%
\$15 copay ¹	50%	\$15 copay ¹	50%
20% ¹	50%	20% ¹	50%
\$30 copay ¹	50%	\$30 copay ¹	50%
20%	50%	20%	50%
\$30 copay ¹	50%	\$30 copay ¹	50%
\$0 ¹	50%	\$0 ¹	50%
20%	50%	20%	50%
20%	50%	20%	50%
20%	50%	20%	50%
20%	50%	20%	50%
20%	50%	20%	50%
20%	50%	20%	50%
\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%
\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%
\$500 copay + 20%	Not covered	\$500 copay + 20%	Not covered
\$50 ¹		\$50 ¹	
\$100 copay + 20%		\$100 copay + 20%	
20%		20%	
10%	50%	10%	50%
20%	50%	20%	50%
20%	50%	20%	50%
20%	50%	20%	50%

Medical/Rx: Moda

Medical copays (excluding ACT), coinsurance and deductibles apply to the medical out-of-pocket maximum. Medical out-of-pocket, ACT copays, Rx copays and Rx coinsurance apply to the maximum cost share. For limitations and exclusions, visit modahealth.com/oebb/members and refer to your Member Handbook.



Medical/Rx Benefits: Moda



moda

Be a better saver with an HSA

Our health savings account (HSA)-compliant, high-deductible plan gives you freedom and choice. To enjoy the benefits of an HSA-compliant plan, you must use a financial institution with an HSA option.*

Evergreen Plan

You can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by your health plan. HSA members enjoy a number of tax advantages, including:

- Contributions made on a tax-advantaged basis
- Unused funds carried over from year to year, growing tax-deferred
- Tax-free withdrawal of funds to pay for qualified medical expenses

Eligibility

To be eligible to participate in an HSA plan, you must:

- Be covered by a qualified high-deductible health plan
- Not be covered under another non-HSA-compliant medical plan (including your spouse's plan)
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else's tax return

Prescriptions

Your pharmacy benefit is covered under the medical portion of the Evergreen plan. The plan includes value-tier medications that waive your annual deductible. Just present your ID card at a participating pharmacy to use this benefit.



Evergreen HSA-Compliant Plan

CCM Synergy/Summit Networks and PPO Connexus Network



2017 – 18 Medical plan benefit table

	Evergreen CCM and PPO (HSA plan)	
	In-network, you pay	Out-of-network, you pay ²
Plan-year costs		
Subscriber-only plan deductible ³	\$1,600	\$3,200
Deductible per family ⁴	\$3,200	\$6,400
Subscriber-only plan out-of-pocket max ³	\$6,550	\$13,100
Out-of-pocket max per family ⁴	\$13,100	\$26,200
Embedded per member out-of-pocket max	\$6,550	\$13,100
Preventive care		
Moda Medical Home wellness visit (ages 21 and over) ⁵	\$0 ¹	Not covered
Periodic health exams, routine women's exams, annual obesity screening, immunizations ⁵	\$0 ¹	50%
Incentive care		
Incentive office and home visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes) ⁵	20%	50%
Professional services		
Office visits ⁵	20%	50%
Mental health and chemical dependency services	20%	50%
Alternative care services (\$2,000 plan year maximum)		
Acupuncture/chiropractic/naturopathic care	20%	50%
All other services (e.g., labs, diagnostics, etc.)	20%	50%
Maternity care		
Physician or midwife services and hospital stay	20%	50%
Outpatient and hospital services		
Inpatient care and outpatient hospital/facility care	20%	50%
Skilled nursing facility care (60 days per plan year)	20%	50%
Surgery	20%	50%
Sleep studies, specified imaging (MRI, CT, PET), upper endoscopy, spinal injections, viscosupplementation, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea	20%	50%
Spine surgery, knee and hip replacement, ⁶ knee and shoulder arthroscopy, uncomplicated hernia repair	20%	50%
Gastric bypass (Roux-en-Y) ⁷	\$500 copay + 20%	Not covered
Emergency care		
Urgent care visit		20%
Emergency room		20%
Ambulance		20%
Other covered services		
Hearing aids and bone-anchored hearing aids – \$4,000 max/48 months for members 26 and older	20%	50%
Physical, occupational and speech therapy (including physical therapy performed in conjunction with alternative care) – <i>Inpatient limitations: 30 days per plan year/60 days for spinal or head injury. Outpatient limitations: 30 sessions per plan year/up to 60 sessions for spinal or head injury.</i>	20%	50%
Outpatient diagnostic lab and X-ray	20%	50%
Durable medical equipment	20%	50%
Major medical prescription coverage		20%
Value tier		Evergreen CCM = \$0 ¹ Evergreen PPO = \$4 ¹

1 Deductible waived. All amounts reflect member responsibility.
 2 Out-of-network coinsurance based on MPA for these services.
 3 Individual deductible applies only if employee is enrolling in the plan with no other family members.
 4 Family deductible and out-of-pocket maximum can be met by one or more family members. This deductible must be met before benefits will be paid.
 5 Deductible and copayments apply toward the plan-year out-of-pocket maximum.
 6 For plans in the Summit or Synergy network, members must see a provider at their preselected Moda Medical Home to receive the in-network benefit for primary care and preventive services.
 7 Benefit is subject to a reference price of \$25,000 on Connexus and applies to the facility charge. This is not applicable to Summit or Synergy.
 Travel benefits are available for services that are subject to reference pricing. Please see your handbook for more details.
 8 This benefit is only for the plan subscriber. Members must use an approved Moda Health Center of Excellence.
 Benefit is subject to a reference price of \$20,000 for the facility charge.

For limitations and exclusions, visit modahealth.com/oebb/members and refer to your Member Handbook.

Medical/Rx: Moda



Pharmacy Benefits: Moda



Synergy Network

Summit Network

Connexus Network

Expect quality pharmacy benefits

Quality prescription coverage is right at the heart of a great plan. We're here to support your pharmacy needs, every step of the way.

Alder, Birch, Cedar and Dogwood CCM plans – 2017–18 Prescription drug plan benefit table¹

	Retail	Mail order	Specialty
	For a 31-day supply ² , you pay	For a 90-day supply, you pay	For a 31-day supply, you pay
Value	\$0	\$0	N/A
Select generic	\$8	\$16	N/A
Preferred ^{3,4}	25%, up to \$50 max	25%, up to \$100 max	25%, up to \$100 max
Nonpreferred brand name ⁴	50%, up to \$150 max	50%, up to \$300 max	50%, up to \$300 max

Birch, Cedar, and Dogwood PPO plans – 2017–18 Prescription drug plan benefit table⁵

	Retail	Mail order	Specialty
	For a 31-day supply ² , you pay	For a 90-day supply, you pay	For a 31-day supply, you pay
Value	\$4	\$8	N/A
Select generic	\$12	\$24	N/A
Preferred ^{3,4}	25%, up to \$75 max	25%, up to \$150 max	25%, up to \$200 max
Nonpreferred brand name ⁴	50%, up to \$175 max	50%, up to \$450 max	50%, up to \$500 max

¹ Pharmacy expenses in Synergy and Summit Networks accrue toward the medical plan's out-of-pocket max.

² A 90-day supply for value and select generic medications is available at retail pharmacies for three times the 31-day copay.

³ This benefit level includes select generic medications that have been identified as having no more favorable outcomes from a clinical perspective than other cost-effective generics.

⁴ Copay maximum is per prescription.

⁵ Pharmacy expenses in the Connexus Network accrue toward the medical plan's maximum cost share.

For limitations and exclusions, visit modahealth.com/oebb/members and refer to your Member Handbook.





Dental Benefits

Delta Dental (Moda)

Willamette
Dental Group

Kaiser Permanente

12 Month Waiting Period if you delay enrolling in Dental Coverage

If you or a dependent don't enroll in dental 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 plans, meaning only diagnostic and preventive care will be covered for the first 12 months of coverage.



Dental Benefits: Delta Dental (Moda)



Quality coverage for your total health

With Delta Dental of Oregon plans, you'll have access to Delta Dental, the nation's largest dental network.

Dental benefit highlights

Our Delta Dental of Oregon plans connect you with great benefits and quality in-network dentists. You can count on:

- Freedom to choose a dentist
- Contracted-fee savings from participating dentists
- Cleanings every six months
- Predetermination of benefits if requested in a pretreatment plan
- No claim forms
- Superior customer service

Our dental plans also include useful online tools, resources and special programs for those of you who may need extra attention for your pearly whites.

Delta Dental networks go where you go

Each Delta Dental of Oregon plan comes with a Delta Dental network. It includes thousands of dentists across the state and country.

In-network dentists agree to accept our contracted fees as full payment. They also don't balance bill – the difference between what we pay and the dentist's fees. This can help you save on out-of-pocket costs. If you see providers outside the network, you may pay more for care.

Delta Dental Premier Network

This is the largest dental network in Oregon and nationwide. It includes more than 2,300 providers in Oregon and over 152,000 Delta Dental Premier Dentists nationwide. To have access to our Premier Network, you will want to select Dental Plan 1, 5 or 6.

Delta Dental PPO Network

This is one of the largest preferred provider organization (PPO) dental networks in Oregon and across the country. It includes more than 1,300 participating providers in Oregon and offers access to over 102,000 Delta Dental PPO dentists nationwide. These providers have agreed to lower contracted rates, which means more savings for you. In order to access the PPO network savings, you will want to select the Exclusive PPO plan.

New Exclusive PPO plan option

Effective October 1, you will have access to a new plan option that used the Delta Dental PPO Network. It is important to keep mind that the Exclusive PPO plan does not pay for services provided by a Premier or non-contracted dentist.

New oral wellness initiative

Beginning October 1, all plans will include access to a new oral wellness initiative. This entails a comprehensive, patient-centered wellness program designed to help you maintain optimal oral health through education, risk assessment and evidence-based models of care.



Dental Benefits: Delta Dental (Moda)

DELTA DENTAL

2017–18 Dental plan benefit table

	Plan 1 ²	Plan 5	Plan 6 ³	Exclusive PPO ⁴
Network	Premier			PPO
	In-network, you pay			In-network, you pay
Plan-year costs				
Deductible	\$50	\$50	\$50	\$50
Benefit maximum	\$2,200	\$1,700	\$1,200	\$1,500
Preventive and diagnostic services¹				
Exam and prophylaxis/cleanings (once every six months)	30% - 0%	30% - 0%	0%	0%
Bitewing X-rays (once every 12 months)	30% - 0%	30% - 0%	0%	0%
Topical fluoride application (ages 18 and under)	30% - 0%	30% - 0%	0%	0%
Sealants and space maintainers	30% - 0%	30% - 0%	0%	0%
Restorative services				
Fillings (posterior teeth paid to amalgam fee)	30% - 0%	30% - 0%	20%	10%
Inlays (amalgam reimbursement fee)	30% - 0%	30% - 0%	20%	10%
Oral surgery and extractions	30% - 0%	30% - 0%	20%	10%
Endodontics and periodontics	30% - 0%	30% - 0%	20%	10%
Major restorative services				
Gold or porcelain crowns	30% - 0%	30%	50%	20%
Onlays	30% - 0%	30%	50%	20%
Prosthetic services				
Implants	30% - 0%	50%	50%	20%
Dentures and partial dentures	30% - 0%	50%	50%	20%
Bridges	30% - 0%	50%	50%	20%
Other services				
Occlusal guards (night guards ⁵ or athletic mouth guards)	50%	50%	50%	50%
Orthodontic services^{1,6}				
Lifetime maximum – \$1,800	20%	20%	N/A	20%

¹ Deductible waived.

² Under this incentive plan, benefits start at 70 percent for your first plan year of coverage. Thereafter, benefit payments increase by 10 percent each plan year (up to a maximum benefit of 100 percent) provided the individual has visited the dentist at least once during the previous plan year. Failure to do so will cause a 10 percent reduction in benefit payment the following plan year, although payment will never fall below 70 percent.

³ Moving from a constant benefit plan (6 or Exclusive PPO) to an incentive benefit plan (1 or 5) will cause the benefit level to start at 70 percent.

⁴ This plan has no out-of-network benefit. Services performed outside the Delta Dental PPO network are not covered unless for a dental emergency.

⁵ \$150 maximum, once every five years.

⁶ Orthodontic services do not apply toward the plan-year benefit maximum.

For limitations and exclusions, visit modahealth.com/oebb/members and refer to your Member Handbook.



Dental Benefits: Willamette Dental Group



For almost 50 years, Willamette Dental Group has proudly partnered with public employers throughout the Pacific Northwest, offering high quality dental care and outstanding insurance coverage to more than 400,000 patients.

Our evidence-based, proactive treatment approach to dental care focuses on what matters most: providing quality, individualized care to each patient that educates for the future rather than only solving the immediate issues at hand.

WILLAMETTE DENTAL GROUP QUICK FACTS



No annual maximum, no deductibles



Most services covered at 100% with office visit copay



Affordable orthodontic coverage for adults and children



OEBB patient satisfaction averages over 96%

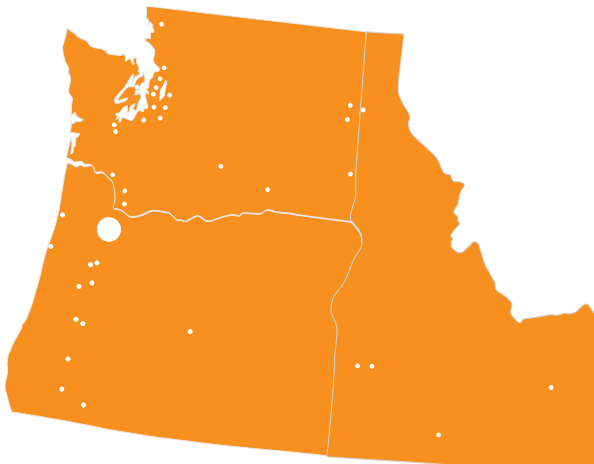


Most offices open 7AM to 6PM Mon – Fri with Saturday appointments available



Treatment philosophy focused on prevention and long-term health

MORE THAN 50 DENTAL OFFICE LOCATIONS



Locations Include:

Albany, OR	Richland, WA
Bend, OR	Roseburg, OR
Boise, ID	Salem, OR (2 locations)
Corvallis, OR	Springfield, OR
Eugene, OR	Tillamook, OR
Grants Pass, OR	Vancouver, WA
Lincoln City, OR	
Medford, OR	
Meridian, ID	
Portland Metro (multiple locations)	

Learn more about providers and locations at willamettedental.com/oebb.





Dental Benefits:

Willamette Dental Group

WILLAMETTE DENTAL GROUP PLAN BENEFIT SUMMARY

To receive the excellent benefits of the Willamette Dental Group plan, members must use a Willamette Dental Group provider at one of our more than 50 Willamette Dental Group dental office locations.

Benefits	
Annual Maximum	No Annual Maximum
Deductible	No Deductible
General Office Visit	\$20 per visit*
Diagnostic & Preventive Services	
Routine & Emergency Exams	Covered at 100%
All X-rays	Covered at 100%
Teeth Cleaning	Covered at 100%
Fluoride Treatment	Covered at 100%
Sealants (per tooth)	Covered at 100%
Periodontal Evaluation	Covered at 100%
Restorative Dentistry & Prosthodontics**	
Fillings	Covered at 100%
Stainless Steel Crown	Covered at 100%
Porcelain-Metal Crowns	Covered at 100%
Complete Upper or Lower Denture	Covered at 100%
Bridge (per tooth)	Covered at 100%
Endodontics & Periodontics**	
Root Canal Therapy	Covered at 100%
Root Planing (per quadrant)	Covered at 100%
Oral Surgery**	
Routine Extraction	Covered at 100%
Surgical Extraction	Covered at 100%
Orthodontic Services**	
Pre-Orthodontic Service	\$150***
Comprehensive Orthodontia	\$1,500
Miscellaneous**	
Nitrous Oxide (per visit)	Covered at 100%
Occlusal (Night) Guard	Covered at 100%
Athletic Mouth Guard	\$100
Out of Area Emergency Care is Reimbursed Up to \$100	

*Office visit copayment applies at each visit

**Benefit is subject to a 12 month waiting period for members who previously waived dental coverage

***Fee credited towards orthodontic copayment if patient accepts treatment plan



Dental Benefits: Kaiser

Care and coverage that fit your life

OEBB 2017–2018 benefits summary — dental

Plan benefits	Dental Plan
Dental office visit copayment*	\$20
Deductible	None
Plan year maximum	\$4,000
Oral exams, X-rays, cleaning (prophylaxis), fluoride treatments, and space maintainers	\$0
Routine fillings, inlays, and stainless steel crowns ^{1,2,3}	\$0
Simple tooth extractions ³	\$0
Surgical tooth extractions, including diagnosis and evaluation ³	\$0
Diagnosis, evaluation, and treatment of gum disease including scaling and root planing ³	\$0
Root canal and related therapy including diagnosis and evaluation ³	\$0
Gold or porcelain crowns and onlays ²	\$0
Full and partial dentures, relines, rebases ⁵	\$0
Bridge retainers and pontics ⁵	\$0
Orthodontic treatment ³	\$1,500 copay + \$20 per visit
Implants	50% (limit of 4 per lifetime)
Occlusal Guards (Night Guards)	10%

Services must be provided by a contracted Kaiser Permanente provider in order for benefits to be payable. See handbook for details.

*Office visit copayment applies at each visit, in addition to any plan copayments for services.

¹Posterior fillings paid to amalgam fee.

²Fillings are covered at 100% for all amalgam tooth surfaces, composite anteriors, and one-surface composite posteriors.

³Patients may request composite fillings, which are considered a buy up, and additional fees may apply.

⁵Benefit is subject to a 12-month benefit waiting period for late enrollees.

DENTAL FACILITIES

Portland-area dental offices

- 48** Aloha Dental Office
17675 SW Tualatin Valley Hwy.
Beaverton, OR 97003
- 49** Beaverton Dental Office
4855 SW Western Ave.
Beaverton, OR 97005
- 50** Cedar Hills Dental Office
12450 SW Walker Rd.
Beaverton, OR 97005
- 51** Clackamas Dental Office
10209 SE Sunnyside Road
Clackamas, OR 97015
- 52** Eastmoreland Dental Office
5025 SE 28th Ave.
Portland, OR 97202
- 53** Glisan Dental Office
10102 NE Glisan St.
Portland, OR 97220
- 54** Grand Avenue Dental Office
1314 NE Grand Ave.
Portland, OR 97232
- 55** Gresham Dental Office
360 NW Burnside St.
Gresham, OR 97030
- 56** North Interstate Dental Office
7201 N. Interstate Ave.
Portland, OR 97217
- 57** Oregon City Dental Office
1900 McLoughlin Blvd., Suite 68
Oregon City, OR 97045
- 58** Rockwood Dental Office
822 NE 181st Ave.
Portland, OR 97230
- 59** Sunset Dental Office
19075 NW Tanasbourne Drive
Hillsboro, OR 97124
- 60** Tigard Dental Office
7105 SW Hampton St.
Tigard, OR 97223

Vancouver-area dental offices

- 61** Cascade Park Dental Office
12711 SE Mill Plain Blvd.
Vancouver, WA 98684
- 62** Salmon Creek Dental Office
14406 NE 20th Ave.
Vancouver, WA 98686

Salem-area dental offices

- 63** North Lancaster Dental Office
2300 Lancaster Drive NE
Salem, OR 97305
- 64** Skyline Dental Office
5135 Skyline Road S.
Salem, OR 97306

Longview-area dental office

- 65** Longview-Kelso Dental Office
1230 Seventh Ave.
Longview, WA 98632

Eugene-Springfield-area dental office

- 66** Valley River Dental Office
1011 Valley River Way
Eugene, OR 97401



Vision Benefits

Kaiser Permanente
Moda Health
VSP



Vision Benefits: Kaiser

Care and coverage that fit your life

Your benefits and how to receive care

Experienced vision care

Our ophthalmologists (physicians and surgeons [MD]) provide medical and surgical eye care. Doctors of optometry (OD) provide eye exams for continued eye health and prescription eyeglasses and contact lenses. Opticians with vast experience help you select and fit the perfect pair of eyeglasses.

High quality of service and care

Kaiser Permanente Northwest’s Medicare and commercial plans received the highest rating in quality and performance among health plans in Oregon and Washington for 2015-2016 according to the National Committee for Quality Assurance (NCQA).*

We offer walk-in screenings for glaucoma and diabetic retinopathy with zero copay to help identify problems early and keep your eyes healthy.

No limitations on eye exams

Come see us when you need us. There are no restrictions on the number of times we can see you per year. We recommend regular comprehensive eye exams to help detect and avoid issues.

Glasses made locally

We manufacture your eyeglasses in our own state-of-the-art Vision Essentials optical lab in Portland, with availability for 24-hour turnaround time if needed.

Getting care

Schedule a comprehensive eye exam today by visiting kp.org or calling **1-800-813-2000** (TTY 711).

For a list of locations, please see the facilities map at the end of the Kaiser Permanente section.

*NCQA Health Insurance Plan Ratings 2015-2016. NCQA is a private, nonprofit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations. It also recognizes clinicians and practices in key areas of performance. NCQA’s HEDIS® reporting system (Healthcare Effectiveness Data and Information Set) is the most widely used performance measurement tool in health care. HEDIS® is a registered trademark of NCQA.

2017–2018 benefits summary — vision

Plan benefits	Vision Plan
Routine Eye Exam	See medical plan summary
Vision hardware allowance	\$250

** Must be enrolled in a Kaiser Medical Plan to enroll for Kaiser Vision Plan.

This is not a contract. This benefit summary does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details of your benefit coverage, exclusions and limitations, claims review, and adjudication procedures, please see your Member Handbook, also known as the Evidence of Coverage (EOC), or call Member Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.

Some members may be able to apply a supplemental benefit to their purchases. Otherwise, the services and products described here are provided on a fee-for-service basis, separate from and not covered under your health plan benefits.



Vision Benefits: Moda



Bringing it all into focus

Seeing is believing when it comes to better health. These vision plans ensure that you can focus on feeling your best.

2017–18 Vision plan benefit table

	Opal	Pearl	Quartz
Benefit maximum	\$600	\$400	\$250
	What you pay		
Eye examinations (including refraction) <i>Frequency: Once per plan year</i>		0% ¹	
Lenses ² <i>Frequency: Contacts (including disposable contacts) or one pair of lenses per plan year</i>		0% ¹	
Frames <i>Frequency: One pair per plan year for members under 17 years old. One pair every two plan years for members 17 and older.</i>		0% ¹	

¹ Subject to benefit maximum.

² Includes single vision, bifocal, trifocal or contacts.

Limitations and exclusions

- Vision exam and hardware benefits are all subject to the plan-year benefit maximum.
- Percentages shown reflect what members pay for covered vision exam, frames and lenses.
- Noncovered, excluded services are the member's responsibility and do not apply toward the plan-year maximum.

For more limitations and exclusions, visit modahealth.com/oebb/members and refer to your Member Handbook.



Vision Benefits: VSP

Your VSP Vision Benefits Summary



Oregon Educators Benefit Board (OEBB) and VSP provide you with a choice of affordable vision plans – choose the plan that's right for you.

VSP Choice Plus Plan **VSP Provider Network: VSP Choice**

VSP Choice Plan **VSP Provider Network: VSP Choice**

Benefit	Description	Copay
Your Coverage with a VSP Choice Network Provider		
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Check to see if your Costco doctor is a participating provider before making an appointment. Every 12 months 	\$10
Prescription Glasses		\$20
Frame	<ul style="list-style-type: none"> \$300 allowance for a wide selection of frames \$320 allowance for featured frame brands 20% savings on the amount over your allowance Frame allowance is equivalent to \$165 Costco® / Wal-Mart® based on Costco® / Wal-Mart® pricing Every 12 months 	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every 12 months 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> Polycarbonate lenses Scratch resistant and UV coating Anti-reflective coatings Progressive lenses Average savings of 20-25% on other lens enhancements Every 12 months 	\$0 \$0 \$15 \$15
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$300 allowance for contacts (in lieu of frames and lenses) Contact lens exam (fitting and evaluation) 15% off of contact lens exam services Every 12 months 	Up to \$60
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20
Suncare	<ul style="list-style-type: none"> \$300 allowance for ready-made non-prescription sunglasses instead of prescription glasses or contacts Every 12 months 	\$20

Benefit	Description	Copay
Your Coverage with a VSP Choice Network Provider		
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Check to see if your Costco doctor is a participating provider before making an appointment. Every 12 months 	\$10
Prescription Glasses		\$20
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance Frame allowance is equivalent to \$80 Costco® / Wal-Mart® based on Costco® / Wal-Mart® pricing Every 12 months 	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every 12 months 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> Scratch resistant and UV coating Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every 12 months 	\$0 \$55 \$95 - \$105 \$150 - \$175
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts (in lieu of frames and lenses) Contact lens exam (fitting and evaluation) 15% off of contact lens exam services Every 12 months 	Up to \$60
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20
Suncare	<ul style="list-style-type: none"> \$150 allowance for ready-made non-prescription sunglasses instead of prescription glasses or contacts Every 12 months 	\$20

Extra Savings	Glasses and Sunglasses	
	<ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP Choice Network provider within 12 months of your last WellVision Exam. 	
	Retinal Screening	
	<ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 	
	Laser Vision Correction	
	<ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 	

Your Coverage with Out-of-Network Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP Choice Network Provider

Exam	up to \$45	Lined Trifocal Lenses	up to \$65	Contacts	up to \$105
Single Vision Lenses	up to \$30	Progressive Lenses	up to \$50	Frame	up to \$70
Lined Bifocal Lenses	up to \$50				

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.
 1. Brands/Promotion subject to change. ©2017 Vision Service Plan. All rights reserved. VSP, VSP Vision care for life, Eyeconic, and WellVision Exam are registered trademarks, and VSP Diabetic Eye Care Plus Program is a service mark of Vision Service Plan. All other brands or marks are the property of their respective owners. 9979 VCCM



Optional Benefits

The Standard
(Life & Disability Insurance)

Unum (Long Term Care)

Reliant Behavioral
Health (EAP)



Optional Benefits

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.

The Standard: Life and Disability Insurance

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 Benefits

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

Unum: 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 Benefits

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.



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 OEBB Long Term Care

UNUM Life Insurance Company of America

1-800-227-4165

<https://w3.unum.com/enroll/OEBB002/index.aspx>



Optional Benefits

Reliant Behavioral Health (RBH): Employee Assistance Program (EAP)

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: OEBB



Tools and Resources

Where do I go to enroll? www.OEBBenroll.com

Questions? We are here to help!

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 Monday, September 4 for Labor Day. The MyOEBB enrollment system will not be available 8:00 p.m. Thursday, Aug 31 until 9:00 a.m. Friday, Sept 1 due to monthly billing processes. Please plan your enrollment activities accordingly.

Provider	Contact	Website
Kaiser Permanente	866-223-2375	my.kp.org/oebb
Moda Health/Delta Dental	866-923-0409	www.modahealth.com/oebb
Reliant Behavioral Health	866-750-1327	www.myrbh.com
The Standard Insurance	866-756-8115	www.standard.com/mybenefits/oebb
Unum	800-227-4165	www.unuminfo.com/oebb
VSP	800-877-7195	www.vsp.com
Willamette Dental Group	800-460-7644	www.willamettedental.com/oebb



OREGON EDUCATORS BENEFIT BOARD

500 Summer Street NE, E-88
Salem, OR 97301-1063
888-4MY-OEBB (888-469-6322)
OEBB.benefits@state.or.us
www.OEBBinfo.com



Important! Sept. 15th deadline for MOST members
Open Enrollment dates may vary. Verify your Open Enrollment period with your employer.