



Oregon Educators Benefit Board

2011-12 Plan Year

Clackamas ESD – September 1, 2011
Lynn Hanson, Contracts Coordinator

Oregon
Health
Authority

Agenda

- New for 2011-12
- Definitions for Some Common Benefit Terms
- Benefit Changes
- 2011-12 Rate Changes
- Upcoming Dependent Eligibility Verification
- How to Choose a Medical Plan That Best Meets Your Needs
- Overviews by Available Carriers and Vendors

New for 2011-12

All Medical Plans

- **Weight Watchers benefit expanded to covered dependents** (age restrictions apply)

OEBB-dedicated number
to participate or renew

1-866-531-8170

New for 2011-12

All Medical Plans

- **Hearing aids covered for all ages**

Up to \$4,000 every 4 years

- **Bone-anchored hearing aids now covered**

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2011-12 Medical Plan Designs



Plan Number	Plan Type	Network	OV copay/coinsurance			Hospital Copay	Outpatient Surgery	Deductible	Emergency Department	Lab & X-Ray	Urgent Care	Coinsurance	OOP Max
			Preventive	Primary ^{1,2}	Specialist								
1	HMO	In	\$0	\$15	\$25	\$100 per day, \$500 max	\$75	N/A	\$100	\$15	\$35	N/A	\$1,200
		Out	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Note: Family out-of-pocket maximums = up to 2x the individual amounts

N/A = Not Applicable

¹ Applies to alternative care

² Alternative care maximum \$2,000 annually



Plan Number	Network	OV copay/coinsurance				Emergency Department	Urgent Care	Testing copay		Additional Payments ³			Deductible	Coinsurance	OOP Max
		Preventive	Incentive	Primary ^{1,2}	Specialist			Lab & X-Ray	Sleep Studies ³ , Upper Endoscopy & Imaging (CT, PET, MRI)	Surgical	DME	Additional Cost Tier			
2	In	\$0	\$10	\$15	20%	\$100+20%	\$50	20%	\$100	20%	20%	\$500	\$100	20%	\$1,200
	Out	50%	50%	50%	50%	\$100+20%	\$50	50%	\$100	50%	50%	\$500	Combined w/ In	50%	\$2,400

Note: Family out-of-pocket maximums = up to 3x the individual amounts

N/A = Not Applicable

¹ Applies to alternative care

² Alternative care maximum \$2,000

³ Additional payments do not apply to out-of-pocket maximums and is in addition to the deductible and coinsurance

Medical Plans



- ODS Medical Plans 5 & 7
 - Annual maximum out-of-pocket is limited to 3x individual amount for families
 - Upper endoscopy subject to \$100 additional copay versus \$500 additional cost tier



ODS Medical Plans 5 & 7

Plan Number	Plan Type	Network	OV copay/coinsurance				Emergency Department	Urgent Care	Lab & X-Ray	Deductible	Coinsurance	OOP Max	Additional Payments ³	Additional Cost Tier ³
			Preventive	Incentive	Primary ^{1,2}	Specialist							Sleep Studies, Upper Endoscopy & Imaging	
5	PPO	In	\$0	\$10	\$25	20%	\$100+20%	\$50	20%	\$300	20%	\$2,000	\$100	\$500
		Out	50%	50%	50%	50%	\$100+20%	\$50	50%	Combined w/ In	50%	\$4,000	\$100	\$500
7	PPO	In	\$0	20%	20%	20%	\$100+20%	20%	20%	\$500	20%	\$2,200	\$100	\$500
		Out	50%	50%	50%	50%	\$100+20%	20%	50%	Combined w/ In	50%	\$4,400	\$100	\$500

Note: Family out-of-pocket maximums = up to 3x the individual amounts

N/A = Not Applicable

¹ Applies to alternative care

² Alternative care maximum \$2,000

³ Additional payments do not apply to out-of-pocket maximums and is in addition to the deductible and coinsurance

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2011-12 Pharmacy Plan Designs

Pharmacy Plans



Plan Number	Carrier	Plan Type	Retail				Mail				Out-of-pocket Maximum (per person)
			Value	Generic	Preferred ¹	Non-Preferred	Value	Generic	Preferred ¹	Non-Preferred	
1	Providence	POS	\$4	\$8	\$25	50%	\$8	\$16	\$50	50%	\$1,100

N/A = Not Applicable

¹Including "branded generics"

Pharmacy Plans

- Annual maximum out-of-pocket increased to \$1,100 per person – all OEBB pharmacy plans



Plan Number	Carrier	Plan Type	Retail				Mail				Out-of-pocket Maximum (per person)
			Value	Generic	Preferred ¹	Non-Preferred	Value	Generic	Preferred ¹	Non-Preferred	
B	ODS	PPO	\$4	\$8	\$25	50%	\$8	\$16	\$50	50%	\$1,100

N/A = Not Applicable

¹Including "branded generics"

Pharmacy Plans



KAISER PERMANENTE®

Plan Number	Carrier	Plan Type	Retail				Mail				Out-of-pocket Maximum (per person)
			Value	Generic	Preferred	Non-Preferred	Value	Generic	Preferred	Non-Preferred	
1	Kaiser	HMO	N/A	\$5	\$25	\$25 ¹	N/A	\$10	\$50	\$50 ¹	\$1,100

N/A = Not applicable

¹ With exception

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2011-12 Dental Plan Designs

Dental & Orthodontia Plans



- ODS Dental Plan 1 -- No changes
- Orthodontia lifetime maximum increased from \$1,500 to \$1,800

Plan Number	Carrier	Deductible (per person)	Preventive (deductible waived)	Restorative	Major Services	Prosthodontics	Annual Maximum (per person)
1	ODS	\$50	70% + 10% per year	70% + 10% per year	70% + 10% per year	70% + 10% per year	\$2,200

ORTHODONTIA

Plan Name	Copay	Deductible	Coinsurance	Lifetime Maximum
ODS	N/A	N/A	80%	\$1,800

Kaiser Permanente Dental Plan 8



Plan Number	Carrier	Deductible (per person)	Preventive (deductible waived)	Restorative	Major Services	Prosthodontics	Annual Maximum (per person)
8	Kaiser	None	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	None

ORTHODONTIA

Plan Name	Copay	Deductible	Coinsurance	Lifetime Maximum
Kaiser - Option B	\$1,500+\$10 visit	N/A	NA	N/A

Willamette Dental Plan 8



Plan Number	Carrier	Deductible (per person)	Preventive (deductible waived)	Major Services	Prosthodontics	Annual Maximum (per person)	Orthodontia
8	Willamette Dental	None	\$20 per visit	\$20 per visit	\$20 per visit	None	\$1,500 + \$20 visit

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2011-12 Vision Plan Designs

Vision Plans



Plan Number	Carrier	Plan Year Maximum	Routine Eye Exam	Lenses					Frames
				Single Vision	Bifocal	Lenticular	Trifocal	Contact Lenses	
5	Kaiser	See Allowances	\$5 copay	up to \$58.50	Up to \$86.00	up to \$86.00	up to \$109.00	up to \$192.50	up to \$75.00

Vision Plans



- New- ODS Vision Plan 4– an improved benefit to \$600 per Plan Year

Plan Number	Carrier	Plan Year Maximum	Routine Eye Exam	Lenses					Frames
				Single Vision	Bifocal	Lenticular	Trifocal	Contact Lenses	
4	ODS	\$600	100%	100%	100%	100%	100%	100%	100%

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2011-12 Rate Information

OEBB Administrative Fee for 2011-12

- ✓ Reduced from 0.95 percent to 0.85 percent

The Standard – No increases

Basic & Optional Life Insurance


Optional Short-term and Long-term Disability


Unum – No increase


Optional Long-term Care

Dental Rate Renewals 2011-12

(Dental trend from 2011 Trend Survey 6.0%)


	<i>Plan</i>	<i>Final Renewal</i>
 KAISER PERMANENTE	Plan 8	0.00%


	<i>Plan</i>	<i>Final Renewal</i>
 WILLAMETTE DENTAL	Plan 8	-4.15%

	<i>Plan</i>	<i>Final Renewal</i>
	Plan 1	-0.18%

Vision Rate Renewals 2011-12




(Vision trend from 2011 Trend Survey 3.0%)

	<i>Plan</i>	<i>Final Renewal</i>
	Plan 5	0.00%

	<i>Plan</i>	<i>Final Renewal</i>
	Plan 4	4.9%

Medical & Pharmacy Rate Renewals 2011-12

(Medical/pharmacy trend from 2011 Trend Survey for HMOs = 9.9% and PPOs = 11.5%)

	<i>Plan</i>	<i>Final Renewal</i> ¹
	Plan 2	2.58%
	Plan 2A	-0.78%
	<i>Plan</i>	<i>Final Renewal</i> ¹
	Plan 1	9.32%
	Plan 1A	4.53%
	<i>Plan</i>	<i>Final Renewal</i> ¹ <i>Rx Plan A</i>
	Plan 3	9.23%
	Plan 5	7.64%
	Plan 7	8.07%
	Plan 9	4.58%

¹ Includes ERRP buy-down and the addition of dependent Weight Watchers, coverage for hearing aids and coverage for bone-anchored hearing aids

Other news for upcoming plan year

- OEBB will perform a dependent eligibility verification review in early 2012
- Every employee is strongly encouraged to review and confirm each dependent's eligibility during the open enrollment period and remove any dependents (spouse/domestic partner, child) that do not meet the eligibility criteria
- If an ineligible dependent is identified prior to, during, or following the 2011 open enrollment period, coverage may be terminated retroactively to the date of ineligibility and all payments for claims can be recovered by the carrier. An employee who knowingly covers an ineligible dependent will also lose his or her right to OEBB coverages for up to 12 months.
- Employees randomly selected for the review (in January or February 2012) will be required to provide documentation supporting each dependent's eligibility (e.g., a marriage certificate for a covered spouse, birth certificate for natural and step children, adoption papers for an adopted child, legal guardianship documents for children other than natural born, step and/or adopted, etc.)

Other news for upcoming plan year

- OEGB is participating in a wellness collaborative known as the School Employee Wellness Workgroup (SEW)
- Workgroup includes representatives from districts, community colleges, OEAC Choice Trust, Kaiser, ODS, Providence and Public Health
- Goal of the SEW is to “By June 2012, create a culture of health by increasing the number of active wellness programs in Oregon schools by 25 percent” by:
 - Sharing success stories from wellness efforts and programs already in place in Oregon’s schools
 - Identifying and sharing resources available to assist districts with setting up and administering wellness programs, including benefits available through OEGB medical plans, material/resources available on web sites and grants



How to select a medical plan that best fits your needs!

Step 1 – Estimate your health care costs!

- ✓ Use Explanation of Benefit (EOB) documents for the past three years, if available
 - Past claims information is available through MyODS
- ✓ Consider any planned medical treatments, services and/or hospital visits

Step 2 -- Identify what all plan options have in common!

- All OEBB medical plan options:
 - ✓ Cover the same services (e.g., office visits, ER visits, medically necessary tests, treatments and procedures)
 - ✓ Include tobacco cessation coverage
 - ✓ Include weight management coverage
 - ✓ Cover preventive services at 100 percent when using in-network providers

Step 3 – Identify the differences in the plans!

Premiums, deductibles, copayments and annual maximum out-of-pocket amounts vary by plan

OEBB medical plans 2-5:

- Have higher benefit levels for **Incentive Office Visits** (office visits when managing asthma, diabetes, high blood pressure, high cholesterol)

OEBB medical plans 2-8

- Require additional copayments for CT scans, MRIs, sleep studies, knee and hip replacements, shoulder surgeries, knee arthroscopies and back surgery

Step 4 – Go to the OEBB website!

OEBB created a cost calculator and plan comparison tool

Go to: www.oregon.gov/OHA/OEBB

Open Enrollment Has Begun!



To help you make your Open Enrollment selections, we have a [Benefits Comparison and Calculator](#) tool available online. Just click the [link](#) and you can create different combinations of medical, dental and vision plans and compare the plan details and monthly premiums side-by-side. You can also print your customized comparison or save it as a pdf file.

For other Open Enrollment assistance, you can use the menu on the left side of this page to visit our "Tools & Resources" page, read answers to frequently asked questions on the "FAQs" page, or use the "MyOEBB" link to log into the system and make your selections!

Try our new Benefits Comparison and Calculator tool

Step 4 – Other considerations

- ✓ Will you contribute your premium savings to an FSA, or place those savings in a regular savings account?
- ✓ Consider your tolerance for risk – what if the worst-case scenario did happen?

Questions?

Contact OEBB Member Services

Phone: 888-469-6322 (888-4My-OEBB)

Email: oebb.benefits@state.or.us

Website: www.oregon.gov/OHA/OEBB

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