

LANE EDUCATION SERVICE DISTRICT



~ Licensed and Classified Benefit Plan Summaries ~

Plan Year 2019 - 2020



This summary of benefits was designed to provide information to employees about benefits provided by or through Lane Education Service District. As summaries, they are necessarily brief and do not represent all of the provisions, limitations or exclusions of the governing contracts. Please review your member handbooks available online at <https://www.oregon.gov/oha/OEBB/Pages/Handbooks.aspx>.

SOURCES OF ASSISTANCE

Lane ESD – Benefits Assistance

- Web Site www.lesd.k12.or.us/benefits
- Phone Number **541-461-8202**
- Address 1200 Highway 99 North, Eugene, OR 97402
- Human Resources Contact Chris Antonetti

Oregon Educators Benefit Board (OEBB)

- Web Site www.oregon.gov/oha/oebb
- Customer Service Number **888-469-6322**

Moda Health Plan – Medical, Pharmacy, Dental & Vision – Group # 10006673

- Web Site www.modahealth.com/oebb
- Customer Service Number – Medical & Vision **866-923-0409**
- Customer Service Number – Pharmacy **866-923-0411**
- Customer Service Number – Dental **866-923-0410**

Kaiser - Medical & Dental – Group # 18050

- Web Site <https://my.kp.org/oebb/>
- Customer Service Number **800-813-2000**

Willamette Dental Plan – Dental – Group # W02064C6

- Web Site www.willamettedental.com/oebb
- Customer Service Number **800-460-7644**

Standard Insurance - Life & Disability – Group # 646595

- Web Site www.standard.com/mybenefits/oebb
- Customer Service Number **866-756-8115**

Unum – Long Term Care – Policy #148198

- Web Site <http://unuminform.com/oebb/>
- Customer Service Number **800-227-4165**

Chard Snyder - Section 125 Plan & Health Reimbursement Accounts (HRA)

- Web Site www.chard-snyder.com
- Customer Service Number **800-982-7715**
- Fax for Claims **888-245-8452**

Optum – Health Savings Account (HSA)

- Web Site <https://mycdh.optum.com>
- Customer Service Number **877-470-1771**

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

- Web Site www.myrbh.com
- Access Code **OEBB**
- Customer Service Number **866-750-1327**

LANE ESD BENEFITS COMMITTEE

Committee Facilitator:

Carol Knobbe, Assistant Superintendent
541-461-8264

Committee Members:

Lisa Baber, Administrative Assistant, Payroll
541-461-8263

Chris Antonetti, Analyst, Human Resources
541-461-8202

Trace Mansfield, Speech/Language Therapist, Special Education
541-461-8365

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541-461-8213

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541-461-8330

An online version of this Benefits Summary can be found on the Lane ESD website:
<http://www.lesd.k12.or.us/benefits/index.html>

SPECIAL NOTES REGARDING PLAN BENEFITS

DEPENDENT ELIGIBILITY

Biological, step and adopted children through age 25 are eligible for coverage under OEBC benefit plans. Eligible employees also may obtain coverage for dependent children that are legal wards of the court or that they, their spouses, or domestic partners are required to support.

Dependent children older than age 25 are eligible for benefit coverage if they are incapable of self-sustaining employment because of a developmental disability, mental illness, or physical disability and were covered under an educational entity plan prior to reaching the age of 26.

PRE-EXISTING CONDITIONS

There are no limitations on pre-existing conditions. There is a 24-month waiting period for organ transplants. This waiting period can be waived or reduced by documentation of prior organ transplant coverage under other creditable coverage in the 24 months prior to the beginning of this OEGB coverage.

DENTAL OPEN ENROLLMENT INFORMATION

If you do not enroll yourself and/or your eligible dependents within 31 days (60 days for newborn children and an adopted child or a child placed for adoption) of first becoming eligible you will be considered a “late enrollee” and must wait for the next Open Enrollment period to enroll. Late Enrollees have a 12-month waiting period; and are only eligible for Class 1 – Preventive Services during the first 12 continuous-months of enrollment. Late Enrollees have a 12-month waiting period for orthodontic services.

PREMIUM DEDUCTIONS FOR 10-MONTH EMPLOYEES

Employees that work 10-months (160-210 days) per year and choose to receive 10 paychecks per year will have their annual (September – August) out of pocket insurance premium divided equally across 10 paychecks.

MEDICAL, DENTAL, VISION AND LIFE INSURANCE ENROLLMENT OPTIONS

Eligible employees have two (2) enrollment options as follows:

Option # 1

Employees may choose up to one (1) Medical/Rx Plan; one (1) Dental Plan; and one (1) Vision Plan. Employees may also choose not to enroll in either a Dental Plan or a Vision Plan or both. (For example, an employee may enroll in a medical plan and vision plan and elect not to enroll in a dental plan or an employee may enroll in a medical plan only and elect not to enroll in either a dental or vision plan.)

Option # 2

Employees may choose to waive/decline benefits. Waiving or declining benefits means that an individual elects not to enroll in any one or all of the benefit plans available under the OEGB-sponsored benefits program and is not eligible to receive any portion of a cash contribution or other type of remuneration.

EMPLOYEE HEALTH PLAN MONTHLY PREMIUM SHARE

Eligible employees are responsible for health-related insurance premiums over the **District’s maximum contribution of:**

Employee Only	Employee & Spouse/Partner	Employee & Child(ren)	Family
\$584	\$1,276	\$1,115	\$1,810

The District’s contribution covers:

- Medical
- Dental
- Vision
- Long-term disability

All other coverages are at the **employee’s** expense. These coverages include:

- Short Term Disability
- Additional (Optional) Life Insurance
- Additional (Optional) AD&D
- Long Term Care
- Flexible Spending Accounts (FSAs)
- Tax Sheltered Annuities (TSAs)

OEBB PREMIUM RATES

The employee portion of the 2019-20 plan year premium will be based on the insurance selections made. Below is a chart showing the monthly medical, dental, vision and life insurance plans and rates available to choose from. The premium share will be automatically deducted from paychecks on a pre-tax basis through our Section 125 Cafeteria Plan. If you **do not** wish to have your health-related insurance premium deducted on a pre-tax basis you must contact Human Resources. (See Section 125 Plan information).

Moda Medical & Pharmacy	Plans	Employee Only	Employee + Spouse/Partner	Employee + Child(ren)	Family
	Moda Medical Plan 1	\$678.31	\$1,492.27	\$1,288.81	\$2,102.80
	Moda Medical Plan 2	\$631.05	\$1,388.30	\$1,199.01	\$1,956.28
	Moda Medical Plan 3	\$593.23	\$1,305.10	\$1,127.17	\$1,839.05
	Moda Medical Plan 4	\$562.96	\$1,238.52	\$1,069.66	\$1,745.23
	Moda Medical Plan 5	\$520.55	\$1,145.21	\$989.06	\$1,613.73
	Moda Medical Plan 6 (optional HSA)	\$533.09	\$1,172.79	\$1,012.89	\$1,652.61
	Moda Medical Plan 7 (optional HSA)	\$497.53	\$1,094.57	\$945.33	\$1,542.38
Moda Medical & Pharmacy - Select	Plans	Employee Only	Employee & Spouse/Partner	Employee & Child(ren)	Family
	Moda Medical Plan 1 Select	\$678.31	\$1,492.27	\$1,288.81	\$2,102.80
	Moda Medical Plan 2 Select	\$631.05	\$1,388.30	\$1,199.01	\$1,956.28
	Moda Medical Plan 3 Select	\$587.82	\$1,293.22	\$1,116.88	\$1,822.31
	Moda Medical Plan 4 Select	\$548.61	\$1,206.94	\$1,042.38	\$1,700.73
	Moda Medical Plan 5 Select	\$520.55	\$1,145.21	\$989.06	\$1,613.73
	Moda Medical Plan 6 Select (optional HSA)	\$499.12	\$1,098.04	\$948.33	\$1,547.27
	Moda Medical Plan 7 Select (optional HSA)	\$482.91	\$1,062.39	\$917.53	\$1,497.03
Kaiser Medical	Plans	Employee Only	Employee & Spouse/Partner	Employee & Child(ren)	Family
	Kaiser HMO - Plan 1	\$659.42	\$1,450.73	\$1,252.90	\$2,044.20
	Kaiser HMO - Plan 2	\$544.97	\$1,199.71	\$1,035.40	\$1,690.23
	Kaiser HMO - Plan 3 (optional HSA)	\$397.93	\$875.96	\$755.75	\$1,233.82
Delta Dental	Plans	Employee Only	Employee & Spouse/Partner	Employee & Child(ren)	Family
	Plan 1 w/Orthodontia	\$66.48	\$131.70	\$146.45	\$216.88
	Plan 5 w/Orthodontia	\$58.67	\$116.22	\$129.25	\$191.41
	Plan 6 (no orthodontia)	\$43.89	\$86.90	\$88.20	\$134.74
	Exclusive PPO Plan	\$39.22	\$77.70	\$86.40	\$127.96
Willamette Dental	Plan	Employee Only	Employee & Spouse/Partner	Employee & Child(ren)	Family
	Willamette Dental Plan 8 w/ Orthodontia	\$47.39	\$93.88	\$99.90	\$150.09
Kaiser Dental	Plan	Employee Only	Employee & Spouse/Partner	Employee & Child(ren)	Family
	Kaiser Dental Plan w/Orthodontia	\$73.07	\$160.77	\$138.84	\$226.53
Moda Vision	Plans	Employee Only	Employee & Spouse/Partner	Employee & Child(ren)	Family
	Opal	\$24.26	\$53.33	\$46.03	\$75.14
	Pearl	\$19.79	\$43.61	\$37.65	\$61.43
	Quartz	\$13.98	\$30.79	\$26.57	\$43.35
VSP	Plans	Employee Only	Employee & Spouse/Partner	Employee & Child(ren)	Family
	VSP Choice Plus	\$18.80	\$41.37	\$35.73	\$58.29
	VSP Choice	\$9.15	\$20.12	\$17.37	\$28.34
Kaiser Vision	Kaiser Vision Plan	\$8.34	\$18.34	\$15.83	\$25.83
Standard Life	Mandatory Enrollment Standard Life Plan 6 - \$25,000	\$2.60			

LIFE INSURANCE, ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) AND LONG TERM DISABILITY

Eligible employees are automatically enrolled in *Life Insurance, Accidental Death & Dismemberment Plan (AD&D)* and a *Long Term Disability Plan*. These plans are provided by Lane ESD at **no cost to employees**. See page 8 for a link to the summary of these benefits.

OPTIONAL (VOLUNTARY) LIFE, AD&D AND SHORT TERM DISABILITY ENROLLMENT

Eligible employees have the option of enrolling themselves and/or a family member in Voluntary Life, AD&D and/or Short Term Disability Insurance coverage. The premiums for these plans are not included in the district contribution and are the responsibility of the employee. See page 8 for a link to the summary of these benefits.

OPTIONAL LIFE INSURANCE (STANDARD INSURANCE)

Optional Employee Life Plan -Optional Life benefits for employees are guaranteed issue for amounts up to and including \$100,000 if the employee enrolls when initially eligible for OEBC coverage. Amounts above the guaranteed issuance will require approval by Standard.	Monthly Rate Per Each \$10,000 of Benefit		
	Age as of each October	If employee HAS NOT used tobacco in the past 12 months	If employee HAS used tobacco in the past 12 months
Under 25	\$0.340	\$0.500	
25 – 29	\$0.383	\$0.600	
30 – 34	\$0.425	\$0.800	
35 – 39	\$0.595	\$0.900	
40 – 44	\$0.850	\$1.216	
45 – 49	\$1.275	\$1.802	
50 – 54	\$1.955	\$2.754	
55 – 59	\$3.655	\$5.041	
60 – 64	\$5.610	\$7.684	
65 – 69	\$10.795	\$14.467	
70 – 74	\$12.580	\$20.600	
75+	\$17.510	\$22.440	

Optional Spouse Life Plan -Optional Life benefits for spouse/partner are guaranteed issue for amounts up to and including \$30,000 if the employee enrolls the eligible spouse/partner when initially eligible for OEBC coverage. Amounts above the guaranteed issuance, or coverage requested during future enrollment periods will require approval by Standard.	Monthly Rate Per Each \$10,000 of Benefit		
	Age as of each October 1	If spouse HAS NOT used tobacco in the past 12 months	If spouse HAS used tobacco in the past 12 months
Under 25	\$0.468	\$0.675	
25 – 29	\$0.558	\$0.801	
30 – 34	\$0.747	\$1.071	
35 – 39	\$0.846	\$1.224	
40 – 44	\$1.000	\$1.494	
45 – 49	\$1.500	\$2.268	
50 – 54	\$2.300	\$3.339	
55 – 59	\$4.250	\$5.877	
60 – 64	\$6.420	\$8.802	
65 – 69	\$12.270	\$16.461	
70 – 74	\$14.710	\$20.600	
75+	\$20.600	\$43.542	

Optional Child Life Plan - Optional Child Life benefits are available on a guaranteed issue basis for all amounts if the employee enrolls the eligible child in the plan when initially eligible for OEBC coverage.	Rate (per \$2,000 of benefit)	\$0.100

OPTIONAL ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) (STANDARD INSURANCE)

Optional Employee AD&D Plan	\$10,000 - \$500,000 Maximum Benefit	
	Rate (per \$10,000 of benefit)	\$0.20

Optional Spouse/Partner AD&D Plan	\$10,000 - \$500,000 Maximum Benefit	
	Rate (per \$10,000 of benefit)	\$0.20

Optional Child AD&D Plan	\$2,000 - \$10,000 Maximum Benefit	
	Rate (per \$2,000 of benefit)	\$0.04

OPTIONAL SHORT-TERM DISABILITY (STANDARD INSURANCE)

Optional Short-Term Disability Plan 5	Elimination Period (days)	14
	Benefit Duration (days)	60
	Maximum Weekly Benefit	\$1,500
	Benefit Percentage	66.66%
	Premium = average monthly wage x this rate	.00508

LONG TERM CARE

Long-term care helps people of any age with their medical needs or daily activities over a long period of time. Long-term care can be provided at home or in various types of facilities.

More information, and a cost calculator, can be found on the Unum website: [Unum Long-Term Care Insurance Plan](http://unuminfo.com/oebb002/index.aspx) (<http://unuminfo.com/oebb002/index.aspx>)

FLEXIBLE SPENDING ACCOUNT

Our Flexible Spending Account (FSA) Section 125 Cafeteria Plan is administered by Chard Snyder. You may enroll for payroll deductions for Unreimbursed Health Related Expenses or for Dependent Care Reimbursement. Employees who are currently enrolled in a Health Savings Account (HSA), may enroll in a limited FSA to pay for Unreimbursed Dental and Vision Related Expenses. Please review the Chard Snyder website for more details. Any premium share for health plan coverage paid by employees will be automatically deducted from paychecks on a pre-tax basis without the necessity of re-enrolling or enrolling in the plan by signature. This benefit results in Federal, State and FICA tax savings on your portion of the health insurance. The Section 125 Summary Plan Description will explain the Plan in greater detail. Our plan year is October 1 through September 30.

Employees will automatically be enrolled in the Benny prepaid benefit card program through Chard Snyder. The benefits card is an easy way to keep cash in your pocket while using your FSA. It gives you an easy, automatic way to pay for qualified healthcare expenses not covered by your health insurance. Each time you incur a qualified healthcare expense at a health-related business (like a participating pharmacy or doctor's office) that accepts MasterCard®, simply use your benefits card. The amount of your qualified purchases will be deducted automatically and the pre-tax dollars are electronically transferred to the provider for immediate payment.

HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is a tax-advantaged account established to pay for qualified medical expenses for those who are covered under a High Deductible Health Plan. With money from this account, you pay for healthcare expenses until your deductible is met. Then, in accordance with the terms of your healthcare plan, your insurance company pays for covered expenses in excess of your deductible. Any unused funds are yours to retain in your HSA and accumulate toward your future healthcare expenses or your retirement.

An eligible individual is anyone who:

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

The HSA can be used:

- to pay for qualified medical, dental, vision and prescription drug expenses, including over-the counter drugs that have been prescribed by a doctor, as defined in IRS Publication 502
- as supplemental income, but money withdrawn is taxable and if you are under age 65, it will be subject to a 20% penalty.

Lane ESD and Employee Contributions to the HSA:

If an employee elects to enroll in MODA Medical Plans 6 or 7 (PPO or Select) with an HSA, or Kaiser Plan 3 with an HSA, the HSA account will be funded by Lane ESD based on the difference between the district's contribution and the premium cost of the plans selected.

- The plan year for the HSA will be October 1 through September 30. If you begin employment or terminate employment mid-plan year, your HSA balance for the plan year will be reduced by the number of whole months that you are not eligible for the plan. For example: if you begin coverage in the Moda Medical Plan 7 on October 1st but you terminate your employment April 15th, your annual balance will be reduced 5 months x HSA amount.
- All expenses considered "medically necessary" by the IRS Section 125 Codes will be considered valid expenses for the use of the HSA account. **You will need to maintain all receipts for IRS record keeping and for verification by US Bank.**
- If you participate in MODA, or MODA Select, Medical Plans 6 or 7 with an HSA, or Kaiser Plan 3 with an HSA, you will be eligible to participate in a Limited Flexible Spending Account (LFSA).
- HSA funds are accessible the month following enrollment.
- You may contribute additional funds on a tax free basis. The **2019** tax year limits are: Single coverage - \$3,500 including any employer contribution; Family coverage (2 or more people on your policy) - \$7,000 including any employer contribution. The **2020** tax year limits are: Single coverage – \$3,550 including any employer contribution; Family coverage (2 or more people on your policy) - \$7,100 including any employer contribution.
- Contributions will not be due nor contributed until you have completed the account set up/identity verification process with Optum or your selected HSA account provider activates your account.

~ Links to Oregon Educators Benefit Board (OEBB) Plan Summaries ~

Medical Plan Benefit Summaries

[Health Plan Comparison Booklet and Summaries](#)

Vision Plan Benefit Summary

[Moda, Kaiser and VSP Vision Plans](#)

Dental Plan Benefit Summaries

[Moda Health and Kaiser Dental Plans](#)

[Willamette Dental Plan Summary and Member Handbook](#)

Life, AD&D, and Disability Plan Benefit Summary

[Standard Insurance Company Life and AD&D Insurance Plans](#)

Life and AD&D insurance is designed to help protect your loved ones in the event of your death. Since everyone's needs are different, you can select an amount of protection you feel will best meet the needs of your family.

[Standard Insurance Company Long-Term Disability](#)

Long Term Disability (LTD) insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. Benefits begin 60 days after disability and continue until recovered or Medicare eligible. This LTD benefit replaces a portion of your income, helping you to meet your financial commitments in a time of need.

[Standard Insurance Company Short-Term Disability](#)

Short Term Disability (STD) insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. Benefits begin 14 days after disability and continue for 60 days. This STD benefit replaces a portion of your income, helping you to meet your financial commitments in a time of need.

Long-Term Care Plan Benefit Summary

[Unum Long-Term Care Insurance Plan](#)

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.

Employee Assistance Program Benefit Summary

[Reliant Behavioral Health Employee Assistance Program \(EAP\)](#)

Reliant Behavioral Health is a licensed specialized health care plan. They offer an employee assistance program focused on high levels of service including: Comprehensive, flexible and effective EAP programs that deliver value to employees and their families; Quick and easy access to highly qualified, licensed, and experienced EAP clinicians with expertise in marriage and family counseling, substance abuse and crisis support; Personalized consultations, resources and referrals for employees struggling to balance the demands of work and family.
