

# LANE EDUCATION SERVICE DISTRICT



## *~ Licensed and Classified Benefit Plan Summaries ~*

*Plan Year 2023 - 2024*



*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](http://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](http://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](http://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](http://www.willamettedental.com/oebb)
- Customer Service Number **800-460-7644**

### **Standard Insurance - Life & Disability – Group # 646595**

- Web Site [www.standard.com/mybenefits/oebb](http://www.standard.com/mybenefits/oebb)
- Customer Service Number **866-756-8115**

### **Unum – Long Term Care – Policy #148198**

- Web Site <https://unuminfo.com/OEBB002/index.aspx>
- Customer Service Number **800-227-4165**

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

- Web Site [www.chard-snyder.com](http://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**

### **Uprise Health – Employee Assistance Program (EAP)**

- Web Site <https://members.uprisehealth.com/>
- Access Code **OEBB**
- Customer Service Number **866-750-1327**

## **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. There are some exceptions, please see a complete version of OEBC's eligibility rules at <https://www.oregon.gov/oha/OEBC/Pages/Eligibility.aspx>.

### **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 OEBC 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.

### **MEDICAL INSURANCE "OPT-OUT"**

Employees who are eligible for benefits may "Opt-Out" of insurance coverage and receive a monthly financial incentive of \$300 from Lane ESD under the following conditions:

- The employee and their eligible dependents **MUST** have other employer-sponsored group coverage to "Opt-Out".
- Participation or enrollment in Individual Marketplace Coverage, Oregon Health Plan, Medicaid, Veterans' Administration Benefit Programs, or Student Health Insurance, does **NOT** qualify for OEBC "Opt-Out", therefore are not eligible to receive financial incentive.
- Employees who "Waive" are not eligible to receive this financial incentive regardless of whether or not they have other medical coverage.
- The employee must provide proof of other equivalent group coverage within 5 business days of signing the "Opt-Out" form or the "Opt-Out" will not be in effect.

Employees who "Opt-Out" of medical coverage will **not** be eligible for Lane ESD's Employee Health Plan Monthly Premium Share.

Employees may elect to enroll themselves and their dependents in the following coverages at their own expense: Dental, Vision, optional insurances such as additional Life Insurance, additional Accidental Death and Dismemberment Insurance, Long-Term Care Insurance, or Short Term Disability.

Lane ESD will continue to provide \$25,000 in Basic Life Insurance, \$25,000 in Accidental Death and Dismemberment Insurance, and Long-Term Disability Insurance.

### **PREMIUM DEDUCTIONS FOR 10-MONTH EMPLOYEES**

Employees who 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.

*Note: An online version of this 2023-2024 Licensed and Classified Benefits Summary can be found on the Lane ESD website: <https://lesd.k12.or.us/hr/benefits/>*

## 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 OEBC-sponsored benefits program.

### Option #3

As outlined on the previous page, employees who are covered under other employer-sponsored group coverage may “Opt-Out” of medical insurance and receive a monthly financial incentive of \$300 from Lane ESD. Dental, vision and other insurance may be purchased at their own expense.

## EMPLOYEE HEALTH PLAN MONTHLY PREMIUM SHARE

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

Employee Only	Employee & Spouse/Partner	Employee & Child(ren)	Family
\$658	\$1,436	\$1,268	\$2,050

The District’s contribution covers:

- Medical
- Dental
- Vision
- Life Insurance

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

- \$5 surcharge for double medical coverage under OEBC or PEBC
- Short Term Disability
- Additional (Optional) Life Insurance
- Additional (Optional) AD&D Insurance
- Long Term Care
- Flexible Spending Accounts (FSAs)
- Tax Sheltered Annuities (TSAs)
- Health Savings Accounts (HSAs)

## OEBB PREMIUM RATES

The employee portion of the 2023-24 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).

**NOTE: There is a \$5 monthly surcharge to each individual who has double coverage under medical plans offered through OEBB or PEBB (not included in cost below).**

<b>Moda Medical &amp; Pharmacy</b>	<b>Plans</b>	<b>Employee Only</b>	<b>Employee + Spouse/Partner</b>	<b>Employee + Child(ren)</b>	<b>Family</b>
	Moda Medical Plan 1	\$767.25	\$1,687.93	\$1,457.80	\$2,378.52
	Moda Medical Plan 2	\$711.74	\$1,565.82	\$1,352.33	\$2,206.43
	Moda Medical Plan 3	\$667.73	\$1,469.01	\$1,268.73	\$2,070.02
	Moda Medical Plan 4	\$630.50	\$1,387.10	\$1,197.96	\$1,954.59
	Moda Medical Plan 5	\$582.42	\$1,281.34	\$1,106.64	\$1,805.57
	Moda Medical Plan 6 (optional HSA)	\$594.09	\$1,307.01	\$1,128.81	\$1,841.73
Moda Medical Plan 7 (optional HSA)	\$554.47	\$1,219.82	\$1,053.52	\$1,718.89	
<b>Kaiser Medical</b>	<b>Plans</b>	<b>Employee Only</b>	<b>Employee &amp; Spouse/Partner</b>	<b>Employee &amp; Child(ren)</b>	<b>Family</b>
	Kaiser HMO - Plan 1	\$693.73	\$1,526.21	\$1,318.09	\$2,150.57
	Kaiser HMO - Plan 2A	\$574.50	\$1,264.70	\$1,091.49	\$1,781.81
	Kaiser HMO - Plan 2B	\$556.61	\$1,225.32	\$1,057.50	\$1,726.32
	Kaiser HMO - Plan 3 (optional HSA)	\$423.09	\$931.34	\$803.53	\$1,311.82
<b>Delta Dental</b>	<b>Plans</b>	<b>Employee Only</b>	<b>Employee &amp; Spouse/Partner</b>	<b>Employee &amp; Child(ren)</b>	<b>Family</b>
	Plan 1 w/Orthodontia	\$65.61	\$129.99	\$144.54	\$214.06
	Plan 5 w/Orthodontia	\$57.95	\$114.80	\$127.67	\$189.06
	Plan 6 (no orthodontia)	\$44.25	\$87.59	\$88.91	\$135.83
	Exclusive PPO Incentive Plan	\$56.88	\$112.68	\$125.50	\$185.55
	Exclusive PPO Plan	\$38.33	\$75.92	\$84.43	\$125.05
<b>Willamette Dental</b>	<b>Plan</b>	<b>Employee Only</b>	<b>Employee &amp; Spouse/Partner</b>	<b>Employee &amp; Child(ren)</b>	<b>Family</b>
	Willamette Dental Plan 8 w/ Orthodontia	\$46.69	\$93.99	\$100.11	\$150.18
<b>Kaiser Dental</b>	<b>Plan</b>	<b>Employee Only</b>	<b>Employee &amp; Spouse/Partner</b>	<b>Employee &amp; Child(ren)</b>	<b>Family</b>
	Kaiser Dental Plan w/Orthodontia	\$70.88	\$155.96	\$134.69	\$219.74
<b>Moda Vision</b>	<b>Plans</b>	<b>Employee Only</b>	<b>Employee &amp; Spouse/Partner</b>	<b>Employee &amp; Child(ren)</b>	<b>Family</b>
	Opal	\$21.99	\$48.35	\$41.72	\$68.10
	Pearl	\$17.94	\$39.54	\$34.13	\$55.67
	Quartz	\$12.67	\$27.92	\$24.09	\$39.28
<b>VSP</b>	<b>Plans</b>	<b>Employee Only</b>	<b>Employee &amp; Spouse/Partner</b>	<b>Employee &amp; Child(ren)</b>	<b>Family</b>
	VSP Choice Plus	\$14.56	\$32.04	\$27.68	\$45.14
	VSP Choice	\$7.09	\$15.58	\$13.45	\$21.95
<b>Kaiser Vision</b>	<b>Plan</b>	<b>Employee Only</b>	<b>Employee &amp; Spouse/Partner</b>	<b>Employee &amp; Child(ren)</b>	<b>Family</b>
	Kaiser Vision Plan	\$8.49	\$18.67	\$16.12	\$26.31
<b>Standard Life</b>	<i>Mandatory Enrollment Standard Life Plan 11 - \$25,000</i>	\$2.20			

**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)**

<b>Optional Employee Life Plan</b> -Optional Life benefits for employees are guaranteed issue for amounts up to and including \$200,000 if the employee enrolls when initially eligible for OEBC coverage. Amounts above the guaranteed issuance will require approval by Standard.	<b>Monthly Rate Per Each \$10,000 of Benefit</b>		
	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	\$0.150	\$0.230	
25 – 29	\$0.170	\$0.270	
30 – 34	\$0.190	\$0.360	
35 – 39	\$0.270	\$0.410	
40 – 44	\$0.380	\$0.550	
45 – 49	\$0.580	\$0.810	
50 – 54	\$0.880	\$1.240	
55 – 59	\$1.650	\$2.270	
60 – 64	\$2.520	\$3.460	
65 – 69	\$4.860	\$6.510	
70 – 74	\$5.660	\$9.270	
75+	\$7.880	\$10.100	

  

<b>Optional Spouse Life Plan</b> -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.	<b>Monthly Rate Per Each \$10,000 of Benefit</b>		
	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	\$0.380	\$0.540	
25 – 29	\$0.450	\$0.640	
30 – 34	\$0.600	\$0.860	
35 – 39	\$0.680	\$0.980	
40 – 44	\$0.800	\$1.190	
45 – 49	\$1.200	\$1.820	
50 – 54	\$1.840	\$2.670	
55 – 59	\$3.400	\$4.700	
60 – 64	\$5.140	\$7.040	
65 – 69	\$9.820	\$13.170	
70 – 74	\$11.770	\$16.480	
75+	\$16.480	\$34.830	

  

<b>Optional Child Life Plan</b> - 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)**

<b>Optional Employee AD&amp;D Plan</b>	<b>\$10,000 - \$500,000 Maximum Benefit</b>	
	Rate (per \$10,000 of benefit)	\$0.15
<b>Optional Spouse/Partner AD&amp;D Plan</b>	<b>\$10,000 - \$500,000 Maximum Benefit</b>	
	Rate (per \$10,000 of benefit)	\$0.15
<b>Optional Child AD&amp;D Plan</b>	<b>\$2,000 - \$10,000 Maximum Benefit</b>	
	Rate (per \$2,000 of benefit)	\$0.04

### OPTIONAL SHORT-TERM DISABILITY (STANDARD INSURANCE)

<b>Optional Short-Term Disability Plan 11</b>	<b>Elimination Period (days)</b>	7
	<b>Benefit Duration (days)</b>	90
	<b>Maximum Weekly Benefit</b>	\$1,500
	<b>Benefit Percentage</b>	66.66%
	<b>Premium = average monthly wage x this rate</b>	0.00076

### 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 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 1<sup>st</sup> but you terminate your employment April 15<sup>th</sup>, 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 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 **2023** tax year limits are: Single coverage – \$3,850 including any employer contribution; Family coverage (2 or more people on your policy) - \$7,750 including any employer contribution. The **2024** tax year limits are: Single coverage - \$4,150 including any employer contribution; Family coverage (2 or more people on your policy) - \$8,300 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 ~

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### [Medical Plan Benefits Summaries](#)

**Kaiser** (pages 1 -2) and **Moda** (pages 3 - 6)

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### [Dental Plan Benefit Summaries](#)

**Moda** and **Kaiser** (both on page 7)

[Willamette Dental Plan](#)

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### [Vision Plan Benefit Summaries](#)

**Moda, Kaiser** and **VSP** (all on page 8)

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## Life, AD&D, and Disability Plan Benefit Summary

[Standard Insurance Company Life, AD&D and Disability 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.

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 90 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.

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 7 days after disability and continue for 90 days. This STD benefit replaces a portion of your income, helping you to meet your financial commitments in a time of need.



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## 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.

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## Employee Assistance Program Benefit Summary

### [Uprise Health Employee Assistance Program \(EAP\)](#)

Uprise Health is a licensed specialized health care plan. They offer a robust employee assistance program available to all employees and their families at **no cost**. The EAP offers confidential advice, support, and practical solutions to real-life issues. You can access these confidential services by calling the toll-free number and speaking with their care team, or accessing services and information online. The EAP also offers a wide range of work-life services to help manage a variety of challenges: financial help, legal services, online legal forms, health and wellness information, child and parenting services, and adult and eldercare services. To learn more, visit the Uprise Health website, call the toll-free number, or download the [information flyer](#).

The access code is **OEBB**.

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