



Date: August 10, 2023

To: Hood River County School District Classified Employees

From: Doug Holmes, Chief Financial Officer

Re: Open Enrollment for your 2023-24 OEBB Health Insurance Benefits

OEBB Open enrollment is available for all benefit-eligible employees during OEBB Open Enrollment to make medical, dental, and vision selections for the 2023-24 plan year. The Open Enrollment period is August 15 through September 1.

**HRCSD's Open Enrollment Period begins August 15<sup>th</sup>. Please make Selections by September 1st.**

OEBB sent letters to all current members describing this year's open enrollment process. Open enrollment is **MANDATORY** for 2023-24, even if you are choosing to opt out of medical, dental and/or vision coverage. If you are opting out of the group medical plan, please take this opportunity to furnish current alternate coverage information. You may only opt out of the medical plan if you are enrolled in another group plan, perhaps through a spouse or parent.

Open enrollment is your opportunity to:

- Add, drop or change a plan
- Add or drop a dependent
- Update address, phone, email, text message authorization, tobacco usage status, Medicare eligibility, or beneficiary information
- Update an out-of-area dependent's address
- Opt out or waive medical, dental or vision coverage

**ACTIONS REQUIRED**

- 1. Get Ready for online enrollment.** Test your usernames and passwords. The MyOEBB enrollment site requires a username and password to access your personal information and enrollments.
  - Review the "Before You Start Checklist" on the last page of this memo.

*Excellence. Every student. Every day.*

Doug Holmes | Chief Financial Officer

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[www.hoodriver.k12.or.us](http://www.hoodriver.k12.or.us)

- [OEBSenroll.com](http://OEBSenroll.com) - Where you log into the MyOEBB system to make your enrollment selections, enroll your dependents, set up your account, or verify/reset your username and password. You can also see which plans you are currently enrolled.
- [MyModa.com](http://MyModa.com) - Where Moda members log in to search for health plan providers, request Moda ID cards and get a member handbook.

2. **Learn about your plan options.** The [OEBB 2023-24 Open Enrollment Guide](#) is available online in PDF format or as an Interactive online version at [www.OEBBplandocs.com](http://www.OEBBplandocs.com). The guide is your source for learning about OEBB benefits plans. Our District's Health and Wellness website at <https://www.hoodriver.k12.or.us/Page/9506#oebb> includes links to all the OEBB and provider resources you will need to complete open enrollment so I recommend you start there with the OEBB 2023-24 Open Enrollment Guide. The District will also communicate important OEBB open enrollment information with you by District email.
3. **Enroll.** Review your plan options, make plan choices and enroll by **SEPTEMBER 1**, our District's Open Enrollment deadline for the Classified group.

## PLAN OPTIONS

Beginning in 2019, Moda Health launched new medical plans giving everyone access to the state-wide Connexus network. You only need to decide whether you and your family members want to coordinate your care to receive enhanced benefits.

To maximize your benefits, choose a coordinated-care option.

- Your plan comes with a coordinated-care option and a non-coordinated care option for you, and for each of your family members.
- If you and/or your family members choose coordinated care, you will choose a primary care provider or "PCP 360" who will be accountable for your health. Each covered family member can choose if they want coordinated care, and if so, their own PCP 360. Regardless, none of you will need a referral to see a specialist.

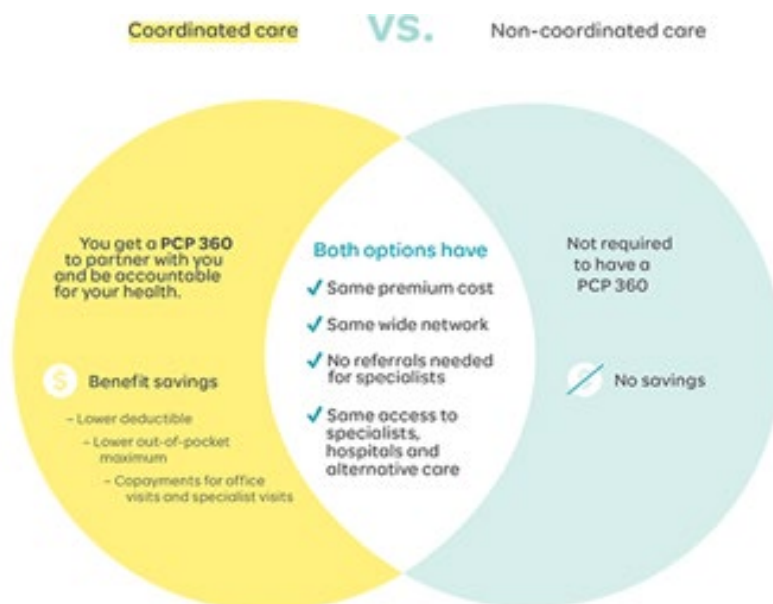
Choosing coordinated care means that you will receive enhanced benefits like:

- A lower deductible
- A lower out-of-pocket maximum
- Lower cost for office visits, specialist visits and alternative care visits

Whether or not you choose coordinated care, you will pay the same premium, share the same state-wide Connexus Network of providers, and never need referrals. And, you can join the coordinated-care option at any time of the year. To maximize the Group HRA benefits, everyone should plan to choose coordinated care and choose a **PCP 360**.

**What is a PCP 360?** A PCP 360 delivers full-circle care, coordinating your care with other providers as needed. They are high quality primary care providers who are willing to partner with you and be accountable for your health. You can count on your PCP 360 to provide higher-quality care with lower out-of-pocket costs.

Moda has created a special link for OEGB members: <https://www.modahealth.com/oebb/>  
 From this link, you'll be able to use **Find Care** to search for PCP 360s that qualify for enhanced benefits.



**Your Medical Plans.**

Your employee group chose to offer five Moda Health medical plans as listed below. Plan designs differ in deductibles, out-of-pocket maximums, co-pays and co-insurance. Members pay 20% co-insurance in Plans 1 & 2 and pay 25% in Plans 3 through 5. Your employee group’s plan options, plan premiums, District contributions and employee deductions are shown in the attached health insurance rate sheets. Please refer to the attached OEGB plan summaries to compare plan benefits or visit [www.OEGBplandocs.com](http://www.OEGBplandocs.com).

**Moda Medical Plan 1.**

- In-network Coordinated Care Member pays \$400/\$1,500 deductible per person/family, maximum out-of-pocket per person/family of \$2,850/\$9,750
- In-network Non-Coordinated Care Member pays \$500/\$1,500 deductible per person/family, maximum out-of-pocket per person/family of \$3,250/\$9,750

**Moda Medical Plan 2**

- In-network Coordinated Care Member pays \$800/\$2,700 deductible per person/family, maximum out-of-pocket per person/family of \$3,850/\$12,750
- In-network Non-Coordinated Care Member pays \$900/\$2,700 deductible per person/family, maximum out-of-pocket per person/family of \$4,250/\$12,750

**Moda Medical Plan 3**

- In-network Coordinated Care Member pays \$1,200/\$3,900 deductible per person/family, maximum out-of-pocket per person/family of \$4,850/\$15,750
- In-network Non-Coordinated Care Member pays \$1,300/\$3,900 deductible per person/family, maximum out-of-pocket per person/family of \$5,250/\$15,750

**Moda Medical Plan 4**

- In-network Coordinated Care Member pays \$1,600/\$5,100 deductible per person/family, maximum out-of-pocket per person/family of \$6,700/\$15,800
- In-network Non-Coordinated Care Member pays \$1,700/\$5,100 deductible per person/family, maximum out-of-pocket per person/family of \$7,100/\$15,800

**Moda Medical Plan 5**

- In-network Coordinated Care Member pays \$2,000/\$6,300 deductible per person/family, maximum out-of-pocket per person/family of \$6,800/\$15,800
- In-network Non-Coordinated Care Member pays \$2,100/\$6,300 deductible per person/family, maximum out-of-pocket per person/family of \$7,200/\$15,800

**Your Dental Plans.** Your employee group chose to offer three Moda Delta Dental plans for 2023-24. Two plans include orthodontia benefits. There are no plan design changes!

- **Delta Dental Premier Plan 5.**
  - \$1,700 Benefit Maximum w/\$50 deductible
  - Delta Dental Premier Plan 5 is a semi-incentive plan – benefits start at 70% for most services and increase by 10% per year provided the individual has visited the dentist at least once during the previous plan year.
  
- **Delta Dental Premier Plan 6.**
  - \$1,200 Benefit Maximum w/\$50 deductible
  - Delta Dental Premier Plan 6 is not a semi-incentive plan and does not include orthodontia benefits. Members pay 0% for preventative and diagnostic services, 20% for restorative services and 50% for all other services.
  
- **Delta Dental Exclusive PPO Plan.**
  - \$1,500 Benefit Maximum w/\$50 deductible
  - The Delta Dental Exclusive PPO plan has no out-of-network benefits. Members must use a PPO provider on this plan.
  - Limited network, there are no out of network benefits.

**Your Vision Plans.** Your employee group chose to offer one Moda vision plan plus the alternate VSP Choice Vision Plan for 2023-24. Members may see any licensed ophthalmologist, optometrist or optician.

- **Quartz vision plan.** \$250 Plan year maximum. Benefit maximum includes exam and hardware. You may use any licensed ophthalmologist, optometrist or optician. Benefits run on a plan year basis (October 1 – September 30).
- **VSP Choice Vision Plan.** Refer to the OEGB vision benefit summary for details about this plan.

*For more information about Moda Health plans, refer to the [OEGB 2023-24 Benefits Open Enrollment Guide](#) or the OEGB plan summaries.*

## **OTHER BENEFITS**

**Long Term Disability Insurance.** The District provides long term disability insurance to classified employees. You will be automatically enrolled in Standard Insurance Company, Plan 12 Long Term Disability 60 days at 66% (employer-paid coverage for mandatory coverage for eligible employees).

**Optional Short Term Disability Insurance.** You may enroll in optional short-term disability insurance from Standard Insurance Company during open enrollment in [MyOEBB](#) for the plan year beginning October 1, 2023. If you enroll, premium deductions are paid by monthly payroll deduction.

**Optional Life Insurance.** You may enroll in optional life and AD&D programs from Standard Insurance Company during open enrollment in MyOEBB for the plan year beginning October 1, 2023 for you, spouse or partner and children. Optional life insurance premiums are paid by monthly payroll deduction and take effect upon the approval date set by Standard Insurance Company.

**Your Employee Assistance Program.** Employee Assistance Program (EAP) services through Uprise Health include counseling, 24-hour crisis support, and work-life resources that can help you solve problems and balance your life. As a HRCSD employee, there is no cost to you or your family members for using EAP services. To access services, call 1-866-750-1327 or go online to [www.MyRBH.com](http://www.MyRBH.com) (access code: OEBB).

*For more information about other plans, refer to the [OEBB 2023-24 Plan Year Open Enrollment Guide](#) or the [OEBB plan summaries](#).*

### **HEALTH INSURANCE BENEFITS TAKE EFFECT OCTOBER 1**

Health insurance benefit selections during the open enrollment period are effective October 1, 2023, and any employee payroll deductions will take effect with the September payroll which pays in advance for the October benefit premiums. Optional life insurance changes take effect after approval by Standard Insurance Company.

### **ARE YOU PLANNING TO RETIRE IN 2023-24?**

District retirees may enroll in OEGB retiree insurance plans. You may choose from the same plans offered to active employees within your employee group.

- For dependent coverage, your dependents must have been covered on your plans while you were an active employee immediately before your retirement.
- When you or your dependents become eligible for Medicare coverage at age 65, you or your dependent will no longer have coverage from any OEGB plan.
- As a retiree, you may elect to drop dental or vision coverage, however, if you drop those coverages, you will not be able to re-enroll in dental and/or vision coverage at any future time per OEGB rules.
- Retiree insurance is paid monthly to OEGB by the retiree.
- Upon retirement, OEGB and/or the District will send you information about how to enroll.

## WHO TO CONTACT IF YOU HAVE QUESTIONS

**Contact OEBB if you need help:** logging into or navigating the MyOEBB enrollment system (OEBBenroll.com), clarifying rules, verifying enrollments, understanding your benefits or wellness program options. Contact the OEBB member services team by calling 888-4My-OEBB (888-469-6322) or by email to OEBB at [oebb.benefits@oregon.gov](mailto:oebb.benefits@oregon.gov).

**Contact the carrier if you need help:** estimating your portion of the cost of a procedure, understanding how a claim was paid, finding an in-network provider, completing their online health assessment or getting a new ID card.

**Contact your provider (doctors, dentists, specialists, etc.) 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.

**Contact Hood River County School District Business Services if you need to:** make a change to your benefits due to a life event within 30 days of the event (like getting married, having a baby or adopting a child, or dependents losing other health coverage), determine your monthly cost for coverage, plan for retirement, understand or correct your payroll deductions.

Our HRCSD Business Services team is available to assist you with benefits eligibility and the District's enrollment process. You may reach Austin Wallace-Lister, payroll and benefits specialist, at (541) 387-5019, [austin.wallace@hoodriver.k12.or.us](mailto:austin.wallace@hoodriver.k12.or.us) or Stephanie Pickering, payroll and benefits specialist, at (541) 387-5701, [stephanie.pickering@hoodriver.k12.or.us](mailto:stephanie.pickering@hoodriver.k12.or.us).

Visit [Business Services](#) online at <https://www.hoodriver.k12.or.us/Page/134> to explore the [Health and Wellness](#), [Payroll](#) and [Retirement and Deferred Compensation Plans](#) web pages. There you will find links to enroll in other optional programs, such as the flexible spending account and Section 403(b) or Section 457 deferred compensation plans.



**OEBB OPEN ENROLLMENT  
BEFORE YOU START CHECKLIST**

- ✓ Decide who to cover and for what benefit? (To enroll a dependent in coverage, you must first add a dependent, then add each dependent to each desired benefit by checking the circle for that dependent.)
  - You
  - Spouse or partner
  - Children
  
- ✓ Current addresses for dependents not residing with you
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  
- ✓ Are you opting out of medical coverage? If yes,
  - You must provide proof of other coverage to OEBB and to the District within five days of opting out.
  - Send Business Services a copy of your insurance card with insurer name, policy and group numbers, coverage and effective dates
  - You may receive the opt out incentive **ONLY IF** you are enrolled in other **GROUP** health coverage. Participation or enrollment in the Individual Marketplace Coverage, Oregon Health Plan, Medicaid, Veteran Administration Benefit Programs or Student Health Insurance does not qualify as GROUP coverage for OEBB opt Out.
  
- ✓ Have your MyOEBB username and password? If not, provide
  - Your first and last name as it appears on your insurance card or paycheck
  - Your date of birth
  - Either your Social Security Number or OEBB E-Number
  
- ✓ Determine your beneficiaries if enrolling in life insurance
  - Standard Beneficiary Designation or
  - Names & order of designation