



2016 Open Enrollment Information

Enclosed in this packet:

- Health Plan Summary of Changes
- Health Plan Rates for the 2016-17 plan year
- Dependent Eligibility and Audit Information

Q: How much will I pay for my health insurance this year?

A. See the Health Plan Rate Sheet at the end of this document for details.

Q: What benefit changes can I make during Open Enrollment?

A. Open Enrollment is the time to decide if you want to switch medical plans (Standard Plan or the High Deductible plan), add/drop dental insurance, or add/drop eligible dependents on your health insurance. You can drop coverage at anytime by sending a letter or email to Deschutes County Human Resources.

Q: What steps do I need to take this year?

A. Review the Health plan changes and rates then decide what changes you want to make, if any. Forms are available on the Open Enrollment webpage under the Human Resources webpage, www.deschutes.org/hr/page/open-enrollment. The Benefits Team is available for questions; just give us a call (541) 317-3117 or (541) 385-3215, or send us an email benefits@deschutes.org.

All Health insurance forms must be received in HR by 5:00 PM July 15th. Paperwork can also be mailed or faxed to:

Deschutes County Human Resources – Open Enrollment
PO Box 6005
Bend, Oregon 97708-6005
Fax: 541-330-4626
benefits@deschutes.org

Q: When will the elections I make during Open Enrollment be effective?

A: All changes will be effective August 1st.

Q: What if I don't want to make any changes this year?

A. If you don't want to switch medical plans, add dental, or need to add/drop eligible dependents, then no action is needed on your part. You will stay enrolled in your medical and/or dental plans as you were during the 2015-16 plan year. Contact EBMS at 866-268-3625 or log on to MiBenefits at ebms.com to check the current dependents enrolled on your health plan.

Q: Will my credit card payments continue?

A: Yes, all credit card payments will continue without interruption. The increase in premiums will be reflected on your August 10th credit card charge. All credit card payments are set to run monthly. Please contact us if you prefer to have your card charged annually or bi-annually. If you are paying by check, please make sure your August payment reflects your new premium (see rate sheet).

Q: I completed the PHA screening, when will I see the premium savings?

A: Upon completion of the PHA, single members, and married members who both complete the PHA, will receive a \$90 credit towards their November health premium. If only one of the married members completes the PHA, the member will receive a \$45 credit towards their health premium. There is still time to complete the HRA screening if you haven't already done so. Finger stick blood draws must be completed by September 3rd and all pieces must be completed by September 30th to receive your premium savings. Contact the DOC for details and to schedule your appointment, 541-317-3189.

HEALTH COVERAGE:

- **Plan Highlights:** Health plan summaries can be found on the Health Insurance webpage on www.deschutes.org/hr.
 - Standard Plan
 - High Deductible Plan
- **Health Plan Open Enrollment Options:**
 - Complete the Health Plan Enrollment and Change Form, located on the Open Enrollment webpage on www.deschutes.org/hr, and return it to HR if you want to:
 - Add or drop eligible dependents to your health plan
 - Change medical plans
 - Add or drop dental insurance
- **Health Plan Rates:** See the enclosed rate sheet for more information on the changes to the health plan rates for the 2016-2017 plan year. If you are currently set up on automatic payments, your rate will automatically be changed for the August 10th payment. If you pay by check, please note your new rate and pay the correct amount on your August check.
- **Health Plan Summary of Changes:**

➡ **Attention this year:** Dependent Eligibility Review. In an effort to maintain accurate eligibility records, we are asking everyone during this open enrollment period to check the dependents you currently have covered on your plan and update them for accuracy. Please delete any ineligible dependents ASAP.

In January 2017, as part of our commitment to control health care costs, we will be contracting with an independent auditing firm to perform the Dependent Eligibility Verification process for Deschutes County. In an effort to truly identify all eligible dependents, they will be requesting documentation from you. Details of the required documents can be found on www.deschutes.org/hr.

➡ **New this year:** Change to our Participating Provider Organization (PPO) network, from Aetna to First Choice. Yes, you read that correctly, we are moving back to First Choice.

First Choice's network has greatly improved over the last year, providing our members with the coverage needed for their families. First Choice's partnership with a national wrap network will provide savings and access to providers from wherever you may be in the US. Members will be receiving details in the mail on the change as well as new ID cards. *Watch your mailbox in late July for new ID cards!*

The following changes will be made to the Deschutes County Employee Benefit Plan effective 8/1/2016 to ensure compliance with State and Federal requirements and to improve the quality and cost of care for members.

Plan Section	New as of 8/1/2016	Reason for Change
Health Plan Document	All limitations on treatment for Transgender individuals need to be removed by January 1, 2017.	Recommendation is to update plan document at first renewal prior to January 1, 2017.
Covered Charges- Lactation Support	Add Lactation Support and Counseling within the Breast pump benefit in the Covered Charges section. These charges will be payable subject to the Preventive Care Benefits (at the Preferred Provider benefit level for both Preferred and Non-Preferred Providers.) The time limitation period for obtaining the breast pump must be removed from the Breast Pump benefit.	Updates required by the U.S. Federal Preventive Services Task Force.
Schedule of Benefits – Preventative Care Services and Exclusions List	Benefits for Obesity Interventions will now have a 26 visit maximum. Revise the Obesity Exclusion in the Plan Exclusion section to align with this new benefit.	Updates required by the U.S. Federal Preventive Services Task Force.
Schedule of Benefits – Preventative Care Services	Update the Nutritional Education benefit to allow for new mandated benefit of Obesity Interventions (for adults ages 18 years and older and with a BMI (body mass index) of 30 kg/m ² or greater).	Updates required by the U.S. Federal Preventive Services Task Force.
Schedule of Benefits – Participating Providers	The Plan will Utilize First Choice as the Participating Provider Organization (PPO)	Improved provider access for plan members and increase savings for the plan.
Pharmacy Benefit	Update list of Preventive Care Drugs with No Cost Share. The plan document will be updated with a link to the list of US Preventive Service Task Force recommended medications as this will keep the plan document current when changes are made to the list off plan year.	U.S. Preventive Service Task Force medication list has been updated.
Dental Benefit	Update the covered charges description. The current description is very specific and may not represent actual billing processes currently being used.	Best practice to stay current in dental field.
Health Plan Document	Remove BridgeHealth and Healthcare Bluebook services. The County reviewed the results from the 2 year pilot program and has determined the services are not a good business decision for the County as they did not impact utilization of the members.	The services did not meet the expectations of the County.