

Open Enrollment FAQ

Plan Year 2016-2017

What are my medical plan options?

- A. There are currently two medical plans to choose from: Kaiser and Regence/Pioneer Educators Health Trust (PEHT). To compare these plans in the upcoming plan year, please see this [medical plan comparison](#).

What are my dental plan options?

- A. There are currently three dental plans to choose from: Willamette Dental, Kaiser and Regence/Pioneer Educators Health Trust (PEHT). To compare these plans in the upcoming plan year, please see this [dental plan comparison](#).

What is PEHT?

- A. Lewis & Clark College is one of eight Member Institutions of the Pioneer Educators Health Trust (PEHT). The other Member Institutions are Corban University, George Fox University, Linfield College, Pacific University, Reed College, University of Western States, and Willamette University. (Willamette will be exiting the Trust in April, 2016.) PEHT is a Domestic Insurer in the state of Oregon, and as such is regulated like any other insurer, such as Kaiser. PEHT has been in place since May, 2003 and provides medical, dental and vision benefits for approximately 1,700 employees from the above listed eight Institutions. The medical plan is a PPO program which utilizes the Regence Preferred Provider PPO network.

Pooling the Member Institution's enrollees into one large group spreads the risk of claims costs. The average medical plan increase since 2004 is 8.49% and in the last 5 years the average increase has been 5.8%, well below the industry trend of 10-12%.

Does the college now offer any compensation for opting out of the Lewis & Clark healthcare plans?

- A. Lewis & Clark currently offers \$25 monthly to benefit eligible employees who waive their medical enrollment.

Can you tell me what my premiums are now and what they will be effective April 1, 2016?

- A. Please compare the current rate sheet and the rates effective 4/1/2016:

[Current Rate Sheet for plan year 2015-2016](#)

[New Rate Sheet for plan year 2016-2017](#)

What are the changes to our medical and dental plan benefits effective April 1, 2016?

Dental plan changes: There will be no changes to Willamette Dental, Kaiser and Regence (PEHT) dental plan coverages. Please refer to the rate sheets to see changes in premiums.

Kaiser medical plan changes: There will be no changes to the Kaiser benefit plan coverage. Please refer to the rate sheets to see changes in premiums.

Regence (PEHT) medical plan changes: The following changes are effective 4/1/2016. Please refer to the rate sheets to see changes in premiums.

- Co-pay for specialty care office visits will change from \$25 to \$50. (Primary Care Provider office visit co-pay will continue to be \$25)
- The calendar year deductible will change from \$500 to \$1,500 for individual coverage (x3 family).
- The calendar year out-of-pocket maximum will change from \$3,500 to \$4,000 for individual coverage (x3 family).

Can you tell me more about Specialty Care?

- A. A Specialist is a provider whose training and expertise is in a specific area of medicine. For example: cardiology, neurology or oncology. For these services, the \$50 copay would apply.

Below is a list of primary care provider types **not subject to the specialist copay**:

- Family Practice
- Geriatrics
- General Practice
- GYN/OBGYN
- Internal Medicine
- Midwife
- Obstetrics
- Pediatrics
- Preventive Medicine
- Mental Health, which includes Psychiatry

Additional details can be found in the Regence PEHT [Summary of Benefits and Coverage](#).

Can you tell me more about deductibles?

- A. A deductible is a dollar amount you must pay first for certain services before the insurance begins to pay for that service, such as in-patient hospital stays.

Not all services are subject to the deductible, however. The following services are not subject to the deductible:

- In-Network Specialty and PCP Office Visits
- Outpatient Laboratory
- Outpatient Radiology Service
- Mental Health Outpatient Office Services
- Prescriptions
- In-Network Preventive Care and Immunizations
- Urgent Care
- Emergency Room Services
- Vision Benefits (Pediatric and Adult)

Additional details can be found in the Regence PEHT [Summary of Benefits and Coverage](#).

Can you explain the deductible and out-of-pocket maximum (OOPM) calendar year period vs. the plan year?

- A. The *Plan Year* is April 1st – March 31st of each year. Deductibles and out-of-pocket maximum (OOPM) expenses are measured on the *calendar year* beginning January 1st of each year. For instance, if you enrolled in PEHT as of April 1, 2015, and met your deductible in August, the deductible would start over again in January. The same holds true for the annual OOPM.

In the next Plan Year, effective April 1st, the deductible is changing from \$500 to \$1500. Therefore, even if you've met the \$500 deductible prior to April 1st, the new deductible will apply for the balance of the calendar year. For instance, if you've paid the full \$500 prior to April 1st, you would have a new deductible balance of \$1,000 for the rest of 2016 (April – December).

Who can I contact if I have questions about my benefits?

- Use this [Benefit Vendor Contact Sheet](#) to get in touch with plan administrators.
- Visit our [2016 Benefits & Wellness Fair](#) to speak to benefit vendors.
- Contact Helen in Human Resources anytime by email helen@lclark.edu or phone 503-768-6234

What is my earliest opportunity to change or disenroll in my benefits?

- A. You are able to add or drop your benefits during open enrollment (with an effective date of April 1, 2016) for you and your dependents. Outside of open enrollment, changes can only be made if you have a qualifying event, such as marriage or loss of other coverage.

Keep in mind that the termination of your benefits at Lewis & Clark is considered a qualifying event and would allow you to enroll in other plans you are qualified for (through your spouse or Affordable Care Act, for example).