

2016 Open Enrollment

Monday February 22
Monday March 7

3 things to look for during Open Enrollment

1 | Change in Vendors

This year there are no changes in our benefit Vendors.

2 | Change in Rates

There are rate changes for all benefit plans this year.

3 | Change in Plans

The only plan changes this year are in the PEHT / Regence plan.

All other plans remain the same as in the previous year.

Changes in Rates

Medical Rates

PEHT / Pioneer

Employee 8%

Lewis & Clark 9.86%

Kaiser

Employee 6%

Lewis & Clark 7.36%

Dental Rates

PEHT / Pioneer

Employee 4%

Lewis & Clark 3.51%

Kaiser

Employee 4%

Lewis & Clark 6.16%

Willamette

Employee 4%

Lewis & Clark -5.09%

Changes in Plans

Medical Plans

PEHT / Pioneer

1. Specialty care office visit co-pay change from \$25 to \$50.
2. Deductible change from \$500 to \$1,500 for individual (x3 family).
3. Out-of-pocket maximum change from \$3,500 to \$4,000 for individual (x3 family).

Kaiser

No Changes

Dental Plans

PEHT / Pioneer

No Changes

Kaiser

No Changes

Willamette

No Changes

Specialist

A Specialist is a provider whose training and expertise is in a specific area of medicine.

For example:

- cardiology
- neurology
- endocrinology
- oncology

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

Deductibles

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. 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)

Calendar Year VS Plan Year

For deductibles and out-of-pocket maximums (OOPM)

The **plan year** is April 1 st – March 31 st of each year. Deductibles and out-of-pocket maximum (OOPM) expenses are measured on the **calendar year** beginning January 1st of each year.

Example 1: If you enrolled in PEHT as of April 1, 2015, and met your deductible in August, the deductible would start over again in January.

Example 2: In the next Plan Year, effective April 1 st , the deductible is changing from \$500 to \$1500. Therefore, even if you've met the \$500 deductible prior to April 1 st , the new deductible will apply for the balance of the calendar year. If you 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).

One more thing to consider...

Flexible Spending Accounts

If you calculate significant out of pocket healthcare expenses, you might want to consider enrolling in a Health Flexible Spending account during our open enrollment process.

A flexible spending account can help you save an average of 30% on a wide variety of eligible out-of-pocket health care and dependent care expenses by paying for them on a pre-tax basis. Annual maximum is \$2550. Remember, \$500 can rollover into the next year.

Wait, is that it? What about me?

1. Click to the [Open Enrollment Webpage](#)
 - [Rate Sheets](#)
 - [Plan Comparisons](#)
 - [Summary of Benefits](#)
 - [FAQs](#)
2. Use the [Benefit Vendor Contact Sheet](#) to get in touch with plan administrators
3. Visit our [2016 Benefits & Wellness Fair](#) to speak to benefit vendors
4. Contact Helen email helen@lclark.edu or phone 503-768-6234