

Oregon School Employee Wellness/ Education Conference

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Healthy, Wealthy and Wise Making Good Benefit Decisions

- Insurance – a subject few want to cover
- Health insurance terminology is confusing
- Benefit Terminology 101
- Co-pay – also called a co-payment. This is always a set amount, \$10 for an office visit or other service. This cannot be applied toward a deductible or out of pocket cost.

More Confusing Terms

- Co-insurance – this is a percentage of costs paid by the employee/member. For example your co-insurance for hospital services could be 20% of the allowed amount after you pay the deductible and before you hit the out of pocket maximum.
- Deductible – this is a set amount that you will pay outside of the premium share. If your deductible is \$750 you will pay medical costs up to that amount first unless certain services are excluded from the deductible.

More Terms

- Out of pocket maximum – after you pay costs up to your deductible your insurance coverage will kick in and cover costs at 80% of allowed charged. Once you hit your out of pocket maximum of \$1,500 then the coverage will pay 100% of costs. This does not cover co-payments you would continue to pay co-payments even if you hit your out of pocket maximum.

Explanations

- There are individual and family deductibles and out of pocket maximums. A family out of pocket may be 3 times the individual out of pocket maximum and deductibles even though you have 6 family members.
- There can be separate deductibles for pharmacy. These are less common.
- Coordination of benefits occur if there are two health benefit coverages in one family

How Do I Decide on the Best Plan?

- Premiums – what is my monthly cost?
- Can you afford a plan with higher deductible and lower premium?
- What are your expected medical, dental, pharmacy and vision costs?
- Are you willing/able to put money aside to cover unexpected costs?

The Best Plan for Me

- Compare your plans based on:
 - ✓ Your risk tolerance
 - ✓ Premiums
 - ✓ Cost sharing – co-payments, co-insurance, deductibles, out of pocket maximums for medical, dental, pharmacy and vision
 - ✓ Flexible spending accounts – you can put funds here to cover health costs on a pre-tax basis

Narrowing My Choices

- Is my physician “in network”?
- Do I have a child/children out of state?
- Retiree who may travel or live out of state
- Do you have access to many choices of providers?
- Do you have relationships with multiple physicians or facilities?

Successful Models of Care

- Medical home and systems of care
 - Electronic medical records – prevent duplication and allow anticipating care needs
 - Allow clinics to work efficiently and improve the quality of the care experience for the member and clinical staff
 - Have been found to be most cost effective models with better health outcomes over time
 - Oregon is working with Coordinated Care Organizations and medical homes

OEBB Choices

- Focus on systems of care – 2011-2012 Kaiser, Providence Choice and ODS Plan 4
- Other covered services you may require – tobacco cessation, alternative care, health coaching, chronic care and disease management, discounts on services (gym memberships, health classes)
- Check the excluded services lists



Other Benefits

- Life insurance – guaranteed issue, you will not need to have a medical exam
- Long term care – may not be offered elsewhere
- Short and long term disability – how well insured are you from illness, sick leave balances, savings accounts
- Health savings accounts and high deductible plans

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THANK YOU

AND

BE WELL!

