

OEBB 2016-17 Open Enrollment Frequently Asked Questions

1. Do I need to log-in and enroll in benefits this year?

Yes, you need to re-enroll this year regardless of whether you want to change your medical, dental or vision plans. Do not forget to update your personal information and log your Healthy Futures activities if you chose to participate. Use the member module link listed on the Employee Benefits page of the COCC website.

2. What if I do not go online and re-enroll in health benefits this year?

Your medical, dental and/or vision coverage will end on September 30, 2016. We recommend that you attend one of the Open Enrollment sessions (see the Open Enrollment Calendar of Events 2016-17).

3. If I am already enrolled in Optional Life or Optional Long Term Care Insurance, do I need to re-enroll in these plans to keep my coverage?

No, voluntary/supplemental plans are not changing, so therefore you do not need to re-enroll unless you want to make a change (add, delete, or change coverage).

4. When do I log-in to enroll in my new selections?

Enrollment begins August 15, and ends mid-September, through [MyOEBB](#).

5. Are the Medical Plans changing this year?

Yes, some of the Moda medical plans for the 2016-17 plan year are changing. We recommend that you attend one of the Open Enrollment sessions (see the Open Enrollment Calendar of Events 2016-17).

6. Where can I find rate sheets for the new plans?

On the COCC's website under Employee Benefits \ Health Benefits 2016-17.

7. Will the H.S.A. (Health Savings Account) Plan be offered this year?

Yes. Moda Health Evergreen/Plan E is HSA compliant.

8. Will the college make a contribution to employee HSA accounts?

Yes, the college will fund the deductible for **full-time** employees, \$1,600/single and \$3,200/family, if employees choose Moda Evergreen medical plan E and they have an active HSA account with HSA Bank.

9. What are the new HSA account contribution limits?

A comparison of the 2016 and 2017 limits is shown below:

Contribution and Out-of-Pocket Limits for Health Savings Accounts and High-Deductible Health Plans			
	For 2016	For 2017	Change
HSA contribution limit (employer + employee)	Individual: \$3,350 Family: \$6,750	Individual: \$3,400 Family: \$6,750	Individual: +\$50 Family: no change
HSA catch-up contributions (age 55 or older)*	\$1,000	\$1,000	No change**
HDHP minimum deductibles	Individual: \$1,300 Family: \$2,600	Individual: \$1,300 Family: \$2,600	Individual: no change Family: no change
HDHP maximum out-of-pocket amounts (deductibles, co-payments and other amounts, but not premiums)	Individual: \$6,550 Family: \$13,100	Individual: \$6,550 Family: \$13,100	Individual: no change Family: no change
* Catch-up contributions can be made any time during the year in which the HSA participant turns 55.			
** Unlike other limits, the HSA catch-up contribution amount is not indexed; any increase would require statutory change.			

10. What do I need to do to enroll in Plan E and set up an H.S.A. account?

Step 1 - enroll in Moda Medical Plan E, which is an HSA compatible plan. Step 2 - open up a HSA account (see HR for the COCC link to set up an account). Step 3 – Complete a HSA Contribution form and submit to HR.

11. Are Out-of-Area Dependents covered?

Yes. You must enter your dependent's out-of-state address in the [MyOEBB](#) system to ensure out-of-area services are covered at the "in-network" level.

12. Are Domestic Partners eligible for coverage?

Yes. If this is a new dependent, you must provide a Domestic Partner Affidavit the first time that you enroll your domestic partner for coverage; and to be eligible for non-medical benefits (tuition waiver, fitness facilities).

13. What is Healthy Futures?

This program requires an online health assessment, completion of 2 wellness actions (provided by OEBC), and reporting the 2 actions to be eligible for reduced deductible the following plan year. There are new plan features this year - see "What's New with Healthy Futures" link on the Health Benefits 2016-17 website!

14. What is "Moda Medical Home" (a.k.a. System of Care)?

The Moda Medical Home consists of local clinics that have achieved Medical Home status by obtaining recognition as a Patient-Centered Primary Care Home (PCPCH), through the state-run PCPCH program. These clinics have been recognized for their commitment to a patient-centered approach to care. When you seek care from a Moda Medical Home provider, you will receive a higher benefit level.

15. Do I need to re-enroll in the FSA?

Yes, if you choose to participate in the FSA, you must enroll annually. The enrollment form is a manual paper form. You can pick one up at the HR office or on COCC's Benefits website.

16. Did the FSA maximum contribution amount change this year? No, this year the maximum allowance is still \$2500 for full-time employees and \$1250 for part-time employees.

17. If I have a balance remaining in my FSA account from 2015-16, how do I roll that into a new account for 2016-17?

This will happen automatically if you re-enroll in the FSA Plan for 2016-17. If you do not re-enroll in the FSA Plan for 2016-17 plan year any balance remaining must be submitted for reimbursement by December 31, 2016 or the balance is forfeited.

18. Understanding Benefits Lingo, what do the following terms mean?

Copay = a specific dollar amount paid for a given service, product or treatment.

Coinsurance = the percentage of allowable charges for which the patient is responsible

Deductible = portion of an individual's applicable healthcare expenses that must be paid by the member in the plan year before the insurance plan will start paying for treatment.

Out-of-Pocket Maximum (OPM) = specified amount of applicable claims expenses in a plan year that must be met before benefits are paid in full.

PPO = A preferred provider organization (PPO) is a panel of providers contracted with Moda Health to provide in-network benefits at agreed upon rates.

Primary Care Provider = The term primary care provider refers to an M.D. (Doctor of Medicine), a D.O. (Doctor of Osteopathic Medicine), a nurse practitioner or a physician assistant.

Preferred Provider = provider contracted within a network. By choosing a preferred provider, members' out-of-pocket expenses will be less than if they choose a physician outside the network.

H.S.A. = Health Savings Account