

Recommended changes to Deschutes County Employee Benefits Plan for 2019 Plan Year

Changes effective 1/1/2019

Plan Change	Recommended Change	Reason For Change								
Standard, High Deductible and Dental Plan Benefit Summary	<p>Waiting Period for New Employees: First day of the month following 30 days.</p> <p>-Due to the month of February being a short month, if hired on February 1st, the effective date will Be March 1st.</p> <p>-In the case of weekends and holidays, if the Employee starts on the first business day of the month, he or she will be treated as having been hired on the first day of the calendar month or the first shift of the month for certain classes of Employees.</p>	Clarification								
Standard and High Deductible Plan Benefit Summary	<p>Service</p> <p>Maternity Services**</p> <table border="0"> <tr> <td>Physician/Provider services (global charge)</td> <td>Not Available</td> <td>12% co-insurance*</td> <td>Deductible then 40% co-insurance</td> </tr> </table>	Physician/Provider services (global charge)	Not Available	12% co-insurance*	Deductible then 40% co-insurance	Correction on co-insurance from 88% to 12%				
Physician/Provider services (global charge)	Not Available	12% co-insurance*	Deductible then 40% co-insurance							
Standard and High Deductible Plan Benefit Summary	<p>Other Covered Services</p> <table border="0"> <tr> <td>Chiropractic manipulations and acupuncture care</td> <td>Not Available</td> <td>\$15 co-pay*</td> <td>\$15 co-pay*</td> </tr> <tr> <td>Massage therapy</td> <td>Not Available</td> <td>\$15 co-pay*</td> <td>\$15 co-pay*</td> </tr> </table>	Chiropractic manipulations and acupuncture care	Not Available	\$15 co-pay*	\$15 co-pay*	Massage therapy	Not Available	\$15 co-pay*	\$15 co-pay*	Correction on co-pays. For massage – plan covers \$45 after co-pay
Chiropractic manipulations and acupuncture care	Not Available	\$15 co-pay*	\$15 co-pay*							
Massage therapy	Not Available	\$15 co-pay*	\$15 co-pay*							
Vision Benefits Summary	<p>Service/Supply</p> <p>Enrolled Members Age 18 and Younger</p> <table border="0"> <tr> <td>Contacts in lieu of glasses</td> <td>Not Available</td> <td>No Charge* for a 12 month supply of disposable contact lenses per calendar year</td> <td>No Charge* for a 12 month supply of disposable contact lenses per calendar year</td> </tr> </table> <p>Enrolled Members Age 19 and Older</p> <table border="0"> <tr> <td>Contacts in lieu of glasses</td> <td>Not Available</td> <td>No charge up to \$190 per calendar year*</td> <td>No charge up to \$190 per calendar year*</td> </tr> </table>	Contacts in lieu of glasses	Not Available	No Charge* for a 12 month supply of disposable contact lenses per calendar year	No Charge* for a 12 month supply of disposable contact lenses per calendar year	Contacts in lieu of glasses	Not Available	No charge up to \$190 per calendar year*	No charge up to \$190 per calendar year*	Clarification
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Contacts in lieu of glasses	Not Available	No charge up to \$190 per calendar year*	No charge up to \$190 per calendar year*							

Vision Benefits Limitations: enrolled members age 18 and younger	One pair of glasses (frames and lenses) or a 12 month supply of disposable contact lenses in lieu of glasses per calendar year.	Clarification
Vision Benefits Limitations: enrolled members age 19 and older	Contact lenses: A 12 month supply of disposable contact lenses every calendar year, in lieu of glasses.	Clarification
Becoming Eligible (Medical and Dental Plans)	To be eligible, the family or household member must permanently reside within the United States	Clarification
Continuation When You Retire (Medical and Dental Plans)	Retired employees must elect Retiree coverage within 30 days of the date of their retirement or loss of other Deschutes County coverage to be eligible for this coverage.	Clarification
Preventative Services	Immunizations The bullet point for the Shingles vaccine has been amended to read as follows: -Shingles vaccine for recommended adult age groups; or	Remove age limits to allow the plan to follow CDC guidelines
Professional Services	Temporomandibular joint syndrome (TMJ) • Medically necessary services for care and treatment of temporomandibular joint syndrome (TMJ) . Benefits for the treatment of TMJ and all related services are subject to the deductible, co-payment, and/or co-insurance stated in the Medical Benefit Summary under 'Other Covered Services—Temporomandibular Joint'. Benefits are limited to a lifetime maximum benefit of \$2,000 per person.	Clarification
Durable Medical Equipment	Only expenses for durable medical equipment, or prosthetic and orthotic devices that are provided by a PacificSource contracted provider or a provider that satisfies the criteria of the Medicare fee schedule for Suppliers of Durable Medical Equipment, Prosthetics, Orthotics, Supplies (DMEPOS) and Other Items and Services are eligible for reimbursement.	Correction - The bullet point was amended to remove the exclusion of Mail order or Internet/Web based providers.
Excluded Services	Foot orthotics are not covered.	Correction – Foot orthotics are currently not covered
Excluded Services	Maternity charges incurred by a covered person acting as a Surrogate Mother are not covered charges. For the purpose of this Plan, the newborn of a Surrogate Mother will not be considered an eligible dependent if the Surrogate Mother has entered into a contract or other understanding to which they relinquish the newborn to intended parents following the birth.	The bullet point has been removed, it is no longer a Plan exclusion to comply with ACA guidelines
Third Party Liability –	The Plan Sponsor is entitled to reimbursement for any paid claims out of the compensation a member receives or is entitled to receive under a surrogacy agreement. A member who enters into a	Language added to comply with ACA guidelines

Surrogacy Services	surrogacy agreement must reimburse the Plan Sponsor for covered expenses related to conception, pregnancy, delivery, or postpartum care that are received in connection with the surrogacy agreement. A member who enters into a surrogacy agreement must inform PacificSource, on behalf of the Plan Sponsor, of that agreement within 30 days of entering that agreement and provide a copy of the agreement to PacificSource.	
Third Party Liability – On the job Illness or Injury and WC	This Plan exception will also be waived for self-employed spouses or domestic partners.	Correction - The bullet point has been removed from this section, there is no waiver of/or exception made for self-employed spouses or domestic partners
Definitions	The definition of Surrogate Mother has been removed.	The definition was removed to comply with state and ACA guidelines
Prescription Drug Benefits	Kelley-Ross Union Center Pharmacy 2324 Eastlake Ave E, Suite 405 Seattle, WA 98102 Phone: 206/800 441-9174 Fax: 206 448-4406 www.kelley-ross.com/union-center	The Mail Order Pharmacy Benefits have been amended, all references to WellPartner and mail order contact information will be replaced with the new mail order service.
Dental Benefit Summary	<p>Service</p> <p>Class II Services</p> <p>Nitrous oxide and oral conscious sedation \$25 co-pay \$25 co-pay</p>	Correction – Plan also included language stating that sedation must be medically necessary to be covered.
Covered Dental Services	<p>Class II Services</p> <p>-Core build-ups are covered.</p> <p>-Benefits for general anesthesia (including nitrous oxide and oral conscious sedation) and its administration in connection with complex oral surgery, major periodontics procedures, fractures or dislocations, or due to a concurrent medical condition.</p> <p>Class III Services</p> <p>-Benefits for crowns and other cast or laboratory-processed restorations are limited to the restoration of any one tooth in a 60 month period.</p>	Clarification
Benefits Limitation and Excluded	Drugs and medications that are prescribed drugs and take-home medicine or supplies distributed by a provider for any member. As well as premedication drugs, analgesics (for example, nitrous oxide or non-intravenous sedation), and any	Correction – To match existing plan language

Services (Dental Plan)	other euphoric drugs, or any take-home medicine or supplies distributed by a provider (other than as specifically noted under the Covered Expenses – Covered Dental Services section).	
Benefits Limitation and Excluded Services (Dental Plan)	<p>The following bullet point has been removed, it is no longer a Plan exclusion:</p> <ul style="list-style-type: none"> -Core build-ups are not covered unless used to restore a tooth that has been treated endodontically (root canal). 	Correction – Removed to match existing plan language