



# KAISER PLANS

## HILLSBORO LICENSED 2017-18



### 2017-18 Mandatory Open Enrollment August 15th - September 5th, 2017



Plan Name*	In-Network Deductible	In-Network Max Out of Pocket	Monthly Premium (Before District Cap & Union Contribution for Tier Level)	Payroll Deduction for Plan with Kaiser Vision & Kaiser Dental (For Full Time Licensed Employees)
Kaiser 3 with HRA (Preferred Plan)	\$500	\$2,500	\$870.96	For All Full Time Licensed Employee Groups: \$0
Kaiser 1	\$0	\$1,500	\$1,449.17	Employee Only: \$47.21 Employee & Spouse: \$322.21 Employee & Child(ren): \$172.21 Employee & Family: \$347.21
Kaiser 3	\$1,600	\$6,550	\$870.96	For All Full Time Licensed Employee Groups: \$0

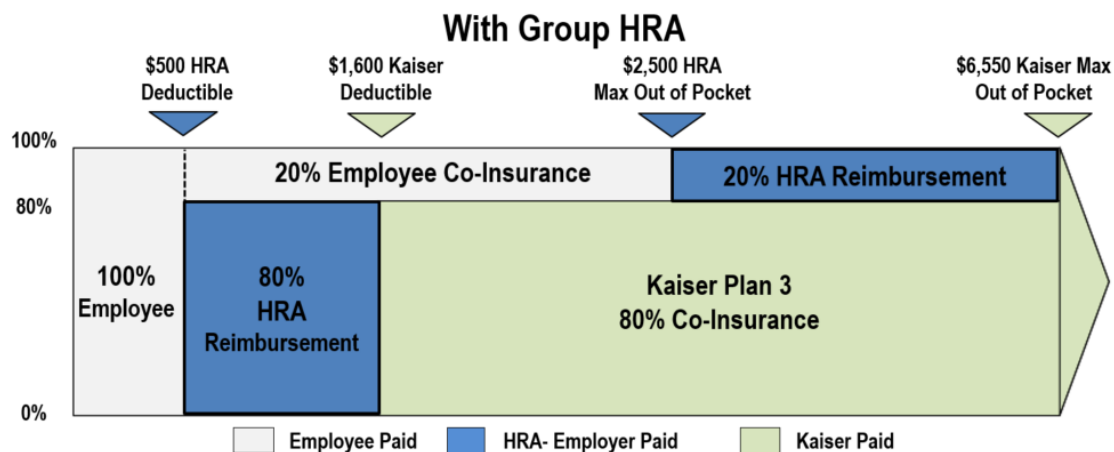
\*Please see the back of this flyer for How the Plans Work for Parties of 2 and Parties of 3 or More.

## What is the Hillsboro Kaiser Preferred Plan, And Why Would I Sign Up For It?

Kaiser 3 is a lower cost plan with a high deductible and high out of pocket maximum. The District and HEA use the cost savings from the low cost plan to help create a Health Reimbursement Arrangement (HRA). The HRA supplements the Kaiser 3 plan, providing a lower Deductible and Out of Pocket Maximum (MOP) and a MUCH better value to you! Please see the graphic below for a visual of how the HRA creates a lower Deductible and MOP for you.

### How Does It Work?

Through a simple claims process, you can experience the benefits of a lower In-Network Deductible and Max Out of Pocket!



Please Note: For parties of 2 or more, the In-Network Deductible will be \$1,000 and Max Out of Pocket will be \$5,000.



# HILLSBORO SCHOOL DISTRICT KAISER PLANS 2017-18



## How the Plan Works with 2 Family Members Enrolled

Plan Name	Per Person In-Network Deductible	Maximum In-Network Annual Deductible During the Year	Maximum In-Network Out of Pocket Per Person	Maximum In-Network Out of Pocket During the Year
Kaiser 3 with HRA (Preferred Plan)	\$1,000	\$1,000	\$5,000	\$5,000
Kaiser 1	\$0	\$0	\$1,500	\$3,000
Kaiser 3	\$3,200	\$3,200	\$6,550	\$13,100

## How the Plan Works with 3 or More Family Members Enrolled

Plan Name	Per Person In-Network Deductible	Maximum In-Network Annual Deductible During the Year	Maximum In-Network Out of Pocket Per Person	Maximum In-Network Out of Pocket During the Year
Kaiser 3 with HRA (Preferred Plan)	\$1,000	\$1,000	\$5,000	\$5,000
Kaiser 1	\$0	\$0	\$1,500	\$3,000
Kaiser 3	\$3,200	\$3,200	\$6,550	\$13,100

## How Do I Sign Up?

**Step #1:** Enroll yourself (and your eligible dependent(s) if applicable) on the OEBC website.  
(For the Preferred Plan sign up for Kaiser 3)

**Step #2:** If you are new to the Preferred Plan, be sure to complete the Direct Deposit Application for HRA Reimbursements and return to Mae or the HSD Benefits Department by September 5, 2017.

- Thursday, August 17<sup>th</sup> 8 AM - 4 PM @ Facilities
- Thursday, August 24<sup>th</sup> 10 AM - 7 PM @ Glencoe HS
- Monday, August 28<sup>th</sup> 10 AM - 7 PM @ Hilhi & Liberty HS
- Tuesday, August 29<sup>th</sup> 10 AM - 7 PM @ Century HS
- Wednesday, August 30<sup>th</sup> 10 AM - 4 PM @ Transportation
- Thursday, August 31<sup>st</sup> 2 PM - 6 PM **BENEFITS FAIR @ Admin Center**

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**Contact:**

