

November 11, 2014

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Chair,
John Nangle, RN, ED

Vice Chair,
Lynda Coats-Sellers,
RN, O/N

Treasurer,
Joe Sack, RN
IMCU

Secretary, Andrea
Rombach, RN, ED

Membership
Co-Chairs, Angie
Streeter and
Eric Morton

Members-at-Large,
Charlie Berman, RN
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Judy Gage-Scott, RN
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Alternate, Alison
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Grievance Chair,
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Your Bend ONA Officers are Selected !

The elected negotiating team met on Oct. 28, 2014 and selected its officers. The officers are:

John Nangle, Chair

Lynda Coats-Sellers, Vice Chair

Joe Sack, Treasurer

Andrea Rombach, Secretary

Angie Streeter and Eric Morton are Membership Co-Chairs

Charlie Berman and Judy Gage-Scott are Members at large

Alison Field is the designated alternate to the team. Tom Boarman is Grievance Chair.

2015 Health Insurance

A number of changes will be implemented in health insurance in 2015. The premium rates change annually; the rates are adjusted based on usage and experience. In addition, changes in benefits went into effect; most of the changes were part of the contract that was ratified in 2012. Under that ratified contract, these changes go into effect Jan. 1, 2015.

Caregiver Directed Health Plan (CDHP): The Hospital's contribution to the Health savings account went down by \$500 annually; this is based on the eligibility for spouses to enroll in the Healthy Lives program, and the expectation that spouses will participate.

Spouses are eligible for Healthy Lives cash rewards for participation, whether

you are in the Preferred Provider Organization (PPO) or the CDHP.

The percentage split on monthly premiums (co-insurance) for the PPO did not change this year (it changed last year). Although the percentage split didn't change this year, the total amount for the premiums increased, so both the Hospital and the caregivers are paying more.

Reimbursement for services in the PPO (co-pays) changed as follows:

There is now a deductible at Tier 1

Tier 1 co-insurance for hospitalization and outpatient procedures is now 80 percent (portion Hospital pays). Office visits remain the same (\$10 co-pay at

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tier 1), and preventative services remain the same (no co-pay)

A couple of changes have occurred that were NOT negotiated. The Hospital changed plan administrators, from UMR to First Choice. There was no change in the benefits for physical therapy (PT) and sleep lab, but the Hospital is pre-screening these services. Hospital explained that PT screening was due to levels of usage that are much higher than comparable employers, and an audit that determined PT was not being utilized in accordance with the plan. The plan provides reimbursement for prescribed PT for

treatment of medical conditions. If you feel you are wrongfully being denied PT reimbursement, appeal through the appeals procedure, and notify ONA if the appeal is not resolved.

One benefit was changed after the main contract was changed; this was negotiated with the ONA bargaining team, and was required by IRS regulations. The stop loss (maximum amount that employees pay out of pocket) at Tier 2 family was improved, employees will pay a maximum of \$13,200 instead of a max of \$17,100; and there will not be a separate community pharmacy stop loss.

ONA Ebola Updates and Information

ONA continues to be actively involved with Ebola Virus Disease (EVD) work at both the state and national level. ONA President Katy Cooper, RN and Dr. Carl Brown, ONA Staff attended a meeting and then press conference with Gov. Kitzhaber as he discussed plans for treatment if a patient is diagnosed with the Ebola Virus. Katy Cooper presented a statement on behalf of ONA during that news conference which can be seen at the link below.

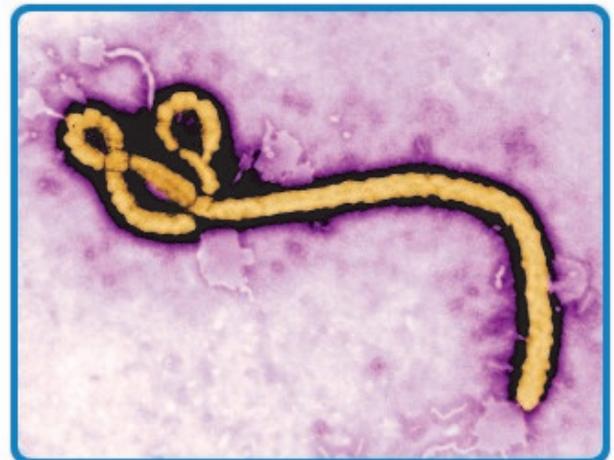
[Click here](#) to see the full Oregon Ebola Preparedness Briefing, Oct. 27, 2014

In addition, ONA released a press statement along with the Oregon Association of Hospitals and Health Systems (OAHHS) and the Oregon Medical Association (OMA) which [can be seen here](#).

ONA members want to know what to do if a patient suspected of EVD comes into their health care organization. This situation should be managed with a "THREE I" neumonic approach which is Identify, Isolate and Inform.

1. Identify: All outpatient/ambulatory care triage/ registration area patients should be assessed for:

Fever of greater than 38.6 degrees Celsius or 101.5 degrees Fahrenheit, and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea,



abdominal pain or unexplained hemorrhage. **AND**

Travel to West Africa (Guinea, Liberia, Nigeria, Senegal, Sierra Leone or other countries where EVD transmission has been reported by WHO) within 21 days(3 weeks) of symptom onset or exposure to someone who has been in West Africa in the last 21 days.

2. Isolate: If both criteria (symptoms and travel history) are met, then remain calm. The patient should be moved to a private room with a bathroom, and STANDARD CONTACT and DROPLET precautions should be followed during further assessment.

3. Inform: Contact local hospital leadership and Oregon Public Health officials.