

Open Enrollment is coming. Is it better to be on the Base Plan or the Plus Plan?

Open enrollment is about to start. This is when you decide which medical and dental plan you use. You should consider this carefully and make your selection based on what is best for your family both medically and financially. The two plans that nurses most regularly choose are the Base EPO and the EPO Plus Plans. There are very few differences in the plans. Both have similar co-pays and expense sharing components. The Plus Plan has one feature that is not part of the Base EPO Plan. It has an annual alternative care benefit worth \$1500 for Acupuncture, Chiropractic, and Naturopathic services.

Other than the alternative care, the main difference is the cost. If you are a full time nurse who insures his or her family, you pay nothing in premium for choosing the Base Plan. If you are part time you pay nothing in premium to insure yourself and only 10% of the premium to insure your family. The one draw back to the Base Plan is that your first \$250 in medical costs as an individual or the first \$750 in medical costs for a family are paid by you out of your pocket before any insurance kicks in to help cover the costs and this is the case annually. This is called a deductible.

If you choose the Plus Plan you will have no deductibles. However, you do pay part of the premium. A full-time employee insuring their entire family on the plus plan will pay 14% of the cost of the premium. A part-time employee insuring their entire family on the plus plan will pay 20% of the premium costs.

If you are someone who does not use a lot of health care, you might be better off not paying the extra premium and taking your chances on the deductible. Set the money you will need for the deductible aside just in case. Even if you do use a lot of health care you may still come out ahead paying the deductible rather than paying the extra premium costs each paycheck. Please see the chart to the right to see how much extra you would have paid in 2008 in premium — even if you had to pay the full deductible.

If you use a lot of alternative care (Acupuncture, Chiropractic, and Naturopathic services) you might be better off on the Plus Plan, but only if you will use \$1500 worth of the benefit. A part-time person insuring a whole family would still save money by being on the Base EPO plan rather than paying the extra premium.

Deductible		
Category	Base EPO	EPO Plus
Individual	\$250.00	None
Family	\$750.00	None
Out of Pocket Maxmiums		
Category	Base	Plus
Individual	\$750.00	\$1,200.00
Family	\$2,250.00	\$2,400.00
	Extra pre- mium for the year	Extra in pre- mium above deductible
Full Time		
Employee Only	\$712.32	\$462.32
Employee Plus Child(ren)	\$1,282.56	\$532.56
Employee Plus One Adult	\$1,425.12	\$675.12
Employee Plus Family	\$2,137.44	\$1,387.44
Part Time		
Employee Only	\$712.32	\$462.32
Employee Plus Child(ren)	\$1,631.04	\$881.04
Employee Plus One Adult	\$1,860.48	\$1,110.48
Employee Plus Family	\$3,008.40	\$2,258.40

Would you like to see a power point preview our bargaining proposals. Please e-mail Rob Nosse our Labor Representative at nosse@oregonrn.org for a copy.

ONA Officers at PPMC:

Chair: Juanita Wolf, RN, OP Transfusion
Secretary: David Arlint, RN, 2R
Treasurer: Terri Houck, RN, IV Therapy
PNCC Chair: Sue Phillips, RN, 8S
Member at Large: Karen O'Dell, Float Pool



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Using an ONA Process to fix a problem in the ICU

Many of the nurses in the ICU considered the practice of taking critically-ill patients on life support for MRIs to be unsafe because of

the use of buretrols for the administration of vasopressors, sedatives, pain medication, and other life-sustaining medications. For a number of years they expressed concerns about the lack of safety of this practice.

Here is an example of what happens. A patient who needed an MRI had propofol, fentanyl, and neosynephrine running and was on a ventilator. She was morbidly obese, which makes the multiple moves on and off the MRI table particularly difficult. The propofol was sluggish about dripping from the large chamber into the drip chamber.

When the nurse tried to adjust the air vent in different ways she only managed to fill the drip chamber completely so she could not count the drops per minute to deliver the correct ccs/mcg/kg/ per minute.

She managed to deliver a safe dosage by simply putting in a certain number of ccs into the large chamber and watching the rate it left the chamber to know how much the patient was receiving. But, it only takes minutes for propofol to wear off and a patient to wake up. This was one worry. The other worry was bradycardia and hypotention which can also happen in minutes. Fortunately, the patient maintained adequate sedation and good pulse and blood pressure during the procedures, but not without a good bit of worry and consternation on the part of the nurse.

Because of a nurse's willingness to speak up about this problem and share it with her manager and PNCC, the Hospital moved to purchase two medication pumps that are compatible with the MRI machine for our use during MRIs.

These are the kind of things the PNCC can help address. PNCC stands for Professional Nursing Care Committee. The committee and its role is described in Article 14 of our contract. The committee addresses issues on behalf of nurses that affect nursing practice and quality patient care. The Committee encourages and supports staff nurse participation in the identification and resolution of these issues.

PNCC meets every fourth Tuesday of the Month at 4:00pm in the Cancer Center.

Don't silence nurses. Please vote NO on Measure 64.



This November, Oregonians will vote on several ballot measures. Many of the measures will affect working Oregonians the hardest, and a few are anti-union. We opposes measure 64 because

it silences the voice of nurses. Measure 64 prohibits public employees, nurses who work for Oregon Health Sciences University, from using

voluntary payroll deductions to donate to non-profits, charities, unions, and organizations of their choice. Voting "No" on this measure keep the law as is and retains our ability, as the Oregon Nurses Association, to affect health policy in our state. As Nurses, we care about what happens to our patients and the care they receive. Measure 64 would restrict our ability to have voluntary political contributions deducted from our paychecks. That would make it very difficult for nurses to have a voice in the policies that shape health care for all Oregonians.

To find out more about what ONA is doing to protect your voice, contact Samantha Shepherd at 503-293-0011 ext. 342 or shepherd@oregonrn.org