

2024

EMPLOYEE BENEFITS GUIDE

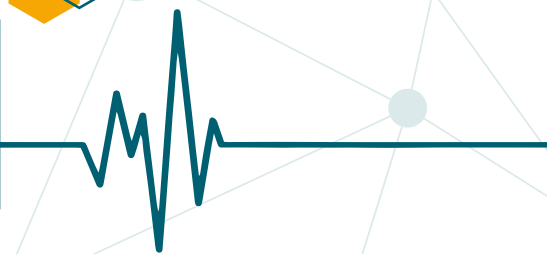


TABLE OF CONTENTS

A Message to Our Employees	2
Medical / Vision Insurance Highlights	4
Regence Plan Summaries	6
Kaiser Plan Summaries	31
Employee Cost Sharing	56
Health Savings Account (HSA)	59
Health Reimbursement Account (HRA)	60
Flexible Spending Account (FSA)	61
Dental Insurance Options	62
Dental Plan Summaries	63
Employee Assistance Plans	75
Other Benefits Summarized	81
Life and AD&D Insurance	82
Long-Term Disability Insurance (LTD)	91
Voluntary Life and AD&D Insurance	93
Allstate Insurance Options	95
Contacts	98
Important Legal Notices Affecting Your Health Plan Coverage	100

A Message to Our Employees

At Homes for Good we know how important it is to have comprehensive, affordable health benefits. That's why we offer competitive plans that can provide protection, peace of mind, and savings.

It's time for you to begin thinking about your 2024 benefits choices.

Homes for Good conducts an annual open enrollment period during which benefits-eligible employees can enroll in, or make changes to, their benefits.

Your Enrollment Responsibilities

Your 2024 Benefits Guide will help you navigate through the process and make the best choices for you and your family.

Your benefits will begin on the 1st of the month following 30 days of employment. We prefer you enroll by the 15th of the month prior to your eligibility date. You should have received a registration email from our administrator CIS. You can enroll in your benefits through CIS at www.cisbenefits.org.

Benefit Resource Center

We encourage you to contact the USI Benefit Resource Center (BRC) Team. The Benefit Specialists at USI are experienced professionals, and their primary responsibility is to assist you! They can answer many of the benefits questions you have, or they will help you find an answer.

Monday through Friday 8:00am to 5:00pm Mountain, Pacific and Alaska Standard Time

Phone: 866-468-7272

Email: BRCWest@usi.com

Questions

If you have questions in the meantime, contact Isabelle Le at 541-682-2533, via Teams or via e-mail at ile@homesforgood.org.

Benefits for You & Your Family

Homes for Good is pleased to announce our 2024 benefits program, which is designed to help you stay healthy, feel secure, and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace.

Please read the information provided in this guide carefully. For full details about our plans, please refer to the summary plan descriptions. Listed below are the Homes for Good benefits available during open enrollment:

- Medical / Vision
- Dental
- Basic Life and AD&D
- Long Term Disability
- Voluntary Life and AD&D
- Flexible Spending Account (FSA)
- Health Savings Account (HSA)
- Health Reimbursement Arrangement (HRA)
- Accident Insurance

Who is Eligible?

- Full-Time employees working 20 hours per week or more
- Spouses, Children, and Domestic Partners of either gender
- Eligibility begins on the first of the month following 1 month of employment

Dependents are defined as:

- Dependent "child" up to age 26. (Child means the employee's natural child or adopted child and any other child as defined in the certificate of coverage)
- Your spouse and domestic partner

When and How Do I Enroll?

Open enrollment will be conducted from October through October at CIS-Connect.

CIS-Connect is CIS's enrollment system. If you have not accessed your CIS account, you must register for CIS-Connect before you can log in. You can register at www.cisbenefits.org, and click on the "CIS-Connect Login" button to get started.

[Click here for written instructions.](#)

[Click here to view an instructional video.](#)

All eligible employees are required to complete the enrollment process, even if you do not wish to make any changes to your benefits.

When is My Coverage Effective?

The effective date for your benefits is the 1st of the month following 30 days of employment.

Changing Coverage During the Year

You can change your coverage during the year when you experience a qualified change in status, such as marriage, divorce, birth, adoption, placement for adoption, or loss of coverage. The change must be reported to the Human Resources Department within 30 days of the event. The change must be consistent with the event.

For example, if your dependent child no longer meets eligibility requirements, you can drop coverage only for that dependent.

Medical / Vision Insurance Highlights

Benefit Coverage	Kaiser Permanente HMO Copay Plan B	Regence Blue Cross Blue Shield	
	Schedule of Benefits	In-Network Benefits	Out-of-Network Benefits
Annual Deductible			
Individual	\$0	\$1,700	
Family	\$0	\$3,400	
Coinsurance	n/a	20%	40%
Maximum Out-of-Pocket*			
Individual	\$1,500	\$3,400	
Family	\$3,000	\$6,800	
Office Visits			
Primary Care	\$20 copay	20% after deductible	40% after deductible
Specialty Care	\$30 copay	20% after deductible	40% after deductible
Urgent Care	\$40 copay	20% after deductible	40% after deductible
Preventive Care			
Adult Periodic Exams	100%	100% deductible waived	40% after deductible
Well-Child Care	100%	100% deductible waived	40% after deductible
Diagnostic Services			
X-ray and Lab Tests	\$20 per dept visit	20% after deductible	40% after deductible
Complex Radiology	\$50 per dept visit	20% after deductible	40% after deductible
Hospital Services			
Emergency Room Facility Charges*	\$200 copay waived if admitted	20% after deductible	
Inpatient Facility Charges	\$200 per day up to \$1,000 per admission	20% after deductible	40% after deductible
Outpatient Facility and Surgical Charges	\$50 copay	20% after deductible	40% after deductible
Mental Health			
Inpatient	\$200 per day up to \$1,000 per admission	20% after deductible	40% after deductible
Outpatient	\$20 copay	20% after deductible	40% after deductible
Substance Abuse			
Inpatient	\$200 per day up to \$1,000 per admission	20% after deductible	40% after deductible
Outpatient	\$20 copay	20% after deductible	40% after deductible
Other Services			
Chiropractic & Acupuncture	\$20 copay \$1,000 Max \$25 copay Massage (12 visit limit)	20% after deductible \$1,000 Max No Massage	40% after deductible Shared \$1,000 Max No Massage

Benefit Coverage	Kaiser Permanente HMO Copay Plan B	Regence Blue Cross Blue Shield	
	Schedule of Benefits	In-Network Benefits	Out-of-Network Benefits
Retail Pharmacy (30 Day Supply)			
Generic (Tier 1)	\$10 copay	20% after deductible	
Preferred (Tier 2)	\$20 copay	20% after deductible	
Non-Preferred (Tier 3)	\$40 copay	20% after deductible	
Preferred Specialty (Tier 4)	\$40 copay	20% after deductible	
Mail Order Pharmacy (90 Day Supply)			
All Tiers	2 x copay	20% after deductible	

Vision Insurance

	Kaiser Permanente HMO Copay Plan B	Regence Blue Cross Blue Shield	
Annual Eye Exam	\$20 copay	\$10 copay	Up to \$50
Lenses	\$150 allowance once every year	\$25 copay basic; \$50 progressive every year	Up to \$35 basic; up to \$105 progressive
Frames	\$150 allowance once every year	\$25 copay \$170 allowance every other year	Up to \$70
Contact Lenses	\$150 allowance once every year	\$166 allowance every year	Up to \$110

Regence Plan Summaries

CIS High Deductible Health Plan 4 w/ HSA - Alternative Care

Benefits Summary
Effective January 1, 2024



cis benefits
www.cisbenefits.org

These medical plans are insured by CIS, but administered by Regence BlueCross BlueShield (BCBS) of Oregon. This means that CIS, not Regence BCBS, pays for your covered medical services and supplies.

HDHP- 4 w/ HSA		
Deductible Per Calendar Year	\$1,700 Individual \$3,400 Family	
Out-of-Pocket Maximum Per Calendar Year Category 1, 2, & 3 – Preferred, Participating, Non-Preferred Providers (includes deductible, medical copays and prescription copays)	\$3,400 Individual \$6,800 Family	
Important Note: The family out-of-pocket maximum for a calendar year is satisfied when two or more family members' deductible and coinsurance for covered services for that calendar year total and meet the family's out-of-pocket maximum amount.		
Medical Services	Member Pays Category 1 - Preferred Category 2 - Participating	Member Pays Category 3 - Non-Preferred
Preventive Care Services		
Routine well-baby care, physical examinations, health screenings, and immunizations (<i>for a list of covered services, visit our website regence.com, hover over "Member dashboard" at the top, select Preventive Care from the drop down</i>)	0% for Category 1 & 2 (<i>deductible waived</i>) 40% for Category 3 (<i>after deductible</i>)	
Professional Services		
After Deductible – Member Pays		
Office visits for illness or injury, mental/behavioral health or substance use disorder (<i>primary care, specialist, naturopath, urgent/immediate care center or virtual care</i>)	0% for first 3 visits; then 20%	40%
Outpatient laboratory, radiology, and diagnostic procedures	20%	40%
Maternity care	20%	40%
Therapeutic injections including allergy shots	20%	40%
Hospital/Facility Services		
After Deductible – Member Pays		
Ambulatory Surgical Center	10% (<i>20% for all other facilities</i>)	40%
Emergency room care (<i>including professional charges</i>)	20%	
Inpatient/outpatient surgery and surgeon fees	20%	40%
Inpatient mental/behavioral health & substance use disorder	20%	40%
Skilled Nursing Facility – <i>120 inpatient days per year</i>	20%	40%
Other Services		
After Deductible – Member Pays		
Ambulance	20%	
Rehabilitation Services: <i>Inpatient: Unlimited / Outpatient: 77 visits per year (visit limit shared with Neurodevelopmental therapy)</i>	20%	40%
Hearing Aids- <i>applies to children 18 years or younger or children 19 to 25 enrolled in an accredited education institution</i>	20%	40%
Home health care - <i>180 visits per year</i>	20%	40%
Hospice – <i>14 respite days per lifetime</i>	20%	40%
Durable Medical Equipment	20%	40%
Weight Management/Nutritional Counseling and Bariatric Surgery:		
- Weight management and nutritional counseling visits <i>Four visits per year</i>	0%	40%
- Bariatric surgery may be covered to treat morbid obesity (participant must meet participation requirements) <i>Limited to one surgery per claimant lifetime</i>	\$1,000 copay then 20%	\$1,000 copay then 40%

<p>Prescription Medication Benefit <i>If you need drugs to treat your illness or condition, your prescription drug coverage is administered through Express Scripts (ES). Please visit Express Scripts' web site at www.express-scripts.com or contact their customer service at 1 (800) 496-4182. Regence BlueCross BlueShield of Oregon assumes no liability for the accuracy of your prescription drug benefits information.</i></p>	<p>At the Pharmacy (30-day supply) Member Pays</p>	<p>Mail Order thru the Express Scripts Pharmacy Program (90-day supply) Member Pays</p>
<p>Individual deductible per calendar year</p>	<p>Shared with Medical Services</p>	
<p>Out-of-pocket maximum each calendar year</p>	<p>Shared with Medical Services</p>	
<p>Generic drugs</p>	<p>20% Retail/Mail Order Prescription</p>	
<p>Preferred brand drugs</p>		
<p>Non-Preferred brand drugs</p>		
<p>Specialty Drugs</p>	<p>Refer to generic, preferred brand and non-preferred brand drugs above, for specialty drugs or self-administrable cancer chemotherapy drug coverage.</p>	
<p>Limitations and Exceptions</p>	<p><i>Coverage is limited to 30-day supply retail or 90-day supply mail order. Long-term medication fills at participating retail pharmacies may be filled for up to a 90-day supply. Visit Express Scripts' website for details. Specialty drug coverage is limited to a 30-day supply and must be filled through Accredited Specialty Pharmacy.</i> <i>Specialty medications filled at a retail pharmacy are subject to 100% copay/coinsurance, and this amount does not accumulate towards the out-of-pocket maximum.</i> <i>Certain preventive items and services as defined by the Affordable Care Act are covered at zero-dollar cost share. Deductible waived and \$0 patient responsibility for generic and preferred brand drugs designated as preventive for treatment of chronic diseases that are on the Preventive Medications List.</i> <i>Product Selection Cost -If you request and obtain a brand name drug when a generic equivalent is available, you are responsible for the applicable coinsurance plus the cost difference between the brand name drug and the generic drug.</i></p>	

Additional Medical Services

Alternative Care Services – Member Pays

Acupuncture and Chiropractic Spinal Manipulations	20% Category 1 & 2, 40% Category 3 - Maximum allowance of 12 visits per calendar year for Acupuncture and 20 visits per calendar year for Chiropractic Spinal Manipulations.
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Other services included in your CIS medical plan	Contact Information
Hinge Health - Hinge Health provides all the tools you need to get moving again from the comfort of your home. You'll get exercise therapy tailored to your condition and a personal care team of experts. Best of all, there's no additional cost to you.	To learn more, please call 1 (855) 902-2777 or sign on to the CIS Health Manager at www.regence.com . Scroll down to Resources and click on Hinge Health.
SurgeryPlus – A comprehensive surgical program that provides a personalized concierge experience from dedicated Care Advocates and access to quality-centric health care through a network of credentialed surgeons. By using the SurgeryPlus benefit, you may also save money through reduced financial responsibility.	To learn more, please call (833) 633-0511, go to cisbenefit.surgeryplus.com , or email cisbenefits_surgeryplus.com
MDLIVE (Telehealth) - With MDLIVE's telehealth service, you can see a doctor or therapist from home, work or on the go, 24/7/365. Board-certified doctors visit with you by phone or secure video to treat non-emergency medical conditions. They can diagnose symptoms, prescribe medication, and send prescriptions to your pharmacy.	To learn more, please call 1 (888) 725-3097 or sign on to the CIS Health Manager at www.regence.com and hover on "Programs & Resources", then click on Telehealth. Scroll down to Resources and click on MDLIVE.
Chronic Condition Coaching supports and educates members with chronic conditions including hypertension, diabetes, COPD, CAD, CHF, asthma and obesity.	To learn more, please call 1 (866) 865-6725.
BeyondWell - A comprehensive well-being solution for members that integrates wellness activities, goals, rewards and challenges into a single location for a holistic wellness offering.	To learn more, please call 1 (866) 865-6725 or sign on to the CIS Health Manager at www.regence.com . Scroll down to Resources and click on BeyondWell.
Case Management - Supports and educates members with serious illnesses or injuries.	To learn more, please call 1 (866) 543-5765 or sign on to the CIS Health Manager at www.regence.com . Scroll down to Resources and click on Care Management
Pregnancy Program (<i>Childbirth to Newborn resources</i>).	To learn more, please call 1 (888) 569-2229 or sign on to the CIS Health Manager at www.regence.com . Scroll down to Resources and click on Pregnancy Program
BlueCard Program (Out of Area Services) – access hospital and physicians when outside the four-state area Regence services (Oregon, Idaho, Utah and Washington) as well as receive care in 200 countries around the world.	Find a provider near you at www.regence.com or call 1 (800) 810-BLUE (2583).



Please note: This benefit summary provides a brief description of your health care plan benefits and is not a guarantee of payment. For a detailed description of your plan benefits, visit www.regence.com on or after January 1, 2024. You must set up an account to review your specific plan booklet.

A Look at Your VSP Vision Coverage

With VSP and CIS TRUST, your health comes first.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling

over \$3,000 in savings.

Provider choices you want.

Maximize your benefits at a Premier Program location, in thousands of private practice doctors and over 700 Visionworks retail locations nationwide.

	Preferred private practice and retail in-network choices
	 

Quality vision care you need.

You'll get great care from a VSP network doctor, including WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on vsp.com to view your in-network coverage, or you, and discover

find the VSP network doctor who's right for you with exclusive member extras. At your appointment, just tell them you have VSP.



More Ways to Save

Extra
\$20

to spend on
Featured Brands†

- | | |
|---|--------------|
| bebe | CALVIN KLEIN |
| COLE HAAN | DRAGON. |
| FLEXON | LACOSTE |
|  | and more |

See all brands and offers at vsp.com/offers.

+

Up to
40%

Savings on
lens
enhancements‡

Contact us: **800.877.7195** or
vsp.com

Your VSP Vision Benefits Summary

CIS TRUST Vision Plan A and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Choice **EFFECTIVE**

DATE: 01/01/2024



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every calendar year
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSES		\$25	
FRAME⁺	<ul style="list-style-type: none"> \$190 featured frame brands allowance \$170 frame allowance 20% savings on the amount over your allowance \$95 Walmart®/Sam's Club®/Costco® frame allowance 	Included in Prescription Glasses	Every other calendar year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses 	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Anti-glare coating Tints/Light-reactive lenses Impact-resistant lenses Scratch-resistant coating UV protection Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$0 \$0 \$0 \$0 \$50 \$50 \$50	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$166 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every calendar year
SAFETY GLASSES (EMPLOYEE-ONLY COVERAGE)			
FRAME⁺	<ul style="list-style-type: none"> \$65 allowance for a safety frame 20% savings on the amount over your allowance Certified according to the American National Standards Institute (ANSI) guidelines for impact protection 	\$0	Every other calendar year
LENSES	<ul style="list-style-type: none"> Prescription single vision, lined bifocal, and lined trifocal Certified according to the American National Standards Institute (ANSI) guidelines for impact protection 	\$0	Every calendar year
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		
YOUR COVERAGE GOES FURTHER IN-NETWORK			
<p>With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider. Your plan provides the following out-of-network reimbursements:</p>			
Exam	up to \$10	Lined Bifocal Lenses	up to \$55
Frame	up to \$70	Lined Trifocal Lenses	up to \$70
Single Vision Lenses	up to \$35	Progressive Lenses	up to \$105
		Contacts	up to \$110
		Tints	up to \$5

Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.
 Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.
 +Coverage with a retail chain may be different or not apply.
 VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.
 ©2022 Vision Service Plan. All rights reserved.
 VSP, Eyeconic, and WellVision Exam are registered trademarks of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 102898 VCCM
 Classification: Restricted

Welcome to Express Scripts

CIS and Express Scripts want you to know that Express Scripts manages your prescription plan. We care about your health and work to make medications safer and more affordable. We encourage you to take advantage of the services and resources available to help you and your dependents manage your pharmacy benefit. We look forward to serving you soon!



Why pay more? Make the move to a 3-month supply.

Under your prescription plan, you have the option to order 3-month supplies of long-term medications from certain participating retail pharmacies or through home delivery from Express Scripts® Pharmacy.¹

To start ordering a 3-month supply from Express Scripts® Pharmacy, register or log in at express-scripts.com. (Standard shipping is free with home delivery.²)

To find a retail pharmacy that participates in 3-month supplies, log in at express-scripts.com and choose Find a Pharmacy from the menu under Prescriptions. The pharmacy can tell you how to transfer your prescription or start a new one. Search results will indicate whether a pharmacy is eligible to dispense up to a 3-month supply.

According to your plan, you can keep filling one month at a time, but you could miss out on convenience and savings.

¹Long-term medications are taken for an ongoing condition, such as high blood pressure, high cholesterol and asthma.

²Cost of standard shipping is included as part of your prescription plan.



Accredo, your specialty pharmacy

Accredo is the Express Scripts specialty pharmacy. A specialty pharmacy provides medication and therapy for patients with serious, chronic conditions like cancer and hepatitis C. Accredo offers teams of pharmacists, nurses and clinicians who are specialty trained on your condition. This level of individualized, focused care gives you the most comprehensive, compassionate and customized care available.

Accredo offers many patient support services, including:

- Personal care and health advocacy assistance from patient care coordinators
- Coordination of financial assistance (availability varies by plan)
- Guidance for patients and caregivers for taking specialty medications most effectively
- All necessary ancillary supplies, such as syringes and sharps containers

Specialty medications must be filled through Accredo to receive coverage. To learn more about Accredo, please visit accredo.com.

CIS has partnered with SaveOnSP to provide a specialty pharmacy copayment assistance program. If you attempt to fill a specialty prescription that falls under this program, an Accredo representative will assist you with enrollment in the program by transferring you to SaveOnSP. More information about this program can be found in your plan booklet.



Network retail pharmacies

Network pharmacies are retail pharmacies that are preferred by your prescription plan. Use them for prescriptions you need on a short-term basis, like an antibiotic to treat an infection. When you go to an in-network pharmacy for up to a 30-day supply of medication, you'll typically pay less than at a retail pharmacy that's out of your network.

To find an in-network pharmacy near you, go to [express-scripts.com/CIS10](https://www.express-scripts.com/CIS10) and select Locate a Pharmacy. Search results will indicate whether a pharmacy is eligible to dispense up to a 3-month supply. You may also log in at [express-scripts.com](https://www.express-scripts.com) and choose Find a Pharmacy from the menu under Prescriptions or call Express Scripts at 800.496.4182.

If you're new to Regence BCBS coverage, be sure to show your new Express Scripts ID card at the pharmacy. You can also access your ID card by downloading the Express Scripts® mobile app. If you don't show your ID card and instead choose to pay the entire cost of the medication, you must submit a claim form to Express Scripts for reimbursement. You'll be reimbursed based on the covered medication's contracted rate minus the appropriate copayment. This amount will be lower than the amount you paid out of pocket at the retail pharmacy.

If you need to transfer your prescription from an out-of-network pharmacy to an in-network pharmacy, just bring one of the following, vial or container to an in-network pharmacy, and the pharmacist will process it for you.

- Call a pharmacy in your network, and ask the pharmacist to transfer your medication.
- Ask your doctor to send your prescription in to an in-network pharmacy using e-prescribing.



Manage your prescription

One of the great things about being an Express Scripts member is that you can manage your medication easily on your laptop, tablet, desktop or phone. Whether you want to check your order status, look for savings opportunities, look up information about your benefit, get a refill or even find a pharmacy, the Express Scripts website and mobile app can help!

Just register at [express-scripts.com](https://www.express-scripts.com), or download the mobile app to your mobile device for free by searching your app store for Express Scripts. (Availability and features may vary.)



Formulary

A preferred medication list, also called a formulary, helps keep healthcare costs down for everybody. It's a list of medications that have been reviewed and approved for safety and effectiveness by a panel of doctors and pharmacists. This list is continually reviewed and updated as new medications become available.

Note that certain medications are excluded from your formulary, which means they're not covered. An equally effective and safe alternative may be available. To check pricing and coverage for a medication, visit [express-scripts.com/CIS10](https://www.express-scripts.com/CIS10). Drug classes with excluded medications include Autonomic and Central Nervous System, Cardiovascular and Dermatological.

Know your behavioral health options



If you or your loved one is facing a behavioral health challenge, we want to make it as easy as possible to get care. You can find in-network providers at [regence.com](https://www.regence.com). (Some services aren't available on narrow network plans.)

Help is available. No referral is needed.

Thoughts of suicide? Call 988—National Suicide and Crisis Lifeline—available 24/7.

Go to [regence.com](https://www.regence.com) to find a doctor and look for these in-network options:

- Private practitioners with a variety of expertise, such as psychiatrists, psychologists, social workers, licensed counselors and more
- Inpatient care
- Outpatient programs

Also available are:

- AbleTo Therapy+ for a unique, 8-week series of one-on-one therapy sessions by phone or video, with digital tools for support between sessions: [AbleTo.com](https://www.ableto.com) or 1-866-287-1802
- Charlie Health telehealth for treating teens and young adults with behavioral health needs: [charliehealth.com](https://www.charliehealth.com)
- Equip telehealth for treatment of all eating disorders as well as co-existing conditions like anxiety and depression for ages 6 to 24: [equip.health](https://www.equip.health)
- NOCD for app-based care specializing in treatment of obsessive-compulsive disorders: [treatmyocd.com](https://www.treatmyocd.com)
- Talkspace for app-based care specializing in counseling for general behavioral health needs: [talkspace.com](https://www.talkspace.com)

If your company offers an EAP program for urgent help, this may be a good place for you to start to get care. Talk to your Human Resources representative for further information.

Customer Service

You can call our award-winning team, Monday through Saturday, at the phone number listed on the back of your member ID card.

You can also turn to these in-network providers for substance use disorder support:

- Boulder Care for inpatient and outpatient treatment: [boulder.care](https://www.boulder.care) or 1-866-901-4860
- Eleanor Health for outpatient treatment: [eleanorhealth.com](https://www.eleanorhealth.com) or 1-781-487-1070 (only available in Washington)
- Hazelden Betty Ford for inpatient and outpatient treatment: [hazeldenbettyford.org](https://www.hazeldenbettyford.org) or 1-877-859-2124

Only available in Washington:

- Quartet is a platform that can make it simpler to find the correct provider for your needs: [Quartethealth.com](https://www.quartethealth.com)
- Headway connects you to in-person and virtual providers within your network: [headway.co](https://www.headway.co)

Commonly treated behavioral health issues:

Behavioral health issues often involve more than one concern that affect overall health and happiness. Experts can help sort through what can be the most effective treatment path for the following:

- Substance use and abuse
- Trauma and post-traumatic stress disorder (PTSD)
- Anxiety and depression
- Eating disorders
- Obsessive compulsive disorder (OCD)

We're here to help you:

- Understand your benefits
- Check claim status or get an explanation of benefits
- Find an in-network provider



Regence BlueCross BlueShield of Oregon
is an Independent Licensee of the Blue Cross and Blue Shield Association

Resource information is current as of April 2023.

Boulder Care is a separate company that provides substance abuse and addiction treatment services. AbleTo and Talkspace are separate companies that provide mental health telehealth services.

Regence BlueCross BlueShield of
Oregon 100 SW Market Street | Portland,
OR 97201

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1-888-344-6347 (TTY: 711). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-888-344-6347 (TTY: 711)

Regence



OREGON



REGENCE PREGNANCY PROGRAM

Get ready for baby with the Regence Pregnancy Program

We're here to help you get the information and support you need to prepare for delivery and care for your new baby. Download the Regence Pregnancy Program app (find it in the App Store or on Google Play) to track milestones and find answers to all your pregnancy and new-parent questions.

With the Regence Pregnancy Program, you'll

receive: Seasonal pregnancy newsletters

A maternity nurse care manager who'll be there to support you every step of the way

Help understanding and following your doctor's or midwife's advice

24/7 access to our toll-free maternity nurse advice line

Get the Regence Pregnancy Program app and you can:

Read helpful articles and watch videos about pregnancy, caring for your baby and child development

See your weekly to-dos for each trimester

Write down questions to ask your doctor or midwife (and share those notes with loved ones)

Use helpful tools for pregnancy and after delivery, including feeding and growth trackers

Track your baby's development milestones from ages 0-2



Download the Regence Pregnancy Program app to get the information and support you need for your pregnancy and your new baby.

Want more information? Email us at CaseManagement@regence.com or call 1 (888) OY-BABY (1-888-569-2229).

Regence BlueCross BlueShield of Oregon
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Regence BlueCross BlueShield of Oregon
100 SW Market Street | Portland, OR 97201

REG-OR-924180-22/11-Member-Flyer
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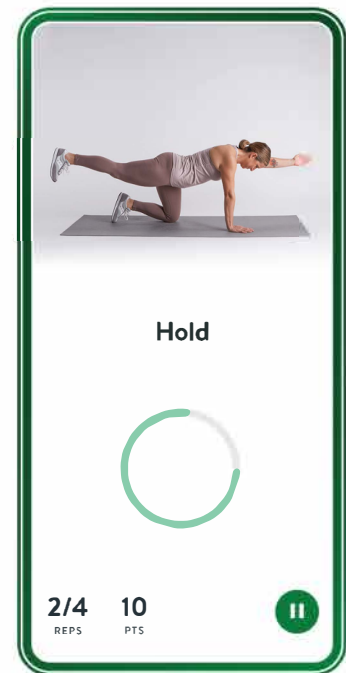
Ready, set, enroll!

Open enrollment is here!

Join Hinge Health for exercise therapy without leaving home. No copays. No office visits. Reduce your back and joint pain in just 15 minutes a day. Best of all, there's no cost to you - your Hinge Health benefit is 100% covered by CIS Oregon.

Join Hinge Health to:

- Overcome pain or limited movement
- Recover from a recent or past injury
- Keep your joints healthy and pain free



Scan the QR code to enroll now!

hinge.health/cisoregon-oe

Questions? Call (855) 902-2777

Participants must be 18 and enrolled in a CIS Oregon medical plan administered by Regence BlueCross BlueShield of Oregon. Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association. Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association. Hinge Health is a separate and independent company that provides services for CIS members enrolled in a CIS Benefits medical plan administered by Regence.

Your one-stop-shop for managing your health

With the CIS Health Manager on [regence.com](https://www.regence.com), you can find important health information in one place, customized for you. Use your computer, phone or tablet to easily access health benefits, telehealth and behavioral health resources, explanations of benefits, wellness tools and much more.



BeyondWellSM

Wellness activities, goal setting and rewards are all in one place for a personalized well-being experience.



MDLIVE

With MDLIVE, you can securely chat with a doctor by phone or video, 24/7 wherever you are.



Healthy Benefits

The CIS Healthy Benefits program provides financial assistance for certain weight management and tobacco cessation programs.



VSP: Vision

Your vision plan uses the VSP Choice network of providers. View your benefits, find a provider, get special offers and shop for eyewear.



Telehealth

Chat by phone or video with in-network providers who offer this service. Reach out to your doctor or clinic to find out if they provide virtual care.



Express Scripts

Express Scripts provides prescription drug coverage. Sign in to the CIS Health Manager for more information.



Mental health support

If you're feeling low or in need of support, we can help you find the right care. Many therapists and psychiatrists offer both in-person and virtual appointments, so you can get care just how you need it. Your plan also includes additional options for virtual therapy and virtual substance use disorder treatment.



Pregnancy program

Get support from caring professionals throughout your pregnancy with our maternity management program. A nurse will reinforce your doctor's or midwife's care and answer questions 24/7.



Hinge Health

Take control of your joint and back pain through our virtual physical therapy option. Join the thousands of people who have cut their pain through easy-to-do 15-minute exercise therapy sessions.

If you're considering surgery, Hinge Health also gives you an option to access in-network surgeons and a care advocate to guide you through care and recovery to get you to the finish line.



Start with your CIS Health Manager!

Download the Regence app or go to [regence.com](https://www.regence.com) to create an account. All you need is your member ID card to get started.



BeyondWell is a separate company that provides health information services.
Hinge Health is a separate company that provides virtual physical therapy services.
MDLIVE is a separate company that provides telehealth services. Express Scripts and VSP do not provide Blue Cross Blue Shield services and are separate companies solely responsible for their products/services.



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Oregon 100 SW Market Street | Portland,
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Guided Access to Excellent Surgical Care

What is SurgeryPlus?

SurgeryPlus provides you with access to excellent and affordable care for many planned surgical procedures. It's already included in your CIS Benefits medical plan administered by Regence at no additional cost to you.



Did you know...

- The cost of your surgery will be significantly reduced.

The SurgeryPlus Difference



Excellent Care

Access to our network of thousands of highly qualified surgeons



Impactful Savings

Your surgery will be at little or no cost to you when you use your SurgeryPlus benefit



Guided Support

Your personal Care Advocate will support you every step of the way through your care

Here's what's covered

In partnership with CIS Benefits, we cover the most expensive costs associated with surgery, so you'll pay less for your procedure when you use your SurgeryPlus benefit. Your coverage includes:

- Consults and appointments with your SurgeryPlus surgeon
- Anesthesia
- Procedure and facility (hospital) fees
- Dedicated support and guidance

Commonly Covered Procedures

- Spine
 - Orthopedic
 - Ear, Nose & Throat
 - Cardiac
 - Gynecology
 - General Surgery
 - Gastrointestinal
 - Spine and Ortho Injections
 - Bariatrics
- Your medical coverage may require you to use your SurgeryPlus benefit for specific procedures. Call to learn more.*



You deserve excellent and affordable surgical care.
Call us to learn more at 833.603.0511

Email: CISBenefits SurgeryPlus.com
Website: CISBenefits.SurgeryPlus.com

Frequently Asked Questions



What is SurgeryPlus?

SurgeryPlus is a free program available through your CIS Benefits medical plan that provides you with access to excellent and affordable care for many planned surgical procedures. In partnership with CIS Benefits, SurgeryPlus covers the most expensive costs associated with your surgery so you don't have to.

Does SurgeryPlus cost me anything?

You're automatically enrolled in the benefit as part your CIS Benefits medical plan offered by your employer at no additional cost to you.

How do I access the benefit?

If you have questions about the benefit, or if you or one of your dependents need surgery, you may be required to work with one of our surgeons, so make us your first call. To learn more, contact your SurgeryPlus Care Advocate today at 833.603.0511.

Who will help me through this process?

Your SurgeryPlus Care Advocates will:

- Provide personalized support throughout your surgical journey.
- Educate you on the benefit, with an understanding of your surgical need.
- Provide you with the resources to help you make the best decisions regarding your care, including how to find the best surgeon in our network.

How do I know if a surgery is covered?

Contact us at 833.603.0511 to confirm whether your procedure is covered.

How do I find the right surgeon?

With an understanding of your healthcare needs, your Care Advocate will provide a list of the best surgeons in our network so you can choose the one that's right for you.

If I already have a surgeon, how do I know if they are in the SurgeryPlus network?

Call your Care Advocate and they will be able to confirm whether your current surgeon is in our network.

What will my surgery cost?

We cover the most expensive costs associated with surgery, so you'll pay less for your procedure when you use your benefit. To maximize your savings, call your Care Advocate as soon as possible to confirm the details of your benefit and what you'll be responsible for covering, if anything.

What happens after my surgery?

Your Care Advocate will follow up and ensure you received the highest quality care and schedule any post-procedure appointments.



You deserve excellent and affordable surgical care. **Call us to learn more at 833.603.0511**

Email: CISBenefits SurgeryPlus.com
Website: CISBenefits.SurgeryPlus.com



Elevate Your Health, One Step at a Time with BeyondWell

BeyondWell is a comprehensive lifestyle program that integrates wellness activities, goals, rewards and more into a single place. The result is a truly personalized well-being experience that is tailored to your unique needs.



Earn up to \$150 per year in rewards - act now!

Our BeyondWell program is available now and continues into 2024—and Regence members and eligible spouses can **earn up to \$150** in electronic gift cards. Engage throughout each year to maximize your rewards!

Get started today!

Regence members

1. **Log into** your CIS Health Manager at regence.com
2. Scroll down to the programs listed and **select** BeyondWell.
3. If this is your first year participating, you'll need to **register** and accept the Terms of Use.

If you are asked for a code during registration | **CODE: CIS**



Take your well-being journey with you anywhere, anytime! Download the BeyondWell app now.

Earn up to **\$150** in rewards for healthy activities:

Download BeyondWell app

Connect a device or app

Verified steps through device

Personal challenges

Self-guided programs

Dental exams

Vision exams

Flu shot, COVID-19 vaccinations

Health assessment

Preventive screenings

Regence BabyWiseSM program

> Gift cards earned must be self-claimed by December 31 each year.
> Unclaimed rewards will be forfeited.

2024

Below you'll see all the ways you and your qualified spouse on the Regence health plan can earn up to **\$150** each in Amazon.com* electronic gift cards in 2024.

\$5 Sync a device or app

Our platform syncs with over 100 different devices. Earn this credit once per year.

\$5 Register on Regence.com

Register your account on regence.com and earn \$5.

\$25 Health assessment

The health assessment will help personalize your experience. Earn this incentive once per year.

\$30 Preventive exam

Get a qualifying preventive exam and earn this incentive once per year.^{2,3}

\$50 Chronic condition coaching

Enroll and engage in Chronic Condition Coaching in 2024 and earn a \$50 incentive! If you are eligible for the program you will be outreached to directly.

\$1 Verified steps through device

When steps are logged from your synced device, you earn credit. \$1 per 10,000 steps.¹

\$15 Personal challenge

Challenge yourself to improve lifestyle habits and earn \$15 per challenge (up to \$45 annually).

\$30 Interactive self-guided program

Complete any interactive self-guided program and earn \$30 (up to \$60 annually).

\$30 Dental exam

Complete a preventive dental exam and earn \$30.²

\$5 Download the BeyondWell app

Download and log in to the BeyondWell app after creating your account online and earn \$5.

\$20 Flu or COVID-19 Vaccination

Get your flu shot, COVID-19 vaccination or booster and earn \$20 once per year.²

\$30 Vision exam

Complete a preventive vision exam and earn \$30.²

\$50 Regence Pregnancy Program

Enroll and participate in the Regence Pregnancy program and earn this incentive once per year.²

\$15 Attend a webinar

Attend a webinar hosted by your EAP or BeyondWell and earn \$15 each (up to \$60 annually).

EAP Webinars

Intro to Emotional Intelligence	Jan 16 @ 10am
Eating for Mind & Body Health	Apr 4 @ 1pm
Work/Life Balance	Aug 27 @ 9am
Stress Management	Nov 14 @ 2pm

BeyondWell Webinars

Make Your Heart Beat	Feb 8 @ 11:30am
Movement for Improvement	Jun 13 @ 11:30am
Health Myths & Facts	Aug 22 @ 11:30am
Holiday Treats & Sweets	Oct 24 @ 11:30am

- \$1 per 10,000 steps; max \$2 daily. Steps will not carry over from day to day. Max \$25 per quarter for this activity.
- This activity is tracked through claims. There will be processing time for these items, so it may take up to 8 weeks to see the credit in your account.
- Qualifying preventive exams include: annual well-visit, pelvic exam, colorectal cancer screening, PSA and routine mammogram. for cash. For complete terms and conditions, see www.amazon.com/gc-legal. All Amazon ®, & © are IP of Amazon.com, Inc.

BeyondWell™

Amazon.com is not a sponsor of this promotion. Except as required by law, Amazon.com Gift Cards cannot be transferred for value or redeemed

BeyondWell is a separate and independent company that provides services for Regence members. Regence Blue Cross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association. BeyondWell is not insurance, but it is offered in addition to your medical plan to help you get information and support when you need it.

CHS-670343-21/09-REG
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The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go to <https://regence.com> or call 1 (888) general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms You can view the Glossary at healthcare.gov/sbc-glossary or call 1 (888) 370-6159 to request a copy. **Please Note:** Your medical plan is provided and administered by Regence BlueCross BlueShield of Oregon. This means that CIS, not Regence BlueCross BlueShield of Oregon, pays for your covered and supplies.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$1,700 individual (single coverage) / \$3,400 family per calendar year.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
Are there services covered before you meet your deductible?	Yes. Certain <u>preventive care</u> and those services listed below as <u>deductible</u> does not apply.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	\$3,400 individual (single coverage) / \$6,800 family per calendar year. An individual on family coverage will not have their <u>out-of-pocket limit</u> exceed \$6,800.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket limit</u> must be met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See https://regence.com/go/OR/Preferred or call 1 (888) 370-6159 for a list of <u>preferred providers</u> .	You pay the least if you use a <u>provider</u> in the preferred <u>network</u> . You pay more if you use a <u>provider</u> in the participating <u>network</u> . You will pay the most if you use a <u>participating provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be sure the <u>network provider</u> might use a <u>non-participating provider</u> for some services (such as <u>work</u>). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Preferred Provider (You pay the least)	Participating Provider (You pay more)	Non-participating Provider (You pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No charge / first 3 upfront visits / year; 20% <u>coinsurance</u> after 3 upfront visits	20% <u>coinsurance</u>	40% <u>coinsurance</u>	First 3 upfront visits combined for primary care and behavioral health services.
	<u>Specialist</u> visit	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
	<u>Preventive care/screening/immunization</u>	No charge, <u>deductible</u> does not apply	No charge, <u>deductible</u> does not apply	40% <u>coinsurance</u>	<u>Coinsurance</u> and <u>deductible</u> waived for childhood immunizations from <u>non-participating providers</u> . You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test (x-ray, blood work)</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	<u>Imaging (CT/PET scans, MRIs)</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
If you need drugs to treat your illness or condition	Generic drugs	Not applicable, refer to the <u>participating provider</u> column.	20% <u>coinsurance</u> 30-day / retail prescription; 20% <u>coinsurance</u> 90-day / mail order prescription	Not covered	<p><u>Out-of-pocket</u> limit is shared with medical services. <u>Deductible</u> waived and \$0 patient responsibility for generic and preferred brand drugs specifically designated as preventive for treatment of certain chronic diseases that are on the Preventive Medications List.</p> <p>30-day supply / retail prescription 90-day supply / mail order prescription Long term medication fills at participating retail pharmacies may be filled for up to a 90-day supply. Visit Express Scripts website for details. 30-day supply / <u>specialty drug</u> retail prescription</p>
	Preferred brand drugs	Not applicable, refer to the <u>participating provider</u> column.	20% <u>coinsurance</u> 30-day / retail prescription; 20% <u>coinsurance</u> 90-day / mail order prescription	Not covered	
	Non-Preferred Brand drugs	Not applicable, refer to the <u>participating</u>	20% <u>coinsurance</u> 30-day / retail	Not covered	

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Preferred Provider (You pay the least)	Participating Provider (You pay more)	Non-participating Provider (You pay the most)	
<p>Your prescription drug coverage is administered through Express Scripts (ES). Please visit Express Scripts' web site at www.express-scripts.com or contact their customer service at 1 (800) 496-4182.</p> <p>Regence BlueCross BlueShield of Oregon assumes no liability for the accuracy of your prescription drug benefits information.</p>		<u>provider</u> column.	<p>prescription;</p> <p>20% <u>coinsurance</u> 90-day / mail order prescription</p>		<p><u>Specialty drug</u> coverage is limited to a 30-day supply and must be filled through Accredo Specialty Pharmacy. Specialty medications filled at a retail pharmacy are subject to 100% <u>copayment</u> / coinsurance, and this amount does <u>not accumulate</u> towards the <u>out-of-pocket limit</u>. Certain preventive items and services as defined by the Affordable Care Act are covered at zero dollar cost share.</p> <p>Production Selection Cost – If you request and obtain a brand name drug when a generic equivalent is available, you will be charged a penalty equal to the cost difference between the brand name drug and the generic drug.</p>
	<u>Specialty drugs</u>	Not applicable, refer to the <u>participating provider</u> column.	<p>20% <u>coinsurance</u> 30-day / specialty generic</p> <p>20% <u>coinsurance</u> 30-day / specialty preferred brand prescription;</p> <p>20% <u>coinsurance</u> 30-day / specialty brand</p> <p><u>Specialty drugs</u> must be filled through Accredo Specialty Pharmacy.</p>	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	<p>10% <u>coinsurance</u> for ambulatory surgery centers;</p> <p>20% <u>coinsurance</u> for all other facilities</p>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Physician/surgeon fees	10% <u>coinsurance</u> for ambulatory surgery center physicians;	20% <u>coinsurance</u>	40% <u>coinsurance</u>	

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Preferred Provider (You pay the least)	Participating Provider (You pay more)	Non-participating Provider (You pay the most)	
		20% <u>coinsurance</u> for all other physicians			
If you need immediate medical attention	<u>Emergency room care</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	
	<u>Urgent care</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Physician/surgeon fees	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge / first 3 upfront visits / year; 20% <u>coinsurance</u> after 3 upfront visits	20% <u>coinsurance</u>	40% <u>coinsurance</u>	First 3 upfront visits combined for primary care and behavioral health services.
	Inpatient services	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you are pregnant	Office visits	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Cost sharing does not apply for preventive services. Depending on the type of services, a copayment, coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
	Childbirth/delivery facility services	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	130 visits / year
	<u>Rehabilitation services</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	77 visits / year for all <u>habilitation</u> and outpatient rehabilitation services Includes physical therapy, occupational therapy, speech therapy and neurodevelopmental therapy services.
	<u>Habilitation services</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Neurodevelopmental therapy limited to individuals under age 18.
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	120 inpatient days / year

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Preferred Provider (You pay the least)	Participating Provider (You pay more)	Non-participating Provider (You pay the most)	
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	<u>Hospice services</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	14 respite inpatient or outpatient days / lifetime
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	Not covered	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> • Cosmetic surgery, except congenital anomalies • Dental care • Infertility treatment | <ul style="list-style-type: none"> • Long-term care • Private-duty nursing • Routine eye care | <ul style="list-style-type: none"> • Routine foot care, except for diabetic patients • Weight loss programs |
|---|--|---|

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> • Abortion • Acupuncture, 12 visits / year • Bariatric surgery, 1 surgery / lifetime • Chiropractic care, 20 visits / year | <ul style="list-style-type: none"> • Hearing aids (individuals up to age 19, or individuals 19 years of age up to age 26 and enrolled in a secondary school or an accredited educational institution), 1 per ear / year | <ul style="list-style-type: none"> • Non-emergency care when traveling outside the U.S. |
|---|--|--|

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1 (866) 444-3272 or dol.gov/ebsa/healthreform, or the U.S. Department of Health and Human Services, Center for Consumer Information and Insurance Oversight at 1 (877) 267-2323 ext. 61565 or cciio.cms.gov or your state insurance department. You may also contact the plan at 1 (888) 370-6159. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit HealthCare.gov or call 1 (800) 318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the plan at 1 (888) 370-6159 or visit regence.com or the U.S. Department of Labor, Employee Benefits Security Administration at 1 (866) 444-3272 or dol.gov/ebsa/healthreform. You may also contact the Oregon Division of Financial Regulation by calling 1 (503) 947-7984 or the toll-free message line at 1 (888) 877-4894; by writing to the Oregon Division of Financial Regulation, Consumer Advocacy Unit, P.O. Box 14480, Salem, OR 97309-0405; through the Internet at: dfr.oregon.gov/help/complaints-licenses/Pages/file-complaint.aspx; or by E-mail at: DFRInsuranceHelp@oregon.gov.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1 (888) 370-6159.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments, coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible** **\$1,700**
- **Specialist coinsurance** **20%**
- **Hospital (facility) coinsurance** **20%**
- **Other coinsurance** **20%**

This EXAMPLE event includes services like: Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services Diagnostic tests (*ultrasounds and blood work*) Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$1,700
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$1,700
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$3,460

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** **\$1,700**
- **Specialist coinsurance** **20%**
- **Hospital (facility) coinsurance** **20%**
- **Other coinsurance** **20%**

This E AMPLE event includes services like: Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$1,700
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$700
<i>What isn't covered</i>	
Limits or exclusions	\$200
The total Joe would pay is	\$2,600

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- **The plan's overall deductible** **\$1,700**
- **Specialist coinsurance** **20%**
- **Hospital (facility) coinsurance** **20%**
- **Other coinsurance** **20%**

This EXAMPLE event includes services like: Emergency room care (*including medical supplies*) Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$1,700
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$200
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,900

The plan would be responsible for the other costs of these E AMPLE covered services.

NONDISCRIMINATION NOTICE

Regence complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Regence does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Regence:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, and accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services listed above, please contact:

Medicare Customer Service

1-800-541-8981 (TTY: 711)

Customer Service for all other plans

1-888-344-6347 (TTY: 711)

If you believe that Regence has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our civil rights coordinator below:

Medicare Customer Service

Civil Rights Coordinator
MS: B32AG, PO Box 1827
Medford, OR 97501
1-866-749-0355, (TTY: 711)
Fax: 1-888-309-8784
medicareappeals regence.com

Customer Service for all other plans

Civil Rights Coordinator
MS CS B32B, P.O. Box 1271
Portland, OR 97207-1271
1-888-344-6347, (TTY: 711)
CS regence.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW,
Room 509F HHH Building
Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-344-6347 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-344-6347 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-344-6347 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-344-6347 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-344-6347 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-344-6347 (телетайп: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-344-6347 (ATS : 711)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-344-6347 (TTY:711) まで、お電話にてご連絡ください。

Díí baa akó nínízin: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíílnih 1-888-344-6347 (TTY: 711.)

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea te ke lava 'o ma'u ia. ha'o telefonimai mai ki he fika 1-888-344-6347 (TTY: 711)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-344-6347 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711)

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-888-344-6347 (TTY: 711)។

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-344-6347 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachdienstleistungen zur Verfügung. Rufnummer: 1-888-344-6347 (TTY: 711)

ማስታወሻ:- የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል፤ በሚከተለው ቁጥር ይደውሉ 1-888-344-6347 (መስማት ለተሳናቸው:- 711)::

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-344-6347 (телетайп: 711)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-888-344-6347 (टिक्टाइप: 711)

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-344-6347 (TTY: 711)

MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-344-6347 (TTY: 711)

โปรดทราบ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-344-6347 (TTY: 711)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄວນມີຜ້ອມໃຫ້ທ່ານ. ໂທ 1-888-344-6347 (TTY: 711)

Afaan dubbattan Oroomiffaa tiif, tajaajjila gargaarsa afaanii tola ni jira. 1-888-344-6347 (TTY: 711) tiin bilbilaa.

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-344-6347 (TTY: 711) تماس بگیرید.

ملحوظة: إذا كنت تتحدث فاذاكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-344-6347 (رقم هاتف الصم والبكم 711 TTY)

Kaiser Plan Summaries



Copay B: Alternative Care & Vision January 1, 2024 - December 31, 2024	
Out-of-Pocket Maximum (Note: All Copayment, and Coinsurance amounts count toward the Out-of-Pocket Maximum, unless otherwise noted.)	
For one Member	\$1,500
For an entire Family	\$3,000
Office visits	You pay
Routine preventative physical exam	\$0
Telehealth (phone/video)	\$0
Primary Care	\$5 for first 3 visits; then \$20 for additional visits in the same Year *
Specialty Care	\$30
Urgent Care	\$40
Tests (outpatient)	You pay
Preventive Tests	\$0
Laboratory	\$20 per department visit
-ray, imaging, and special diagnostic procedures	\$20 per department visit
CT, MRI, PET scans	\$50 per department visit
Medications (outpatient)	You pay
Prescription drugs (up to a 30 day supply)	Generic \$10, Preferred \$20, Non-preferred \$40, Specialty \$40 (Per prescription)
Mail Order Prescription drugs (up to a 90 day supply)	2 x Copay
Administered medications, including injections (all outpatient settings)	20% Coinsurance
Nurse treatment room visits to receive injections	\$10
Maternity Care	You pay
Scheduled prenatal care visits and postpartum visits	\$0
Laboratory	\$20 per department visit
-ray, imaging, and special diagnostic procedures	\$20 per department visit
Inpatient Hospital Services	\$200 per day up to \$1,000 per admission
Hospital Services	You pay
Ambulance Services (per transport)	\$75
Emergency services	\$200 (Waived if admitted)
Inpatient Hospital Services	\$200 per day up to \$1,000 per admission
Outpatient Services (other)	You pay
Outpatient surgery visit	\$50
Chemotherapy/radiation therapy visit	\$30
Durable medical equipment	20% Coinsurance
Physical, speech, and occupational therapies (up to 20 visits per therapy per Calendar Year)	\$30
Skilled Nursing Facility Services	You pay
Inpatient skilled nursing Services (up to 100 days per Calendar Year)	\$0
Mental Health and Substance Use Disorder Services	You pay
Outpatient Services (Group visit copay)	\$5 for first 3 visits; then \$20 for additional visits in the same Year *
Inpatient hospital & residential Services	\$200 per day up to \$1,000 per admission
Alternative Care* (self-referred)	You pay

Acupuncture Services (up to 12 visits per year)	\$20 per visit
Chiropractic Services (up to 20 visits per year)	\$20 per visit
Massage Therapy (up to 12 visits per year)	\$25 per visit
Naturopathic Medicine	\$5 for first 3 visits; then \$20 for additional visits in the same Year *
Vision Services	You pay
Routine eye exam (Covered until the end of the month in which Member turns 19 years of age)	\$0
Vision hardware and optical Services (Covered until the end of the month in which Member turns 19 years of age)	No charge for eyeglass lenses or frames or contact lenses every 12 months.
Routine eye exam (For members 19 years and older)	\$20
Vision hardware and optical Services (For members 19 years and older)	Balance after \$150 allowance, once every calendar year

* First 3 visits (or days) are any combination of in-person or telemedicine Services for primary care non-specialty medical Services, mental health outpatient Services, naturopathic medicine, or Substance Use Disorder outpatient Services.

Any amount you pay for covered Services does not count toward the Out-of-Pocket Maximum.

kp.org Resources: Here are some ways to make managing your care easier:
 Sign on to our convenient online services and stay on top of your treatment from the comfort of your home.

- Find or switch doctors
- View lab test results
- Health risk assessments
- Order prescription refills
- Schedule and cancel appointments
- Exchange secure emails with your doctor and health care team
- Find locations of our medical centers and offices

Appointment Alternatives:
-Advice Nurse Line - If you have a health concern but aren't sure where to go for care, call the Kaiser Permanente advice nurse line at (800) 813-2000. Available 24 hours a day, our advice nurses can give you guidance on getting the care you need, view your medical record, and help schedule an appointment if needed.
-Virtual Care - Virtual care options are available for many health concerns. You can skip a copay and schedule a visit to see a doctor using your computer or mobile device. Call (800) 813-2000 (toll free), (503) 813-2000, or 711 (TTY for the hearing/speech impaired). You can use online scheduling to make an appointment with our Urgent Care providers. We offer both same-day Urgent Care Telephone Appointments and Urgent Care Video Visits.
-Email Your Doctor - You can send a secure email to your doctor and care team for answers to non-urgent health and wellness questions at any time by logging on to kp.org on your computer or mobile device.

Disease Management:
 Our integrated health care delivery system provides comprehensive and coordinated care for our members with chronic conditions. All members who are identified by specified criteria are automatically enrolled in one of our disease management programs. Your personal physician, specialists, pharmacists, nurses, nutritionists, class instructors, and others will care for the whole you, body and mind.

Healthy Lifestyle Programs: kp.org/healthylifestyles or kphealthylifestyles.org.:
 Digital and telephonic health coaching programs are available at no cost to members. These personalized interactive programs can help a member's goals to lose weight, eat better, manage stress, quit smoking, and more.
 The online healthy lifestyle programs include:

- **Balance®** - A weight management program
- **Breathe®** - A program to help you quit smoking ([kp.org/quit smoking](http://kp.org/quit-smoking))
- **Care® for Your Back** – Delivers personalized strategies for preventing and managing back pain
- **Care® for Diabetes** – Tools for managing Diabetes
- **Care for Pain®** - For members living with chronic pain
- **Care® for Depression** – Help with managing depression
- **Care® for sleep** – Tools for sleeping better
- **Relax®** - Stress management

Member Discounts: kp.org/choosehealthy
 Available to you at no cost through your health plan, ChooseHealthy offers a directory of complementary care providers, an online store, fitness club discounts, savings on health products and services, and more. You'll find reduced rates on:

- Fitness facility memberships
- Chiropractic care
- Health & fitness books & videos
- Massage therapy services
- Acupuncture
- Herbs, vitamins, and supplements

Plan is subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the Evidence of Coverage (EOC). EOCs are available upon request or you may go to kp.org/plandocuments.

Questions? Call Member Services (M-F, 8 am-6 pm) or **visit kp.org** Portland area: 503-813-2000 All other areas: 1-800-813-2000 TTY.711. Language Interpretation Services, all areas 1-800-324-8010

This is not a contract. This benefit summary does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details on benefit coverage, claims review, and adjudication procedures, please see your EOC or call Member Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.



Learn about your out-of-area benefit for dependent children

FOR MEMBERS ON LARGE GROUP PLANS (51+ EMPLOYEES)¹

Your dependent children have access to care beyond urgent and emergency care outside the Kaiser Permanente network. Your out-of-area benefit covers routine, continuing, and follow-up care for dependent children residing outside the service area.

SERVICES

With this benefit, you will pay 20% of the charges for the service received.² This benefit includes the following services:³

- 10 office visits per year, including preventive care, primary care, naturopathic care, specialty care, outpatient mental health and substance use disorder services, allergy injections, and outpatient physical therapy
- 10 diagnostic -rays and lab tests per year (covers diagnostic -rays but excludes CT, MRI, PET, and other specialty scans)
- 10 prescription drug fills per year

PAYMENT

You have 2 payment options for services you receive using the out-of-area benefit for dependent children:

- The health care provider can bill Kaiser Permanente directly, and no claim needs to be submitted.
- You can pay out of pocket and submit a Claim Reimbursement form for reimbursement. This form can be found at [kp.org/disclosures](https://www.kp.org/disclosures).

Payments for these services count toward your plan's out-of-pocket maximum.

¹The dependent out-of-area benefit does not apply to Added Choice® plans, PPO Plus® plans, Standard plans, Cascade plans, Senior Advantage plans, or WA Conversion plans.

²The cost share is subject to deductible on HSA-qualified high deductible health plans.

³Any other services not specifically listed as covered are excluded under this out-of-area benefit.

- ✔ Customer Service contact information:
Oregon and Washington
1-800-813-2000
711 (TTY)
1-800-324-8010
(Interpreter-Assisted
Appointing and Advice)
Monday through Friday,
8 a.m. to 6 p.m. PT



ELIGIBILITY

The following requirements apply:

- Dependent children must meet eligibility requirements and be under the age limit specified in the *Evidence of Coverage*.
- Dependent children must be living outside the service area. Dependent children who reside in another Kaiser Foundation Health Plan service area may use their visiting member benefit.

PRESCRIPTION DRUG COVERAGE

Out-of-area dependent children may buy prescription drugs from:

- **Mail-order pharmacy.** Dependent children residing outside the service area but within Oregon and Washington may use our mail-order pharmacy. Members will pay their normal copay or coinsurance.
- **Nonparticipating pharmacies.** Dependent children residing outside the service area may also use a nonparticipating pharmacy. Members will pay 20% and Kaiser Permanente will pay 80% for up to 10 prescription fills per year. We will reimburse only when the drugs are medically necessary.

EXCLUSIONS AND LIMITATIONS

The following services are not covered under the dependent out-of-area benefit but may be covered under another benefit, with applicable copays or coinsurance:

- Emergency services, post-stabilization, and urgent care
- Transplant services
- Visiting member services (care received when in another Kaiser Foundation Health Plan); go to **kp.org/travel** for more information on other service areas

WHAT SERVICES DOES THIS BENEFIT COVER?

We will cover limited services for dependent children outside our service area but within the United States (which for the purpose of this benefit means the 50 states, the District of Columbia, and the U.S. territories).

Emergency and urgent care is separate from the dependent out-of-area benefit. If you reasonably believe you have an emergency medical condition, which is a medical or psychiatric condition that requires immediate medical attention to prevent serious jeopardy to your health, call 911 or go to the nearest emergency department. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage*.

This form is available on kp.org/disclosures.



Elevate Your Health, One Step at a Time with BeyondWell

BeyondWell is a comprehensive lifestyle program that integrates wellness activities, goals, rewards and more into a single place. The result is a truly personalized well-being experience that is tailored to your unique needs.

Earn up to \$150 per year in rewards - act now!

- > Gift cards earned must be self-claimed by December 31 each year.
- > Unclaimed rewards will be forfeited.

Our BeyondWell program is available now and continues into 2024—and Kaiser members and eligible spouses can **earn up to \$150** in electronic gift cards. Engage throughout each year to maximize your rewards!

Get started today!

Kaiser members

1. Visit www.beyondwellhealth.com.
2. Select **Login/Register** in the top right-hand corner.
3. Log into your existing account or register for a new account and accept the Terms of Use.



Earn up to **\$150** in rewards for healthy activities:

Download BeyondWell app

Connect a device or app

Verified steps through device

Personal challenges

Self-guided programs Dental

exams

Flu shot

Health assessment

Select cancer screenings

Register on KP.org



Take your well-being journey with you anywhere, anytime! Download the BeyondWell app now.

2024

Below you'll see all the ways you and your qualified spouse on the Kaiser health plan can earn up to **\$150** each in Amazon.com electronic gift cards in 2024.

\$5 Sync a device or app

Our platform syncs with over 100 different devices. Earn this credit once per year.

\$1 Verified steps through device

When steps are logged from your synced device, you earn credit. \$1 per 10,000 steps.¹

\$5 Download the BeyondWell app

Download and log in to the BeyondWell app after creating your account online and earn \$5.

\$30 Interactive self-guided program

Complete any interactive program and earn \$30 (up to \$60 annually)

\$30 Dental exam

Complete a preventive dental exam and earn \$30.²

\$20 Flu or COVID-19

Get your flu shot or COVID-19 vaccination and earn \$20 once per year.²

\$25 Health assessment

The health assessment will help personalize your experience. Earn this incentive once per year.

\$15 Personal challenge

Challenge yourself to improve lifestyle habits and earn \$15 per challenge (up to \$30 annually).

\$30 Cancer screenings

Earn an incentive when you get a qualified cancer screening with KP physician.^{2,3}

\$5 Register on KP.org

Register your account on KP.org and earn \$5.⁴

\$15 Attend a webinar

Attend a webinar hosted by your EAP or BeyondWell and earn \$15 each (up to \$60 annually).

EAP Webinars

Intro to Emotional Intelligence	Jan 16	10am
Eating for Mind & Body Health	Apr 4	1pm
Work/Life Balance	Aug 27	9am
Stress Management	Nov 14	2pm

BeyondWell Webinars

Make Your Heart Beat	Feb 8	11:30am
Movement for Improvement	Jun 13	11:30am
Health Myths & Facts	Aug 22	11:30am
Holiday Treats & Sweets	Oct 24	11:30am

- \$1 per 10,000 steps; max \$2 daily. Steps will not carry over from day to day. Max \$25 per quarter for this activity.
- This activity is tracked through claims and will require the completion of a Kaiser Permanente HIPAA authorization form. The form will be available to complete on the BeyondWell site beginning in January 2024.
- Qualifying preventive exams include: mammogram, colonoscopy, and pelvic exam.
- This activity requires the participant to log in to their KP.org account and complete the Kaiser Permanente HIPAA Authorization Form. Once complete, it may take up to eight weeks to see the activity credit in your account.

Amazon.com is not a sponsor of this promotion. Except as required by law, Amazon.com Gift Cards cannot be transferred for value or redeemed for cash. For complete terms and conditions, see www.amazon.com/gc-legal. All Amazon ®, & © are IP of Amazon.com, Inc.

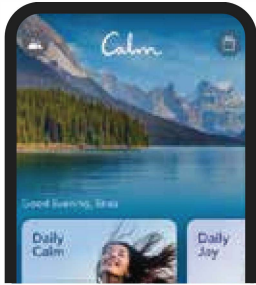
BeyondWell™

BeyondWell is a separate and independent company that provides services for Regence members. Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association. BeyondWell is not insurance, but it is offered in addition to your medical plan to help you get information and support when you need it.

Support for emotional wellness

Try our on-demand self-care apps today at no additional cost

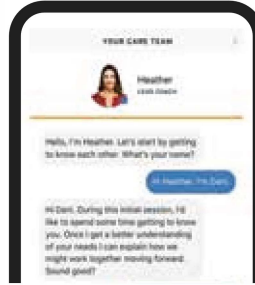
Get help with anxiety, stress, sleep, mood, and more. Anytime you need it. Kaiser Permanente members can explore 3 evidence-based apps:



Calm

The #1 app for meditation and sleep. You can choose from hundreds of programs and activities, including:

- Guided meditations
- Sleep Stories
- Mindful movement videos



ginger

1-on-1 emotional support coaching and self-care activities to help with many common challenges.

- Coaches are available by text 24/7
- You can use Ginger's text-based coaching services at no cost, no referral needed



myStrength
by Teladoc Health

Personalized programs designed to help you:

- Set mental health goals
- Learn coping skills
- Track your progress over time
- Make positive changes



Visit kp.org/selfcareapps to get started

1. The apps and services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. The apps and services may be discontinued at any time.
 2. The apps and services are neither offered nor guaranteed under contract with the FEHB Program, but are made available to enrollees and family members who become members of Kaiser Permanente.
 3. Calm and myStrength can be used by members 13 and over. The Ginger app and services are not available to any members under 18 years old.
 4. Some individuals who receive health care services from Kaiser Permanente through state Medicaid programs are not eligible for the Ginger app and services.
 5. Eligible Kaiser Permanente members can text with a coach using the Ginger app for 90 days per year. After the 90 days, members can continue to access the other services available on the Ginger app for the remainder of the year at no cost.
- Calm, Ginger, and myStrength are not available to Kaiser Permanente Dental-only members.

Learn more at kp.org/selfcareapps



MEMBER DISCOUNT PROGRAMS

As a Kaiser Permanente member, you can enjoy no-cost and discounted online tools, classes, programs, and activities that can help keep you happy and healthy.

> NEW Ginger | 24/7 emotional support

ginger Ginger's emotional support coaches are available on-demand to help with stress, low mood, sleep troubles, and more. Access features that include:

- **Text with a coach anytime, anywhere, 24/7 for 90 days.**
- **Discuss goals, share challenges, and create an action plan with your coach.**
- **Get personalized, interactive skill-building tools from your coach via a library of more than 200 activities.**

Members can get Ginger at kp.org/selfcare.

> Calm Premium | Online wellness app

Calm Help lower stress and reduce anxiety with the highly rated app for sleep, meditation, and relaxation. Members can access all Calm features at no cost, including:

- **100+ guided meditations**
- **Video lessons for stretching and gentle movements**
- **Daily mindfulness themes**
- **Soothing sleep stories**

Members can get Calm at kp.org/selfcare.

¹Only available to Kaiser Permanente members with medical coverage.





> myStrength^{1,2} | Personalized wellness program

myStrength Help increase emotional resilience and adaptability with this app-based wellness program. Members can create a personalized routine that includes:

- **Tailored programs for managing depression, stress, anxiety, and more**
- **Mindfulness and meditation activities**
- **Tools for setting goals, tracking emotional states, and monitoring progress**

Members can get myStrength at kp.org/selfcare.

> ClassPass¹ | Virtual workout classes

classpass We've partnered with fitness industry leader ClassPass to give Kaiser Permanente members online and in-person access to 30,000 gyms and studios around the world. Members get:

- **Unlimited access to 4,000+ on-demand classes**
- **Cardio, yoga, barre, meditation, and more**
- **Discounts on livestream and in-person classes**
- **Top-rated studios worldwide**
- **Reduced membership rates and more**

Start your new fitness routine now!

Visit kp.org/exercise for step-by-step sign-up directions.

¹Only available to Kaiser Permanente members with medical coverage.

²myStrength® is a trademark of Livongo Health, Inc., a wholly owned subsidiary of Teladoc Health, Inc.

> ChooseHealthy® program

Explore the below options and more at kp.org/choosehealthy.

25% discount off usual and customary fees when seeking services from providers in the ChooseHealthy network

- **Chiropractic care**
- **Massage therapy**
- **Acupuncture**

Discounted products and services

- **Product discounts.** Fitbit, Skechers, Vitamix, and more
- **Gym membership.** Gym, fitness club, and yoga studio access nationwide through Active&Fit Direct

REGISTER TODAY!

1. To register for access to discounts or to find a participating fitness center near you, go to kp.org/choosehealthy and sign in to kp.org.
2. Click the "ChooseHealthy" link, then click "Register" on the ChooseHealthy homepage.

> Discounts and programs from The CHP Group

Register online for discounts on products and services at chpactiveandhealthy.com. Membership is free for Kaiser Permanente members in Oregon and Southwest Washington.

Discount categories include:

- **Beauty and personal care**
- **Eating well**
- **Education and learning**
- **Exercise**
- **Outdoor activities**
- **Relaxation and stress management**
- **Sports**
- **Travel**

Kaiser Permanente Affinity | Discounts on integrative health care

Members receive a 20% discount from our network providers on services including:

- **Chiropractic care**
- **Massage therapy**
- **Naturopathic medicine**
- **Acupuncture**

USE YOUR DISCOUNT!

1. **Find a CHP provider.**
Go to chpgroup.com and click on "Find a Provider," choose "Kaiser Permanente Self-Referred" from the "Participating Plan" pull-down menu, and then search by specialty, address, name, and more.
2. **Schedule your appointment.**
At your appointment, identify yourself as a Kaiser Permanente member, and you'll receive a 20% discount off the provider's usual and customary fees.

The ChooseHealthy program is a discount program; it is not insurance. You can access services from any ChooseHealthy participating provider; referral from a primary care physician is not required. You're responsible for paying the discounted fee directly to the contracted provider.

> Other discount programs

Vision Essentials by Kaiser Permanente everyday values

- Save 30% off each additional pair of frames and lenses.
- Kids lenses are 50% off full price.
- Glasses and contact lenses can be direct-shipped at no additional cost.
- Shop online for exclusive single vision frame and lens complete packages.
- Receive 50% off the original price paid for frames and/or lenses (of the same prescription) if they become damaged or broken within one year of purchase at a Northwest Vision Essentials by Kaiser Permanente location.

Learn more at kp2020.org/pacnw.

Comfort Keepers®

Various discounts, including in-home assessments, available from a leader in nonmedical, in-home services. Visit comfortkeepers.com.

LifeStation® medical alert

Round-the-clock medical alert services. Call **1-866-745-7575** or visit lifestation.com/advantage for more information.

Mom's Meals NourishCare®

Receive a special price for a meal plus sides and shipping on freshly made, fully prepared, ready-to-eat meals delivered to your door. Visit momsmealsnc.com for more information.

PERSONALIZED PROGRAMS

Speak with a health coach to set goals at **1-866-301-3866** (option 2).

Visit kp.org and click "Health & Wellness" for programs and classes. Or visit kp.org/healthengagement for Health Engagement and Wellness Services.

These products and services are provided by entities other than Kaiser Foundation Health Plan of the Northwest (KFHPNW). Certain KFHPNW benefit plans include coverage for some of these discounted services. Check your *Evidence of Coverage* for details. KFHPNW disclaims any liability for these discounted products and services. Should a problem arise, you may take advantage of our grievance process by calling Member Services at **1-800-813-2000** (TTY **711**).

More care options while you're away from home



No matter where life takes you, Kaiser Permanente has you covered. If something unexpected happens while you're away from home, it's easier than ever to get care.



Nonurgent care

Use your **kp.org** account or the Kaiser Permanente app across the U.S. to:

- Get 24/7 care and advice from Kaiser Permanente clinicians by phone or online
- Access care by phone,¹ video,¹ or e-visit – usually at no cost²
- Email nonurgent questions to your doctor's office



Urgent care³

You can get urgent care anywhere in the world. At many locations outside Kaiser Permanente states, you'll only pay your copay or coinsurance for care or prescriptions⁴ related to your urgent care visit – no need to file a claim later:

- Cigna PPO Network⁵
- MinuteClinic, including pharmacies⁶
- Concentra Urgent Care⁶
- The Little Clinic, including pharmacies⁶

At all other locations, you must pay the full cost of care upfront and file a claim for reimbursement later.



Emergency care⁷

No matter where you are, you can simply go to the nearest hospital emergency room. If it's a Kaiser Permanente location or Cigna PPO provider, you'll only pay your normal copay or coinsurance.

Support while you're away



Need help finding care or learning what's covered while you're away? Call the Away from Home Travel Line at **951-268-3900 (TTY 711)**⁸ or visit **kp.org/travel**.

Mental health and wellness

Caring for the whole you



Health for your mind, body, and spirit

Your mind and body are connected. At Kaiser Permanente, we're committed to helping you achieve and maintain optimal mental, physical, and emotional health.



What are mental health services?

Mental health services include assessment, treatment, and support for a variety of mental and emotional concerns, including but not limited to:

- Attention deficit hyperactivity disorder (ADHD)
- Anxiety disorders including panic and post-traumatic stress
- Mood disorders including depression and bipolar disorder
- Obsessive-compulsive disorder
- Schizophrenia



Help for addiction and recovery

If you're struggling with substance use, you're not alone. Go to kp.org/recovery to understand your options and get the support you need to feel better.



You don't need a referral

You can make an appointment for mental health services without a referral.

Learn more about mental health services and resources available to you at kp.org/mentalhealthservices/nw.



How can we help?

Mental health e-visit

Take an online survey to assess symptoms like stress, depression, and anxiety to get options on next steps. Available on kp.org or on the Kaiser Permanente mobile app.

Schedule a primary care appointment

Schedule online or call **1-800-813-2000 (TTY 711)** to make an appointment with your primary care team or a same- or next-day appointment with a behavioral health consultant. No referral needed.

Schedule a specialty care appointment

Get an evaluation and treatment for conditions that require concentrated, intensive care. Services may include individual office or virtual visits, group therapy, or higher levels of care such as intensive outpatient services.

For mental health or an addiction medicine assessment, call **503-249-3434** or **1-855-632-8280**.

(continues on next page)



Talk to your personal doctor

Your personal doctor knows you best – your medical history, preferences, beliefs, and lifestyle. They're trained to diagnose common conditions such as stress, depression, anxiety, and substance use disorder and can connect you to the care that's right for your needs.

Resources for emotional wellness

Self-care resources at kp.org/selfcareapps can help you improve your physical, mental, and emotional well-being at no extra cost to you.^{1,2,3}

- Calm app for meditation, mental resilience, and sleep.
- Ginger app to help you cope with some of life's most common challenges – from stress and low mood to issues with work, relationships, and sleep.^{4,5}
- myStrength® app to help improve well-being, get better sleep, and boost your mood.⁶
- Online self-assessment tools.

For emergency care

If you are experiencing a medical or psychiatric emergency, call **911** or go to the nearest emergency department.

If you need addiction or mental health-related crisis support, or are worried about someone else, you can also call or text the National Suicide and Crisis Lifeline at **988** (TTY **711**).

¹The apps and services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. The apps and services may be discontinued at any time.

²The apps and services are neither offered nor guaranteed under contract with the FEHB Program, but are available to enrollees and family members who become members of Kaiser Permanente.

³Calm and myStrength can be used by members 13 and over. The Ginger app and services are not available to any members under 18 years old.

⁴Some individuals who receive health care services from Kaiser Permanente through state Medicaid programs are not eligible for the Ginger app and services.

⁵Eligible Kaiser Permanente members can text with a coach using the Ginger app for 90 days per year. After the 90 days, members can continue to access the other services available on the Ginger app for the remainder of the year at no cost. Calm, Ginger, and myStrength are not available to Kaiser Permanente Dental-only members.

⁶myStrength® is a trademark of Livongo Health, Inc., a wholly owned subsidiary of Teladoc Health, Inc.



441K
patients
have participated
nationwide

Kaiser Permanente internal data, online
physical therapy enrollment as of March 2, 2021.

Online physical therapy

Interactive exercise videos and educational resources, personalized for members with musculoskeletal injuries or chronic conditions

1. Get a personalized video package

Based on your employees' specific diagnosis, we'll leverage our library of over 1,000 home exercise and patient education videos to fully customize their physical therapy regimen.

2. Track progress

Members can access their video library on kp.org or the Kaiser Permanente app. After signing in, they can also report any pain or difficulties they're having directly with their care team—all captured in the electronic health record.

3. Optimize ongoing treatment

Using a visual reporting dashboard, our care teams can easily monitor your employees' progress, adjust their physical therapy based on real-time feedback, and have the latest information on hand for upcoming visits.



All devices

46



Physical Therapy by Kaiser Permanente Providers

Remote patient monitoring

A convenient way for members to manage chronic conditions by sharing health data electronically with their care team

1. Connect to a monitoring device

To track their vitals, members with diabetes or hypertension can connect their mobile devices to Bluetooth-enabled glucometers and blood pressure monitors.

2. Share data in real time

Glucose and blood pressure data is automatically shared with a member's care team and captured in their electronic health record. If readings are higher or lower than the desired range, members can also send notes in their smartphone app to provide extra insights.

3. Get an adjusted care plan

Our care teams are alerted when new data comes in, allowing them to make informed, timely decisions on treatments, without needing to manually gather a member's latest readings.



45K
members

enrolled in remote monitoring programs to better control their diabetes or hypertension from home

Kaiser Permanente Telehealth Insights Dashboard, accessed April 1, 2021.



cost depends on
plan coverage



all devices



health care tools

 KAISER PERMANENTE®

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

Coverage Period:



KAISER PERMANENTE.

: CIS Trust – Copay B: Alternative Care & Vision

01/01/2024-12/31/2024 Coverage

All [plans](#) offered and underwritten by Kaiser Foundation Health Plan of the Northwest


for: Individual / Family | Plan Type:



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be [This is only a summary](#). For more information about your coverage, or to get a copy of the complete terms of coverage see 1-800-813-2000 (TTY: 711). For definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <http://www.healthcare.gov/sbc-glossary> or call 1-800-813-2000 (TTY: 711) to request a copy.**

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered you meet your deductible?	Not applicable.	This plan covers some items and services even if you haven't yet met the amount. But a copayment or coinsurance may apply. For example, this certain preventive services without cost-sharing and before you meet See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles ?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket this plan?	\$1,500 Individual / \$3,000	The out-of-pocket limit is the most you could pay in a year for covered have other family members in this plan , they have to meet their own out-of-pocket until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums , health care this plan doesn't cover, and services indicated in chart	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use network provider?	Yes. See www.kp.org or call 1-800-813-2000 (TTY: 711) for a list of participating providers .	This plan uses a provider network . You will pay less if you use a provider network . You will pay the most if you use an out-of-network provider , receive a bill from a provider for the difference between the provider's your plan pays (balance billing). Be aware your network provider might network provider for some services (such as lab work). Check with your you get services .

Do you need a referral to specialist?	Yes, but you may self-refer to specialists .	This plan will pay some or all of the costs to see a specialist for covered if you have a referral before you see the specialist .
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 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 / visit	Not covered	\$5 / visit for the first 3 outpatient combined for primary care, mental/behavioral health, substance services, and other qualified visits.
	Specialist visit	\$30 / visit	Not covered	None
	Preventive care/screening immunization	No charge	Not covered	You may have to pay for services preventive. Ask your provider if the needed are preventive. Then check your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	x-ray: \$20 / visit Lab tests: \$20 / visit	Not covered	None
	Imaging (CT/PET scans MRIs)	\$50 / visit	Not covered	Some services may require prior authorization.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.kp.org/formulary	Generic drugs	\$10 (retail); \$20 (mail order) / prescription	Not covered	Up to a 30-day supply (retail); up to a 90-day supply (mail order). Subject to formulary guidelines.
	Preferred brand drugs	\$20 (retail); \$40 (mail order) / prescription	Not covered	Up to a 30-day supply (retail); up to supply (mail order). Subject to guidelines .
	Non-preferred brand drugs	\$40 (retail); \$80 (mail order) / prescription	Not covered	Up to a 30-day supply (retail); up to a 90-day supply (mail order). Subject to formulary guidelines, when approved through exception
	Specialty drugs	Applicable Generic, Preferred brand, Non-Preferred brand drug cost shares apply.	Not covered	Up to a 30-day supply (retail). formulary guidelines, when approved through exception process.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery)	\$50 / visit	Not covered	Prior authorization required.
	Physician/surgeon fees	No charge	Not covered	Physician/surgeon fees are included Facility fee.
If you need immediate medical attention	Emergency room care	\$200 / visit	\$200 / visit	Copayment waived if admitted directly to the hospital as an inpatient.
	Emergency medical transportation	\$75 / trip	\$75 / trip	None
	Urgent care	\$40 / visit	Not covered	Non-Participating Providers covered when temporarily outside the service area: \$40 / visit
If you have a hospital stay	Facility fee (e.g., hospital room)	\$200 / day up to \$1,000 / admission	Not covered	Prior authorization required.
	Physician/surgeon fees	No charge	Not covered	Physician/surgeon fees are included in the Facility fee.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$20 / visit	Not covered	\$5 / visit for the first 3 outpatient visits combined for primary care, mental/behavioral health, substance services, and other qualified visits.
	Inpatient services	\$200 / day up to \$1,000 / admission	Not covered	Prior authorization required.
If you are pregnant	Office visits	No charge	Not covered	Depending on the type of services, a copayment , coinsurance , or apply . Maternity care may include services described elsewhere in the (i.e., ultrasound).
	Childbirth/delivery professional services	No charge	Not covered	Professional services are included in the facility fee.
	Childbirth/delivery facility services	\$200 / day up to \$1,000 / admission	Not covered	None
	Home health care	No charge	Not covered	130 visit limit / year. Prior authorization required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you need help recovering or have other special needs	Rehabilitation services	Outpatient: \$30 / visit Inpatient: \$200 / day up to \$1,000 / admission	Not covered	Outpatient: 20 visit limit / therapy / Prior authorization required. Inpatient: Prior authorization
	Habilitation services	\$30 / visit	Not covered	20 visit limit / therapy / year. Prior authorization required.
	Skilled nursing care	No charge	Not covered	100 day limit / year. Prior required.
	Durable medical equipment	20% coinsurance	Not covered	Subject to formulary guidelines. Prior authorization required.
	Hospice services	No charge	Not covered	Prior authorization required.
If your child needs dental or eye care	Children's eye exam	No charge for refractive exam	Not covered	None
	Children's glasses	No charge	Not covered	Limited to one pair of select frames lenses or contact lenses / 12 months.
	Children's dental checkup	Not covered	Not covered	None

Excluded Services & Other Covered Services

Services Your Plan Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Cosmetic surgery
- Dental care (Adult and Child)
- Long-term care
- Non-emergency care when traveling outside the U.S
- Private-duty nursing
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Acupuncture (12 visit limit / year)
- Bariatric surgery
- Chiropractic care (20 visit limit / year)
- Hearing (dependents under age 26: 1 aid / ear, every 36 months)
- Infertility treatment
- Routine eye care (Adult)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is shown in the chart below. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact the agencies in the chart below.

Kaiser Permanente Member Services	1-800-813-2000 (TTY: 711) or www.kp.org/memberservices
Department of Labor’s Employee Benefits Security Administration	1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform
Department of Health & Human Services, Center for Consumer Information & Insurance Oversight	1-877-267-2323 x61565 or www.cciio.cms.gov
Oregon Division of Financial Regulation	1-888-877-4894 or www.dfr.oregon.gov
Washington Department of Insurance	1-800 562 6900 or www.insurance.wa.gov

Contact Information for Your Rights to Continue Coverage & Your Grievance and Appeals Rights:

Does this [plan](#) provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#) you may not be eligible for the [premium tax credit](#).

Does this [plan](#) meet the Minimum Value Standards? Yes

If your [plan](#) doesn’t meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-813-2000 (TTY: 711).

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-813-2000 (TTY: 711).

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-813-2000 (TTY: 711).

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-813-2000 (TTY: 711).

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your ~~deductibles will be different~~ depending on the different care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost](#) ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$30
- [Hospital \(facility\) copayment](#) \$200
- [Other \(blood work\) copayment](#) \$20

This **EXAMPLE** event includes services like: [Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*) [Specialist](#) visit (*anesthesia*)

Total Example Cost \$12,700

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$300
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$360

Managing Joe's Type 2 Diabetes

(a year of routine in-network care)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$30
- [Hospital \(facility\) copayment](#) \$200
- [Other \(blood work\) copayment](#) \$20

This **EXAMPLE** event includes services like: [Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost \$5,600

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$800
Coinsurance	\$10
What isn't covered	
Limits or exclusions	\$0
The total Joe would pay is	\$810

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$30
- [Hospital \(facility\) copayment](#) \$200
- [Other \(x-ray\) copayment](#) \$20

This **EXAMPLE** event includes services like: [Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost \$2,800

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$500
Coinsurance	\$50
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$550

Nondiscrimination Notice

Kaiser Foundation Health Plan of the Northwest (Kaiser Health Plan) complies with applicable federal and state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call Member Services at **1-800-813-2000** (TTY: **711**).

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with our Civil Rights Coordinator, by mail, phone, or fax. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You may contact our Civil Rights Coordinator at: Member Relations Department, Attention: Kaiser Civil Rights Coordinator, 500 NE Multnomah St. Ste 100, Portland, OR 97232-2099, Phone: **1-800-813-2000** (TTY: **711**), Fax: **1-855-347-7239**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 2020, Phone: 1-800-368-1019, TDD: 1-800-537-7697. Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

For Washington Members

You can also file a complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal, available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 1-800-562-6900, or 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-813-2000 (TTY: 711).

አማርኛ (Amharic) ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በገጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-813-2000 (TTY: 711)።

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-800-813-2000 (TTY: 711).

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-813-2000 (TTY: 711)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-813-2000 (TTY: 711) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-813-2000 (TTY: 711).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-813-2000 (TTY: 711).

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-813-2000 (TTY: 711) まで、お電話にてご連絡ください。

ខ្មែរ (Khmer) ប្រយោជន៍: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃល គឺអាចមានសំរាប់អ្នក។ ចូរទូរស័ព្ទ 1-800-813-2000 (TTY: 711)។

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-813-2000 (TTY: 711) 번으로 전화해 주십시오.

ລາວ (Laotian) ໂປດລາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-800-813-2000 (TTY: 711).

Afaan Oromoo (Oromo) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-813-2000 (TTY: 711).

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤਹਾਫ਼ੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-813-2000 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Română (Romanian) ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-813-2000 (TTY: 711).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-813-2000 (TTY: 711).

Español (Spanish) ATENCION: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-813-2000 (TTY: 711).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-813-2000 (TTY: 711).

ไทย (Thai) เรียน: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-813-2000 (TTY: 711).

Українська (Ukrainian) УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-813-2000 (TTY: 711).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-813-2000 (TTY: 711).

Employee Cost Sharing

Employee Monthly Cost Share

Employee Monthly Cost for Medical & Vision Regence HDHP

FTE/Hours	Percent Cost Share	EE Only	EE + Spouse	EE + Family	EE + Child	EE + Children
20	50%	\$367.41	\$684.20	\$934.72	\$782.02	\$1078.10
21	45%	\$330.67	\$615.78	\$841.24	\$703.81	\$970.29
22	40%	\$293.93	\$547.36	\$747.77	\$625.61	\$862.48
23	35%	\$257.19	\$478.94	\$654.30	\$547.41	\$754.67
24	30%	\$220.45	\$410.52	\$560.83	\$469.21	\$646.86
25	25%	\$183.71	\$342.10	\$467.36	\$391.01	\$539.05
26	20%	\$146.96	\$273.68	\$373.89	\$312.81	\$431.24
27	15%	\$110.22	\$205.26	\$280.41	\$234.60	\$323.43
28	10%	\$73.48	\$136.84	\$186.94	\$156.40	\$215.62
29	5%	\$36.74	\$68.42	\$93.47	\$78.20	\$107.81
30-40	0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Employee Monthly Cost for Medical & Vision Kaiser HMO

FTE/Hours	Percent Cost Share	EE Only	EE + Spouse	EE + Family	EE + Child	EE + Children
20	50%	\$415.56	\$767.67	\$1,035.30	\$877.03	\$1193.65
21	45%	\$374.00	\$690.90	\$931.77	\$789.33	\$1074.28
22	40%	\$332.44	\$614.14	\$828.24	\$701.62	\$954.92
23	35%	\$290.89	\$537.37	\$724.71	\$613.92	\$835.55
24	30%	\$249.33	\$460.60	\$621.18	\$526.22	\$716.19
25	25%	\$207.78	\$383.84	\$517.65	\$438.52	\$596.82
26	20%	\$166.22	\$307.07	\$414.12	\$350.81	\$477.46
27	15%	\$124.67	\$230.30	\$310.59	\$263.11	\$358.09
28	10%	\$83.11	\$153.53	\$207.06	\$175.41	\$238.73
29	5%	\$41.56	\$76.77	\$103.53	\$87.70	\$119.36
30-40	0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Employee Monthly Cost for Medical & Vision Delta Dental

FTE/Hours	Percent Cost Share	EE Only	EE + Spouse	EE + Family	EE + Child	EE + Children
20	50%	\$23.72	\$37.38	\$67.68	\$42.33	\$77.75
21	45%	\$21.34	\$33.64	\$60.91	\$38.10	\$69.97
22	40%	\$18.97	\$29.90	\$54.14	\$33.86	\$62.20
23	35%	\$16.60	\$26.16	\$47.37	\$29.63	\$54.42
24	30%	\$14.23	\$22.43	\$40.61	\$25.40	\$46.65
25	25%	\$11.86	\$18.69	\$33.84	\$21.17	\$38.87
26	20%	\$9.49	\$14.95	\$27.07	\$16.93	\$31.10
27	15%	\$7.11	\$11.21	\$20.30	\$12.70	\$23.32
28	10%	\$4.74	\$7.48	\$13.54	\$8.47	\$15.55
29	5%	\$2.37	\$3.74	\$6.77	\$4.23	\$7.77
30-40	0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Employee Monthly Cost for Medical & Vision Willamette Dental

FTE/Hours	Percent Cost Share	EE Only	EE + Spouse	EE + Family	EE + Child	EE + Children
20	50%	\$29.73	\$46.16	\$78.77	\$52.43	\$90.59
21	45%	\$26.76	\$41.54	\$70.89	\$47.19	\$81.53
22	40%	\$23.78	\$36.93	\$63.01	\$41.94	\$72.47
23	35%	\$20.81	\$32.31	\$55.14	\$36.70	\$63.41
24	30%	\$17.84	\$27.70	\$47.26	\$31.46	\$54.35
25	25%	\$14.87	\$23.08	\$39.38	\$26.22	\$45.30
26	20%	\$11.89	\$18.46	\$31.51	\$20.97	\$36.24
27	15%	\$8.92	\$13.85	\$23.63	\$15.73	\$27.18
28	10%	\$5.95	\$9.23	\$15.75	\$10.49	\$18.12
29	5%	\$2.97	\$4.62	\$7.88	\$5.24	\$9.06
30-40	0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Tax Favored Accounts

Health Savings Account (HSA)

Deductible Reimbursement (Regence Plan Only)

Health savings accounts (HSAs) are a great way to save money and efficiently pay for medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs).

HSA money can be used tax-free when paying for qualified medical expenses, helping you pay your HDHP's larger deductible. At the end of the year, you keep any unspent money in your HSA. This rolled over money can grow with tax-deferred investment earnings, and, if it is used to pay for qualified medical expenses, then the money will continue to be tax-free. Your HSA and the money in it belongs to you not your employer or insurance company.

If you enroll in the Regence Plan, Homes for Good will give you a contribution towards your HSA account as shown below. You may, also, elect an amount to contribute to your HSA account to help you meet this plan deductible. We will continue to partner with Optum Bank for HSA accounts services. If you are not qualified for a contribution to an HSA (typically because you have other medical coverage in addition to the Homes For Good plan) you can have this contribution placed into a Health Reimbursement Arrangement.

HSA Employer Monthly Contribution

- Single Enrollment \$1,700 per year; \$141.66 per month
- Family Enrollment \$3,400 per year; \$283.33 per month

How do I get reimbursed for my eligible expenses?

The easiest way to use your HSA dollars is by using your HSA Debit Card at the time you incur an eligible expense. Or you can withdraw money from an ATM. But keep your receipts! You must be able to prove that you were reimbursing yourself for an eligible expense in the event that you are audited. If you use your HSA funds for non-eligible expenses, you will be charged a 20% penalty tax (if under age 65) as well as federal income taxes. You can manage your HSA through www.optumbank.com. Optum Bank provides helpful information about your HSA, including online calculators to help you add up your tax savings and see your HSA's possible future growth. For additional guidelines, please go online or call Optum at 877-462-5039.

Health Reimbursement Account (HRA)

If you enroll in the Regence Plan but are not eligible for contributions into an HSA (See HSA FAQ to determine eligibility), Homes for Good will contribute to a Health Reimbursement Arrangement (HRA). An HRA is a tax-free employer-funded account managed by PacificSource Administrators. By utilizing the Health Reimbursement Arrangement, you could recover a portion of your out-of-pocket expenses covered under your employer-sponsored medical insurance.

This plan reimburses qualified expenses as outlined in IRS Code 213

Reimbursable expenses may include:

- Deductible Expenses
- Copay Expenses
- Coinsurance Expenses
- Medical Expenses
- Prescription Expenses
- Dental Expenses
- Orthodontia Expenses
- Vision Expenses
- Alternative Care Expenses

HRA Annual Credit Amounts (contributions made monthly)

- Single Enrollment \$1,700 per year; \$141.66 per month
- Family Enrollment \$3,400 per year; \$283.33 per month

Interested in signing up for an HSA?

If you enroll in the Regence High Deductible Health Plan, you will receive a form in BambooHR asking you to choose a deductible reimbursement method if you choose the Regence High Deductible Health Plan.

Flexible Spending Account (FSA)

The Flexible Spending Account (FSA) plan with PacificSource Administrators allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA. If you enroll in the Health Savings Account, you are not eligible to contribute to the FSA.

How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service **OR** submit the appropriate paperwork to be reimbursed by the plan.

Important rules to keep in mind:

- The IRS has a strict “use it or lose it” rule. If you do not use the full amount in your FSA, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.

Please plan your FSA contributions carefully, as any funds not used by the end of the year will be forfeited. Re-enrollment is required each year.

2024 Projected Maximum Annual Election	
Health Care FSA	\$3,200
Dependent Care FSA	\$5,000

Dental Plan Summaries

Dental Insurance Options

The chart below is a brief outline of the plans. Please refer to the following benefit summaries for plan details.

Benefit Coverage	Willamette Dental	Delta Dental / Moda
	Schedule of Benefits	
Benefit Coverage		
Annual Max Per Person	No Annual Maximum	\$1,500
Preventive	\$20 per office visit	0% - 30% (based on years of active use)
Basic	\$20 office visit plus service copay	0% - 30% (based on years of active use)
Major	\$20 office visit plus service copay	50%
Orthodontia		
Benefit Percentage	Included	Included - 50%
Adult (and Covered Full-Time Students, if Eligible)	\$2,000 copay	\$1,000 Max
Dependent Child(ren)	\$2,000 copay	\$1,000 Max
Lifetime Maximum	n/a	\$1,000

How to use this dental plan

When you visit your dental provider, tell them you are a Delta Dental member.

Calendar year maximum, per member*	\$1,500
Calendar year deductible, per member	\$0
Service	Benefit Amount
CLASS I - PREVENTIVE ¹ - <u>Examination/ -rays</u> - <u>Prophylaxis</u> - <u>Fissure Sealants</u>	** 1st year - 70% 2nd year - 80% 3rd year - 90% 4th year - 100%
CLASS II - BASIC ² - <u>Restorative Dentistry</u> (treatment of tooth decay with amalgam or composite) - <u>Oral Surgery</u> (surgical extractions & certain minor surgical procedures) - <u>Endodontic</u> (pulp therapy & root canal filling) - <u>Periodontics</u> (treatment of tissues supporting the teeth) - <u>Space Maintainers</u> - <u>Repair or reline of dentures and bridges</u>	** 1st year - 70% 2nd year - 80% 3rd year - 90% 4th year - 100%
CLASS III - MAJOR ² - <u>Crowns</u> - <u>Implants</u> - <u>Denture and Bridge Work</u> (construction of fixed bridges, partials and complete dentures)	50%
ORTHODONTIA Adult/Child Benefit² - (Lifetime maximum of \$1,000)	50%

Annual dental maximum does not apply to members under age 16.

Under this plan, benefits start at 70% your first calendar year of coverage. Thereafter, payments increase by 10% each calendar year (up to a maximum benefit of 100%) provided the individual has visited the dentist at least once during the previous calendar year. If in any calendar year the individual fails to receive covered dental services, the percentage for Class I and II services will decrease by 10% the next calendar year, but it will never be reduced below 70%.

Any amount paid by the plan for Preventive services does not apply towards the calendar year maximum.

There is a 12 month waiting period for Late Enrollees. A Late Enrollee is anyone not enrolled when initially eligible.

MEMBER SERVICES

Through the Member Dashboard you can download your member handbook, view claims status and payment information, search for participating providers, order ID cards, view personal information, and email dental customer service. You can access the Member Dashboard at **DeltaDentalOR.com**, or the CIS website at **www.cisbenefits.org**.

Dental Tools is a free resource the Member Dashboard that enables you to assess your risk level for oral health concerns and use that assessment to learn about reducing your risks and treatment costs.



Delta Dental of Oregon & Alaska

Delta Dental provides dental claims payment services only and does not assume financial risk or obligation with respect to payment of claims.

This is a benefit summary only; any errors or omissions are unintentional. For a more detailed description of benefits, including limitations and exclusions, refer to your member handbook. It can be accessed through your Member Dashboard or by calling Customer Service to request a copy.

Delta Dental Customer Service 844-721-4939 - Delta Dental's website DeltaDentalOR.com

ADVANTAGES

- * **Freedom to choose your dentist:** Delta Dental is unique in that we have contracts with more than 2,300 licensed Premier providers in Oregon and 153,000 nationwide. More than 1,200 are also PPO providers in Oregon and 114,000 nationwide.
- * **Professional Arrangements:** The Delta Dental Passive PPO plan utilizes a select group of dentists who have contracted with us at a preferred rate. This helps ensure that members who utilize the services of a preferred dentist have lower out-of-pocket costs. While receiving treatment from a Preferred Provider is still the most cost-effective option, your plan allows for services to be rendered by a non-preferred dentist, while still maintaining the same percentage of coverage. Members who utilize Premier and PPO providers will not be balanced billed. Members who utilize non-participating providers will be responsible for charges above the maximum plan allowance.
- * **Pre-determination:** As a service to our customers, your dental office can submit a pre-treatment plan to Delta Dental on your behalf, and we will return it to your dentist, indicating the dollar allowance that will be covered by your plan **before** you go forward with treatment.
- * **Health through Oral Wellness® program:** Your plan includes access to the Health through Oral Wellness program. This patient-centered program provides enhanced benefits designed to help you maintain better oral health through risk assessment, education and additional evidence-based preventive care.



Delta Dental of Oregon & Alaska

Delta Dental provides dental claims payment services only and does not assume financial risk or obligation with respect to payment of claims.

This is a benefit summary only; any errors or omissions are unintentional. For a more detailed description of benefits, including limitations and exclusions, refer to your member handbook. It can be accessed through your Member Dashboard or by calling Customer Service to request a copy.

Delta Dental Customer Service 844-721-4939 - Delta Dental's website DeltaDentalOR.com



MEMBER DASHBOARD

Get your benefits on the go

As a member, you have a personalized Member Dashboard that puts the information you need at your fingertips.

What's in the Member Dashboard?

The Member Dashboard is a one-stop resource for all you need to get the most out of your plan, including:



ID cards



Provider search - including DentaQual provider ratings



Explanation of Benefits (EOBs)



Benefits overview



Claim status



Customer service contact information



Healthcare cost estimator

If you don't have a Member Dashboard account, creating one is easy. Go to DeltaDentalOR.com/memberdashboard and click on [Create an Account](#). Be sure to have your member ID card handy.

OVER →

Access the Member Dashboard on your smartphone

The easiest way to open the Member Dashboard is to add a shortcut on your phone. Anytime you want to access your benefits or resources, just tap the Member Dashboard icon.

On an iPhone

1. Open the browser on your phone and go to DeltaDentalOR.com/memberdashboard
2. From the login screen, tap the Share icon in the menu at the bottom of the screen
3. From the Share menu (scroll right to see more options), choose "Add to Home Screen"
4. Tap "Add" to confirm

Your phone will now have an icon that says "Login|Member Dashboard."

On an Android device:

1. On your phone, go to DeltaDentalOR.com/memberdashboard
2. Using the menu (three vertical dots) at the top of the screen, choose "Add to Home screen"
3. Tap "Add" to confirm
4. On the next screen, choose "ADD AUTOMATICALLY" so the icon will be placed on your phone

Your phone will now have an icon that says "Login|Member Dashboard."

Questions?

We're here to help.

Call us toll-free at

844-721-4939. TTY

users, please call 711.



Quality coverage for your smile

When all you need is dental insurance, we've got you covered.

With the Delta Dental of Oregon plan, you get great benefits with access to one of the nation's largest provider networks.

By connecting you to thousands of quality dentists in Oregon and nationwide, you have the freedom to choose dentists from the Delta Dental PPO or Delta Dental Premier® network. Plus, when you choose an in-network provider, you'll **save more** and pay less out-of-pocket for your dental care.

Delta Dental PPO Network

- 1 More cost control
- 2 One of the largest PPO networks in Oregon and nationwide
- 3 Access 1,200+ dentists in Oregon and 113,000+ nationwide

Delta Dental Premier® Network

- 1 Broader choice of providers
- 2 One of the largest dental networks in Oregon and nationwide
- 3 Access 2,300+ dentists in Oregon and 153,000+ nationwide

Save when you stay in network

Delta Dental dentists agree to provide services at our contracted fees. This means they cannot charge you more than the fee they've agreed to. As a result, when you see an in-network dentist you save money and pay less out-of-pocket for your care. If you see providers outside the network, you may pay more for care.

Get extra care!

When it comes to oral health, we know some people need more care than others. CIS plans include special programs like Health through Oral Wellness®, which offers extra benefits to members with a greater risk for oral diseases.

Using a clinical oral health assessment to find out your risk of tooth decay, gum disease and oral cancer, you may qualify for oral hygiene or nutritional counseling, fluoride treatments, and tobacco cessation counseling.

Visit deltadentalor.com/oralwellness/members to learn more about the program and take a free oral health risk self-assessment.

Moda, Inc. complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711). CH : N u b n n ó i t i n g V i t , c ó d c h v h t r n g n n g m i n p h i c h o b n . G i 1-877-605-3229 (TTY:711).

Questions?

For questions about the Delta Dental of Oregon plan, please call our customer service team at **844-721-4939** (TTY users, dial 711).

Use Find Care to locate a dental provider near you

Our provider directory tool can help you save money when seeking care.

Find Care, our online provider directory tool, makes it easy for you to locate an in-network provider by name, provider type, specialty, network, location, gender identity and more. Plus, finding an in-network dental provider that's right for you can also save you out-of-pocket costs.

How to find a provider

1. Visit [DeltaDentalOR.com](https://www.DeltaDentalOR.com).
2. Under the "Online Tools" dropdown menu, select "Find a dentist".
3. Choose the "In Oregon or Alaska" link or "Outside of Oregon and Alaska" link depending on the state you live in.
4. Under network, choose the Delta Dental PPO or Delta Dental Premier network, which can be found on your member ID card.
5. Under location, enter in a city, state or zip code, and then search.

Save costs when you choose in-network care

Getting quality care is easier and more affordable when you see in-network dental providers. These providers agree to accept your insurance at lower rates and meet quality standards. Choosing an in-network dental provider keeps your out-of-pocket costs low.

In-and out-of-network costs

It's important to know you may pay more for services from out-of-network dental providers than from in-network providers. If you choose an out-of-network provider, your benefits only cover a percentage of the maximum plan allowance for these services. Out-of-network providers may also bill you for the difference between the maximum plan allowance and their billed charges. This is known as balance billing. In-network dental providers can't do this. Please see your plan summary or your Member Handbook to learn more about in-network and out-of-network benefits and costs.

Questions?

We're here to help. For questions or help finding a provider, please contact the Delta Dental Customer Service team at 844-721-4939.

Health through Oral Wellness[®]

When it comes to oral health, we know some people need more care than others. Delta Dental of Oregon's Health through Oral Wellness[®] program offers extra benefits to members who have a greater risk for oral diseases.

The program uses an oral health assessment to find out your risk of tooth decay, gum disease and oral cancer. Based on your risk score, you may qualify for additional cleanings, fluoride treatments, sealants and periodontal maintenance.

With extra benefits and related care, you can:

- > Take charge of your oral health
- > Prevent oral health issues before they happen
- > Access resources to manage your oral health
- > Learn how to achieve and maintain better oral wellness

Ready to get started?

Follow these simple steps to see if you qualify:

1 Visit deltadentalor.com/oralwellness/members to learn more about the program and take a free oral health risk self-assessment. You can choose to share your results with your dentist to start the conversation.

2 Talk to your dentist about the program. If they're not registered, ask them to call our toll-free Health through Oral Wellness provider line at 844-663-4433. Once registered, they can perform an oral health risk exam and can let you know if you qualify.

3 To look for providers registered with the program, go to modahealth.com and choose Find Care. Dental providers registered with Health through Oral Wellness will have a badge icon next to their name.



Registered provider badge icon

Still have questions?

We're here to help. Contact our customer service team toll-free at 844-721-4939. TTY users, please call 711. Or visit deltadentalor.com to learn more.

All enhanced dental benefits are subject to your plan's annual maximum and other limitations.



Delta Dental is part of the Moda, Inc. family of companies.

Our mission is the same as it was more than 60 years ago to find a better way to health, every day, for the people and communities we serve.

As a founding member of the Delta Dental Plans Association, we offer affordable, quality dental coverage to people in the Pacific Northwest and beyond.

SUMMARY OF BENEFITS

CIS Trust - Plan A - SO14 - 1/1/2024



COVERED BENEFITS	COPAYS
Annual Maximum	No Annual Maximum ¹
Deductible	No Deductible
General or Orthodontic Office Visit	You Pay \$20 per Visit ²
DIAGNOSTIC & PREVENTIVE SERVICES	
Routine & Emergency Exams	Covered with the Office Visit Copay
-rays	Covered with the Office Visit Copay
Teeth Cleaning	Covered with the Office Visit Copay
Fluoride Treatment	Covered with the Office Visit Copay
Sealants (per Tooth)	Covered with the Office Visit Copay
Head and Neck Cancer Screening	Covered with the Office Visit Copay
Oral Hygiene Instruction	Covered with the Office Visit Copay
Periodontal Charting	Covered with the Office Visit Copay
Periodontal Evaluation	Covered with the Office Visit Copay
RESTORATIVE DENTISTRY	
Fillings	You Pay a \$15 Copay
Porcelain-Metal Crown	You Pay a \$200 Copay ³
PROSTHODONTICS	
Complete Upper or Lower Denture	Covered with the Office Visit Copay ³
Bridge (per Tooth)	You Pay a \$200 Copay ³
ENDODONTICS & PERIODONTICS	
Root Canal Therapy - Anterior / Bicuspid / Molar	You Pay a \$75 Copay
Osseous Surgery (per Quadrant)	Covered with the Office Visit Copay
Root Planing (per Quadrant)	Covered with the Office Visit Copay
ORAL SURGERY	
Routine Extraction (Single Tooth)	Covered with the Office Visit Copay
Surgical Extraction	You Pay a \$50 Copay
ORTHODONTIA TREATMENT	
Pre-Orthodontia Treatment	You Pay a \$150 Copay ⁴
Comprehensive Orthodontia Treatment	You Pay a \$2,000 Copay
DENTAL IMPLANTS	
Dental Implant Surgery	Implant benefit maximum of \$1,500 per calendar year
MISCELLANEOUS	
Local Anesthesia	Covered with the Office Visit Copay
Dental Lab Fees	Covered with the Office Visit Copay
Nitrous Oxide	You Pay a \$10 Copay
Specialty Office Visit	You pay \$30 per Visit
Out of Area Emergency Care Reimbursement	You pay charges in excess of \$100

¹Benefits for implant surgery have a benefit maximum, if covered. ²An office visit copayment applies at each visit, in addition to any copayments for services. ³Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit. ⁴Copay credited towards the Comprehensive Orthodontia Treatment copay if patient accepts treatment plan.

Presented are just some of the most common procedures covered in this plan. The final contract will govern. Benefits are provided through a self-funded dental plan sponsored and maintained by the plan sponsor, with certain administrative services provided by Willamette Dental Insurance, Inc. and dental care provided by Willamette Dental Group, P.C.

OFFICES & SPECIALTY LOCATIONS



Visit our website at willamettedental.com

for up-to-date information about our dental offices and providers, including addresses, directions, hours and patient ratings & comments.

OREGON OFFICES

Albany

2225 Pacific Blvd. SE, Suite
201 Albany, OR 97321

General Dentistry

Beaverton

4925 SW Griffith Drive
Beaverton, OR 97005

General Dentistry

Dentures

Orthodontics

Pediatric Dentistry

Bend

62968 O.B. Riley Road, Suite
12 Bend, OR 97703

General Dentistry

Implants

Orthodontics

Corvallis

2420 NW Professional Drive,
Suite 150
Corvallis, OR 97330

General Dentistry Orthodontics

Eugene

2703 Delta Oaks Drive,
Suite 300
Eugene, OR 97408

General Dentistry

Implants

Grants Pass

702 SW Ramsey Ave, Suite
224 Grants Pass, OR 97527

General Dentistry

Gresham

1107 NE Burnside Road
Gresham, OR 97030

General Dentistry

Hillsboro

5935 SE Alexander Street
Hillsboro, OR 97123

General Dentistry

Lincoln City

1105 SE etty Avenue, Suite B
Lincoln City, OR 97367

General Dentistry

Medford

773 Golf View Drive Medford,
OR 97504

General Dentistry

Implants

Orthodontics

Milwaukie

6902 SE Lake Road, Suite 200
Milwaukie, OR 97267

General Dentistry

Portland – Jefferson

1933 SW efferson Street
Portland, OR 97201

General Dentistry

Portland – Lents

8931 SE Foster Rd.,
Portland, OR 97266

General Dentistry

Endodontics

Oral Surgery

Orthodontics

Portland – Stark 1

13255 SE Stark Street
Portland, OR 97233

General Dentistry

Portland – Stark 2

405 SE 133rd Avenue
Portland, OR 97233

General Dentistry

Salem – Lancaster

3490 NE Lancaster Drive
Salem, OR 97305

General Dentistry

Dentures

Implants

Endodontics

Oral Surgery

Orthodontics

Salem – Liberty

142 Pembroke Street
SE Salem, OR 97302

General Dentistry

Springfield

2510 Game Farm Road
Springfield, OR 97477

General Dentistry

Implants

Springfield Specialty

2530 Game Farm Road
Springfield, OR 97477

Endodontics

Oral

Surgery

Orthodontics

Tigard

7095 SW Gonzaga Street
Tigard, OR 97223

General Dentistry Endodontics

Implants

Oral Surgery

Periodontics

Tualatin

17130 SW Upper Boones Ferry
Road Durham, OR 97224

General Dentistry

For Appointments or Customer Service, please call
1.855.433.6825

ORTHODONTIC TREATMENT FOR THE ENTIRE FAMILY

As part of your Willamette Dental plan option, orthodontic treatment benefits are available for adults and children. With no waiting periods & a predictable, low copay, you and your family have access to affordable orthodontic care.

Willamette Dental Group, P.C., is committed to providing the quality care necessary for orthodontic treatment. Our licensed Orthodontists meet and maintain high credentialing standards and practice a proactive approach to dentistry, which means you will receive the most appropriate care based on your individual needs. In order to receive these benefits, all treatment must be provided by Willamette Dental Group providers.

In addition to standard braces, we offer Invisalign® treatment as an option for our patients at an additional cost. The suitability of Invisalign treatment for each patient is determined by their Willamette Dental Group orthodontist based on several factors including alignment goals, patient cooperation and current oral health.

QUESTIONS: 855.433.6825

**WITH A ONE-TIME \$2000
COPAYMENT PLUS YOUR
OFFICE VISIT COPAY AT
EACH VISIT,
AFFORDABLE
ORTHODONTIC CARE IS
WITHIN REACH!**

OREGON OFFICE LOCATIONS WITH ORTHODONTIC SERVICES

- Beaverton
- Bend
- Corvallis
- Medford
- Portland - Lents
- Salem - Lancaster
- Springfield Specialty

ORTHODONTIC TREATMENT FOR THE ENTIRE FAMILY

GETTING STARTED

You must first receive an initial evaluation from a Willamette Dental Group general dentist to determine if you are a candidate for orthodontic treatment. Call **1.855.433.6825** to schedule this appointment.

After you receive a referral from a Willamette Dental Group general dentist, you'll schedule an appointment with a Willamette Dental Group orthodontist for your pre-orthodontic consultation.

This consultation includes an initial exam, as well as x-rays, study models and an extensive oral evaluation. The cost for this service is a total of \$150. These non-refundable copays are credited toward the total copays if you proceed with orthodontia treatment.

For more information about our orthodontic services, call **1.855.433.6825** to speak to a Member Services representative.

PRE-ORTHODONTIA CONSULTATION COPAYS

Initial Orthodontic Exam: **\$25**
 Study Models and x-rays: **\$125**
 Case Presentation: **\$0**

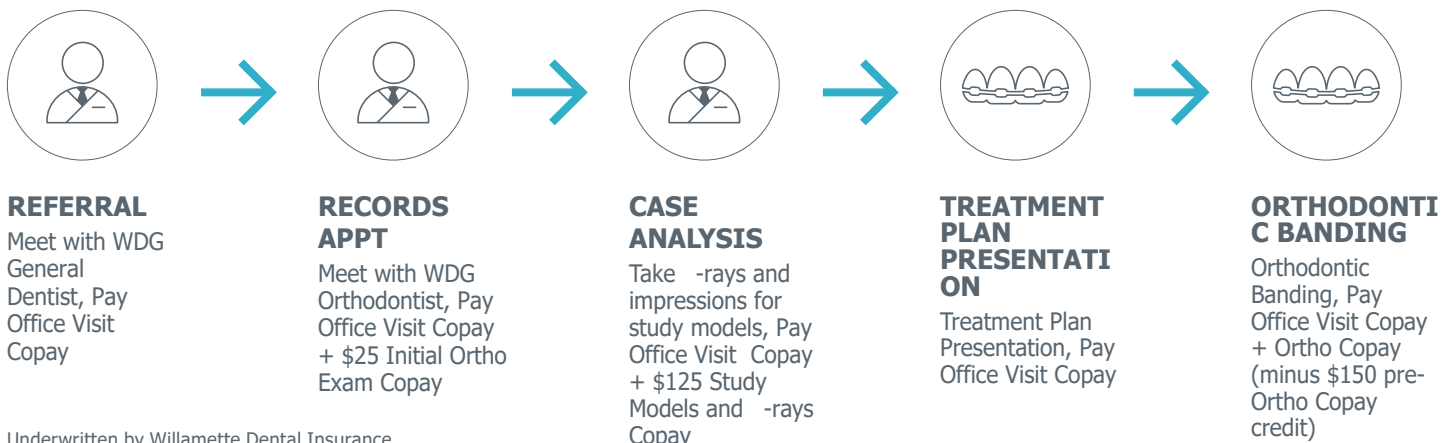
These non-refundable, pre-orthodontia consultation copays are credited toward the patient's cost of treatment if the patient proceeds with treatment.

ORTHODONTIC COPAYMENT

\$2000

Comprehensive Orthodontic Treatment
Invisalign treatment has additional charges.

PRE-ORTHO APPOINTMENT PROCESS



Employee Assistance Plans

Here to Help

Get the Most Out of Your Employee Assistance Program.

Congratulations! Your employer has partnered with Cascade Health Counseling & Employee Assistance Program to give you and all members of your household access to free, confidential counseling services.

Counseling can be a good way to combat stress, develop new skills, learn more about yourself and help you make changes to improve your life. Whether your goals are personal, professional or relationship-focused, our counselors can provide guidance, support and action plans to help you live your happiest, healthiest life.

We serve individuals, couples and families ages 6 and up. Give us a call today and get started on your path to self-discovery.

cascadehealth.org | (541) 345-2800

76

To Schedule

Call (541) 345-2800
Monday - Friday
8:30 a.m. - 5 p.m.

Appointments Available

Monday - Thursday
8 a.m. - 7 p.m.

Friday
8 a.m. - 5 p.m.

If you are having a mental health emergency, call us 24 hours a day for assistance.

Location

2650 Suzanne Way, Ste. 120
Eugene, OR 97408



EAP Summary of Services

A benefit for you and your family members provided by CIS Trust

The Employee Assistance Program (EAP) is a **FREE** and **CONFIDENTIAL** benefit that can assist you and your eligible family members with any personal problems, large or small.

Counseling with an EAP Professional

Five (5) counseling sessions face to face, over the phone, or virtually for concerns such as:

- **Relationship conflict**
- **Stress management**
- **Alcohol or drug misuse**
- **Conflict at work**
- **Family relationships**
- **Grieving a loss**
- **Depression**
- **Anxiety**
- **Professional development**

Resources for Life

Canopy will help locate resources and information related to childcare, eldercare, caregiving, and anything else you may need.

Legal Consultations/Mediation

Contact Canopy for a free thirty-minute office or telephone consultation. A 25% discount from the attorney's/mediator's normal hourly rate is available thereafter.

Financial Coaching

Coaches will provide unlimited financial coaching to help develop better spending habits, reduce debt, improve credit, increase savings, and plan for retirement.

Identity Theft

Up to 60-minute free consultation with a Fraud Resolution Specialist (FRS) who will conduct emergency response activities and assist with restoring their identity, good credit, and dispute fraudulent debts.

Home Ownership and Housing Support

Assistance and discounts for buying, selling, and refinancing. Resource retrieval for housing assistance.

Coaching

Three (3) phone or video sessions with a Coach to support goal setting, healthy habits, and personal development.

Pet Parent Resources

Free pet information and support, including pet insurance discounts, new pet parent resources, and bereavement support.

Wellbeing Tools

- **Fertility health support**
- **Will kit questionnaire**
- **Online legal tools**
- **Wellness and gym membership discounts**

Member Site

Innovative educational tools, chat for support, take self-assessments, view videos and webinars, access courses, download documents and more. Access at my.canopywell.com, and register as a new user or log-in. Enter **CIS** for company name when you register.

WholeLife Directions

Take a confidential survey and get connected to interactive tools to improve the way you feel. Log onto the EAP member site or search **WholeLife Directions** in the App Store or Google Play.



Crisis Counselors are available by phone **24/7/365**
call: 800-433-2320 **text:** 503-850-7721 **email:** info@canopywell.com

Canopy is committed to creating a safe, inclusive, and equitable society for all.



Monthly Member Webinars



January

The Struggle Is Real: Strategies for Time Management

Meet your deadlines, be on time for meetings and stop procrastinating! Most of us can become overwhelmed when we have a lot to do - responsibilities at work, planning our kid's birthday party, and remembering all the details of daily life. This webinar will discuss realistic strategies for more effective time management. Some of the things we'll review are: managing email clutter, the roots of procrastination, and keeping yourself motivated.

February

Navigating Red Tape After the Death of a Loved One

The passing of a loved one is already traumatic for those left behind. However, learning the basics of dealing with the administrative side of death can make the journey a lot easier. In this webinar, you will learn the first steps needed to get through the standard paperwork, dealing with banks and funeral homes, filing the death certificate, and other key aspects of handling your loved one's estate.

March

The Sandwich Generation: Multi-Generational Caregiving

Are you taking care of your children and your parents? Many middle-aged people find themselves stuck caring for both ends of the age spectrum - helping both their children and their parents navigate finances, social lives and changes incapacity for independence. This kind of caretaking can cause burnout and exhaustion. This webinar will review the phenomenon of the sandwich generation and how we can better manage the needs of our changing families. We'll discuss ways to have productive conversations with aging parents about their needs, ways to troubleshoot burn out as a caregiver and how to keep your own family running smoothly.

April

Making Time for Everything: Dual Careers and Family Life

Two busy partners can make for a stressful household. Managing the unromantic tasks of daily life and household management can be difficult. Making time for the things that really matter - connecting, having fun, playing and resting - can be quite challenging. In this webinar, we will discuss ways to better manage your household and make time for what matters most. We will discuss the realities of busy, working partners and making the most of the time and energy we have.

May

The Science of Happiness

Learn how to bring more happiness to your personal and professional life. Research supports that happy people feel better, do better, and live better. While this is great news, it still begs the question, why? And more importantly, how? During this webinar, we will explore the history and research behind this concept of happiness, how it relates to the various facets of your life, and what intentional activities you can do to increase your life satisfaction and fulfillment. There are many pathways to happiness, so let's get your journey started!

June

PTSD: Let's Get the Facts

You've heard about it. What is it, what are its causes, and how is it treated? This webinar will explore and discuss Post Traumatic Stress Syndrome. We will discuss the definition, common myths vs. facts, symptoms, relationship, self-care, and treatment.

July

Planning for Retirement: It's More Than Just the Numbers

The advertising you see about retirement all seem to emphasize money. While money is very important, it's not the only thing. Join us for a broad look at what you can do now for a satisfying retirement. We'll explore the new world of semi-retirement, emotional issues around leaving work, the money of course, and more.

August

Engaging Empathy in the Workplace

Often a sad employee is perceived to be a bad employee, yet everyone will suffer a setback at some point in their career due to a change in personal or family health, the death of a loved one, a financial loss, or a change in family caregiving.

To show empathy and support, coworkers must try to understand the feelings of the person who is experiencing a setback. This can be accomplished through training, listening, connecting, and providing kindness to one another. This webinar will provide a greater understanding of best practices in providing empathy to coworkers and managers while maintaining a professional relationship.

September

Involvement and Engagement

Learn how small acts of kindness and a state of flow can change your life. Do you ever ask yourself, "What can I do today to change my life for the better?" Thankfully, research supports that there is something we can do about it, and it's quite easy. In this webinar, we will explore two actionable concepts, acts of kindness and flow, that you will enjoy adding to your daily/weekly routine and that will help you live a happier, positive, purposeful life!

October

Master Your Spending

This webinar teaches you to master the emotional side of money and regain their financial dignity. Topics discussed include: Why traditional budgets fail and what you need instead, the two key things you need to do BEFORE making a plan, to have productive money discussions with your significant other, keys to outsmart emotional spending before it happens, how to create a personalized plan that works for YOU. The webinar will provide a Spending Plan worksheet to apply the principles learned to your finances immediately. This workshop will help you become and stay financially healthy.

November

Supporting a Loved One with Substance Misuse

Having a loved one with addiction can be heartbreaking, frustrating, and terrifying. Choosing how to support them can be confusing - the right choice is not always obvious. In this webinar, we will discuss recognizing signs of addiction and review choices of how to support your loved one. We will also review concepts such as enabling and codependency. You will walk away from this webinar with a clearer idea of how to support both yourself and your loved one.

December

Relaxation Rx

Most of us feel too busy to even think about taking time out to relax. But the reality is that regular relaxation is crucial. If we don't stop regularly to "refuel," we risk emotional and physical burnout. Even a small investment of 5-10 minutes a day can have a huge return. This webinar will include demonstrations of relaxation techniques that provide immediate as well as long-term benefits. We'll also learn how to detect burnout "triggers" and discover ways to regain a sense of balance and motivation. You will leave feeling recharged and better able to tackle daily demands.



[Content is updated regularly. Access full webinar schedule for Monthly Member webinars](#)

Other Benefits Summarized

Life and AD&D Insurance

Homes for Good Housing Agency provides Basic Life and AD&D benefits to eligible employees. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan. Please see the following benefit summaries for complete details.

Voluntary Life and AD&D Insurance

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. through Lincoln Financial Group. Your election, however, could be subject to medical questions and evidence of insurability. Please see the following benefit summary for complete details.

Long-Term Disability Insurance (LTD)

Company in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 66 2/3% of the first \$9,000 of monthly earnings, Max Monthly \$6,000. Benefit payments begin after 90 days of disability. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details and the following benefit summary.

Allstate Insurance

Accident Insurance

Employees have the option to purchase accident insurance through Allstate. Accidents happen on and off the job and can cause an upset to your financial stability. If a covered accident occurs, Allstate accident insurance policies pay cash benefits for things like x-rays, surgery, hospital fees, follow-up treatments and physical therapy. These benefits can help provide a financial safety net for you and your family.

Critical Illness Insurance

Employees also have the option to purchase critical illness insurance through Allstate. Critical illness coverage helps provide financial support if you are diagnosed with a covered critical illness. If diagnosed with a covered illness, you will receive a cash benefit based on the percentage payable for the condition.



Homes for Good Housing Agency provides this valuable benefit at no cost to you.

All Full-Time Employees

Life and AD&D Insurance

Safeguard the most important people in your life.

Consider what your loved ones may face after you're gone. Term life insurance can help them in so many ways, like helping to cover everyday expenses, pay off debt, and protect savings. Accidental death and dismemberment (AD&D) insurance provides additional benefits if you die or suffer a covered loss in an accident, such as losing a limb or your eyesight.

At a glance:

- A cash benefit of 1 times annual earnings rounded to the next higher \$1,000 (up to \$50,000) to your loved ones in the event of your death, plus an additional cash benefit if you die in an accident
- A cash benefit of \$1,000 to you in the event of your spouse's death, plus an additional cash benefit if your spouse dies in an accident
- A cash benefit of \$1,000 to you in the event of your child(ren)'s death, plus an additional cash benefit if your child(ren) dies in an accident
- AD&D Plus: if you suffer an AD&D-covered loss in an accident, you may also receive benefits for the following in addition to your core AD&D benefits: coma, plegia, education, childcare, spouse training. Additional conditions are outlined in your policy.
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services.
- *TravelConnect*® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home.

Additional details

Continuation of coverage for ceasing active work: You may be able to continue your coverage if you leave your job for reasons including and not limited to Family and Medical Leave, lay-off, leave of absence, leave of absence due to disability, sabbatical leave, or temporary reduction in hours.

Waiver of premium: This provision relieves you from paying premiums during a period of disability that has lasted for a specified length of time.

Continuation of coverage: You may be able to continue your coverage if you leave your job for any reason other than sickness, injury, or retirement.

Accelerated death benefit: Enables you to receive a portion of your policy death benefit while you are living. To qualify, a medical professional must diagnose you with a terminal illness with a life expectancy of fewer than 12 months.

Conversion: You may be able to convert your group term life coverage to an individual life insurance policy if your coverage decreases or you lose coverage due to leaving your job or for other reasons outlined in the plan contract.

Benefit reduction: Your employee Life/AD&D coverage amount will reduce by 35% when you reach age 70, by an additional 15% of the original amount when you reach age 75. Benefits end when you retire.

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

REMINDER: Please review your beneficiary(ies) to ensure they are up to date. It's good practice to review, and if necessary update, your beneficiary(ies) annually.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern.

LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. ComPsych® is not a Lincoln Financial Group® company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations. EstateGuidance® and GuidanceResources® Online are trademarks of ComPsych® Corporation.

State limitations apply. Beneficiary Grief counseling is the only benefit available to a beneficiary(ies) of policies issued in the state of New York. Online will prep is the only benefit available to insured employee and dependents of policies issued in the state of Washington.

Travel Connect® services are provided by On Call International, Salem, NH. On Call International is not a Lincoln Financial Group® company and Lincoln Financial Group does not administer these services. Each independent company is solely responsible for its own obligations. On Call International must coordinate and provide all arrangements in order for eligible services to be covered. Coverage is subject to contract language that contains specific terms, conditions, and limitations, which can be found in the program description.

The *TravelConnect*® program is not available to insured employees and dependents of policies issued in the state of New York and Washington. Access only program available to insured employees and dependents of policies issued in the state of Missouri and Texas. Benefits provided under the Access Only program exclude payment for paid services.

Not for use in New York or Washington.

Group insurance products and services described herein are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Limitations and exclusions apply. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.



Homes for Good Housing Agency Benefits At-A-Glance

All Full-time Employees

Employer Paid Long-term Disability

Monthly benefit amount	66.67% of your monthly salary, limited to \$6,000 per month
Elimination period	90 days

Elimination Period

- This is the number of days you must be disabled before you can collect disability benefits.

Pre-existing Condition

- If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the 3 months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months

Maximum Coverage Period

- This is the total amount of time you can collect disability benefits (also known as the benefit duration).
- Benefits are limited to 24 months for mental illness; 24 months for substance abuse. See contract details for other specified illnesses.

Coverage Period for Your Occupation

- 24 Months. After this initial period, you may be eligible to continue receiving benefits if your disability prohibits you from performing any employment for which you are reasonably suited through your training, education, and experience. In this case, your benefits may be extended through the end of your maximum coverage period (benefit duration).

Long-term Disability Insurance

Keep getting a check when you're hurt or sick

You always have bills to pay, even when you can't get to work due to injury, illness, or surgery. Long-term disability insurance helps you make ends meet during this difficult time.

The Lincoln Long-term Disability Insurance Plan:

- Provides a cash benefit after you are out of work for 90 days or more due to injury, illness, or surgery
- Includes *EmployeeConnect*SM services, which give you and your family confidential access to counselors as well as personal, legal, and financial assistance

Benefit Exclusions & Reductions

Like any insurance, this long-term disability insurance policy does have some exclusions. You will not receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability occurs while you are committing a felony or misdemeanor or participating in a riot

Your benefits may be reduced if you are eligible to receive benefits from:

- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' Compensation
- Salary continuance
- Sick leave

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

*EmployeeConnect*SM services are provided by ComPsych[®] Corporation, Chicago, IL. ComPsych[®] and GuidanceResources[®] are registered trademarks of ComPsych[®] Corporation. ComPsych[®] is not a Lincoln Financial Group[®] company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations.

Group insurance products and services described herein are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group[®] companies. Product availability and/or features may vary by state. Limitations and exclusions apply. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.



Homes for Good Housing Agency Benefits At-A-Glance

All Full-time Employees

Voluntary Life Insurance

The Lincoln Term Life Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death or if you die in an accident
- Provides a cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- Features group rates for employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services
- Also includes *TravelConnect*® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

Employee Life

Coverage Options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed the lesser of 5 times Annual Earnings (rounded up to the nearest \$10,000) or \$500,000
Minimum coverage amount	\$10,000
Guaranteed Life coverage amount	\$100,000

Your coverage amount will reduce by 35% when you reach age 70; an additional of the original amount when you reach age 75.

Spouse Life

The amount of Dependent Life Insurance coverage cannot be greater than 100% of the Employee Benefit.

Coverage Options	Increments of \$5,000
Maximum coverage amount	This amount may not exceed the lesser of 5 times Annual Earnings (rounded up to the nearest \$5,000) or \$500,000
Minimum coverage amount	\$10,000
Guaranteed Life coverage amount	\$30,000

Coverage amounts are reduced by 35% when an employee reaches age 70; and additional 15% of the original amount when an employee reaches age 75.

Dependent Child(ren) Life

Day 1 to age 26 if unmarried & a full-time student	Flat Benefit options available: \$2,500, \$5,000, \$7,500, \$10,000
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What your benefits cover

Employee Coverage

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$100,000 without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase your coverage amount by 2 increments without providing evidence of insurability up to the \$100,000. If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may

Maximum Insurance Coverage Amount

- You can choose a coverage amount up to \$500,000. Evidence of Insurability may be required for voluntary life coverage. See the Evidence of Insurability page for details.

Spouse Coverage - You can secure term life insurance for your spouse if you select coverage for yourself.

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$30,000 for your spouse without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase the coverage amount for your spouse by 2 increments without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at

Maximum Insurance Coverage Amount

- You can choose a coverage amount up to \$500,000 for your spouse. Evidence of Insurability may

Dependent Child(ren) Coverage - You can secure term life insurance for your dependent children when you choose yourself.

Guaranteed Life Insurance Coverage Options: \$2,500, \$5,000, \$7,500, \$10,000

Additional Plan Benefits Included with Life Coverage

Waiver of Premium	Included
Portability	Included
Accelerated Death Benefit	Included
Conversion	Included

Benefit Exclusions

Like any insurance, this term life insurance policy does have exclusions.

For life insurance, a suicide exclusion may apply.

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Questions? Call 800-423-2765 and mention Group ID: 1083883.

REMINDER: Please review your beneficiary(ies) to ensure they are up to date. It's good practice to review, and if necessary update, your beneficiary(ies) annually.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. ComPsych® is not a Lincoln Financial Group® company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations. EstateGuidance® and GuidanceResources® Online are trademarks of ComPsych® Corporation.

State limitations apply. Beneficiary Grief counseling is the only benefit available to a beneficiary(ies) of policies issued in the state of New York. Online will prep is the only benefit available to insured employee and dependents of policies issued in the state of Washington.

TravelConnect® services are provided by On Call International, Salem, NH. On Call International is not a Lincoln Financial Group® company and Lincoln Financial Group does not administer these services. Each independent company is solely responsible for its own obligations. On Call International must coordinate and provide all arrangements in order for eligible services to be covered. Coverage is subject to contract language that contains specific terms, conditions, and limitations, which can be found in the program description.

The *TravelConnect*® program is not available to insured employees and dependents of policies issued in the state of New York and Washington. Access only program available to insured employees and dependents of policies issued in the state of Missouri and Texas. Benefits provided under the Access Only program exclude payment for paid services. Not for use in New York or Washington.

Group insurance products and services described herein are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Limitations and exclusions apply. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.

Monthly Voluntary Life Insurance Premium Calculate Your Premium.

Group Life Rates for You

Employee Age Range	Life Premium Rate
0 - 24	\$0.088
25 - 29	\$0.088
30 - 34	\$0.088
35 - 39	\$0.103
40 - 44	\$0.163
45 - 49	\$0.285
50 - 54	\$0.474
55 - 59	\$0.766
60 - 64	\$1.171
65 - 69	\$1.807
70 - 74	\$2.230
75+	\$2.230

Group Life Rates for Your Spouse

Employee Age Range	Life Premium Rate
0 - 24	\$0.088
25 - 29	\$0.088
30 - 34	\$0.088
35 - 39	\$0.103
40 - 44	\$0.163
45 - 49	\$0.285
50 - 54	\$0.474
55 - 59	\$0.766
60 - 64	\$1.171
65 - 69	\$1.807
70 - 74	\$2.230
75+	\$2.230

Group Life Rates for your Dependent Child(ren)

Child(ren) Life Premium Rate, per \$1,000
\$0.420

One affordable monthly premium covers all of your eligible dependent children.

Note: To be eligible for coverage, a spouse or dependent child cannot be confined on the date the increase or addition is to take effect, it will take effect when the confinement ends.

Calculate Your Cost

Use the appropriate rate provided in the tables above to calculate your cost based on the amount of coverage you select. The following example calculates the monthly cost for a 36-year-old employee who would like to purchase \$100,000 in employee voluntary term life insurance coverage.

Calculation Example	Example	You
Step 1	Using the table above, enter the rate that corresponds with your age.	\$0.103
Step 2	Enter the desired coverage amount in dollars.	\$100,000
Step 3	Enter the desired coverage amount in increments of \$1,000. <i>To calculate, divide the coverage amount by \$1,000.</i>	100
Step 4	Calculate the monthly cost. <i>Multiply Step 1 by Step 3.</i>	\$10.30

Note: Rates are subject to change and can vary over time.

Please see prior page for product information.

Employee | Monthly Premiums for Select Life Insurance Coverage Amounts

Employee Age Range	\$10,000	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$400,000	\$500,000
0 - 24	\$0.88	\$4.40	\$8.80	\$13.20	\$17.60	\$22.00	\$26.40	\$35.20	\$44.00
25 - 29	\$0.88	\$4.40	\$8.80	\$13.20	\$17.60	\$22.00	\$26.40	\$35.20	\$44.00
30 - 34	\$0.88	\$4.40	\$8.80	\$13.20	\$17.60	\$22.00	\$26.40	\$35.20	\$44.00
35 - 39	\$1.03	\$5.15	\$10.30	\$15.45	\$20.60	\$25.75	\$30.90	\$41.20	\$51.50
40 - 44	\$1.63	\$8.15	\$16.30	\$24.45	\$32.60	\$40.75	\$48.90	\$65.20	\$81.50
45 - 49	\$2.85	\$14.25	\$28.50	\$42.75	\$57.00	\$71.25	\$85.50	\$114.00	\$142.50
50 - 54	\$4.74	\$23.70	\$47.40	\$71.10	\$94.80	\$118.50	\$142.20	\$189.60	\$237.00
55 - 59	\$7.66	\$38.30	\$76.60	\$114.90	\$153.20	\$191.50	\$229.80	\$306.40	\$383.00
60 - 64	\$11.71	\$58.55	\$117.10	\$175.65	\$234.20	\$292.75	\$351.30	\$468.40	\$585.50
Employee Age Range	\$10,000	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$400,000	\$500,000
65 - 69	\$18.07	\$90.35	\$180.70	\$271.05	\$361.40	\$451.75	\$542.10	\$722.80	\$903.50
Employee Age Range	\$6,500	\$32,500	N/A	N/A	N/A	N/A	N/A	N/A	N/A
70 - 74	\$14.50	\$72.48	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee Age Range	\$5,000	\$25,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A
75+	\$11.15	\$55.75	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Spouse/Domestic Partner | Monthly Premiums for Select Life Insurance Coverage Amounts

Employee Age Range	\$5,000	\$30,000	\$50,000	\$100,000	\$150,000	\$200,000	\$300,000	\$400,000	\$500,000
0 - 24	\$0.44	\$2.64	\$4.40	\$8.80	\$13.20	\$17.60	\$26.40	\$35.20	\$44.00
25 - 29	\$0.44	\$2.64	\$4.40	\$8.80	\$13.20	\$17.60	\$26.40	\$35.20	\$44.00
30 - 34	\$0.44	\$2.64	\$4.40	\$8.80	\$13.20	\$17.60	\$26.40	\$35.20	\$44.00
35 - 39	\$0.52	\$3.09	\$5.15	\$10.30	\$15.45	\$20.60	\$30.90	\$41.20	\$51.50
40 - 44	\$0.82	\$4.89	\$8.15	\$16.30	\$24.45	\$32.60	\$48.90	\$65.20	\$81.50
45 - 49	\$1.43	\$8.55	\$14.25	\$28.50	\$42.75	\$57.00	\$85.50	\$114.00	\$142.50
50 - 54	\$2.37	\$14.22	\$23.70	\$47.40	\$71.10	\$94.80	\$142.20	\$189.60	\$237.00
55 - 59	\$3.83	\$22.98	\$38.30	\$76.60	\$114.90	\$153.20	\$229.80	\$306.40	\$383.00
60 - 64	\$5.86	\$35.13	\$58.55	\$117.10	\$175.65	\$234.20	\$351.30	\$468.40	\$585.50
Employee Age Range	\$5,000	\$30,000	\$50,000	\$100,000	\$150,000	\$200,000	\$300,000	\$400,000	\$500,000
65 - 69	\$9.04	\$54.21	\$90.35	\$180.70	\$271.05	\$361.40	\$542.10	\$722.80	\$903.50
Employee Age Range	\$3,250	\$19,500	\$32,500	\$65,000	\$97,500	\$130,000	\$195,000	\$260,000	\$325,000
70 - 74	\$7.25	\$43.49	\$72.48	\$144.95	\$217.43	\$289.90	\$434.85	\$579.80	\$724.75
Employee Age Range	\$2,500	\$15,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000
75+	\$5.58	\$33.45	\$55.75	\$111.50	\$167.25	\$223.00	\$334.50	\$446.00	\$557.50

Dependent Child(ren) | Monthly Premiums for Life Insurance Coverage Amounts

Coverage	Premium
\$2,500	\$1.05
\$5,000	\$2.10
\$7,500	\$3.15
\$10,000	\$4.20

Please see prior page for product information.
[Life Insurance Premium Calculation](#)

Homes for Good Housing Agency Benefits At A Glance

Voluntary Accidental Death and Dismemberment (AD&D) Insurance

The Lincoln Voluntary AD&D Insurance plan:

- Provides a cash benefit to your loved ones if you die in an accident
- Provides a cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- Features group rates for employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support
- Includes *TravelConnect*® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

All Full-time Employees

Employee	
Coverage options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed the lesser of 5 times annual earnings or \$500,000

Your employee AD&D coverage amount will reduce by 35% when you age 70, and an additional 15% of the original amount when you reach 75. Benefits end when you retire.

Dependent spouse: The amount of dependent AD&D insurance coverage cannot be greater than 100% of the employee benefit.	
Coverage options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed \$500,000

You can secure AD&D insurance for your spouse if you select coverage for yourself.

Your spouse AD&D coverage amount will reduce by 35% when you reach 70, and an additional 15% of the original amount when you reach 75. Benefits end when you retire.

Dependent child(ren)	
Coverage options	\$2,500, \$5,000, \$7,500, \$10,000
You can secure AD&D insurance for your dependent children if you select coverage for yourself.	

Benefit exclusions

Like any insurance, this AD&D insurance policy does have exclusions. Benefits will not be paid if death or dismemberment occurs as the result of:

- War, declared or undeclared, or any act of war
- Intentionally self-inflicted injuries, while sane or insane
- Suicide, or suicide attempt, while sane or insane
- Active participation in a riot
- Committing or attempting to commit a felony
- Disease, bodily or mental illness, or medical or surgical treatment thereof
- Infections
- Controlled substances voluntarily taken, ingested, or injected, unless prescribed or administered by a physician
- Serving on full-time active duty in the Armed Forces of any country or international authority
- The presence of alcohol in the covered person's blood which raises the presumption that the covered person was under the influence of alcohol and contributed to the cause of the accident

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

REMINDER: Please review your beneficiary(ies) to ensure they are up to date. It's good practice to review, and if necessary update, your beneficiary(ies) annually.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary *LifeKeys*® services are provided by ComPsych® Corporation, Chicago, IL. ComPsych® is not a Lincoln Financial Group® company. Coverage is subject to Each independent company is solely responsible for its own obligations. EstateGuidance® and GuidanceResources® Online are trademarks of ComPsych®

State limitations apply. Beneficiary Grief counseling is the only benefit available to a beneficiary(ies) of policies issued in the state of New York. Online will benefit available to insured employee and dependents of policies issued in the state of Washington.

TravelConnect® services are provided by On Call International, Salem, NH. On Call International is not a Lincoln Financial Group® company and Lincoln administer these services. Each independent company is solely responsible for its own obligations. On Call International must coordinate and provide all for eligible services to be covered. Coverage is subject to contract language that contains specific terms, conditions, and limitations, which can be found in description.

The *TravelConnect*® program is not available to insured employees and dependents of policies issued in the state of New York and Washington. Access only insured employees and dependents of policies issued in the state of Missouri and Texas. Benefits provided under the Access Only program exclude payment Not for use in New York or Washington.

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Voluntary AD&D insurance

Calculate your premium.

Calculate your cost

Use the table below to determine your cost based on the amount of coverage you select. The following example calculates the monthly cost for an employee who would like to purchase \$100,000 in employee optional AD&D insurance coverage.

Calculation example	Example	You
Step 1 Monthly rate	\$0.020	
Step 2 Enter the desired coverage amount in dollars.	\$100,000	
Step 3 Enter the desired coverage amount in increments of \$1,000. To calculate, divide the coverage amount by \$1,000.	100	
Step 4 Calculate the monthly cost. Multiply step 1 by step 3.	\$2.00	

Note: Rates are subject to change and can vary over time.

Calculate your dependent cost

Use the table below to determine your cost based on the amount of coverage you select. The following example calculates the monthly cost for an employee who would like to purchase \$50,000 in optional dependent spouse AD&D insurance coverage.

Calculation example	Example	You
Step 1 Monthly rate	\$0.020	
Step 2 Enter the desired coverage amount in dollars.	\$50,000	
Step 3 Enter the desired coverage amount in increments of \$1,000. To calculate, divide the coverage amount by \$1,000.	50	
Step 4 Calculate the monthly cost. Multiply step 1 by step 3.	\$1.00	

Note: Rates are subject to change and can vary over time.

Please see prior page for product information.

Voluntary AD&D insurance at a glance

Monthly premium calculation for your dependent child(ren)

Use the table below to determine your cost based on the amount of coverage you select. The following example calculates the monthly cost for an employee who would like to purchase \$5,000 in optional dependent child(ren) AD&D insurance coverage.

Calculation example		Example	You
Step 1	Monthly rate	\$0.020	
Step 2	Enter the desired coverage amount in dollars.	\$5,000	
Step 3	Enter the desired coverage amount in increments of \$1,000. To calculate, divide the coverage amount by \$1,000.	5	
Step 4	Calculate the monthly cost. Multiply step 1 by step 3.	\$.10	

Note: Rates are subject to change and can vary over time.

Please see prior page for product information.

Voluntary AD&D insurance at a glance



Allstate BENEFITS

Protection for accidental injuries on- and off-the-job, 24 hours a day

Accident Insurance

Today, active lifestyles in or out of the home may result in bumps, bruises and sometimes breaks. Getting the right treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.

Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

With Accident insurance from Allstate Benefits, you can gain the advantage of financial support, thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to be on the mend.

Here's How It Works

Our coverage pays you cash benefits that correspond with hospital and intensive care confinement. Your plan may also include coverage for a variety of occurrences, such as: dismemberment; dislocation or fracture; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

Meeting Your Needs

- Guaranteed Issue, meaning no medical questions to answer
- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage also available for your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

With Allstate Benefits, you can protect your finances against life's slips and falls. **Are you in Good Hands? You can be.**

*National Safety Council, Injury Facts®, 2017 Edition

DID YOU KNOW ?

The number of injuries suffered by workers in one year, both on- and off-the-job, includes:¹

ON-THE-JOB (in millions)



Work
4.4

OFF-THE-JOB (in millions)



Home
9.2



Non-Auto
4.0



Auto
2.2



Allstate BENEFITS

Protection when faced with a critical illness diagnosis and you need treatment

Critical Illness Insurance

No one is ever really prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments and medications can add to your stress levels.

The treatment to recovery is vital, but it can also be expensive. Your medical coverage may only cover some of the costs associated with treatment. You're still responsible for deductibles and coinsurance. If treatment keeps you out of work, the financial worries can grow quickly and stress levels may rise.

Critical Illness coverage helps provide financial support if you are diagnosed with a covered critical illness. With the expense of treatment often high, seeking the treatment you need could seem like a financial burden. When a diagnosis occurs, you need to be focused on getting better and taking control of your health, not stressing over financial worries.

Here's How It Works

You choose benefits to protect yourself and any family members if diagnosed with a critical illness. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

Meeting Your Needs

- Guaranteed Issue coverage with a Pre-Existing Condition Limitation*
- Coverage available for dependents
- Covered dependents receive 50% of your Basic-Benefit Amount
- Benefits paid regardless of any other medical or disability plan coverage
- Premiums are affordable and conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details
- 25% of your Basic-Benefit Amount is paid for Advanced Alzheimer's Disease and Advanced Parkinson's Disease

With Allstate Benefits, you can make treatment decisions without putting your finances at risk. **Are you in Good Hands? You can be.**

*Please refer to the Exclusions and Limitations section of this brochure.

¹https://www.cdc.gov/heartdisease/heart_attack.htm

²<https://www.cdc.gov/stroke/facts.htm>

DID YOU KNOW ?



Every **40** seconds,
an American will suffer
a heart attack¹



Every **40** seconds,
someone in the U.S.
has a stroke²

Critical Illness Insurance (GVCIP2)

from Allstate Benefits

Offered to the employees of:
Homes for Good

BENEFIT AMOUNTS

†Covered dependents receive 50% of your benefit amount

INITIAL CRITICAL ILLNESS BENEFITS†	PLAN 1
Heart Attack (100%)	\$10,000
Stroke (100%)	\$10,000
Major Organ Transplant (100%)	\$10,000
End Stage Renal Failure (100%)	\$10,000
Coronary Artery Bypass Surgery (25%)	\$2,500
Waiver of Premium (employee only)	Yes
CANCER CRITICAL ILLNESS BENEFITS†	PLAN 1
Invasive Cancer (100%)	\$10,000
Carcinoma in Situ (25%)	\$2,500
SUPPLEMENTAL CRITICAL ILLNESS BENEFITS II†	PLAN 1
Advanced Alzheimer's Disease (25%)	\$2,500
Advanced Parkinson's Disease (25%)	\$2,500
Benign Brain Tumor (100%)	\$10,000
Coma (100%)	\$10,000
Complete Blindness (100%)	\$10,000
Complete Loss of Hearing (100%)	\$10,000
Paralysis (100%)	\$10,000
OPTIONAL/ADDITIONAL BENEFIT	PLAN 1
Wellness Benefit (per year)	\$50

PLAN 1 - MONTHLY PREMIUMS

\$10,000 Basic Benefit Amount

AGE	EE, EE + CH EE + SP, F	
	Non-Tobacco	
18-35	\$7.65	\$11.60
36-50	\$17.55	\$26.45
51-60	\$35.95	\$54.05
61-63	\$56.15	\$84.35
64+	\$82.45	\$123.80
Tobacco		
18-35	\$11.75	\$17.75
36-50	\$28.85	\$43.40
51-60	\$59.45	\$89.30
61-63	\$85.95	\$129.05
64+	\$126.65	\$190.10

EE=Employee; EE + SP = Employee + Spouse;

EE + CH = Employee + Child(ren); F = Family

FOR HOME OFFICE USE ONLY - GVCIP2

Opt 1 - PX; 1.0U Base; CR; SBR W/O; 2.0U WR;

ABQ V 08.19.2019 Rate Insert Creation Date: 11/7/2019



This rate insert is part of the approved brochure for Homes for Good or form ABJ30427-1. It is not to be used on its own.

This material is valid as long as information remains current, but in no event later than November 7, 2022. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2019 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.

ABJ30427-1 - Insert - 34259

Contacts

Have Questions? Need Help?

Homes for Good Housing Agency is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Mountain, Pacific and Alaska Standard Time at 866-468-7272 or via e-mail at BRCWest@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Please contact Bailey McEuen in human resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

BENEFITS PLAN	CARRIER	PHONE NUMBER	WEBSITE
Medical/Dental/Vision	CIS	800-922-2684	www.cisoregon.org
Medical HMO	Kaiser Permanente	800-813-2000	www.kp.org
Medical PPO	Regence Blue Cross Blue Shield	888-367-2116	www.regence.com
Dental PPO	Delta Dental / Moda Health	877-337-0647	www.modahealth.com
Managed Dental	Willamette Dental	503-475-8132	www.willamettedental.com
Health Savings Account (HSA)	Optum Bank	877-462-5039	www.optumbank.com
Health Reimbursement Arrangement (HRA)	PacificSource Administrators	800-422-7038	www.psacustomerservice pacificsource.com
Life and AD&D	Lincoln Financial Group	800-628-8600	www.lfg.com
Voluntary Life and AD&D	Lincoln Financial Group	800-628-8600	www.lfg.com
Long Term Disability (LTD)	Lincoln Financial Group	800-628-8600	www.lfg.com
Employee Assistance Program (EAP)	Cascade Health	541-345-2800	www.cascadehealth.org
Flexible Spending Account (FSA)	PacificSource Administrators	800-422-7038	www.psacustomerservice pacificsource.com
Accident / Critical Illness	Allstate	541-726-8243 Contact: Bryan Bullock	Email: bryanbullock@allstate.com
Benefit Resource Center (BRC)	USI	866-468-7272	Email: brcwest@usi.com



Why won't they pay my claim?

Services denied?!

How can my claim still be "in process"? It's been two months!

I called my insurance carrier, but now I'm just more confused.

Do I have mail-order prescription benefits?

Call the Benefit Resource Center ("BRC"), We're Here To Help!

We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services



99

Benefit Resource Center

BRCWest@usi.com | Toll Free: 866-468-7272

Monday through Friday 8:00am to 5:00pm Mountain, Pacific and Alaska Standard Time



cis benefits
cisbenefits.org

Mandatory Notices

The federal government requires the following notices to be provided to you.

- HIPAA Privacy Notice
- HIPAA Special Enrollment Rights
- Women's Health and Cancer Rights Act of 1998 (WHCRA)
- Medicare Prescription Drug Coverage - Part D
- Children's Health Insurance Program (CHIP)
- Children's Health Insurance Program Reauthorization Act (CHIPRA)
- Health Reimbursement Arrangement (HRA) Waiver Rights

HIPAA Privacy Notice

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) governs how group health plans and other "covered entities" use and disclose "protected health information." CIS is considered a covered entity and is therefore required to notify you of how your protected health information is allowed to be used and your rights related to that information. **The Notice is available on CIS' website at www.cisbenefits.org.**

HIPAA Special Enrollment Rights

The HIPAA legislation also included a "Special Enrollment Rights" provision. Employees who decline to participate in a group health plan may enroll themselves and their dependents within 30 days of these events:

- Losing coverage provided through a group health plan or health insurance, whether coverage is canceled due to job loss, disability, divorce, or death
- Marriage, birth, adoption, or the placement of a child for adoption

Employees have 30 days from the date of the event – the job loss, marriage, birth or placement – to request enrollment in the plan.

Women's Health and Cancer Rights Act of 1998 (WHCRA)

WHCRA includes important protections for breast cancer patients who choose to have breast reconstruction in connection with a mastectomy. The coverage outlined below is included in your medical plan:

- ¹⁰⁰Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.

- Prosthesis and treatment of physical complications of all stages of Mastectomy, including
- lymphedemas; and
- Inpatient care related to the Mastectomy and post-Mastectomy services.

The attending physician and the patient will determine together the manner of treatment. All coverage is subject to any deductibles, copayments, and/or coinsurance according to the provisions of your medical insurance benefits and federal requirements. Please see your benefits booklet for additional information.

Medicare Prescription Drug Coverage - Part D

See the "Important Notice About Your Prescription Drug Coverage and Medicare" notice below. When prescription drug coverage was added to Medicare ("Part D"), it was mandated that employees be told whether their employer's medical coverage is "creditable" or "non-creditable." Creditable means it is, on average, as good as the standard Medicare Part D coverage. Noncreditable means it is not, on average, as good.

For most active employees and some retirees, this notice doesn't apply because you are not yet covered by Medicare. However, **for those who are covered by Medicare or have a dependent covered by Medicare, this information is very important.**

Children's Health Insurance Program (CHIP)

See attached "Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)" Notice. The Notice is required to inform employees of the opportunities that "currently exist" for premium assistance under Medicaid and CHIP for coverage for employees or dependents.

Children's Health Insurance Program Reauthorization Act (CHIPRA) – Special Enrollment Rights

Employees who experience either of the following events have 60 days to enroll in group coverage through their employer.

- The termination of an individual's Medicaid or CHIP coverage due to a loss of eligibility; or
- The individual becomes eligible for a premium assistance subsidy through Medicaid or CHIP.

Health Reimbursement Arrangement (HRA) Waiver Rights

Employees (including former employees) eligible for reimbursement of medical expenses under a Health Reimbursement Arrangement (HRA) can elect each year, and upon termination of employment, to opt-out of and waive future reimbursements from the HRA. This opt-out right is required because the benefits provided by the HRA generally constitutes employer-provided health coverage under the Affordable Care Act. Therefore, this will disqualify the individual from eligibility for a premium tax credit for an insurance policy purchased through the Health Insurance Marketplace.

Important Notice from CIS About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with your employer's medical plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare.

You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Regence BlueCross BlueShield (BCBS) and Kaiser have determined that the prescription drug coverage offered by your employer is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, you can continue your Regence BCBS medical coverage and benefits will coordinate with Part D coverage.

If you decide to join a Medicare drug plan and drop your Regence BCBS medical coverage, be aware that if you are an active employee you and your dependents **will not** be able to re-enroll until the next open enrollment period. If you are a retiree, you **will not** be able to get this coverage back.

If you are enrolled on a Kaiser medical plan, you are not eligible to enroll in Medicare Part D because of Kaiser's arrangement with Medicare. Doing so will cause your active Kaiser coverage to be terminated.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

If you drop or lose your current coverage with your employer and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the organization listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through your employer changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 3, 2022

Name of Entity/Sender: CIS Benefits

Address: 25117 SW Parkway Ave, Willsonville, OR 97070

Phone Number: 1-800-922-2684 (within Oregon) or 503-763-3800 (Wilsonville)

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA Medicaid
Website: http://myalhipp.com/ Phone: 1 855 692 5447	Website: Health Insurance Premium Payment (HIPP) Program https://dhcs.ca.gov/hipp Phone: 916 445 8322 Email: hipp dhcs.ca.gov
ALASKA – Medicaid	COLORADO Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1 866 251 4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1 800 221 3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/childhealthplanplus CHP+ Customer Service: 1 800 359 1991/ State Relay 711 Health Insurance Buy In Program (HIBI): https://www.colorado.gov/pacific/hcpf/healthinsurancebuyprogram HIBI Customer Service: 1 855 692 6442
ARKANSAS – Medicaid	FLORIDA Medicaid
Website: http://myarhipp.com/ Phone: 1 855 MyARHIPP (855 692 7447)	https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1 877 357 3268

<p align="center">GEORGIA Medicaid</p>	<p align="center">MASSACHUSETTS Medicaid and CHIP</p>
<p>Website: https://medicaid.georgia.gov/health_insurance_premium_payment_program_hipp Phone: 678 564 1162 ext 2131</p>	<p>Website: https://www.mass.gov/info_details/mashealth_premium_assistance_pa Phone: 1 800 862 4840</p>
<p align="center">INDIANA Medicaid</p>	<p align="center">MINNESOTA Medicaid</p>
<p>Healthy Indiana Plan for low income adults 19 64 Website: http://www.in.gov/fssa/hip/ Phone: 1 877 438 4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1 800 657 3739</p>	<p>Website: https://mn.gov/dhs/people_we_serve/children_and_families/health_care/health_care_programs/programs_and_services/other_insurance.jsp Phone: 1 800 657 3739</p>
<p align="center">IOWA Medicaid and Chip (Hawki)</p>	<p align="center">MISSOURI Medicaid</p>
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1 800 338 8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1 800 257 8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid_a_to_z/hipp HIPP Phone: 1 888 346 9562</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573 751 2005</p>
<p align="center">KANSAS – Medicaid</p>	<p align="center">MONTANA – Medicaid</p>
<p>Website: https://www.kancare.ks.gov Phone: 1 800 792 4884</p>	<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HI_PP Phone: 1 800 694 3084</p>
<p align="center">KENTUCKY – Medicaid</p>	<p align="center">NEBRASKA Medicaid</p>
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1 855 459 6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1 877 524 4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632 7633 Lincoln: (402) 473 7000 Omaha: (402) 595 1178</p>
<p align="center">LOUISIANA – Medicaid</p>	<p align="center">NEVADA – Medicaid</p>
<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1 888 342 6207 (Medicaid hotline) or 1 855 618 5488 (LaHIPP)</p>	<p>Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1 800 992 0900</p>
<p align="center">MAINE – Medicaid</p>	<p align="center">NEW HAMPSHIRE Medicaid</p>
<p>Enrollment Website: https://www.maine.gov/dhhs/ofl/applications_forms Phone: 1 800 442 6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofl/applications_forms Phone: 800 977 6740 TTY: Maine relay 711</p>	<p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603 271 5218 Toll free number for HIPP program: 1 800 852 3345, ext 5218</p>

<p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609 631 2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1 800 701 0710</p>	<p>SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1 888 828 0059</p>
<p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1 800 541 2831</p>	<p>TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1 800 440 0493</p>
<p>NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919 855 4100</p>	<p>UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1 877 543 7669</p>
<p>NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1 844 854 4825</p>	<p>VERMONT– Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1 800 250 8427</p>
<p>OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1 888 365 3742</p>	<p>VIRGINIA – Medicaid and CHIP</p> <p>Website: https://www.coverva.org/en/famis_select https://www.coverva.org/en/hipp Medicaid Phone: 1 800 432 5924 CHIP Phone: 1 800 432 5924</p>
<p>OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index_es.html Phone: 1 800 699 9075</p>	<p>WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1 800 562 3022 ext. 15473</p>
<p>PENNSYLVANIA – Medicaid</p> <p>Website: http://www.dhs.pa.gov/provider/medicalassistance/#insurancepremiumpaymenthippprogram/index.htm Phone: 1 800 692 7462</p>	<p>WEST VIRGINIA – Medicaid</p> <p>Website: http://mywvhipp.com/ Toll free phone: 1 855 MyWVHIPP (1 855 699 8447)</p>
<p>RHODE ISLAND Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1 855 697 4347, or 401 462 0311 (Direct RIte Share Line)</p>	<p>WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1 800 362 3002</p>
<p>SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1 888 549 0820</p>	<p>WYOMING – Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs_and_eligibility/ Phone: 1 800 251 1269</p>

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa 1 866 444 EBSA
(3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1 877 267 2323, Menu Option 4, Ext.
61565

