



Homes for Good
Housing Agency

BENEFITS GUIDE

Plan Year 2022



Table of Contents

A Message to Our Employees 3

Benefits for You & Your Family 4

Medical / Vision Insurance Highlights..... 5

Dental Insurance 6

Cost Share Worksheet..... 7

Flexible Spending Account (FSA) 8

Health Savings Account (HSA) and FAQ’s 8

Health Reimbursement Arrangement (HRA) 9

Life and Accidental Death & Dismemberment Insurance 9

Voluntary Life and AD&D Insurance 10

Long-Term Disability Insurance 10

Employee Assistance Plan (EAP) 10

Accident Insurance 10

Critical Illness Insurance 10

CIS Health Manager Flyer..... 15

Regence Virtual Care Flyer..... 16

BeyondWell Flyer - Regence..... 17

BeyondWell Flyer - Kaiser..... 20

Contacts 22

Important Links..... 23

Legal Notices..... 24

This brochure summarizes the benefit plans that are available to Homes for Good eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

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 2022 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. Open Enrollment for the 2023 plan year is not yet confirmed, but will likely take place in early October 2022.

Your Enrollment Responsibilities

Your 2022 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.



You can click here to watch the Open Enrollment Brainshark,
OR scan this QR Code using your phone camera! ->



Benefits for You & Your Family

Homes for Good is pleased to announce our 2022 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 4 through October 22 at CIS-Connect.

CIS-Connect is CIS's new enrollment system. If you have not accessed your CIS account since May 2020, you are considered a new user and 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.



You can click here to watch our recorded Open Enrollment discussion with USI!

**HOW DO I KNOW
WHICH PLAN IS
RIGHT FOR ME?**

Password: N*8n&V9c

Medical / Vision Insurance Highlights

The chart below is a brief outline of the plan options available to employees working 20 hours per week. Please refer to the summary plan description for complete plan details.

	Kaiser Permanente of Oregon HMO Copay Plan B	CIS/Regence Blue Cross Blue Shield of Oregon	
Benefit Coverage	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 Ded	40% After Ded
Specialty Care	\$30 copay	20% After Ded	40% After Ded
Urgent Care	\$40 copay	20% After Ded	40% After Ded
Preventive Care			
Adult Periodic Exams	100%	100% Ded Waived	40% After Ded
Well-Child Care	100%	100% Ded Waived	40% After Ded
Diagnostic Services			
X-ray and Lab Tests	\$20 per dept visit	20% After Ded	40% After Ded
Complex Radiology	\$50 per dept visit	20% After Ded	40% After Ded
Hospital Services			
Emergency Room	\$200 waived if admitted	20% After Ded	
Inpatient Facility Charges	\$200 per day up to \$1,000 per admission	20% After Ded	40% After Ded
Outpatient Facility and Surgical	\$50 copay	20% After Ded	40% After Ded
Mental Health			
Inpatient	\$200 per day up to \$1,000 admission	20% After Ded	40% After Ded
Outpatient	\$20 copay	20% After Ded	40% After Ded
Substance Abuse			
Inpatient	\$200 per day up to \$1,000 admission	20% After Ded	40% After Ded
Outpatient	\$20 copay	20% After Ded	40% After Ded
Other Services			
Chiropractic & Acupuncture	\$20 copay \$1,000 Max \$25 copay Massage (12 visit limit)	20%; \$1,000 Max No Massage	40%; Shared \$1,000 Max No Massage
Retail Pharmacy (30 Day Supply)			
Generic (Tier 1)	\$10 copay	20% After Ded	40% After Ded
Preferred (Tier 2)	\$20 copay	20% After Ded	40% After Ded
Non-Preferred (Tier 3)	\$40 copay	20% After Ded	40% After Ded
Preferred Specialty (Tier 4)	\$40 copay (Administer / injections 20% + \$10 copay)	20% After Ded	40% After Ded
Mail Order Pharmacy (90 Day Supply)			
All Tiers	2 x copay	20% After Ded	40% After Ded

Vision Insurance

Benefit Coverage	Kaiser Permanente of Oregon HMO Copay Plan B		Regence Blue Cross Blue Shield of Oregon	
Vision			In-Network Benefits	Out-of-Network Benefits
Annual Eye Exam	\$20 Copay		100% After \$10 Copay	Up to \$50
Single Vision Lenses	\$150 Allowance every year		100% after \$25 Copay	Up to \$35
Frames	\$150 Allowance every year		100% up to \$170	Up to \$70
Elective Contact Lenses	\$150 Allowance every year		100% up to \$170	Up to \$110

Dental Insurance

The chart below is a brief outline of the plans. Please refer to the summary plan descriptions for plan details.

	Willamette Dental	Delta Dental / Moda	
Benefit Coverage	Schedule of Benefits		
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	

Kaiser Pharmacy



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+Child(ren)
20	50%	\$321.34	\$683.91	\$943.19	\$598.38	\$817.75
21	45%	\$289.21	\$615.51	\$848.87	\$538.54	\$735.98
22	40%	\$257.07	\$547.12	\$754.55	\$478.70	\$654.20
23	35%	\$224.94	\$478.73	\$660.23	\$418.87	\$572.43
24	30%	\$192.80	\$410.34	\$565.91	\$359.03	\$490.65
25	25%	\$160.67	\$341.95	\$471.60	\$299.19	\$408.88
26	20%	\$128.54	\$273.56	\$377.28	\$239.35	\$327.10
27	15%	\$96.40	\$205.17	\$282.96	\$179.51	\$245.33
28	10%	\$64.27	\$136.78	\$188.64	\$119.68	\$163.55
29	5%	\$32.13	\$68.39	\$94.32	\$59.84	\$81.78
30-40	0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Employee Cost for Medical & Vision						
Kaiser HMO plan						
FTE/Hours	Percent Cost Share	EE Only	EE+Spouse	EE+Family	EE+Child	EE+Child(ren)
20	50%	\$369.06	\$772.72	\$1,052.43	\$676.82	\$912.82
21	45%	\$332.15	\$695.44	\$947.18	\$609.13	\$821.53
22	40%	\$295.25	\$618.17	\$841.94	\$541.45	\$730.25
23	35%	\$258.34	\$540.90	\$736.70	\$473.77	\$638.97
24	30%	\$221.44	\$463.63	\$631.46	\$406.09	\$547.69
25	25%	\$184.53	\$386.36	\$526.21	\$338.41	\$456.41
26	20%	\$147.62	\$309.09	\$420.97	\$270.73	\$365.13
27	15%	\$110.72	\$231.81	\$315.73	\$203.04	\$273.84
28	10%	\$73.81	\$154.54	\$210.49	\$135.36	\$182.56
29	5%	\$36.91	\$77.27	\$105.24	\$67.68	\$91.28
30-40	0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Employee Cost for Dental						
Delta Dental						
FTE/Hours	Percent Cost Share	EE Only	EE+Spouse	EE+Family	EE+Child	EE+Child(ren)
20	50%	\$23.85	\$42.45	\$78.77	\$37.38	\$68.49
21	45%	\$21.47	\$38.21	\$70.89	\$33.64	\$61.64
22	40%	\$19.08	\$33.96	\$63.01	\$29.90	\$54.79
23	35%	\$16.70	\$29.72	\$55.14	\$26.17	\$47.94
24	30%	\$14.31	\$25.47	\$47.26	\$22.43	\$41.09
25	25%	\$11.93	\$21.23	\$39.38	\$18.69	\$34.25
26	20%	\$9.54	\$16.98	\$31.51	\$14.95	\$27.40
27	15%	\$7.16	\$12.74	\$23.63	\$11.21	\$20.55
28	10%	\$4.77	\$8.49	\$15.75	\$7.48	\$13.70
29	5%	\$23.85	\$4.25	\$7.88	\$3.74	\$6.85
30-40	0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Employee Cost for Dental						
Willamette Dental						
FTE/Hours	Percent Cost Share	EE Only	EE+Spouse	EE+Family	EE+Child	EE+Child(ren)
20	50%	\$27.85	\$49.01	\$85.02	\$43.09	\$73.88
21	45%	\$25.06	\$44.11	\$76.51	\$38.78	\$66.49
22	40%	\$22.28	\$39.21	\$68.01	\$34.47	\$59.10
23	35%	\$19.49	\$34.31	\$59.51	\$30.16	\$51.71
24	30%	\$16.71	\$29.41	\$51.01	\$25.85	\$44.33
25	25%	\$13.92	\$24.51	\$42.51	\$21.55	\$36.94
26	20%	\$11.14	\$19.60	\$34.01	\$17.24	\$29.55
27	15%	\$8.35	\$14.70	\$25.50	\$12.93	\$22.16
28	10%	\$5.57	\$9.80	\$17.00	\$8.62	\$14.78
29	5%	\$2.78	\$4.90	\$8.50	\$4.31	\$7.39
30-40	0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Flexible Spending Account

A flexible spending account (FSA) is an account you use to pay health or dependent care expenses with pre-tax dollars.

Health Care FSA

With a Health Care FSA, you can use pre-tax dollars to pay for your medical, dental, vision, prescription expense and over-the-counter medications, when prescribed by a doctor. The maximum you can contribute is \$2,750. Health Care FSA money is use-it-or-lose-it. This means that if you don't spend it all, you forfeit the unspent amount.

Dependent Care FSA

A Dependent Care FSA allows you to use pre-tax dollars for dependent care like daycare, summer camp or even elder care. The maximum you can contribute is \$5,000 to your account each year. If you are married but file an individual tax return, your max is \$2,500.

Important FSA Rules

- ✓ Use-it-or-lose-it: If you don't spend it all, you will forfeit the unspent amount.
- ✓ No Changes: You cannot cancel or change the amount of your contribution unless you have a life event (i.e., a birth, marriage, etc.).
- ✓ No Transfers: You cannot transfer money between Health Care and Dependent Care FSA accounts.

FSA Administrator: PacificSource Administrators

[Click here](#) to view the FSA Guide.

Deductible Reimbursement (Regence Plan Only)

Health Savings Account (HSA)

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

Health Reimbursement Arrangement (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, including long-term care and COBRA premiums.

Reimbursable expenses include:

- Deductible Expenses
- Copay Expenses
- Coinsurance Expenses
- Medical Expenses
- Prescription Expenses
- Dental Expenses
- Orthodontia Expenses
- Vision Expenses
- Alternative Care Expenses
- Long-term Care and COBRA

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

For more information about your deductible reimbursement options, click here to view the [2022 Deductible Reimbursement Guide](#).

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

Life and Accidental Death & Dismemberment Insurance

Homes for Good 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. Please see the benefit summary for complete plan details.

Standard Insurance Company Group Basic Life and AD&D Insurance	
Basic Life Coverage Amount	1x annual earnings to max of \$50,000
Basic AD&D Coverage Amount	Your coverage amount is equal to your basic life coverage amount
Life Age Reductions	Basic Life and AD&D amount reduces to 65% at age 70 and to 50% at age 75
Basic Dependents Life Coverage Amount	Eligible spouse, domestic partner is \$1,000; eligible children (through age 24) is \$1,000

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. Your election, however, could be subject to medical questions and evidence of insurability.

You may purchase additional Life insurance with Standard Insurance Company if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect.

For You: \$10,000-\$500,000; For Your Spouse: \$10,000-\$500,000; For Your Children: \$2,500, \$5,000, \$7,500 or \$10,000. Max Guarantee Issue: For =You: Up to \$50,000; For Your Spouse: Up to \$10,000.

Also, you may purchase additional AD&D insurance with Standard Insurance Company. The amount can't exceed 10 times your annual earnings. Your contributions will depend on your age and the amount of coverage you elect. **For you: \$10,000-\$500,000 in increments of \$10,000; For Your Family: Spouse Only: 50% of your AD&D coverage amount; Child only: 10% of your AD&D coverage amount for each child; Spouse and Children: 40% of your AD&D coverage amount 5% of your AD&D coverage for each child.**

Long-Term Disability Insurance

Homes for Good offers long-term income protection for eligible employees through Standard Insurance 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.

Employee Assistance Plan (EAP)

Available to employees and their families is an Employee Assistance Plan through Cascade Health Solutions. Available 8:30 to 5:00 Monday – Friday. 541-345-2800

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.

Help Available

Call Your Employee Assistance Program



You and all members of your household can receive free, confidential counseling services through your workplace's partnership with the Cascade Behavioral Health Employee Assistance Program.

Regardless of what you are going through personally or professionally, we are here to help. Professional counseling can assist you in dealing with challenges before they become overwhelming.

We serve individuals, couples and families ages 6 and up. Our counselors provide guidance, support, and action plans to help you live your happiest and healthiest life possible.

For more information or to schedule an appointment, contact us today:

541.345.2800

To Schedule an Appointment:

Call 541-345-2800
Monday – Friday
8:30 a.m. – 5:00 p.m.

Appointments are Available:

Monday – Thursday
8:00 a.m. – 7:00 p.m.

Friday
8:00 a.m. – 5:00 p.m.

In case of a mental health emergency, call us 24 hours a day for assistance.



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.

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

¹National Safety Council, Injury Facts®, 2017 Edition



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
AGE	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



Meet all your health information needs in a single solution



The CIS Health Manager on regence.com

You lead a busy life. Now, with COVID-19 among us, life's become more complicated.

With the CIS Health Manager, you have a single solution for beneficial information, customized for you. Use your computer, phone or tablet to easily access health benefits, care-on-demand resources, a COVID-19 symptom tracker and other tools to manage your health care.

Create an account on regence.com and get started.



Twice the options for virtual care

These virtual care resources can help you get care wherever you are—and save you time and money.

Telehealth virtual visits are a convenient, affordable alternative for routine care and a modern solution for health care needs. You can chat with a doctor or therapist by phone or video.

Telehealth by MDLIVE®

When you need a quick consult for non-emergency care, MDLIVE appointments are less expensive than an office visit, and you don't even have to leave your home or office.

If you or a covered family member needs support from a counselor or psychiatrist, therapy is available through MDLIVE.

Register now, so you're ready when you need care. To get started, go to your CIS Health Manager on [regence.com](https://www.regence.com) and look for MDLIVE.

Telehealth with local providers

Many of our in-network providers offer telehealth care to their patients, providing diagnoses and treatment instructions over phone or video chat.

We're partnering with providers to expand your access to virtual visits with doctors you would normally see in person. The cost for a telehealth visit may be lower than an office visit, and telehealth can even save you time. Reach out to your doctor or clinic to find out what virtual options they offer.



Additional resources, and single sign-on with CIS partners, can be found on the CIS Health Manager at www.regence.com.



Regence

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

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

REG-453793-21/07-OR
© 2021 Regence BlueCross BlueShield of Oregon

Regence 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, 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)。



cis benefits
[cisbenefits.org](https://www.cisbenefits.org)

MDLIVE is a separate and independent company that provides telehealth services for Regence BlueCross BlueShield of Oregon members.



Supporting your next best step in a healthy life.

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 2022—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 (BeyondWell invitation code is CIS).

**BeyondWell™**

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

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

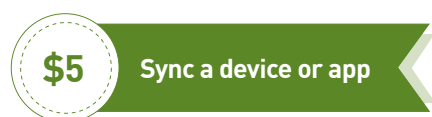
- Download BeyondWell app
- Connect a device or app
- Verified steps through device
- Personal challenges
- Self-guided programs
- Dental exams
- Flu shot
- Health assessment
- Select cancer screenings

Flip to learn more about our 2022 program

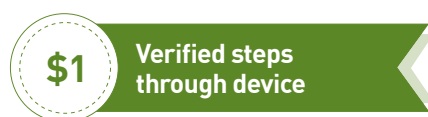
New year, new ways to earn

2022

This year, we have even more options for you to earn incentives throughout the year. 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.



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



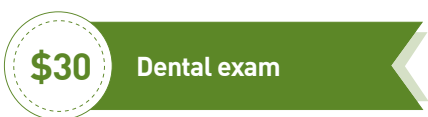
When steps are logged from your synced device, you earn credit. \$1 per 10,000 steps.¹



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



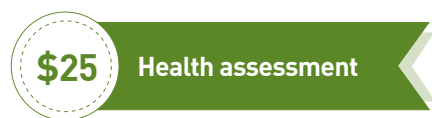
Complete up to two programs and earn \$20 per program (up to \$40 annually).



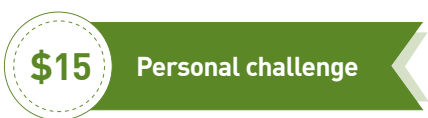
Complete a preventive dental exam and earn \$30.²



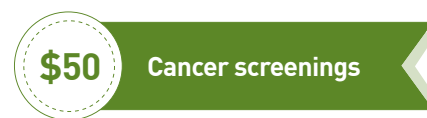
Get your flu shot or COVID-19 vaccination and earn \$20 once per year.²



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



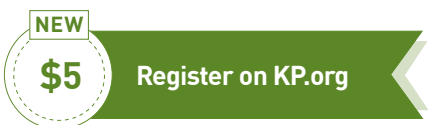
Challenge yourself to improve lifestyle habits and earn \$15 per challenge (up to \$30 annually).



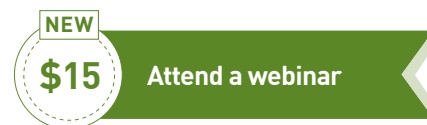
Earn an incentive when you get a qualified cancer screening with KP physician.^{2,3}



Complete this six-week self-guided program or any interactive program and earn \$30.



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



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

1. \$1 per 10,000 steps; max \$2 daily. Steps will not carry over from day to day. Max \$25 per quarter for this activity.
 2. 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 2022.
 3. Qualifying preventive exams include: mammogram, colonoscopy, and pelvic exam.
 4. 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.

CHS-670343-21/09-KAISER
©BeyondWell 2021



Supporting your next best step in a healthy life.

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 2022—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.



BeyondWell™

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
- Flu shot
- Health assessment
- Preventive screenings
- Regence BabyWiseSM program

Flip to learn more about our 2022 program

New year, new ways to earn

2022

This year, we have even more options for you to earn incentives throughout the year. 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.

 <p>Our new platform syncs with over 100 different devices. Earn this credit once per year.</p>	 <p>When steps are logged from your synced device, you earn credit. \$1 per 10,000 steps.¹</p>	 <p>Download and log in to the BeyondWell app after creating your account online and earn \$5.</p>
 <p>Complete up to two programs and earn \$20 per program (up to \$40 annually).</p>	 <p>Complete a preventive vision exam and earn \$40.</p>	 <p>Get your flu shot or COVID-19 vaccination and earn \$20 once per year.²</p>
 <p>The health assessment will help personalize your experience. Earn this incentive once per year.</p>	 <p>Get a qualifying preventive exam and earn this incentive once per year.³</p>	 <p>Challenge yourself to improve lifestyle habits and earn \$15 per challenge (up to \$45 annually).</p>
 <p>Complete this program or any interactive self-guided program and earn \$30.</p>	 <p>Complete a preventive dental exam and earn \$30.</p>	 <p>Attend a quarterly webinar hosted by your EAP and earn \$15 each (up to \$60 annually).</p>
 <p>Enroll and engage in Chronic Condition Coaching in 2022 and earn a \$50 incentive! If you are eligible for the program you will be outreached to directly.</p>	 <p>Enroll and participate in the Regence BabyWise program in your first or second trimester and earn this incentive once per year.²</p>	

1. \$1 per 10,000 steps; max \$2 daily. Steps will not carry over from day to day. Max \$25 per quarter for this activity.

2. 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.

3. Qualifying preventive exams include: annual well-visit, pelvic exam, colorectal cancer screening, PSA and routine mammogram.

* 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.

CHS-670343-21/09-REG
©BeyondWell 2021

Contacts

Have Questions? Need Help?

Homes for Good 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 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	Kaiser Permanente of Oregon	800-813-2000	www.kp.org
Medical	Regence Blue Cross Blue Shield	888-367-2116	www.regence.com
Dental	Willamette Dental	503-475-8132	www.willamettedental.com
Dental	Delta Dental / Moda Health	877-337-0647	www.modahealth.com
Life and AD&D	Standard Insurance Company	800-628-8600	www.standard.com
Voluntary Life and AD&D	Standard Insurance Company	800-628-8600	www.standard.com
Long Term Disability (LTD)	Standard Insurance Company	800-628-8600	www.standard.com
Voluntary Life and AD&D	Standard Insurance Company	800-628-8600	www.standard.com
Employee Assistance Program (EAP)	Cascade Health / DIRECTION	541-345-2800	www.cascadehealth.org
Accident / Critical Illness	Allstate	541-726-8243 Contact: Bryan Bullock	Email: bryanbullock@allstate.com
Benefit Resource Center	USI	866-468-7272	Email: brcwest@usi.com

Important Links

www.cisbenefits.org

[CIS Connect Employee Written Instructions](#)

[CIS Connect Video Instructions](#) (click "instructional video" button)

[2022 Enrollment & Eligibility Guide](#)

[Regence HDHP Benefits Summary \(Medical & Vision\)](#)

[Kaiser Permanente Benefits Summary \(Medical & Vision\)](#)

[Delta Dental Benefits Summary](#)

[Willamette Dental Benefits Summary](#)

[CIS Health Manager Flyer](#)

[Regence Virtual Care Flyer](#)

[BeyondWell Flyer – Regence](#)

[BeyondWell – Kaiser](#)

[2022 Open Enrollment Annual Notices](#)



cis benefits
cisbenefits.org

Open Enrollment Annual Notices

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

- 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:

- Reconstruction 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 4, 2021

Name of Entity/Sender: CIS Benefits

Address: 1212 Court Street NE, Salem, OR 97301

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

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 x	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/chil d-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA Medicaid	MASSACHUSETTS Medicaid and CHIP
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840
INDIANA Medicaid	MINNESOTA Medicaid
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	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
IOWA Medicaid and Chip (Hawki)	MISSOURI Medicaid
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	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS – Medicaid	MONTANA – Medicaid
Website: https://www.kancare.ks.gov Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HI_PP Phone: 1-800-694-3084
KENTUCKY – Medicaid	NEBRASKA Medicaid
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: KIHIP.PPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178
LOUISIANA – Medicaid	NEVADA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE – Medicaid	NEW HAMPSHIRE Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofa/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofa/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	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

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

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



New Health Insurance Marketplace Coverage Options and Your Health Coverage

OMB Control Number 1210-0137
(expires 1/31/2023)

Form Approved BNo. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer - sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Housing Authority and Community Services Agency of Lane County dba Homes for Good	4. Employer Identification Number (EIN) 93-6002480	
5. Employer address 100 W. 13th	6. Employer phone number 541-682-2520	
7. City Eugene	8. State OR	9. ZIP code 97401
10. Who can we contact about employee health coverage at this job? Bailey McEuen		
11. Phone number (if different from above)	12. Email address bmceuen@homesforgood.org	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☒

All employees. Eligible employees are:

Employees are eligible for coverage if they are working 20 hours per week or more.
Eligibility begins on the first of the month following 1 month of employment

☐

Some employees. Eligible employees are:

- With respect to dependents:

☒

We do offer coverage. Eligible dependents are:

Spouses, Children, and Domestic partners of either gender

☐

We do not offer coverage.

☒

If checked, this coverage meets the minimum value standard*, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

- An employer - sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

