

# Benefits Guide

## 2023



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This brochure summarizes the benefit plans that are available to Homes for Good Housing Agency 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. The information provided in this brochure is not a guarantee of benefits.

# A Message to Our Employees

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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 2023 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 2023 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](http://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](mailto: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](mailto:ile@homesforgood.org).

# Benefits for You & Your Family

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Homes for Good is pleased to announce our 2023 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](http://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

	Kaiser Permanente HMO Copay Plan B	Regence Blue Cross Blue Shield	
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 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

	Kaiser Permanente HMO Copay Plan B	Regence Blue Cross Blue Shield	
Benefit Coverage	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

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

Benefits Summary  
Effective January 1, 2023



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 <b>Category 1, 2, &amp; 3</b> – Preferred, Participating, Non-Preferred Providers (includes deductible, medical copays and prescription copays*)	\$3,400 Individual \$6,800 Family	
<i>* <b>Important Note:</b> 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.</i>		
Medical Services	Member Pays Category 1 - Preferred Category 2 - Participating	Member Pays Category 3 - Non-Preferred
<b>Preventive Care Services</b>		
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>	
<b>Professional Services</b>		
	<b>After Deductible – Member Pays</b>	
Office visits for illness or injury, mental/behavioral health or substance use disorder <i>(primary care, specialist, naturopath or urgent/immediate care center)</i>	20%	40%
Outpatient laboratory, radiology, and diagnostic procedures	20%	40%
Maternity care	20%	40%
Therapeutic injections including allergy shots	20%	40%
<b>Hospital/Facility Services</b>		
	<b>After Deductible – Member Pays</b>	
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%
<b>Other Services</b>		
	<b>After Deductible – Member Pays</b>	
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%

<b>Prescription Medication Benefit</b> <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 <a href="http://www.express-scripts.com">www.express-scripts.com</a> 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>	<b>At the Pharmacy (30-day supply) Member Pays</b>	<b>Mail Order thru the Express Scripts Pharmacy Program (90-day supply) Member Pays</b>
Individual deductible per calendar year	Shared with Medical Services	
Out-of-pocket maximum each calendar year	Shared with Medical Services	
Generic drugs	20% Retail/Mail Order Prescription	
Preferred brand drugs		
Non-Preferred brand drugs		
Specialty Drugs		
Limitations and Exceptions	Refer to generic, preferred brand and non-preferred brand drugs above, for specialty drugs or self-administrable cancer chemotherapy drug coverage.  <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 Accredo 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. <b>Deductible</b> 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>	

### 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
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 call 1 (888) 725-3097 or sign on to the CIS Health Manager at <a href="http://www.regence.com">www.regence.com</a> and hover on "Programs & Resources", then click on Telehealth.
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 <a href="http://www.regence.com">www.regence.com</a> 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 <a href="http://www.regence.com">www.regence.com</a> and hover on "Programs & Resources", then click on Case Management.
BabyWise (Childbirth to Newborn resources).	To learn more, call 1 (888) 569-2229 or sign on to the CIS Health Manager at <a href="http://www.regence.com">www.regence.com</a> and hover on "Programs & Resources", then click on Maternity.
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 <a href="http://www.regence.com">www.regence.com</a> 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](http://www.regence.com) on or after January 1, 2023. 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, including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.



Preferred private practice and retail in-network choices

private  
practice  
doctors

**Visionworks**

## Quality vision care you need.

You'll get great care from a VSP network doctor, including a 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, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

**vsp**  
vision care



## 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:

01/01/2023



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li></ul>	\$10	Every calendar year
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"><li>Retinal screening for members with diabetes</li><li>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.</li><li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li></ul>	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSES		\$25	
FRAME*	<ul style="list-style-type: none"><li>\$190 featured frame brands allowance</li><li>\$170 frame allowance</li><li>20% savings on the amount over your allowance</li><li>\$95 Walmart*/Sam's Club*/Costco* frame allowance</li></ul>	Included in Prescription Glasses	Every other calendar year
LENSES	<ul style="list-style-type: none"><li>Single vision, lined bifocal, and lined trifocal lenses</li></ul>	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	<ul style="list-style-type: none"><li>Anti-glare coating</li><li>Tints/Light-reactive lenses</li><li>Impact-resistant lenses</li><li>Scratch-resistant coating</li><li>UV protection</li><li>Standard progressive lenses</li><li>Premium progressive lenses</li><li>Custom progressive lenses</li><li>Average savings of 30% on other lens enhancements</li></ul>	\$0 \$0 \$0 \$0 \$0 \$50 \$50 \$50	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"><li>\$166 allowance for contacts and contact lens exam (fitting and evaluation)</li><li>15% savings on a contact lens exam (fitting and evaluation)</li></ul>	\$0	Every calendar year
SAFETY GLASSES (EMPLOYEE-ONLY COVERAGE)			
FRAME*	<ul style="list-style-type: none"><li>\$65 allowance for a safety frame</li><li>20% savings on the amount over your allowance</li><li>Certified according to the American National Standards Institute (ANSI) guidelines for impact protection</li></ul>	\$0	Every other calendar year
LENSES	<ul style="list-style-type: none"><li>Prescription single vision, lined bifocal, and lined trifocal</li><li>Certified according to the American National Standards Institute (ANSI) guidelines for impact protection</li></ul>	\$0	Every calendar year
EXTRA SAVINGS	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>Extra \$20 to spend on featured frame brands. Go to <b>vsp.com/offers</b> for details.</li><li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li></ul>		
	<b>Routine Retinal Screening</b> <ul style="list-style-type: none"><li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li></ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"><li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li></ul>		
YOUR COVERAGE GOES FURTHER IN-NETWORK			
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 <b>vsp.com</b> to find an in-network provider. Your plan provides the following out-of-network reimbursements:			
Exam .....	up to \$50	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.

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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.<sup>1</sup>

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.<sup>2</sup>)

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.

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

<sup>2</sup>Cost 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://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://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 choose one of the following:

- Bring your prescription vial or container to an in-network pharmacy, and the pharmacist will transfer it.
- 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://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://express-scripts.com/CIS10). Drug classes with excluded medications include Autonomic and Central Nervous System, Cardiovascular and Dermatological.

# Registering with Express Scripts

Online access to savings and convenience

**Manage your medications anywhere, any time with [express-scripts.com](https://express-scripts.com) and the Express Scripts® mobile app**

Register now so you can experience:

- **More savings.**  
Compare prices of medications at multiple pharmacies. Get free standard shipping<sup>1</sup> from Express Scripts® Pharmacy.
- **More convenience.**  
Get up to 90-day supplies of your long-term medication sent to your home. Order refills, check order status, and track shipments. Print forms and Digital ID cards, if needed.
- **More flexibility.**  
Download the Express Scripts mobile app to manage your medications, find nearby pharmacies and get directions, and use your Digital ID card while on the go.

## Get Started Today!

Registering is safe and simple. Your information is secure and confidential. Please have your member ID number or SSN available.

- Go to [express-scripts.com](https://express-scripts.com) and select **Register**, or download the **Express Scripts mobile app** for free from your mobile device's app store and select **Register**.
- Complete the information requested, including email address and personal information, and create a password. We have several options for how to identify you in order to link to your prescription benefit, including the last four digits of your Social Security number (SSN), your member ID, a prescription number and more. Create your username and password, along with security information in case you ever forget your password.
- Once you're registered, click Get Started to set your communication preferences.<sup>2</sup> If you ever need to update them, select **Communication Preferences** from the menu under **Account**.

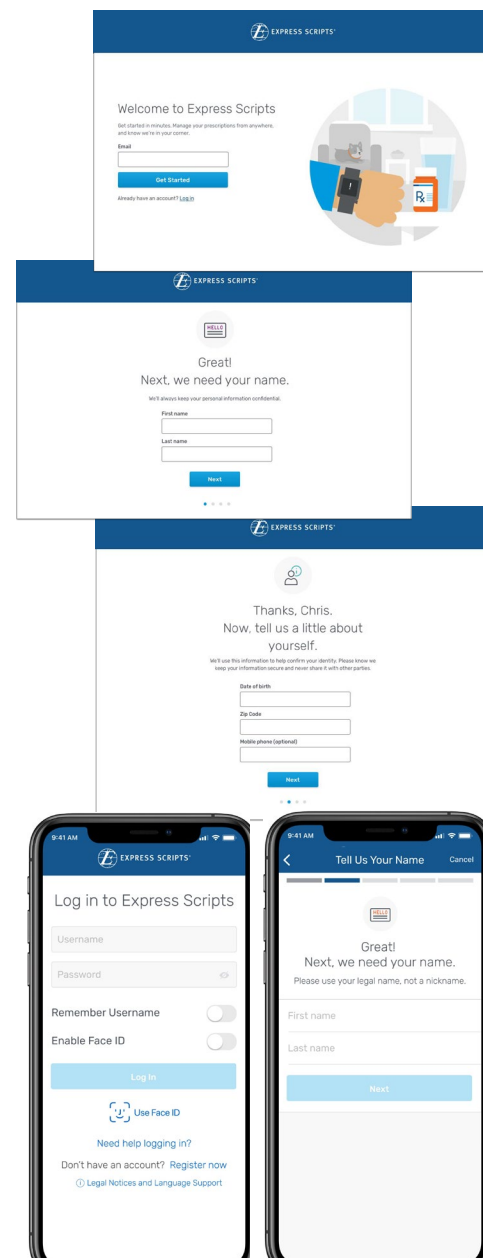
Members who have **touch or facial ID authentication** on their mobile devices can enable it to log in to their Express Scripts account on the mobile app, if desired.

<sup>1</sup> Standard shipping costs are included as part of your prescription plan.

<sup>2</sup> Preferences include the option to share your prescription information with other adult members of your household (aged 18+) covered under your prescription plan.

- All covered adults (aged 18+) in the household need to register separately.
- When you grant permission to share your prescription information with other registered household members, they can view your information, place orders on your behalf and more.

The Express Scripts mobile app is available for iPhone®, iPad®, and Android™ mobile devices.





cis benefits  
cisbenefits.org

# Coming 2023

## What is SurgeryPlus?

SurgeryPlus is part of your medical benefits provided by CIS Oregon. It is available to you and your family members who are enrolled in medical benefits.



## SurgeryPlus Experience:



### Call Your Care Advocate

**Your Care Advocate** will provide you with a list of expert surgeons and help you organize details related to your surgery.



### Schedule Your Surgery

One of **our Top Surgeons** will take time to explain your procedure to you and provide you with the best surgical care for your condition.



### Receive the Best Care

**With SurgeryPlus**, you will know your surgery is being handled by a highly qualified surgeon allowing you to return to work and life faster.

We make it easy to take the first step to better health.

## What is **Covered**

- ✓ Access to our network of Surgeons of Excellence and High-Quality Facilities
- ✓ Anesthesia
- ✓ Consults and appointments with your SurgeryPlus surgeon

## What is **Not Covered**

- ⊘ Pre and Post-Op Care (check with your medical insurance carrier)
- ⊘ Durable Medical Equipment (i.e. wheelchairs, knee braces, etc...)
- ⊘ Prescriptions

## Frequently Asked Questions about SurgeryPlus

### What is covered by my benefit?

SurgeryPlus is your surgery benefit. It covers costs related to your surgery including anesthesia, surgery, and travel (if needed).

### What surgeries are included?

Common pre-planned surgeries are covered. Call to verify if your surgery is included in your benefit.

### Will I owe any money?

When you call to verify your coverage, you will be informed of what you may owe.

### When will I be billed?

Depending on your situation, you could be responsible for up front costs or billed after your procedure. Your Care Advocate will review your coverage and provide a clear idea of what you will owe, when you will owe it, and how you can pay.

### Do I have to use a SurgeryPlus surgeon?

To receive surgical coverage under SurgeryPlus, you will be required to use one of our in-network surgeons. Our in-network surgeons have been highly reviewed and are experts in their field.

## Kaiser Plan Summaries

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<b>Copay B: Alternative Care &amp; Vision</b>	
<b>January 1, 2023 - December 31, 2023</b>	
<b>Out-of-Pocket Maximum</b> (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
<b>Office visits</b>	<b>You pay</b>
Routine preventative physical exam	\$0
Telehealth (phone/video)	\$0
Primary Care	\$20
Specialty Care	\$30
Urgent Care	\$40
<b>Tests (outpatient)</b>	<b>You pay</b>
Preventive Tests	\$0
Laboratory	\$20 per department visit
X-ray, imaging, and special diagnostic procedures	\$20 per department visit
CT, MRI, PET scans	\$50 per department visit
<b>Medications (outpatient)</b>	<b>You pay</b>
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
<b>Maternity Care</b>	<b>You pay</b>
Scheduled prenatal care visits and postpartum visits	\$0
Laboratory	\$20 per department visit
X-ray, imaging, and special diagnostic procedures	\$20 per department visit
Inpatient Hospital Services	\$200 per day up to \$1,000 per admission
<b>Hospital Services</b>	<b>You pay</b>
Ambulance Services (per transport)	\$75
Emergency services	\$200 (Waived if admitted)
Inpatient Hospital Services	\$200 per day up to \$1,000 per admission
<b>Outpatient Services (other)</b>	<b>You pay</b>
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
<b>Skilled Nursing Facility Services</b>	<b>You pay</b>
Inpatient skilled nursing Services (up to 100 days per Calendar Year)	\$0
<b>Mental Health and Substance Use Disorder Services</b>	<b>You pay</b>
Outpatient Services (Group visit ½ copay)	\$20
Inpatient hospital & residential Services	\$200 per day up to \$1,000 per admission
<b>Alternative Care*</b> (self-referred)	<b>You pay</b>
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	\$20 per visit
<b>Vision Services</b>	<b>You pay</b>
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
<b>Hearing Benefits</b>	<b>You pay</b>
Hearing Aids	Not covered

\* 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 kphealthy lifestyles.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)
- **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.

# Employee Cost Sharing

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## Employee Monthly Cost Share

Employee Montly Cost for Medical & Vision Regence HDHP						
FTE/Hours	Percent Cost Share	EE Only	EE + Spouse	EE + Family	EE + Child	EE + Children
20	50%	\$353.98	\$753.65	\$1,039.68	\$659.43	\$901.37
21	45%	\$318.58	\$678.29	\$935.71	\$593.48	\$811.23
22	40%	\$283.18	\$602.92	\$831.74	\$527.54	\$721.09
23	35%	\$247.78	\$527.56	\$727.78	\$461.60	\$630.96
24	30%	\$212.39	\$452.19	\$623.81	\$395.66	\$540.82
25	25%	\$176.99	\$376.83	\$519.84	\$329.71	\$450.68
26	20%	\$141.59	\$301.46	\$415.87	\$263.77	\$360.55
27	15%	\$106.19	\$226.10	\$311.90	\$197.83	\$270.41
28	10%	\$70.80	\$150.73	\$207.94	\$131.89	\$180.27
29	5%	\$35.40	\$75.37	\$103.97	\$65.94	\$90.14
30-40	0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Employee Montly Cost for Medical & Vision Kaiser HMO						
FTE/Hours	Percent Cost Share	EE Only	EE + Spouse	EE + Family	EE + Child	EE + Children
20	50%	\$378.29	\$792.52	\$1,078.56	\$693.71	\$693.71
21	45%	\$340.46	\$713.26	\$970.70	\$624.34	\$624.34
22	40%	\$302.63	\$634.01	\$862.84	\$554.97	\$554.97
23	35%	\$264.80	\$554.76	\$754.99	\$485.60	\$485.60
24	30%	\$226.97	\$475.51	\$647.13	\$416.23	\$416.23
25	25%	\$189.14	\$396.26	\$539.28	\$346.86	\$346.86
26	20%	\$151.31	\$317.01	\$431.42	\$277.48	\$277.48
27	15%	\$113.49	\$237.75	\$323.57	\$208.11	\$208.11
28	10%	\$75.66	\$158.50	\$215.71	\$138.74	\$138.74
29	5%	\$37.83	\$79.25	\$107.86	\$69.37	\$69.37
30-40	0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Employee Montly Cost for Medical & Vision Delta Dental						
FTE/Hours	Percent Cost Share	EE Only	EE + Spouse	EE + Family	EE + Child	EE + Children
20	50%	\$23.75	\$45.13	\$78.06	\$37.38	\$72.26
21	45%	\$21.38	\$40.61	\$70.25	\$33.64	\$65.03
22	40%	\$19.00	\$36.10	\$62.44	\$29.90	\$57.80
23	35%	\$16.63	\$31.59	\$54.64	\$26.16	\$50.58
24	30%	\$14.25	\$27.08	\$46.83	\$22.43	\$43.35
25	25%	\$11.88	\$22.56	\$39.03	\$18.69	\$36.13
26	20%	\$9.50	\$18.05	\$31.22	\$14.95	\$28.90
27	15%	\$7.13	\$13.54	\$23.42	\$11.21	\$21.68
28	10%	\$4.75	\$9.03	\$15.61	\$7.48	\$14.45
29	5%	\$2.38	\$4.51	\$7.81	\$3.74	\$7.23
30-40	0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Employee Montly Cost for Medical & Vision Willamette Dental						
FTE/Hours	Percent Cost Share	EE Only	EE + Spouse	EE + Family	EE + Child	EE + Children
20	50%	\$28.43	\$50.13	\$86.65	\$44.13	\$75.34
21	45%	\$25.59	\$45.12	\$77.99	\$39.71	\$67.81
22	40%	\$22.74	\$40.10	\$69.32	\$35.30	\$60.27
23	35%	\$19.90	\$35.09	\$60.66	\$30.89	\$52.74
24	30%	\$17.06	\$30.08	\$51.99	\$26.48	\$45.20
25	25%	\$14.22	\$25.07	\$43.33	\$22.06	\$37.67
26	20%	\$11.37	\$20.05	\$34.66	\$17.65	\$30.14
27	15%	\$8.53	\$15.04	\$26.00	\$13.24	\$22.60
28	10%	\$5.69	\$10.03	\$17.33	\$8.83	\$15.07
29	5%	\$2.84	\$5.01	\$8.67	\$4.41	\$7.53
30-40	0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

## Tax Favored Accounts

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# Health Savings Account (HSA)

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## 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](http://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)

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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

For more information about your deductible reimbursement options, click here to view the [2023 Deductible Reimbursement Guide](#).

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)

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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.

2023 Projected Maximum Annual Election	
Health Care FSA	\$3,050
Dependent Care FSA	\$5,000

# 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	
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

## Dental Plan Summaries

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### How to use this dental plan

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

<b>Calendar year maximum, per member*</b>	<b>\$1,500</b>
<b>Calendar year deductible, per member</b>	<b>\$0</b>
<b>Service</b>	<b>Benefit Amount</b>
<b>CLASS I - PREVENTIVE <sup>1</sup></b> - <u>Examination/X-rays</u> - <u>Prophylaxis</u> - <u>Fissure Sealants</u>	<b>** 1st year - 70%</b> <b>2nd year - 80%</b> <b>3rd year - 90%</b> <b>4th year - 100%</b>
<b>CLASS II - BASIC <sup>2</sup></b> - <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>	<b>** 1st year - 70%</b> <b>2nd year - 80%</b> <b>3rd year - 90%</b> <b>4th year - 100%</b>
<b>CLASS III - MAJOR <sup>2</sup></b> - <u>Crowns</u> - <u>Implants</u> - <u>Denture and Bridge Work</u> (construction of fixed bridges, partials and complete dentures)	<b>50%</b>
<b>ORTHODONTIA Adult/Child Benefit<sup>2</sup></b> - <b>(Lifetime maximum of \$1,000)</b>	<b>50%</b>

\* 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%.

<sup>1</sup> Any amount paid by the plan for Preventive services does not apply towards the calendar year maximum.

<sup>2</sup> 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**



# SUMMARY OF BENEFITS

CIS Trust - Plan A – OR27 – 1/1/2023



COVERED BENEFITS	COPAYS
Annual Maximum	No Annual Maximum*
Deductible	No Deductible
General or Orthodontic Office Visit	You Pay \$20 per Visit
<b>DIAGNOSTIC &amp; PREVENTIVE SERVICES</b>	
Routine & Emergency Exams	Covered with the Office Visit Copay
X-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
<b>RESTORATIVE DENTISTRY</b>	
Fillings	You Pay a \$15 Copay
Porcelain-Metal Crown	You Pay a \$200 Copay**
<b>PROSTHODONTICS</b>	
Complete Upper or Lower Denture	Covered with the Office Visit Copay**
Bridge (per Tooth)	You Pay a \$200 Copay**
<b>ENDODONTICS &amp; PERIODONTICS</b>	
Root Canal Therapy - Anterior	You Pay a \$75 Copay
Root Canal Therapy - Bicuspid	You Pay a \$75 Copay
Root Canal Therapy - 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
<b>ORAL SURGERY</b>	
Routine Extraction (Single Tooth)	Covered with the Office Visit Copay
Surgical Extraction	You Pay a \$50 Copay
<b>ORTHODONTIA TREATMENT</b>	
Pre-Orthodontia Treatment	You Pay a \$150 Copay***
Comprehensive Orthodontia Treatment	You Pay a \$2,000 Copay
<b>DENTAL IMPLANTS</b>	
Dental Implant Surgery	Implant benefit maximum of \$1,500 per calendar year
<b>MISCELLANEOUS</b>	
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

\*Benefits for implant surgery have a benefit maximum, if covered. \*\*Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit. \*\*\*Copay credited towards the Comprehensive Orthodontia Treatment copay if patient accepts treatment plan.

## Underwritten by Willamette Dental Insurance, Inc.

Presented are just some of the most common procedures covered in your plan. The certificate of coverage contains a complete description of covered benefits and copays.

Administrative Office: 6950 NE Campus Way, Hillsboro, OR 97124  
028-OR(7/20)

# EXCLUSIONS AND LIMITATIONS

This is only a summary. The certificate of coverage contains a complete description of the limitations and exclusions.

## Exclusions

- Bone grafting.
- Bridges, crowns, dentures, or prosthetic devices requiring multiple treatment dates or fittings if the prosthetic item is installed or delivered more than 60 days after termination of coverage.
- The completion or delivery of treatments or services initiated prior to the effective date of coverage.
- Cone beam CT X-rays and tomographic surveys.
- Dental implant-supported prosthetics or abutment-supported prosthetics (crowns, bridges, and dentures).
- A dental implant surgically placed prior to the member's effective date of coverage that has not received final restoration or a dental implant for treatment of a primary or transitional dentition.
- Endodontic services, prosthetic services, and implants that were provided prior to the effective date of coverage.
- Endodontic therapy completed more than 60 days after termination of coverage.
- Eposteal, transosteal, endodontic endosseous, or mini dental implants.
- Exams or consultations needed solely in connection with a service not listed as covered.
- Experimental or investigational services and related exams or consultations.
- Full mouth reconstruction, including the extensive restoration of the mouth with crowns, bridges, or implants; and occlusal rehabilitation, including crowns, bridges, or implants used for the purpose of splinting, altering vertical dimension, restoring occlusions or correcting attrition, abrasion, or erosion.
- General anesthesia or moderate sedation.
- Hospitalization care outside of a dental office for dental procedures, physician services, or facility fees.
- Maintenance, repair, replacement, or completion of an existing implant started or placed by a non-participating provider without a referral from a Willamette Dental Group provider.
- Maintenance, repair, replacement, or completion of an existing implant started or placed prior to the member's effective date of coverage.
- Nightguards.
- Orthognathic surgery.
- Personalized restorations.
- Plastic, reconstructive, or cosmetic surgery and other services, which are primarily intended to improve, alter, or enhance appearance.
- Prescription and over-the-counter drugs and pre-medications.
- Provider charges for a missed appointment or appointment cancelled without 24 hours prior notice.
- Replacement of lost, missing, or stolen dental appliances; replacement of dental appliances that are damaged due to abuse, misuse, or neglect.
- Replacement of sound restorations.
- Services and related exams or consultations that are not within the prescribed treatment plan or are not recommended and approved by a Willamette Dental Group dentist.
- Services and related exams or consultations to the extent they are not necessary for the diagnosis, care, or treatment of the condition involved.
- Services by any person other than a licensed dentist, denturist, hygienist, or dental assistant.
- Services for the diagnosis or treatment of temporomandibular joint disorders.
- Services for the treatment of an injury or disease that is covered under workers' compensation or that are an employer's responsibility.
- Services for treatment of injuries sustained while practicing for or competing in a professional athletic contest.
- Services for treatment of intentionally self-inflicted injuries.
- Services for which coverage is available under any federal, state, or other governmental program, unless required by law.
- Services not listed as covered in the contract.
- Services where there is no evidence of pathology, dysfunction, or disease other than covered preventive services.

## Limitations

- If alternative services can be used to treat a condition, the service recommended by the Willamette Dental Group dentist is covered.
- Services listed in the contract, which are provided to correct congenital or developmental malformations of the teeth and supporting structure will be covered if primarily for the purpose of controlling or eliminating infection, controlling or eliminating pain, or restoring function.
- Crowns, casts, or other indirect fabricated restorations are covered only if dentally necessary and if recommended by the Willamette Dental Group dentist.
- When the initial root canal therapy was performed by a Willamette Dental Group dentist, the retreatment of such root canal therapy will be covered as part of the initial treatment for the first 24 months. When the initial root canal therapy was performed by a non-participating provider, the retreatment of such root canal therapy by a Willamette Dental Group dentist will be subject to the applicable copays.
- The services provided by a dentist in a hospital setting are covered if: a hospital or similar setting is medically necessary; the services are authorized in writing by a Willamette Dental Group dentist; the services provided are the same services that would be provided in a dental office; and applicable copays are paid.
- The replacement of an existing denture, crown, inlay, onlay, or other prosthetic appliance is covered if the appliance is more than 5 years old and replacement is dentally necessary.

# Employee Assistance Plans (EAP) & Wellness

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# 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](https://cascadehealth.org) | (541) 345-2800

### 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

## Helping you get to your happy place

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

Confidential Coaching and Counseling access to masters-level counselors in person, over the phone, or online for concerns such as:

- **Stress and Burnout**
- **Depression and Anxiety**
- **Relationships and Family**
- **Alcohol and Drug Use**

### Work/ Life Balance Services

Canopy will help locate resources related to Eldercare, Childcare, Identity Theft, Housing, Pet Parent Support or anything else you may need.

### Legal

Call for a free consultation, and then receive a discount thereafter.

### Financial Coaching

Access to unlimited financial coaching to help you develop a plan to improve your financial wellbeing.

### Wellbeing Tools

- Fertility Health Support
- Online Legal Tools
- Will Kit Questionnaire
- Coaching
- Gym Membership Discounts

### EAP Member Site

Access innovative tools, chat for support, view videos and webinars, and more. Access at: [my.canopywell.com](https://my.canopywell.com), and register as a new user or log-in. Enter your company name when you register as:

### WholeLife Directions

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



# Live Healthy, Earn Rewards

## BeyondWell™

This program combines wellness activities, goal setting, rewards and more in one place. The result is a truly personalized well-being experience that is tailored to your unique needs.

**\$150**

amazon



## Get started today

### Regence members

1. **Log into** your CIS Health Manager at [regence.com](https://regence.com)
2. Scroll down to the programs listed and **select** BeyondWell
3. **Register** and Accept the Terms of Use

### Kaiser members

1. **Visit** [www.beyondwellhealth.com](https://www.beyondwellhealth.com)
2. Select **Log In** from the top right-hand corner
3. **Register** your account your BeyondWell Invitation code is (**CIS**) and accept the Terms of Use



Take your well-being journey with you anywhere, anytime! Download and log into the BeyondWell app now and earn \$5!

BeyondWell™



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

## Earn up to \$150 per year for participating in healthy activities!

### Activities with rewards in 2022:

- Connect a device or app
- Verified steps through device
- Personal challenges
- Self-guided programs
- Dental exams
- EAP Webinars
- Flu shot/ Covid-19 vaccine
- Health assessment
- Preventive exam<sup>1</sup>
- Regence BabyWise<sup>SM</sup> program<sup>1</sup>
- Vision exams<sup>1</sup>
- Chronic condition coaching<sup>1</sup>
- Register with KP.org<sup>2</sup>
- Cancer Screening<sup>2</sup>

<sup>1</sup> Regence members only

<sup>2</sup> Kaiser members only

## Other Benefits Summarized

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### Life and AD&D Insurance

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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

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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)

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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 Options

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### 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

### 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 15% 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
----------------------------------------------------	---------------------------------------------------------------------

## 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 be at your own expense.

#### 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 your own expense.

#### Maximum Insurance Coverage Amount

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

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

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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.  
Life Insurance Premium Calculation

## 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 reach 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 age 70, and an additional 15% of the original amount when you reach age 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 and the policy, the policy will govern.

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*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.





## 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

## Homes for Good Housing Agency

### Benefits At-A-Glance

All Full-time Employees

#### 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*<sup>SM</sup> services, which give you and your family confidential access to counselors as well as personal, legal, and financial assistance

#### 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).

## 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<sup>SM</sup>* services are provided by ComPsych<sup>®</sup> Corporation, Chicago, IL. ComPsych<sup>®</sup> and GuidanceResources<sup>®</sup> are registered trademarks of ComPsych<sup>®</sup> Corporation. ComPsych<sup>®</sup> is not a Lincoln Financial Group<sup>®</sup> 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<sup>®</sup> 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.





## 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:<sup>1</sup>

ON-THE-JOB (in millions)



Work  
**4.4**

OFF-THE-JOB (in millions)



Home  
**9.2**



Non-Auto  
**4.0**



Auto  
**2.2**

<sup>1</sup>National 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.

<sup>1</sup>[https://www.cdc.gov/heartdisease/heart\\_attack.htm](https://www.cdc.gov/heartdisease/heart_attack.htm)

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

## DID YOU KNOW ?



Every **40** seconds,  
an American will suffer  
a heart attack<sup>1</sup>



Every **40** seconds,  
someone in the U.S.  
has a stroke<sup>2</sup>

# 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	
	EE, EE + CH	EE + SP, F
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.

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ABJ30427-1 - Insert - 34259

## Contacts

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





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



### 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

# Important Legal Notices Affecting Your Health Plan Coverage

## THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please see your benefits booklet for additional information.

## NEWBORNS ACT DISCLOSURE - FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 30 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

### **Your Information. Your Rights. Our Responsibilities.**

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

#### **Your Rights**

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## **Your Choices**

### **You have some choices in the way that we use and share information as we:**

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

## **Our Uses and Disclosures**

### **We may use and share your information as we:**

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you **get a copy of health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

### **Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

### **Our Uses and Disclosures**

#### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

#### **Pay for your health services**

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

#### **Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

#### **Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

#### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

#### **Do research**

We can use or share your information for health research.

#### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

#### **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

#### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

### **Other Instructions for Notice**

- Effective Date of this Notice: January 1, 2023
- Contact Name: Bailey McEuen, [bmceuen@homesforgood.org](mailto:bmceuen@homesforgood.org), 541-682-2520

## **HEALTH REIMBURSEMENT ARRANGEMENT (HRA) WAIVER RIGHTS**

Employees (including former employees) who are 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, and will therefore disqualify the individual from eligibility for a premium tax credit for an insurance policy purchased through the Health Insurance Marketplace.

**Important Notice from Housing Authority and Community Services Agency of Lane County dba Homes for Good  
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 Housing Authority and Community Services Agency of Lane County dba Homes for Good 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. Housing Authority and Community Services Agency of Lane County dba Homes for Good has determined that the prescription drug coverage offered by the Housing Authority and Community Services Agency of Lane County dba Homes for Good 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<sup>th</sup> to December 7<sup>th</sup>.

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, your current Housing Authority and Community Services Agency of Lane County dba Homes for Good coverage will not be affected. You can keep this coverage and it will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Housing Authority and Community Services Agency of Lane County dba Homes for Good coverage, be aware that you and your dependents will be able to get this coverage back (during open enrollment or in the case of a special enrollment opportunity).

**When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Housing Authority and Community Services Agency of Lane County dba Homes for Good 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 person 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 Housing Authority and Community Services Agency of Lane County dba Homes for Good 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](http://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](http://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: January 1, 2023  
Name of Entity/Sender: Homes for Good Housing Agency  
Contact: Bailey McEuen  
Address: 100 W. 13<sup>th</sup> Eugene, OR 97401  
Phone Number: 541-682-2520

## 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](http://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](http://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](http://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 January 31, 2022. Contact your State for more information on eligibility –**

Oregon-Medicaid	
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>	
<a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>	
Phone: 1-800-699-9075	

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.





## New Health Insurance Marketplace Coverage Options and Your Health Coverage

### 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.<sup>1</sup>

**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](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> 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:

- ☒ 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)

