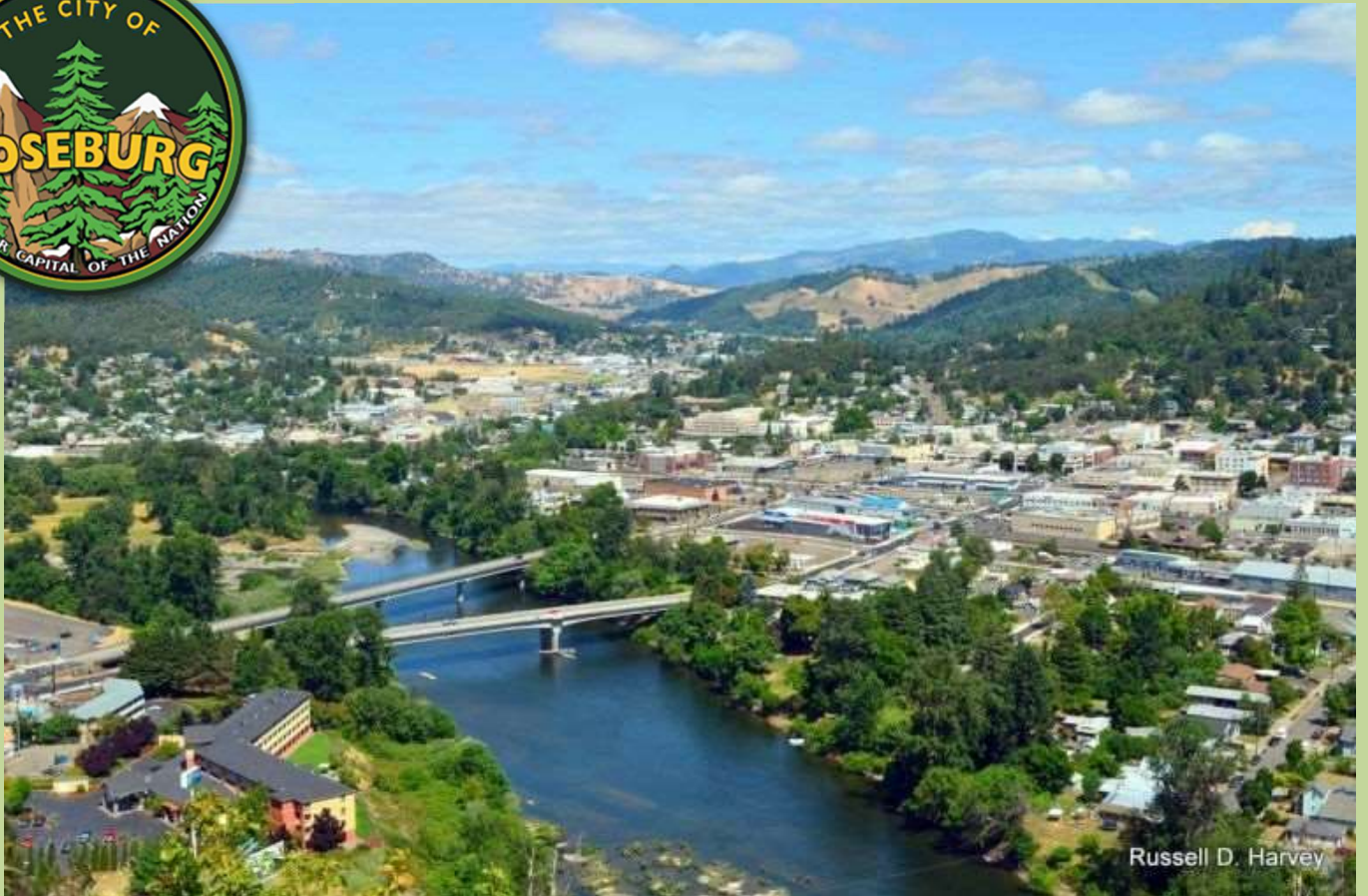


City of Roseburg – IBEW and Non-Represented Benefits Resource Guide





YOUR SERVICE TEAM

BENEFITS

It is our desire to work with you and your personnel to establish direct, efficient communications with our office. We are committed to serving your insurance and risk management needs with excellence.

PRIMARY CONTACTS



RICHARD ALLM
CONSULTANT
rallm@whainsurance.com
DIRECT: (541) 284-5853
Cell: (503) 580-3185



KIM NICHOLSEN
ACCOUNT EXECUTIVE
knicholSEN@whainsurance.com
DIRECT: (541) 284-5842

FULL TEAM



CHRISTINE WALLACE
ACCOUNT MANAGER
cwallace@whainsurance.com
DIRECT: (541) 284-5837



SAMANTHA BIANCO
ACCOUNT MANAGER
sbianco@whainsurance.com
DIRECT: (541) 284-5849



HOLLY BELL
ACCOUNT MANAGER
hbelle@whainsurance.com
DIRECT: (541) 632-8032

CONTACT

LOCAL OFFICE

(541) 342-4441

TOLL FREE

(800) 852-6140

FAX

(541) 484-5434

Eugene Office – 2930 Chad Drive, Eugene, OR 97408

Wilsonville Office – 29100 SW Town Center Loop, Suite 160, Wilsonville, OR 97070

Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources.

HEALTH SAVINGS ACCOUNT _____ page 7

HSA Bank
(800) 357-6246
www.hsabank.com

MEDICAL: _____ page 11

PacificSource Health Plans
(800) 624-6052
www.pacificsource.com

DENTAL: _____ page 31

Moda Health
(877) 277-7280
www.modahealth.com

HEALTH REIMBURSEMENT ARRANGEMENT (HRA): _____ page 43

HRA VEBA
(888) 659-8828
www.hraveba.org

FLEXIBLE SPENDING ACCOUNTS (FSA): _____ page 49

PacificSource Administrators
(800) 422-7038
www.psa.pacificsource.com

LIFE & ACCIDENTAL DEATH & DISMEMBERMENT: _____ page 55

The Hartford
(800) 523-2233
www.thehartford.com/employeebenefits

VOLUNTARY LIFE & ACCIDENTAL DEATH & DISMEMBERMENT _____ page 59

The Hartford
(800) 523-2233
www.thehartford.com/employeebenefits

LONG-TERM DISABILITY: _____ page 67

The Hartford
(800) 523-2233
www.thehartford.com/employeebenefits

EMPLOYEE ASSISTANCE PROGRAM (EAP): _____ page 75

Reliant Behavioral Health
(866) 750-1327
www.myrbh.com

MASA MEDICAL TRANSPORT: _____ page 79

Eligibility Information

Who is Eligible and When:

All full-time employees working over 20 hours per week are eligible for medical benefits the first of the month following their date of employment.

Employee Pays:

The City of Roseburg pays a majority of the premium for your medical insurance, please see the chart below for your portion. Also, the City pays 100% of the cost of coverage for your dental, vision and base life coverage.

IBEW and Non-Represented	
Employee Contribution - \$500 Deductible Plan	
Employee Only	\$64.02
Employee +Child(ren)	\$106.26
Employee + Spouse	\$123.42
Full Family	\$140.34
Employee Contribution - HSA Plan	
Employee Only	\$0
Employee +Child(ren)	\$0
Employee + Spouse	\$0
Full Family	\$0

If you elect the HSA plan with Pacific Source, the City of Roseburg will deposit into your HSA account on your behalf.

Employee Only - \$750 annually

Employee + 1 or more dependents - \$1500 annually

For questions regarding your HSA account or to check your balance, please contact HSA Bank:

Customer Service: (800) 357-6246

Address: PO Box 939

Sheboygan, WI 53082-0939

www.hsabank.com

*Contributions subject to change based on IBEW contract negotiations.



City of Roseburg

	PacificSource			
	Voyager HSA 1500		Voyager 500	
Medical Benefits	In-Network		In-Network	
Individual Deductible	\$1,500		\$500	
Family Deductible	\$3,000		\$1,500	
Individual OOP Max	\$5,000		\$1,500	
Family OOP Max	\$6,850		\$3,500	
Preventative Office Visit	Covered in full		Covered in full	
Virtual Visits	20%		Covered in full	
Primary Care Office Visit	20%		\$20 Copay, ded. waived Bundled copay	
Specialist Office Visit	20%		\$20 Copay, ded. waived Bundled copay	
Urgent Care Office Visit	20%		\$20 Copay, ded. waived Bundled copay	
Coinsurance	20%		20%	
Diagnostic Lab and X-Ray	20%		20%, ded. waived	
Advanced Imaging	20%		20%	
Emergency Room	20%		\$100 Copay, then 20%	
Pediatric Vision	Included		Included	
Pediatric Dental	Not Included		Not Included	
Prescription Drug Benefits	30 Day		30 Day	
Deductible	Applies to all tiers		Waived on all tiers	
	Tier 1	20% After Ded.	Tier 1	\$10
	Tier 2		Tier 2	\$35
	Tier 3		Tier 3	\$50
	Specialty		Specialty	Lesser of \$150 or 50%
Vision				
Exam	\$10 Copay, ded. waived		\$10 Copay, ded. waived	
Hardware Allowance	\$300 Allowance, ded. waived		\$300 Allowance, ded. waived	
Frequency	Per calendar year		Per calendar year	

This comparison is for illustrative purposes only. If a conflict arises, carrier information takes precedence.

Medical Voyager HSA 1500

City of Roseburg

Benefit Year: Calendar Year

Provider Network: Voyager

Deductible Per Benefit Year	In-network	Out-of-network
Individual/Family	\$1,500/\$3,000	\$3,000/\$6,000
Out-of-Pocket Limit Per Benefit Year	In-network	Out-of-network
Individual/Family	\$5,000/\$6,850	\$10,000/\$20,000
<p>Note: In-network deductible and out-of-pocket limit accumulate separately from the out-of-network deductible and out-of-pocket limit. Even though you may have the same benefit for in-network and out-of-network, your actual costs for services provided out-of-network may exceed this plan's out-of-pocket limit for out-of-network services. In addition, out-of-network providers may in certain circumstances bill you for the difference between the amount charged by the provider and the amount allowed by the insurance company (called balance billing). Balance billing amounts are not counted toward the out-of-network out-of-pocket limit. For additional information about balance billing or allowable fees, see your handbook.</p>		

The member is responsible for any amounts shown above, in addition to the following amounts:

Service/Supply	In-network Member Pays	Out-of-network Member Pays
Preventive Care		
Well baby/Well child care	No deductible, 0%	After deductible, 50%
Preventive physicals	No deductible, 0%	After deductible, 50%
Well woman visits	No deductible, 0%	After deductible, 50%
Preventive mammograms	No deductible, 0%	After deductible, 50%
Immunizations	No deductible, 0%	After deductible, 50%
Preventive colonoscopy	No deductible, 0%	After deductible, 50%
Prostate cancer screening	No deductible, 0%	After deductible, 50%
Professional Services		
Office and home visits	After deductible, 20%	After deductible, 50%
Naturopath office visits	After deductible, 20%	After deductible, 50%

Service/Supply	In-network Member Pays	Out-of-network Member Pays
Specialist office and home visits	After deductible, 20%	After deductible, 50%
Telehealth visits	After deductible, 20%	After deductible, 50%
Office procedures and supplies	After deductible, 20%	After deductible, 50%
Surgery	After deductible, 20%	After deductible, 50%
Outpatient rehabilitation and habilitation services	After deductible, 20%	After deductible, 50%
Hospital Services		
Inpatient room and board	After deductible, 20%	After deductible, 50%
Inpatient rehabilitation and habilitation services	After deductible, 20%	After deductible, 50%
Skilled nursing facility care	After deductible, 20%	After deductible, 50%
Outpatient Services		
Outpatient surgery/services	After deductible, 20%	After deductible, 50%
Diagnostic imaging – advanced	After deductible, 20%	After deductible, 50%
Diagnostic and therapeutic radiology/laboratory and dialysis – non-advanced	After deductible, 20%	After deductible, 50%
Urgent and Emergency Services		
Urgent care center visits	After deductible, 20%	After deductible, 50%
Emergency room visits – medical emergency	After deductible, 20%	After deductible, 20%
Emergency room visits – non-emergency	After deductible, 20%	After deductible, 50%
Ambulance, ground	After deductible, 20%	After deductible, 20%
Ambulance, air	After deductible, 20%	After deductible, 20%
Maternity Services**		
Physician/Provider services (global charge)	After deductible, 20%	After deductible, 50%
Hospital/Facility services	After deductible, 20%	After deductible, 50%
Mental Health and Substance Use Disorder Services		
Office visits	After deductible, 20%	After deductible, 50%

Service/Supply	In-network Member Pays	Out-of-network Member Pays
Inpatient care	After deductible, 20%	After deductible, 50%
Residential programs	After deductible, 20%	After deductible, 50%
Other Covered Services		
Allergy injections	After deductible, 20%	After deductible, 50%
Durable medical equipment	After deductible, 20%	After deductible, 50%
Home health services	After deductible, 20%	After deductible, 50%
Transplants	After deductible, 0%	After deductible, 50%

This is a brief summary of benefits. Refer to your handbook for additional information or a further explanation of benefits, limitations, and exclusions.

** Medically necessary services, medication, and supplies to manage diabetes during pregnancy from conception through six weeks postpartum will not be subject to a deductible, copayment, or coinsurance.

Additional information

What is the deductible?

Your plan's deductible is the amount of money that you pay first, before your plan starts to pay. You'll see that many services, especially preventive care, are covered by the plan without you needing to meet the deductible. The individual deductible applies if you enroll without dependents. If you and one or more dependents enroll, you and your dependents must satisfy the family deductible before benefits are paid.

Note that there is a separate category for in-network and out-of-network when it comes to meeting your deductible.

What is the out-of-pocket limit?

The out-of-pocket limit is the most you'll pay for covered services during the benefit year. Once the out-of-pocket limit has been met, the plan will pay 100 percent of allowed amounts for covered services for the rest of that benefit year. The individual out-of-pocket limit applies only if you enroll without dependents. If you and one or more dependents enroll, you and your dependents must satisfy the family out-of-pocket limit. Be sure to check your handbook, as there are some charges, such as non-essential health benefits, penalties, and balance billed amounts that do not count toward the out-of-pocket limit.

Note that there is a separate category for in-network and out-of-network when it comes to meeting your out-of-pocket limit.

Payments to providers

Payment to providers is based on the prevailing or allowable fee for covered services. In-network providers accept the allowable fee as payment in full. Services of out-of-network providers could result in out-of-pocket expense in addition to the percentage indicated.

Prior authorization

Coverage of certain medical services and surgical procedures requires a benefit determination by PacificSource before the services are performed. This process is called prior authorization. Prior authorization is necessary to determine if certain services and supplies are covered under this plan, and if you meet the plan's eligibility requirements. Prior authorization does not change your out-of-pocket expense for in-network and out-of-network providers. You can search for procedures and services that require prior authorization on our website, Authgrid.PacificSource.com (select Commercial for the line of business).

Discrimination is against the law

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

City of Roseburg

Benefit Year: Calendar Year

Formulary: Preferred Drug List (PDL)

This plan includes coverage for prescription drugs and certain other pharmaceuticals, subject to the information below. This plan complies with federal healthcare reform. To check which tier your prescription falls under, call our Customer Service team or visit PacificSource.com/find-a-drug.

The amount you pay for covered prescriptions at in-network pharmacies applies toward your plan's in-network medical out-of-pocket limit, the amount you pay for covered prescriptions at out-of-network pharmacies applies toward your plan's out-of-network out-of-pocket limit which is shown on the Medical Benefit Summary. The copayment and/or coinsurance for prescription drugs obtained from an in-network or out-of-network pharmacy are waived during the remainder of the benefit year in which you have satisfied the medical out-of-pocket limit.

Medical Deductible

You must meet the medical deductible, which is shown on the Medical Benefit Summary, before your prescription drug benefits begin.

Affordable Care Act Standard Preventive No-cost Drug List

Your prescription benefit includes preventive care drugs at no cost to you and are not subject to a deductible or MAC penalties. This benefit includes some drugs required by the Affordable Care Act, including tobacco cessation drugs. These drugs are identified on the drug list as Tier 0.

Each time a covered prescription is dispensed, you are responsible for any amounts shown above, in addition to the following amounts:

Service/Supply	Tier 1 Member Pays	Tier 2 Member Pays	Tier 3 Member Pays
In-network Retail Pharmacy			
Up to a 90 day supply:	After deductible, 20%	After deductible, 20%+	After deductible, 20%+
In-network Mail Order Pharmacy			
Up to a 90 day supply:	After deductible, 20%	After deductible, 20%+	After deductible, 20%+
Compound Drugs**			
Up to a 90 day supply:		After deductible, 20%	
Out-of-network Pharmacy			
30 day maximum fill, no more than three fills allowed per year:		After deductible, 20%	

Tier 1, Tier 2, and Tier 3 Member Pays

Specialty Drugs - In-network Specialty Pharmacy

Up to a 30 day supply:

After deductible, 20%

Specialty Drugs - Out-of-network Specialty Pharmacy

**30 day maximum fill, no more than three fills
allowed per year:**

After deductible, 20%

+Formulary prescription insulin will not be subject to a deductible and may not exceed \$80 per 30 day supply.

**Compounded medications are subject to a prior authorization process. Compounds are generally covered only when all commercially available formulary products have been exhausted and all the ingredients in the compounded medications are on the applicable formulary.

MAC C - Regardless of the reason or medical necessity, if you receive a brand name drug or if your provider prescribes a brand name drug when a generic is available, you will be responsible for the brand name drug's copayment and/or coinsurance after the medical deductible is met. Does not apply to preventive bowel prep kits covered under USPSTF guidelines.

If your provider prescribes a brand name contraceptive due to medical necessity it may be subject to prior authorization for coverage at no charge.

See your handbook for important information about your prescription drug benefit, including which drugs are covered, limitations, and more.

Benefit Year: Calendar Year

The following shows the vision benefits available under this plan for all covered vision exams, lenses, and frames when performed or prescribed by a licensed ophthalmologist or licensed optometrist. Coverage for pediatric services will end on the last day of the month in which the member turns 19. Copayment and/or coinsurance for covered charges apply to the medical plan’s out-of-pocket limit.

Service/Supply	In-network Member Pays	Out-of-network Member Pays
Members Age 18 and Younger		
Eye exam	No deductible, \$10	No deductible up to \$40 then 100%
Vision hardware	No deductible, 0% for one pair per year for frames and/or lenses	No deductible, 0% for one pair per year up to \$75 then 100% for frames and/or lenses
Members Age 19 and Older		
Eye exam	No deductible, \$10	No deductible up to \$40 then 100%
Vision hardware	No deductible, 0% up to \$300	

Benefit Limitations: members age 18 and younger

- One vision exam every benefit year.
- Vision hardware includes glasses (lenses and frames) and/or contacts (lenses and fitting) once per benefit year.

Benefit Limitations: members age 19 and older

- One vision exam every benefit year.
- Vision hardware includes glasses (lenses and frames) and/or contacts (lenses and fitting). Benefit maximum is per benefit year.
- Anti-reflective coatings and scratch resistant coatings are covered.

Exclusions

- Charges for services or supplies covered in whole or in part under any medical or vision benefits provided by an employer.
- Expenses covered under any workers’ compensation law.
- Eye exams required as a condition of employment, required by a labor agreement or government body.
- Medical or surgical treatment of the eye.
- Nonprescription lenses.

- Plano contact lenses.
- Services or supplies not listed as covered services.
- Services or supplies received before this plan's coverage begins or after it ends.
- Special procedures, such as orthoptics or vision training.
- Visual analysis that does not include refraction.

Important information about your vision benefits

Your plan includes coverage for vision services. To make the most of those benefits, it's important to keep in mind the following:

In-network Providers: PacificSource is able to add value to your vision benefits by contracting with a network of vision providers. Those providers offer vision services at discounted rates, which are passed on to you in your benefits.

Paying for Services: Our provider contracts require in-network providers to bill us directly whenever you receive covered services and supplies. Providers will verify your vision benefits.

In-network providers should not ask you to pay the full cost in advance. They may only collect your share of the expense up front, such as copayments and amounts over your plan's maximum benefit. If you are asked to pay the entire amount in advance, tell the provider you understand they have a contract with PacificSource and they should bill PacificSource directly.

Sales and Special Promotions (sales and promotions are not considered insurance): Vision retailers often use coupons and promotions to bring in new business, such as free eye exams, two-for-one glasses, or free lenses with purchase of frames. Because in-network providers already discount their services through their contract with PacificSource, your plan's in-network benefits cannot be combined with any other discounts or coupons. You can use your plan's in-network benefits, or you can use your plan's out-of-network benefits to take advantage of a sale or coupon offer.

If you do take advantage of a special offer, the in-network provider may treat you as an uninsured customer and require full payment in advance. You can then send the claim to PacificSource yourself, and we will reimburse you according to your plan's out-of-network benefits.

Benefit Year: Calendar Year

The following shows the vision benefits available under this plan for all covered vision exams, lenses, and frames when performed or prescribed by a licensed ophthalmologist or licensed optometrist. Coverage for pediatric services will end on the last day of the month in which the member turns 19. Copayment and/or coinsurance for covered charges apply to the medical plan's out-of-pocket limit.

Service/Supply	In-network Member Pays	Out-of-network Member Pays
Members Age 18 and Younger		
Eye exam	No deductible, \$10	No deductible up to \$40 then 100%
Vision hardware	No deductible, 0% for one pair per year for frames and/or lenses	No deductible, 0% for one pair per year up to \$75 then 100% for frames and/or lenses
Members Age 19 and Older		
Eye exam	No deductible, \$10	No deductible up to \$40 then 100%
Vision hardware	No deductible, 0% up to \$300	

Benefit Limitations: members age 18 and younger

- One vision exam every benefit year.
- Vision hardware includes glasses (lenses and frames) and/or contacts (lenses and fitting) once per benefit year.

Benefit Limitations: members age 19 and older

- One vision exam every benefit year.
- Vision hardware includes glasses (lenses and frames) and/or contacts (lenses and fitting). Benefit maximum is per benefit year.
- Anti-reflective coatings and scratch resistant coatings are covered.

Exclusions

- Charges for services or supplies covered in whole or in part under any medical or vision benefits provided by an employer.
- Expenses covered under any workers' compensation law.
- Eye exams required as a condition of employment, required by a labor agreement or government body.
- Medical or surgical treatment of the eye.
- Nonprescription lenses.

- Plano contact lenses.
- Services or supplies not listed as covered services.
- Services or supplies received before this plan's coverage begins or after it ends.
- Special procedures, such as orthoptics or vision training.
- Visual analysis that does not include refraction.

Important information about your vision benefits

Your plan includes coverage for vision services. To make the most of those benefits, it's important to keep in mind the following:

In-network Providers: PacificSource is able to add value to your vision benefits by contracting with a network of vision providers. Those providers offer vision services at discounted rates, which are passed on to you in your benefits.

Paying for Services: Our provider contracts require in-network providers to bill us directly whenever you receive covered services and supplies. Providers will verify your vision benefits.

In-network providers should not ask you to pay the full cost in advance. They may only collect your share of the expense up front, such as copayments and amounts over your plan's maximum benefit. If you are asked to pay the entire amount in advance, tell the provider you understand they have a contract with PacificSource and they should bill PacificSource directly.

Sales and Special Promotions (sales and promotions are not considered insurance): Vision retailers often use coupons and promotions to bring in new business, such as free eye exams, two-for-one glasses, or free lenses with purchase of frames. Because in-network providers already discount their services through their contract with PacificSource, your plan's in-network benefits cannot be combined with any other discounts or coupons. You can use your plan's in-network benefits, or you can use your plan's out-of-network benefits to take advantage of a sale or coupon offer.

If you do take advantage of a special offer, the in-network provider may treat you as an uninsured customer and require full payment in advance. You can then send the claim to PacificSource yourself, and we will reimburse you according to your plan's out-of-network benefits.

Medical Voyager 500

City of Roseburg

Benefit Year: Calendar Year

Provider Network: Voyager

Deductible Per Benefit Year	In-network and Out-of-network	
Individual/Family	\$500/\$1,500	
Out-of-Pocket Limit Per Benefit Year	In-network	Out-of-network
Individual/Family	\$1,500/\$3,500	\$6,500/Not applicable

Note: In-network out-of-pocket limit accumulates separately from the out-of-network out-of-pocket limit. Even though you may have the same benefit for in-network and out-of-network, your actual costs for services provided out-of-network may exceed this plan’s out-of-pocket limit for out-of-network services. In addition, out-of-network providers may in certain circumstances bill you for the difference between the amount charged by the provider and the amount allowed by the insurance company (called balance billing). Balance billing amounts are not counted toward the out-of-network out-of-pocket limit. For additional information about balance billing or allowable fees, see your handbook.

The member is responsible for any amounts shown above, in addition to the following amounts:

Service/Supply	In-network Member Pays	Out-of-network Member Pays
Preventive Care		
Well baby/Well child care	No deductible, 0%	After deductible, 40%
Preventive physicals	No deductible, 0%	After deductible, 40%
Well woman visits	No deductible, 0%	After deductible, 40%
Preventive mammograms	No deductible, 0%	After deductible, 40%
Immunizations	No deductible, 0%	After deductible, 40%
Preventive colonoscopy	No deductible, 0%	After deductible, 40%
Prostate cancer screening	No deductible, 0%	After deductible, 40%
Professional Services		
Office and home visits	No deductible, \$20	After deductible, 40%
Naturopath office visits	No deductible, \$20	After deductible, 40%

Service/Supply	In-network Member Pays	Out-of-network Member Pays
Specialist office and home visits	No deductible, \$20	After deductible, 40%
Telehealth visits	No deductible, 0%	After deductible, 40%
Office procedures and supplies	No deductible, 0%	After deductible, 40%
Surgery	After deductible, 20%	After deductible, 40%
Outpatient rehabilitation and habilitation services	No deductible, \$20	After deductible, 40%
Hospital Services		
Inpatient room and board	After deductible, 20%	After deductible, 40%
Inpatient rehabilitation and habilitation services	After deductible, 20%	After deductible, 40%
Skilled nursing facility care	After deductible, 20%	After deductible, 40%
Outpatient Services		
Outpatient surgery/services	After deductible, 20%	After deductible, 40%
Diagnostic imaging – advanced	After deductible, 20%	After deductible, 40%
Diagnostic and therapeutic radiology/laboratory and dialysis – non-advanced	No deductible, 20%	After deductible, 40%
Urgent and Emergency Services		
Urgent care center visits	No deductible, \$20	After deductible, 40%
Emergency room visits – medical emergency	No deductible, \$100 plus 20%^	No deductible, \$100 plus 20%^
Emergency room visits – non-emergency	No deductible, \$100 plus 20%^	After deductible, \$100 plus 40%^
Ambulance, ground	After deductible, 20%	After deductible, 20%
Ambulance, air	After deductible, 20%	After deductible, 20%
Maternity Services**		
Physician/Provider services (global charge)	After deductible, 20%	After deductible, 40%
Hospital/Facility services	After deductible, 20%	After deductible, 40%
Mental Health and Substance Use Disorder Services		
Office visits	No deductible, \$20	After deductible, 40%

Service/Supply	In-network Member Pays	Out-of-network Member Pays
Inpatient care	After deductible, 20%	After deductible, 40%
Residential programs	After deductible, 20%	After deductible, 40%
Other Covered Services		
Allergy injections	No deductible, \$5	After deductible, 40%
Durable medical equipment	After deductible, 20%	After deductible, 40%
Home health services	After deductible, 20%	After deductible, 40%
Transplants	After deductible, 0%	After deductible, 40%

This is a brief summary of benefits. Refer to your handbook for additional information or a further explanation of benefits, limitations, and exclusions.

^ Copay waived if admitted into hospital.

** Medically necessary services, medication, and supplies to manage diabetes during pregnancy from conception through six weeks postpartum will not be subject to a deductible, copayment, or coinsurance.

Additional information

What is the deductible?

Your plan's deductible is the amount of money that you pay first, before your plan starts to pay. You'll see that many services, especially preventive care, are covered by the plan without you needing to meet the deductible. The individual deductible applies if you enroll without dependents. If you and one or more dependents enroll, the individual deductible applies for each member only until the family deductible has been met.

In-network expense and out-of-network expense apply together toward your deductible.

What is the out-of-pocket limit?

The out-of-pocket limit is the most you'll pay for covered services during the benefit year. Once the out-of-pocket limit has been met, the plan will pay 100 percent of allowed amounts for covered services for the rest of that benefit year. The individual out-of-pocket limit applies only if you enroll without dependents. If you and one or more dependents enroll, the individual out-of-pocket limit applies for each member only until the family out-of-pocket limit has been met. Be sure to check your handbook, as there are some charges, such as non-essential health benefits, penalties, and balance billed amounts that do not count toward the out-of-pocket limit.

Note that there is a separate category for in-network and out-of-network when it comes to meeting your out-of-pocket limit.

Payments to providers

Payment to providers is based on the prevailing or allowable fee for covered services. In-network providers accept the allowable fee as payment in full. Services of out-of-network providers could result in out-of-pocket expense in addition to the percentage indicated.

Prior authorization

Coverage of certain medical services and surgical procedures requires a benefit determination by PacificSource before the services are performed. This process is called prior authorization. Prior authorization is necessary to determine if certain services and supplies are covered under this plan, and if you meet the plan's eligibility requirements. Prior authorization does not change your out-of-pocket expense for in-network and out-of-network providers. You can search for procedures and services that require prior authorization on our website, Authgrid.PacificSource.com (select Commercial for the line of business).

Discrimination is against the law

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

City of Roseburg

Benefit Year: Calendar Year

Formulary: Preferred Drug List (PDL)

This plan includes coverage for prescription drugs and certain other pharmaceuticals, subject to the information below. This plan complies with federal healthcare reform. To check which tier your prescription falls under, call our Customer Service team or visit PacificSource.com/find-a-drug.

The amount you pay for covered prescriptions at in-network pharmacies applies toward your plan's in-network medical out-of-pocket limit, the amount you pay for covered prescriptions at out-of-network pharmacies applies toward your plan's out-of-network out-of-pocket limit which is shown on the Medical Benefit Summary. The copayment and/or coinsurance for prescription drugs obtained from an in-network or out-of-network pharmacy are waived during the remainder of the benefit year in which you have satisfied the medical out-of-pocket limit.

Affordable Care Act Standard Preventive No-cost Drug List

Your prescription benefit includes preventive care drugs at no cost to you and are not subject to a deductible or MAC penalties. This benefit includes some drugs required by the Affordable Care Act, including tobacco cessation drugs. These drugs are identified on the drug list as Tier 0.

Each time a covered prescription is dispensed, you are responsible for any amounts shown above, in addition to the following amounts:

Service/ Supply	Tier 1 Member Pays	Tier 2 Member Pays	Tier 3 Member Pays
In-network Retail Pharmacy			
Up to a 34 day supply:	No deductible, \$10	No deductible, \$20+	No deductible, \$40+
35 - 60 day supply:	No deductible, \$20	No deductible, \$40+	No deductible, \$80+
61 - 90 day supply:	No deductible, \$30	No deductible, \$60+	No deductible, \$120+
In-network Mail Order Pharmacy			
Up to a 34 day supply:	No deductible, \$10	No deductible, \$20+	No deductible, \$40+
35 - 90 day supply:	No deductible, \$20	No deductible, \$40+	No deductible, \$80+
Compound Drugs**			
Up to a 34 day supply:		No deductible, \$40	
35 - 60 day supply:		No deductible, \$80	
61 - 90 day supply:		No deductible, \$120	

Service/ Supply	Tier 1 Member Pays	Tier 2 Member Pays	Tier 3 Member Pays
Out-of-network Pharmacy			
30 day maximum fill, no more than three fills allowed per year:	Same as retail		
Tier 1, Tier 2, and Tier 3 Member Pays			
Specialty Drugs - In-network Specialty Pharmacy			
Up to a 30 day supply:	No deductible, the lesser of \$150 or 50%		
Specialty Drugs - Out-of-network Specialty Pharmacy			
30 day maximum fill, no more than three fills allowed per year:	No deductible, the lesser of \$150 or 50%		

+Formulary prescription insulin will not be subject to a deductible and may not exceed \$80 per 30 day supply.

**Compounded medications are subject to a prior authorization process. Compounds are generally covered only when all commercially available formulary products have been exhausted and all the ingredients in the compounded medications are on the applicable formulary.

MAC B - Unless the prescribing provider requires the use of a brand name drug, the prescription will automatically be filled with a generic drug when available and permissible by state law. If you receive a brand name drug when a generic is available, you will be responsible for the brand name drug's copayment and/or coinsurance plus the difference in cost between the brand name drug and its generic equivalent. If your prescribing provider requires the use of a brand name drug, the prescription will be filled with the brand name drug and you will be responsible for the brand name drug's copayment and/or coinsurance. The cost difference between the brand name and generic drug does not apply toward the medical out-of-pocket limit. Does not apply to preventive bowel prep kits covered under USPSTF guidelines.

If your provider prescribes a brand name contraceptive due to medical necessity it may be subject to prior authorization for coverage at no charge.

See your handbook for important information about your prescription drug benefit, including which drugs are covered, limitations, and more.

Benefit Year: Calendar Year

The following shows the vision benefits available under this plan for all covered vision exams, lenses, and frames when performed or prescribed by a licensed ophthalmologist or licensed optometrist. Coverage for pediatric services will end on the last day of the month in which the member turns 19. Copayment and/or coinsurance for covered charges apply to the medical plan's out-of-pocket limit.

Service/Supply	In-network Member Pays	Out-of-network Member Pays
Members Age 18 and Younger		
Eye exam	No deductible, \$10	No deductible up to \$40 then 100%
Vision hardware	No deductible, 0% for one pair per year for frames and/or lenses	No deductible, 0% for one pair per year up to \$75 then 100% for frames and/or lenses
Members Age 19 and Older		
Eye exam	No deductible, \$10	No deductible up to \$40 then 100%
Vision hardware	No deductible, 0% up to \$300	

Benefit Limitations: members age 18 and younger

- One vision exam every benefit year.
- Vision hardware includes glasses (lenses and frames) and/or contacts (lenses and fitting) once per benefit year.

Benefit Limitations: members age 19 and older

- One vision exam every benefit year.
- Vision hardware includes glasses (lenses and frames) and/or contacts (lenses and fitting). Benefit maximum is per benefit year.
- Anti-reflective coatings and scratch resistant coatings are covered.

Exclusions

- Charges for services or supplies covered in whole or in part under any medical or vision benefits provided by an employer.
- Expenses covered under any workers' compensation law.
- Eye exams required as a condition of employment, required by a labor agreement or government body.
- Medical or surgical treatment of the eye.
- Nonprescription lenses.

- Plano contact lenses.
- Services or supplies not listed as covered services.
- Services or supplies received before this plan's coverage begins or after it ends.
- Special procedures, such as orthoptics or vision training.
- Visual analysis that does not include refraction.

Important information about your vision benefits

Your plan includes coverage for vision services. To make the most of those benefits, it's important to keep in mind the following:

In-network Providers: PacificSource is able to add value to your vision benefits by contracting with a network of vision providers. Those providers offer vision services at discounted rates, which are passed on to you in your benefits.

Paying for Services: Our provider contracts require in-network providers to bill us directly whenever you receive covered services and supplies. Providers will verify your vision benefits.

In-network providers should not ask you to pay the full cost in advance. They may only collect your share of the expense up front, such as copayments and amounts over your plan's maximum benefit. If you are asked to pay the entire amount in advance, tell the provider you understand they have a contract with PacificSource and they should bill PacificSource directly.

Sales and Special Promotions (sales and promotions are not considered insurance): Vision retailers often use coupons and promotions to bring in new business, such as free eye exams, two-for-one glasses, or free lenses with purchase of frames. Because in-network providers already discount their services through their contract with PacificSource, your plan's in-network benefits cannot be combined with any other discounts or coupons. You can use your plan's in-network benefits, or you can use your plan's out-of-network benefits to take advantage of a sale or coupon offer.

If you do take advantage of a special offer, the in-network provider may treat you as an uninsured customer and require full payment in advance. You can then send the claim to PacificSource yourself, and we will reimburse you according to your plan's out-of-network benefits.

Dental

Moda - Delta Dental

2023 Delta Dental Premier Plan Benefit Summary



Delta Dental of Oregon & Alaska

City of Roseburg

Group ID: 10001801

Calendar year costs	
Calendar year maximum, per member	\$1,500
Calendar year deductible, per member	\$0
Calendar year maximum deductible, per family	\$0
Preventive	
Periodic examinations / X-rays	100%
Prophylaxis (cleanings) / periodontal maintenance	100%
Sealants	100%
Space maintainers	100%
Topical application of fluoride	100%
Class 2	
Restorative fillings	80%
Oral surgery (extractions & certain minor surgical procedures)	80%
Endodontics (treatment of teeth with diseased or damaged nerves)	80%
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	80%
Class 3	
Implants	80%
Crowns and other cast restorations	80%
Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures)	80%

* Deductible waived for preventive services.

This is a benefit summary only. For a more detailed description of benefits, refer to your member handbook.

How to use this dental plan

When you visit your dental provider, tell him or her you are a Delta Dental member.

When the member visits:

Delta Dental Premier Dentist:

Members are held harmless from balance billing (will not be billed for the difference between the dentist's billed charge and the Delta Dental negotiated fee).

Non Participating Dentists:

Members may be held liable for the difference between the dentist's billed charge and the non-participating allowable.

Limitations

If a more expensive treatment than is functionally adequate is performed, Delta Dental Plan of Oregon will pay the applicable percentage of the maximum plan allowance for the least costly treatment.

Preventive (Class 1 services)

- **Diagnostic** Routine or comprehensive examinations or consultations covered once in any 6-month period. Supplementary bitewing x-rays are covered once in any 12-month period. Complete series x-rays or a panoramic film are covered once in any 5-year period.
- **Preventive** Prophylaxis (cleaning) or periodontal maintenance is covered once in any six-month period. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of 2 additional periodontal maintenances per year. Topical application of fluoride is covered once in any 6-month period for members until age 19. For members age 19 and older, topical application of fluoride is covered once in any 6-month period if there is a recent history of periodontal surgery or high risk of decay due to medical disease or chemotherapy or similar type of treatment. Sealant benefits are limited to the unrestored, occlusal surfaces of permanent molars. Benefits will be limited to one sealant, per tooth, during any 5-year period except for evidence of clinical failure.

Basic (Class 2 services)

- **Oral Surgery** Limited to extractions and other minor surgical procedures.
- **Restorative** Amalgam and composite fillings are covered. A separate charge for general anesthesia and/or IV sedation is not covered when used for non-surgical procedures.
- **Restorative** Amalgam and composite fillings are covered for all teeth. A separate charge for general anesthesia and/or IV sedation is not covered when used for non-surgical procedures.
- **Periodontic** Scaling and root planing is limited to once per quadrant in any 2-year period.

Major (Class 3 services)

- **Implants** and implant removal are limited to once per lifetime per tooth space. A crown over an implant is covered once per lifetime of the implant.
- **Restorative** Cast restorations (including pontics) are covered once in a seven (7) year period on any tooth.
- **Prosthodontic** A bridge or denture (full or partial, including alternate benefits) will be covered once in a seven (7) year period only if the tooth, tooth site, or teeth involved have not received a cast restoration benefit in the past seven (7) years. Specialized or personalized prosthetics are limited to the cost of standard devices.
- **Occlusal Guard** (night guard) covered at 100% once in a five year period, up to \$150 maximum. Over-the-counter night guards are excluded.
- **Athletic mouth guard** covered at 80%, once in any 12-month period for members age 15 and under and once in any 24-month period age 16 and over. Over-the-counter athletic mouth guards are excluded.

Exclusions

- Services covered under worker's compensation or employer's liability laws and services covered by any federal, state, county, municipality or other governmental agency, except Medicaid.
- Services with respect to congenital (hereditary) or developmental (following birth) malformations or cosmetic reasons; including, but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis and disturbance of the temporomandibular joint.
- Services for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth except for occlusal guards.
- Services started prior to the date the individual became eligible for services under the program.
- Hypnosis, prescribed drugs, premedications or analgesia (e.g. nitrous oxide) or any other euphoric drugs.
- Hospital costs or any additional fees charged by the dentist because the patient is hospitalized.
- General anesthesia and/or IV sedation except when administered by a dentist in conjunction with covered oral surgery in his or her office.
- Plaque control and oral hygiene or dietary instructions.
- Experimental procedures.
- Missed or broken appointments.
- Precision attachments.
- Orthodontic services (except when an orthodontia rider is included).
- Services for cosmetic reasons.
- Claims submitted more than 12 months after the date of service are not covered.
- All other services or supplies, not specifically covered.

Delta Dental orthodontia rider



Delta Dental of Oregon & Alaska

City of Roseburg

Group ID: 10001801

Adult & Child Ortho 2000	
Lifetime maximum	\$2,000
What members pay	
Members age 19+	50%
Members under age 19	50%

How to use this dental plan

When you visit your dental provider, tell him or her you are a Delta Dental member.

Pre-determination

Your dental office can submit a pre-treatment plan to Delta Dental of Oregon on your behalf. We will return it to them indicating the dollar allowance which will be covered by your plan before you go forward with treatment.

2023 Delta Dental Premier Plan Benefit Summary



Delta Dental of Oregon & Alaska

City of Roseburg - IBEW

Group ID: 10001801

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- Services for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth except for occlusal guards.
- Services started prior to the date the individual became eligible for services under the program.
- Hypnosis, prescribed drugs, premedications or analgesia (e.g. nitrous oxide) or any other euphoric drugs.
- Hospital costs or any additional fees charged by the dentist because the patient is hospitalized.
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- Plaque control and oral hygiene or dietary instructions.
- Experimental procedures.
- Missed or broken appointments.
- Precision attachments.
- Orthodontic services (except when an orthodontia rider is included).
- Services for cosmetic reasons.
- Claims submitted more than 12 months after the date of service are not covered.
- All other services or supplies, not specifically covered.

Delta Dental orthodontia rider



Delta Dental of Oregon & Alaska

City of Roseburg - IBEW

Group ID: 10001801

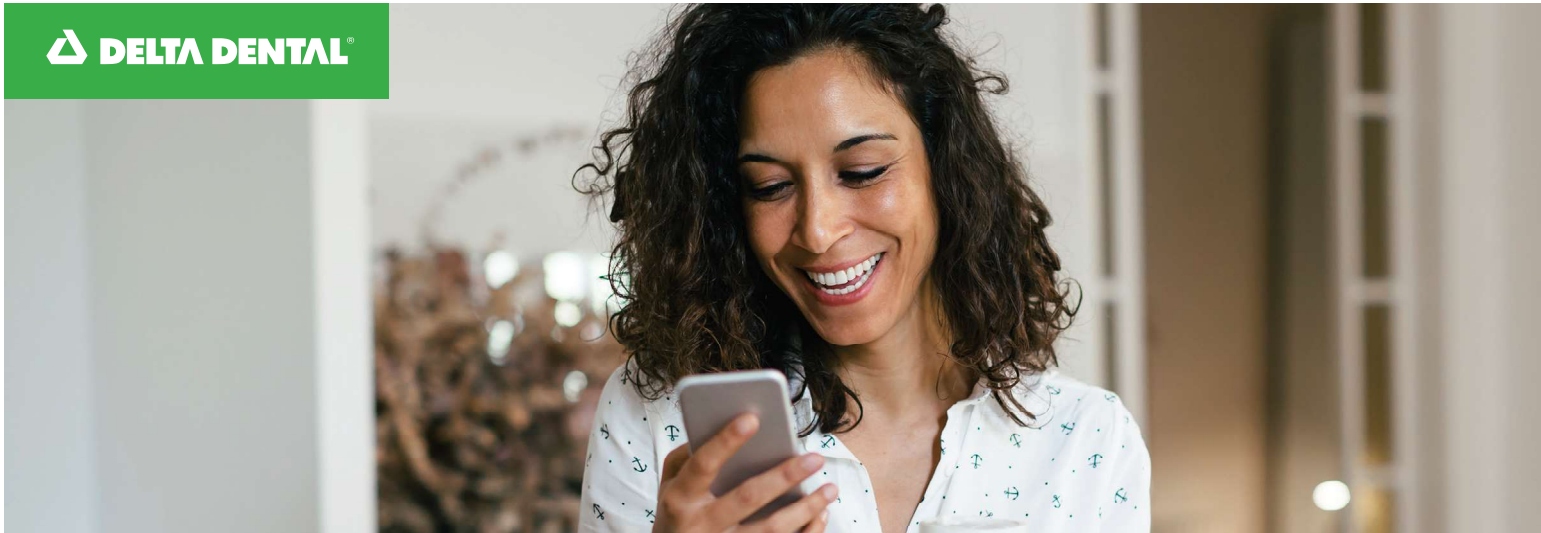
Lifetime maximum	\$2,500
What members pay	
Members age 19+	50%
Members under age 19	50%

How to use this dental plan

When you visit your dental provider, tell him or her you are a Delta Dental member.

Pre-determination

Your dental office can submit a pre-treatment plan to Delta Dental of Oregon on your behalf. We will return it to them indicating the dollar allowance which will be covered by your plan before you go forward with treatment.



DENTAL TOOLS

Manage your dental health easily, in one location

As a Delta Dental member, you have access to a complimentary set of dental tools within an online dashboard to help you manage your dental health.

Find a great dentist

Search for a top-rated professional near you using the Dentist Finder tool. It lets you pick the location, language, evening and weekend hours, and other helpful items.

Check treatment costs

If you think you might need a dental procedure, our dental tools can help you plan. You can use the Cost Calculator to easily check the cost of common procedures, and see if there are ways to save money. No more surprises at your dentist's office!

See your risks

Activate the Risk Assessments tool to discover your personal risk for tooth decay, cavities and gum disease.

Visit now

Log in to your member dashboard on our website and click on the "Dental Tools" tab at the top of the page.

If you do not have an account, you can create one by clicking on "Create an Account" within the login box and inputting your member ID.

Moda, Inc. complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711) CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

HRA VEBA

Benefits You Receive:

The HRA VEBA plan is a tax-free health reimbursement arrangement (HRA.) HRAs are account-based health plans. You can use your HRA funds to cover qualified healthcare expenses and premiums for you and your family. Employer contributions, earnings, and withdrawals (claims) are exempt from taxes. In other words, the money goes in tax-free, is invested tax-free, and comes out tax-free.

The City of Roseburg will make a monthly contribution based on the annual amount below:

Employee Only	\$700
Employee and one dependent	\$1000
Employee and two or more dependents	\$1300

Investment Options

You may invest your account using either one of two investment options. With Option A: Do-it-yourself, you can build your own portfolio using any combination of available funds. Option B: Choose a pre-mix allows you to select any one of four professionally designed pre-mixed allocation portfolios designed and monitored by investment professionals. You can change your investment selection(s) up to once per calendar month.

Qualified Healthcare Expenses:

Common qualified out-of-pocket expenses include:

- Copays
- Coinsurance
- Deductibles
- Dental and Orthodontia
- Vision Expenses
- Retiree insurance premiums

To File for Reimbursement: Visit www.hraveba.org and download the claim form and complete.

- Provide proof of each expense: Best document to submit Explanation of Benefits (EOB)
- Submit the claim along with the proof of expense (EOB) to:
 - Via email (preferred): claims@hraveba.org
 - Fax: (206)577-3020
 - Mail: HRA VEBA Plan, PO Box 80587, Seattle, WA 98108

Online Services:

Register for myHRA VEBA online at www.hravebaorg.

After logging in, you will be able to quickly and easily:

- View your account balance
- Track claims in progress
- View claims history
- Update your investment selection(s)
- Update your covered spouse and dependent information
- And more!

Common Examples

The below list of qualified expenses and premiums is not a complete list, but it does contain many examples of the types of expenses and premiums eligible for reimbursement from your HRA VEBA account. The most common include co-pays, coinsurance, deductibles, retiree insurance premiums (including Medicare Part B and Part D and Medicare supplement plans), and tax-qualified long-term care insurance premiums (subject to annual IRS limits).

Internal Revenue Code § 213(d) defines qualified expenses, in part, as “medical care” amounts paid for insurance or “for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body...” Expenses solely for cosmetic reasons generally are not considered expenses for medical care (e.g. facelifts, hair transplants, hair removal (electrolysis)). Expenses that are merely beneficial to your general health, such as vacations, are not medical care expenses.

Questions?

1-888-659-8828

myHRAVEBA@meritain.com

hraveba.org

General expenses

- Acupuncture
- Alcoholism and drug treatment center costs
- Birth control pills
- Chiropractic
- Christian Science
- Contact lenses, solutions, etc.
- Co-pays
- Coinsurance
- Deductibles
- Dental
- Eye glasses
- Fertility treatments
- Gynecology/Obstetrics
- Hearing aids & batteries
- Immunizations
- Laser eye surgery
- Lifetime care at medical facility
- Medical supplies and equipment
- Naturopathic
- Organ transplants
- Orthodontia
- Osteopathy
- Physical therapy
- Prescription medicines
- Preventive care
- Psychiatric
- Retirement home (costs allocable to medical care)
- Stop smoking programs
- Transportation (subject to IRS limits)
- Vaccines
- Vasectomy
- Vision
- Wheelchair

Over-the-counter (OTC)

PRESCRIPTION REQUIRED (medicines and drugs):

- Acne medications
- Allergy medicines
- Antacids
- Aspirin
- Cold medicines
- Cough suppressants
- Dietary supplements
- Eye products (e.g. Visine®)
- First aid creams/liquids
- Herbal medicines
- Nicotine gum/patches
- Pain relievers
- Sinus medications
- Sleeping aids
- St. John's Wort
- Weight loss drugs

NO PRESCRIPTION REQUIRED (non-medicine items):

- Bandages
- Crutches
- Insulin
- Diagnostic devices (e.g. blood sugar kits)

OTC ITEMS NOT ELIGIBLE:

- Cosmetics; face creams
- Medicated shampoos
- Tooth brushes (including electronic)
- Vitamins (most cases)

Insurance premiums

- Medical
- Dental
- Vision
- Long-term care (tax-qualified; subject to IRS limits)
- Medicare Part B
- Medicare Part D
- Medicare supplement plans

Medicare

- Co-pays
- Coinsurance
- Deductibles
- Home health care
- Hospice care
- Hospital stay
- Outpatient hospital services
- Skilled nursing facility stay

TRICARE (military retirees)

- Co-pays
- Coinsurance
- Deductibles
- Vision
- Miscellaneous
- Premiums:
 - Extra
 - Medicare Part B
 - Medicare Part D
 - Prime supplement plans
 - Retiree dental
 - Standard

Important Notices

A fully-completed **Claim Form** along with proper documentation is required when requesting reimbursements. Claim Forms are available online at hraveba.org or by contacting the third-party administration (TPA) service provider. Please read the **How to File a Claim** handout available online to learn more about your HRA VEBA plan's overall claims process, including IRS documentation requirements and standard claims processing turnaround times. Please note the following:

1. Only qualified expenses and premiums incurred after you become and remain a claims-eligible participant may be submitted for reimbursement.
2. If you are a participant in a Section 125 healthcare flexible spending account (FSA), you must exhaust your FSA benefits before submitting eligible claims.
3. Qualified insurance premiums are reimbursable beginning with the month in which you become a claims-eligible participant.
4. **IRS regulations provide that insurance premiums paid by an employer, or premiums that are or could be deducted from your paycheck pre-tax through your employer's Section 125 cafeteria plan, are not eligible for reimbursement.** When requesting reimbursement of premiums deducted from your paycheck after tax, you should include a letter from your employer that confirms a pre-tax option for the deduction of such premiums is not available to you. Premiums deducted from your spouse's paycheck after tax may be eligible for reimbursement.
5. Systematic reimbursement of recurring qualified insurance premiums may be set up online after logging in to your account or by submitting a **Systematic Premium Reimbursement Form**.

Regarding OTC drugs and medicines: To be eligible for reimbursement, federal healthcare reform requires that OTC medicines and drugs (except insulin) purchased on or after **January 1, 2011** be prescribed by a medical professional or accompanied by a note from a medical practitioner recommending the item or service to treat a specific medical condition. Thus, OTC medicines and drugs such as aspirin, antihistamines, and cough syrup must be prescribed. Eligible OTC medicines and drugs purchased on or before **December 31, 2010** remain reimbursable without a prescription. The prescription requirement applies only to medicines and drugs, not to other types of OTC items such as bandages and crutches.

Definition of Dependent

Generally, dependents must satisfy the definition of **Qualifying Child** or **Qualifying Relative** as of the end of the calendar year in which expenses were incurred to be eligible for benefits. These requirements are defined by Internal Revenue Code § 105(b) and summarized below. Go to hraveba.org and click **Covered Dependents** for a detailed definition.

Qualifying child

A **Qualifying Child** is a person who: (1) is the participant's son or daughter, stepchild, or foster child; and (2) at the end of the calendar year in which expenses were incurred will be age 26 or younger or permanently and totally disabled; and (3) is a citizen, national, or resident of the U.S. or a resident of Canada or Mexico. Other individuals are subject to additional requirements.

Qualifying Child of Divorced or Separated Parents. A participant's child is treated as the dependent of both parents for the purposes of health plan coverage if during the calendar year in which expenses were incurred: (1) the participant's child is in the custody of the participant or their other parent for more than half the year; and (2) the participant's child receives over half of his or her support during the year from the participant or their other parent.

Qualifying relative

A **Qualifying Relative** is a person who: (1) is the participant's son or daughter, stepchild, foster child, or other relative as defined by the IRS (e.g. father, mother, brother, sister, niece, nephew, aunt, uncle; go to hraveba.org and click **Covered Dependents** for a complete list) or any other person (other than the participant's spouse) who lived with the participant all year as a member of the household if such relationship did not violate local law; and (2) will not be a Qualifying Child of any other person as of the last day of the calendar year in which expenses were incurred; and (3) received over half of his or her support for the calendar year from the participant; and (4) has a gross income for the year of less than \$3,650; and (5) is a citizen, national, or resident of the U.S. or a resident of Canada or Mexico.

Flexible Spending Account

Benefits You Receive:

FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pretax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

Health Care Reimbursement FSA:

This program allows City of Roseburg employees to set aside pre-tax money to pay for medically necessary healthcare expenses that are not covered by a health plan. The annual maximum amount you may contribute to the Health Care FSA is \$3,050 in 2023. Some examples of reimbursable expenses include:

- Insurance deductibles, coinsurance, and copayments
- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Prescription copays

Dependent Care FSA:

The Dependent Care FSA lets City of Roseburg employees use pretax dollars toward qualified dependent care such as caring for children under the age 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year. Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

A Flexible Spending Account (FSA) is a type of plan that allows you to receive certain benefits on a pretax basis. Think of it as a tax-free and interest-free loan to yourself. The pretax contributions may be used for qualified healthcare and childcare expenses for you and your tax dependents. They also allow you to pay for your group's sponsored insurance premiums on a pretax basis.

Contributing to Your FSA

Component	Maximum Pay Period Election	Maximum Annual Election
General Purpose Health FSA	\$ 254.17	\$3,050
Limited Purpose FSA	\$ 254.17	\$3,050
Dependent Daycare Expenses	\$ 416.67	\$5,000 if married & filing a joint return or a single parent \$2,500 if married but filing separately

The Plans: The following FSA components are available through your employer.

Premium Component

- Your employer will deduct your portion of the group-sponsored insurance plans, including premiums for medical, dental, vision, hospitalization, accident insurance, and/or other qualified benefits from your gross salary on a pre-tax basis. This reduces income taxes and results in an increase in take home pay and lower taxable salary.

Health FSA Component – includes the following account(s)

Health Related Expense Account (HRE) - the General Purpose FSA

- If you're eligible for your employer's health plan, you can set up an HRE account. With an HRE account, you can save pre-tax money for healthcare expenses, including medical, dental, and vision expenses that are either not covered or only partially covered by your insurance plan.
- These expenses are for your tax dependents. Examples include: you, your spouse, or child(ren), whether or not they are covered on your employer's group insurance plan.
- When you have a qualified change in status—such as if you add or remove dependents from your insurance plan—you can increase or decrease your election

Limited-Purpose Flexible Spending Account (LFSA)

- This plan is available for employees, who they themselves or their family contribute to a health savings account (HSA) and are enrolled in the group sponsored health plan. You can use this plan for eligible expenses including dental, vision and preventive medical care expenses.
- These expenses can be for your or your spouse or child(ren), regardless if they are covered on your employer's group insurance plan.
- When you have a qualified change in status – such as if you add or remove dependents from you insurance plan – you can increase or decrease your election.

Dependent Care Assistance Plan (DCAP) Component

Dependent Daycare Expense Account (DCE)

- Our Dependent Daycare Expense Account (DCE) allows you to save pre-tax dollars to pay for dependent care. This is specifically for expenses for a child up to age 13 or disabled taxable dependent who is unable to care for themselves, including elder care expenses.
- When you have a qualified change in status—such as if your spouse’s employment changes—you can increase or decrease how much you put into your account.
- In many cases, this account will be more beneficial to you than the federal tax credit.

Claims Reimbursement

Reimbursement Time Frame

Reimbursements may be requested during the plan year or after it ends. Your claim submission period ends 90 days after the plan year ends. This is known as a run-out period. All eligible reimbursement claims for services you received between **July 1, 2023** and **June 30, 2024** must be submitted by **September 30, 2024** for reimbursement.

Submitting Claims

There are several ways you can submit expenses for reimbursement. These methods include manual submission, using your Prepaid Benefit Card, or enrolling in the EasyPay program. If you’re reimbursed for a claim and it is later determined that the expense was not eligible for reimbursement, you will be liable for repaying the money to your FSA. Additional information is listed below.

Manual Claims

We offer several ways you can submit your claims for reimbursement:

1. Submit your claim online using our PSAConsumer portal: <https://psa.consumer.pacificsource.com>
2. Submit your claim via our Mobile App: myPacificSource Admin (PSA)
3. Mail or fax a Request for Reimbursement Form. You’ll find the form at [PSA.PacificSource.com/Forms_Flex.aspx](https://psa.pacificsource.com/Forms_Flex.aspx)

Prepaid Benefit Card

A Prepaid Benefits Debit Card gives you an easy, automatic way to pay for qualified healthcare expenses. When you enroll in the health FSA, you will automatically receive two benefits cards. Simply swipe your benefits card as you would a credit/debit card (and select “credit” rather than “debit”). When you use the card to make a purchase or payment, it deducts funds directly from your FSA. Date of service is important! It’s assumed the date of service is the day the card is swiped. If you are paying for a prior service, only use your card if the service date is within your current plan year. Prior year services need to be submitted as manual claims for reimbursement. Replacements or additional cards can be purchased for \$10 per set of two cards.

When you use your debit card, you should request an itemized receipt for reimbursement in case we need you to substantiate a charge. (*You must save all expense documentation, such as itemized receipts, per IRS regulations.*) You may occasionally receive a notice if your transaction is ineligible or needs additional documentation. You will be required to submit the documentation, refund the account, or “offset” the expense as indicated in the notice. If the transaction issue hasn’t been resolved within the allotted time, the card will be suspended. Amounts for transactions that aren’t properly documented or that have been deemed ineligible may be included as wages on your W-2.

EasyPay

EasyPay is a great option that will automatically reimburse you for eligible PacificSource Health Plans claims on your behalf. You must be enrolled in your employer’s PacificSource insurance plan to be eligible for and enroll in EasyPay. If you or any dependents have coverage through another health plan other than your group-sponsored insurance plan through PacificSource, you are not eligible for EasyPay.

- To sign up, fill out and return the EasyPay Enrollment Form, available on our website.

Note: You may elect either EasyPay or the Benefits Debit card, but not both.

Funds Remaining After the Plan Ends

If the plan year ends before you've used all of your Health FSA funds, you're allowed to have up to \$610 carry over to the next FSA plan year. If you have more than the \$610 remaining, you'll lose those additional funds, along with all other account balances. Carryover funds will be automatically rolled after the prior plan year, and claims submission period ends. You may request an early roll by contacting Customer Service.

What Happens if I Terminate Employment during the Plan Year?

If you terminate employment or lose eligibility, your participation in the plan will end on the last day of the month in which you terminate or lose eligibility. You may be eligible to continue the Health FSA under COBRA or by making an additional pre-tax contribution out of your last paycheck.

Forms, Fliers and instructions

Available online. Examples include:

- FSA Participant Guide (general information)
- Request for Reimbursement Forms
- Direct Deposit Form
- Examples of Eligible Expenses
- Online Claim Submission Instructions
- Prepaid Benefits Card Flier (Benny/Wex)
- Authorization to Disclose PHI

PSA Consumer Portal: Online Account Access for Participants

Manage your FSA from the convenience of your home or office by utilizing our website:

www.psa.pacificsource.com/PSA or <https://psa.consumer.pacificsource.com>

- File a claim online.
- Access information on the most recent reimbursement payments.
- View payment details.
- Check your account balances, annual election, and year-to-date deposits.
- Change your address and other personal information.
- View FAQs and fliers.

Questions?

Our Customer Service team is happy to help. For more information about FSA details, please refer to your Plan Document and Summary Plan Description.

Phone

Direct: (641) 486-7488
Toll-free: (800) 422-7038

Email

psacustomerservice@
pacificsource.com

**PacificSource.com/
PSA**



Life & AD&D

BASIC GROUP TERM LIFE and ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE BENEFIT HIGHLIGHTS



More than half of Americans (53%) expressed a heightened need for life insurance because of COVID-19.¹

CITY OF ROSEBURG

The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer gives extra protection that you and your family may need. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that destroys your income-earning ability. Life benefits are disbursed to your beneficiaries in a lump sum in the event of your death.



To learn more about Life and AD&D insurance, visit thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE	AD&D COVERAGE
Employee	Benefit ² : \$25,000	AD&D: Included
Dependent(s)	Spouse Benefit: \$1,000 Child(ren) Benefit: \$1,000	AD&D: Not Included

AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT

Covered accidents or death can occur up to 365 days after the accident. The total benefit for all losses due to the same accident will not exceed 100% of your coverage amount.

LOSS FROM ACCIDENT	COVERAGE
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot and Sight of One Eye	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%
Movement of Both Lower Limbs (Paraplegia)	75%
Movement of Three Limbs (Triplegia)	75%
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Movement of One Limb (Uniplegia)	25%
Thumb and Index Finger of Either Hand	25%

PREMIUMS

Your employer pays 100% of the premium for your and your dependents' coverage.³

²Your basic benefit will be reduced by 65% at age 65, 45% at age 70, 30% at age 75, 20% at age 80, 15% at age 85, and 10% at age 90. Reductions will be applied to the reduced amount.

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full time employee, police, management or fire management employee, excluding line firefighters and HAZMAT employees, who works at least 20 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 19 (or under age 26 if a full-time student).

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to "spouse" in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage - it is available without having to provide information about your family's health.

AD&D is available without having to provide information about your health.

WHEN CAN I ENROLL?

Your employer will automatically enroll you and your dependent(s) for this coverage. If you have not already done so, you must designate a beneficiary.

WHEN DOES THIS INSURANCE BEGIN?

This insurance will become effective for you and your dependents on the date you become eligible.

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility), unless already insured with the prior carrier.

WHEN DOES THIS INSURANCE END?

This insurance will end when you (or your dependent(s)) no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this life coverage with you. Coverage may be continued for you and your dependent(s) under a group portability certificate or an individual conversion life certificate. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for conversion and portability are described in the certificate. Conversion and portability are not available for AD&D coverage. Conversion and portability are not available for AD&D coverage.

¹LIMRA, Facts About Life 2020: <https://www.limra.com/globalassets/limra/newsroom/fact-tank/fact-sheets/liam-facts-2020-final.pdf>, as viewed on October 14, 2020.

³Rates and/or benefits may be changed on a class basis.

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The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding The Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Life Form Series includes GBD-1000, GBD-1100, or state equivalent. 5962a and 5962b NS 07/21

Voluntary Life & AD&D

VOLUNTARY GROUP TERM LIFE and ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE BENEFIT HIGHLIGHTS



More than half of Americans (53%) expressed a heightened need for life insurance because of COVID-19.¹

CITY OF ROSEBURG

The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer is a smart, affordable way to purchase the extra protection that you and your family may need. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that destroys your income-earning ability. Life benefits are disbursed to your beneficiaries in a lump sum in the event of your death.



To learn more about Life and AD&D insurance, visit thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE	AD&D COVERAGE
Employee	Benefit ² : Increments of \$10,000 Maximum: \$300,000	AD&D: Included
Spouse	Benefit ² : Increments of \$10,000. Maximum: the lesser of 100% of your supplemental coverage or \$250,000	AD&D: Included
Child(ren)	Benefit: \$10,000	AD&D: Included

AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT

Covered accidents or death can occur up to 365 days after the accident. The total benefit for all losses due to the same accident will not exceed 100% of your coverage amount.

LOSS FROM ACCIDENT	COVERAGE
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot and Sight of One Eye	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%
Movement of Both Lower Limbs (Paraplegia)	75%
Movement of Three Limbs (Triplegia)	75%
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Movement of One Limb (Uniplegia)	25%
Thumb and Index Finger of Either Hand	25%

³Your supplemental benefit will be reduced by 65% at age 65, 45% at age 70, 30% at age 75, 20% at age 80, 15% at age 85, and 10% at age 90. Reductions will be applied to the reduced amount.

PREMIUMS

See the Life Premium Worksheet.³

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full time employee who works at least 20 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to "spouse" in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

AM I GUARANTEED COVERAGE?

If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of \$100,000, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you were previously eligible and are electing coverage for the first time or electing to increase your current coverage, you will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.

If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of \$40,000, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you were previously eligible and are electing coverage for the first time or electing to increase your spouse's current coverage, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.

This insurance is guaranteed issue coverage – it is available without having to provide information about your child(ren)'s health.

AD&D is available without having to provide information about your or your family's health.

HOW DO I PAY FOR THIS INSURANCE?

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period within 31 days of the date you have a change in family status, or within 31 days of the completion of any eligibility waiting period established by your employer.

WHEN DOES THIS INSURANCE BEGIN?

The initial effective date of this coverage is 7/1/2022. Subject to any eligibility waiting period established by your employer, if you enroll for coverage prior to this date, insurance will become effective on this date. If you enroll for coverage after this date, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect.

Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility), unless already insured with the prior carrier.

WHEN DOES THIS INSURANCE END?

This insurance will end when you (or your dependent(s)) no longer satisfy the applicable eligibility conditions, premium is unpaid, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this life coverage with you. Coverage may be continued for you and your dependent(s) under a group portability certificate or an individual conversion life certificate. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for conversion and portability are described in the certificate. Conversion and portability are not available for AD&D coverage.

¹LIMRA, Facts About Life 2020: <https://www.limra.com/globalassets/limra/newsroom/fact-tank/fact-sheets/liam-facts-2020-final.pdf>, as viewed on October 14, 2020.

³Rates and/or benefits may be changed on a class basis. Rates are based on the age of the insured person and increase on the policy anniversary date on or following your birthday as you enter each new age category.

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The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding The Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

5962a and 5962b NS 07/21

LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP LIFE INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- Your basic benefit will be reduced by 65% at age 65, 45% at age 70, 30% at age 75, 20% at age 80, 15% at age 85, and 10% at age 90. Reductions will be applied to the reduced amount.
- Your supplemental benefit will be reduced by 65% at age 65, 45% at age 70, 30% at age 75, 20% at age 80, 15% at age 85, and 10% at age 90. Reductions will be applied to the reduced amount.
- A supplemental or voluntary life benefit will not be paid if death occurs by suicide within two years (or as allowed by state law) of purchasing this coverage.
- You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

DEPENDENT LIMITATIONS AND EXCLUSIONS

- Coverage may only be elected for dependents when you elect and are approved for coverage for yourself.
- Coverage may not be elected for a dependent who has employee coverage under this certificate.
- Coverage may not be elected for a dependent who is in active full-time military service.
- Child(ren) may only be covered as a dependent of one employee.
- Infants may receive a reduced benefit prior to the age of six months.

5962a NS 05/21 Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- Your basic benefit will be reduced by 65% at age 65, 45% at age 70, 30% at age 75, 20% at age 80, 15% at age 85, and 10% at age 90. Reductions will be applied to the reduced amount.
- Your supplemental benefit will be reduced by 65% at age 65, 45% at age 70, 30% at age 75, 20% at age 80, 15% at age 85, and 10% at age 90. Reductions will be applied to the reduced amount.
- This insurance does not cover losses caused by:
 - Sickness; disease; or any treatment for either
 - Any infection, except certain ones caused by an accidental cut or wound
 - Intentionally self-inflicted injury, suicide or suicide attempt
 - War or act of war, whether declared or not
 - Injury sustained while in the armed forces of any country or international authority
 - Taking prescription or illegal drugs unless prescribed by or administered by a licensed physician
 - Injury sustained while committing or attempting to commit a felony
 - Injury sustained while driving while intoxicated
- You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

DEPENDENT LIMITATIONS AND EXCLUSIONS

- Coverage may only be elected for dependents when you elect and are approved for coverage for yourself.
- Coverage may not be elected for a dependent who has employee coverage under this certificate.
- Child(ren) may only be covered as a dependent of one employee.

DEFINITIONS

- Loss means, with regard to hands and feet, actual severance through or above wrist or ankle joints; with regard to sight, speech or hearing, entire and irrecoverable loss thereof; with regard to thumb and index finger, actual severance through or above the metacarpophalangeal joints; with regard to movement, complete and irreversible paralysis of such limbs.
- Injury means bodily injury resulting directly from an accident, independent of all other causes, which occurs while you or your dependent(s) have coverage.

5962c NS 05/21 Accident Form Series includes GBD-1000, GBD-1300, or state equivalent.

GROUP LONG TERM DISABILITY INSURANCE

LIMITATIONS AND EXCLUSIONS

GENERAL EXCLUSIONS

- You must be under the regular care of a physician to receive benefits.
- You cannot receive disability insurance benefit payments for disabilities that are caused or contributed to by:
 - War or act of war (declared or not)
 - The commission of, or attempt to commit a felony
 - An intentionally self-inflicted injury
 - Your being engaged in an illegal occupation

PRE-EXISTING CONDITIONS

- Your insurance excludes the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the effective date of your certificate, you will be covered for a disability due to that condition only if:
 - You have not received treatment for your condition for 3 months before the effective date of your insurance, or
 - You have been insured under this coverage for 12 months prior to your disability commencing, so you can receive benefits even if you're receiving treatment, or
 - You have already satisfied the pre-existing condition requirement of your previous insurer

LIMITATIONS

- **Mental Illness and Substance Abuse Limitation.** If you are disabled because of Mental Illness or because of alcoholism or the use of narcotics, sedatives, stimulants, hallucinogens or other similar substance, benefits will be payable for a maximum of 24 months in your lifetime, unless at the end of that 24 months, you are confined to a hospital or other place licensed to provide medical care for your disability.

OFFSETS

- Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as:
 - Social Security disability insurance (please see next section for exceptions)
 - Workers' compensation
 - Other employer-based insurance coverage you may have
 - Unemployment benefits
 - Settlements or judgments for income loss
 - Retirement benefits that your employer fully or partially pays for (such as a pension plan)
- Your benefit payments will not be reduced by certain kinds of other income, such as:
 - Retirement benefits if you were already receiving them before you became disabled
 - Retirement benefits that are funded by your after-tax contributions your personal savings, investments, IRAs or Keoghs profit-sharing
 - Most personal disability policies
 - Social Security cost-of-living increases

This example is for purposes of illustrating the effect of the benefit reductions and is not intended to reflect the situation of a particular claimant under the Policy:

Insured's monthly [Pre-Disability Earnings/Basic Monthly Pay] \$3,000
Long term disability benefits percentage x 60%
Unreduced maximum benefit \$1,800
Less Social Security disability benefit per month - \$900
Less state disability income benefit per month - \$300
Total amount of long term disability benefit per month \$600

THIS POLICY PROVIDES LIMITED BENEFITS.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This Disability policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

5962d NS 05/21 Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

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Premium Worksheet



Rates and/or benefits may be changed on a class basis. Rates are based on the employee's age and increase as you enter each new age category.

SUPPLEMENTAL TERM LIFE INSURANCE												
Monthly Premium Amount (Cost per Pay Period – 12/Year)												
Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.90	\$0.85	\$0.97	\$1.10	\$1.92	\$2.97	\$4.72	\$7.40	\$10.38	\$16.81	\$33.35	\$68.67
\$20,000	\$1.80	\$1.70	\$1.94	\$2.20	\$3.84	\$5.94	\$9.44	\$14.80	\$20.76	\$33.62	\$66.70	\$137.34
\$30,000	\$2.70	\$2.55	\$2.91	\$3.30	\$5.76	\$8.91	\$14.16	\$22.20	\$31.14	\$50.43	\$100.05	\$206.01
\$40,000	\$3.60	\$3.40	\$3.88	\$4.40	\$7.68	\$11.88	\$18.88	\$29.60	\$41.52	\$67.24	\$133.40	\$274.68
\$50,000	\$4.50	\$4.25	\$4.85	\$5.50	\$9.60	\$14.85	\$23.60	\$37.00	\$51.90	\$84.05	\$166.75	\$343.35
\$60,000	\$5.40	\$5.10	\$5.82	\$6.60	\$11.52	\$17.82	\$28.32	\$44.40	\$62.28	\$100.86	\$200.10	\$412.02
\$70,000	\$6.30	\$5.95	\$6.79	\$7.70	\$13.44	\$20.79	\$33.04	\$51.80	\$72.66	\$117.67	\$233.45	\$480.69
\$80,000	\$7.20	\$6.80	\$7.76	\$8.80	\$15.36	\$23.76	\$37.76	\$59.20	\$83.04	\$134.48	\$266.80	\$549.36
\$90,000	\$8.10	\$7.65	\$8.73	\$9.90	\$17.28	\$26.73	\$42.48	\$66.60	\$93.42	\$151.29	\$300.15	\$618.03
\$100,000	\$9.00	\$8.50	\$9.70	\$11.00	\$19.20	\$29.70	\$47.20	\$74.00	\$103.80	\$168.10	\$333.50	\$686.70
\$110,000	\$9.90	\$9.35	\$10.67	\$12.10	\$21.12	\$32.67	\$51.92	\$81.40	\$114.18	\$184.91	\$366.85	\$755.37
\$120,000	\$10.80	\$10.20	\$11.64	\$13.20	\$23.04	\$35.64	\$56.64	\$88.80	\$124.56	\$201.72	\$400.20	\$824.04
\$130,000	\$11.70	\$11.05	\$12.61	\$14.30	\$24.96	\$38.61	\$61.36	\$96.20	\$134.94	\$218.53	\$433.55	\$892.71
\$140,000	\$12.60	\$11.90	\$13.58	\$15.40	\$26.88	\$41.58	\$66.08	\$103.60	\$145.32	\$235.34	\$466.90	\$961.38
\$150,000	\$13.50	\$12.75	\$14.55	\$16.50	\$28.80	\$44.55	\$70.80	\$111.00	\$155.70	\$252.15	\$500.25	\$1,030.05
\$160,000	\$14.40	\$13.60	\$15.52	\$17.60	\$30.72	\$47.52	\$75.52	\$118.40	\$166.08	\$268.96	\$533.60	\$1,098.72
\$170,000	\$15.30	\$14.45	\$16.49	\$18.70	\$32.64	\$50.49	\$80.24	\$125.80	\$176.46	\$285.77	\$566.95	\$1,167.39
\$180,000	\$16.20	\$15.30	\$17.46	\$19.80	\$34.56	\$53.46	\$84.96	\$133.20	\$186.84	\$302.58	\$600.30	\$1,236.06
\$190,000	\$17.10	\$16.15	\$18.43	\$20.90	\$36.48	\$56.43	\$89.68	\$140.60	\$197.22	\$319.39	\$633.65	\$1,304.73
\$200,000	\$18.00	\$17.00	\$19.40	\$22.00	\$38.40	\$59.40	\$94.40	\$148.00	\$207.60	\$336.20	\$667.00	\$1,373.40
\$210,000	\$18.90	\$17.85	\$20.37	\$23.10	\$40.32	\$62.37	\$99.12	\$155.40	\$217.98	\$353.01	\$700.35	\$1,442.07
\$220,000	\$19.80	\$18.70	\$21.34	\$24.20	\$42.24	\$65.34	\$103.84	\$162.80	\$228.36	\$369.82	\$733.70	\$1,510.74
\$230,000	\$20.70	\$19.55	\$22.31	\$25.30	\$44.16	\$68.31	\$108.56	\$170.20	\$238.74	\$386.63	\$767.05	\$1,579.41
\$240,000	\$21.60	\$20.40	\$23.28	\$26.40	\$46.08	\$71.28	\$113.28	\$177.60	\$249.12	\$403.44	\$800.40	\$1,648.08
\$250,000	\$22.50	\$21.25	\$24.25	\$27.50	\$48.00	\$74.25	\$118.00	\$185.00	\$259.50	\$420.25	\$833.75	\$1,716.75
\$260,000	\$23.40	\$22.10	\$25.22	\$28.60	\$49.92	\$77.22	\$122.72	\$192.40	\$269.88	\$437.06	\$867.10	\$1,785.42
\$270,000	\$24.30	\$22.95	\$26.19	\$29.70	\$51.84	\$80.19	\$127.44	\$199.80	\$280.26	\$453.87	\$900.45	\$1,854.09
\$280,000	\$25.20	\$23.80	\$27.16	\$30.80	\$53.76	\$83.16	\$132.16	\$207.20	\$290.64	\$470.68	\$933.80	\$1,922.76
\$290,000	\$26.10	\$24.65	\$28.13	\$31.90	\$55.68	\$86.13	\$136.88	\$214.60	\$301.02	\$487.49	\$967.15	\$1,991.43
\$300,000	\$27.00	\$25.50	\$29.10	\$33.00	\$57.60	\$89.10	\$141.60	\$222.00	\$311.40	\$504.30	\$1,000.50	\$2,060.10

SPOUSE/PARTNER SUPPLEMENTAL TERM LIFE INSURANCE												
Monthly Premium Amount (Cost per Pay Period – 12/Year)												
Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.90	\$0.85	\$0.97	\$1.10	\$1.92	\$2.97	\$4.72	\$7.40	\$10.38	\$16.81	\$33.35	\$68.67
\$20,000	\$1.80	\$1.70	\$1.94	\$2.20	\$3.84	\$5.94	\$9.44	\$14.80	\$20.76	\$33.62	\$66.70	\$137.34
\$30,000	\$2.70	\$2.55	\$2.91	\$3.30	\$5.76	\$8.91	\$14.16	\$22.20	\$31.14	\$50.43	\$100.05	\$206.01
\$40,000	\$3.60	\$3.40	\$3.88	\$4.40	\$7.68	\$11.88	\$18.88	\$29.60	\$41.52	\$67.24	\$133.40	\$274.68
\$50,000	\$4.50	\$4.25	\$4.85	\$5.50	\$9.60	\$14.85	\$23.60	\$37.00	\$51.90	\$84.05	\$166.75	\$343.35
\$60,000	\$5.40	\$5.10	\$5.82	\$6.60	\$11.52	\$17.82	\$28.32	\$44.40	\$62.28	\$100.86	\$200.10	\$412.02
\$70,000	\$6.30	\$5.95	\$6.79	\$7.70	\$13.44	\$20.79	\$33.04	\$51.80	\$72.66	\$117.67	\$233.45	\$480.69
\$80,000	\$7.20	\$6.80	\$7.76	\$8.80	\$15.36	\$23.76	\$37.76	\$59.20	\$83.04	\$134.48	\$266.80	\$549.36
\$90,000	\$8.10	\$7.65	\$8.73	\$9.90	\$17.28	\$26.73	\$42.48	\$66.60	\$93.42	\$151.29	\$300.15	\$618.03

\$100,000	\$9.00	\$8.50	\$9.70	\$11.00	\$19.20	\$29.70	\$47.20	\$74.00	\$103.80	\$168.10	\$333.50	\$686.70
\$110,000	\$9.90	\$9.35	\$10.67	\$12.10	\$21.12	\$32.67	\$51.92	\$81.40	\$114.18	\$184.91	\$366.85	\$755.37
\$120,000	\$10.80	\$10.20	\$11.64	\$13.20	\$23.04	\$35.64	\$56.64	\$88.80	\$124.56	\$201.72	\$400.20	\$824.04
\$130,000	\$11.70	\$11.05	\$12.61	\$14.30	\$24.96	\$38.61	\$61.36	\$96.20	\$134.94	\$218.53	\$433.55	\$892.71
\$140,000	\$12.60	\$11.90	\$13.58	\$15.40	\$26.88	\$41.58	\$66.08	\$103.60	\$145.32	\$235.34	\$466.90	\$961.38
\$150,000	\$13.50	\$12.75	\$14.55	\$16.50	\$28.80	\$44.55	\$70.80	\$111.00	\$155.70	\$252.15	\$500.25	\$1,030.05
\$160,000	\$14.40	\$13.60	\$15.52	\$17.60	\$30.72	\$47.52	\$75.52	\$118.40	\$166.08	\$268.96	\$533.60	\$1,098.72
\$170,000	\$15.30	\$14.45	\$16.49	\$18.70	\$32.64	\$50.49	\$80.24	\$125.80	\$176.46	\$285.77	\$566.95	\$1,167.39
\$180,000	\$16.20	\$15.30	\$17.46	\$19.80	\$34.56	\$53.46	\$84.96	\$133.20	\$186.84	\$302.58	\$600.30	\$1,236.06
\$190,000	\$17.10	\$16.15	\$18.43	\$20.90	\$36.48	\$56.43	\$89.68	\$140.60	\$197.22	\$319.39	\$633.65	\$1,304.73
\$200,000	\$18.00	\$17.00	\$19.40	\$22.00	\$38.40	\$59.40	\$94.40	\$148.00	\$207.60	\$336.20	\$667.00	\$1,373.40
\$210,000	\$18.90	\$17.85	\$20.37	\$23.10	\$40.32	\$62.37	\$99.12	\$155.40	\$217.98	\$353.01	\$700.35	\$1,442.07
\$220,000	\$19.80	\$18.70	\$21.34	\$24.20	\$42.24	\$65.34	\$103.84	\$162.80	\$228.36	\$369.82	\$733.70	\$1,510.74
\$230,000	\$20.70	\$19.55	\$22.31	\$25.30	\$44.16	\$68.31	\$108.56	\$170.20	\$238.74	\$386.63	\$767.05	\$1,579.41
\$240,000	\$21.60	\$20.40	\$23.28	\$26.40	\$46.08	\$71.28	\$113.28	\$177.60	\$249.12	\$403.44	\$800.40	\$1,648.08
\$250,000	\$22.50	\$21.25	\$24.25	\$27.50	\$48.00	\$74.25	\$118.00	\$185.00	\$259.50	\$420.25	\$833.75	\$1,716.75

CHILD(REN) SUPPLEMENTAL TERM LIFE INSURANCE	
Monthly Premium Amount (Cost per Pay Period – 12/Year)	
Benefit Amount	Cost For All Children
\$10,000	\$1.60

5962a NS 07/21 Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE							
Monthly Premium Amount (Cost per Pay Period – 12/Year)							
Benefit Amount	Premium Amount	Benefit Amount	Premium Amount	Benefit Amount	Premium Amount	Benefit Amount	Premium Amount
\$10,000	\$0.43	\$90,000	\$3.87	\$170,000	\$7.31	\$250,000	\$10.75
\$20,000	\$0.86	\$100,000	\$4.30	\$180,000	\$7.74	\$260,000	\$11.18
\$30,000	\$1.29	\$110,000	\$4.73	\$190,000	\$8.17	\$270,000	\$11.61
\$40,000	\$1.72	\$120,000	\$5.16	\$200,000	\$8.60	\$280,000	\$12.04
\$50,000	\$2.15	\$130,000	\$5.59	\$210,000	\$9.03	\$290,000	\$12.47
\$60,000	\$2.58	\$140,000	\$6.02	\$220,000	\$9.46	\$300,000	\$12.90
\$70,000	\$3.01	\$150,000	\$6.45	\$230,000	\$9.89		
\$80,000	\$3.44	\$160,000	\$6.88	\$240,000	\$10.32		

SPOUSE/PARTNER VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE							
Monthly Premium Amount (Cost per Pay Period – 12/Year)							
Benefit Amount	Premium Amount	Benefit Amount	Premium Amount	Benefit Amount	Premium Amount	Benefit Amount	Premium Amount
\$10,000	\$0.43	\$80,000	\$3.44	\$150,000	\$6.45	\$220,000	\$9.46
\$20,000	\$0.86	\$90,000	\$3.87	\$160,000	\$6.88	\$230,000	\$9.89
\$30,000	\$1.29	\$100,000	\$4.30	\$170,000	\$7.31	\$240,000	\$10.32
\$40,000	\$1.72	\$110,000	\$4.73	\$180,000	\$7.74	\$250,000	\$10.75
\$50,000	\$2.15	\$120,000	\$5.16	\$190,000	\$8.17		
\$60,000	\$2.58	\$130,000	\$5.59	\$200,000	\$8.60		
\$70,000	\$3.01	\$140,000	\$6.02	\$210,000	\$9.03		

CHILD(REN) VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE	
Monthly Premium Amount (Cost per Pay Period – 12/Year)	
Benefit Amount	Cost For All Children
\$10,000	\$0.60

5962a NS 07/21 Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

Long Term Disability

GROUP LONG-TERM DISABILITY INSURANCE BENEFIT HIGHLIGHTS



More than 1 in 4 adults in the U.S. has some type of disability.¹

CITY OF ROSEBURG

A disability can happen to anyone. Long-term disability insurance helps protect your paycheck if you're unable to work for a long period of time after a serious condition, injury or sickness.



To learn more about Long-Term Disability insurance, visit thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

BENEFIT PERCENTAGE (PERCENT OF YOUR EARNINGS)	MAXIMUM	MINIMUM (BASED ON MONTHLY INCOME LOSS BEFORE THE DEDUCTION OF OTHER INCOME BENEFITS)	BENEFIT STARTS (ELIMINATION PERIOD)	BENEFIT DURATION
60%	\$5,000	The greater of \$100 or 10% of the benefit	After 90 days disabled	Disabled before: Age 63 Benefit duration: As long as you are disabled Benefit duration maximum: The greater of your Social Security Normal Retirement Age or 4 years

PREMIUMS

Your employer pays 100% of the premium for your coverage.²

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full time employee, police, management or fire management employee, excluding line firefighters and HAZMAT employees, who works at least 20 hours per week on a regularly scheduled basis.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your health.

This coverage is subject to a pre-existing condition exclusion. Please refer to the Limitations & Exclusions sheet provided with this benefit highlights sheet for more information on limitations and exclusions, such as pre-existing conditions.

WHEN CAN I ENROLL?

Your employer will automatically enroll you for this coverage.

WHEN DOES THIS INSURANCE BEGIN?

This insurance will become effective on the date you become eligible. You must be actively at work with your employer on the day your coverage takes effect.

WHEN DOES THIS INSURANCE END?

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you leave your employer, or the coverage is no longer offered.

WHAT DOES IT MEAN TO BE DISABLED?

Disability is defined in The Hartford's certificate with your employer. Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical condition covered by the insurance, and as a result, your current monthly earnings are less than 80% of your pre-disability earnings. Once you have been disabled for 2 years following the

elimination period, you must be prevented from performing one or more of the essential duties of any occupation and as a result, your current monthly earnings are less than or equal to 60% of your pre-disability earnings.

Pre-disability earnings are defined in your policy.

¹Center for Disease Control and Prevention "Disability Impacts All of Us," September 2020: <https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html>, as viewed on 10/14/2020.

²Rates and/or benefits may be changed on a class basis.

The Buck's Got Your Back®

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The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.



TRAVEL ASSISTANCE & ID THEFT PROTECTION SERVICES

TRAVEL ASSISTANCE

If you are covered by your employer's group policy from The Hartford and you need pre-trip information, emergency medical assistance or personal assistance services while traveling, contact Generali Global Assistance.

Have a serious medical emergency? Please obtain emergency medical services first (contact the local "911"), and then contact Generali Global Assistance to alert them to your situation.

Call: **800-243-6108** | Fax: **202-331-1528**
Collect from other locations: **202-828-5885**

WHAT TO HAVE READY:

- Your employer's name
- Phone number where you can be reached
- Nature of the problem
- Travel Assistance Identification Number: **GLD-09012**
- Your Policy No. # _____
(Policy Number can be obtained through your Human Resources department.)

 Snap a photo with a mobile device to capture information above.

EVEN THE BEST PLANNED TRIPS CAN BE FULL OF SURPRISES

The best laid travel plans can go awry, leaving you vulnerable and, possibly, unable to communicate your needs. When the unexpected happens far from home, it's important to know whom to call for assistance.

If you are covered under a group policy with The Hartford, you and your family may have access to Travel Assistance Services provided by Generali Global Assistance.¹

With a local presence in 200 countries and territories around the world, and numerous 24/7 assistance centers, they are available to help you anytime, anywhere.

GOOD TO GO: MULTILINGUAL ASSISTANCE 24/7

Whether you're traveling for business or pleasure, Travel Assistance services are available when you're more than 100 miles from home for 90 days or less.^{2,3} As long as you contact Generali Global Assistance at the time of need, you could be approved for up to \$1 million in covered services.⁴

SERVICES FROM HERE TO THERE

Travel Assistance begins even before you embark, with pre-trip information, and continues throughout your trip. See the list of services in the chart on the back of this page.

IDENTITY THEFT ASSISTANCE - AT HOME AND WHILE TRAVELING

The 2019 Identity Fraud Study, released by Javelin Strategy & Research, found that 3.3 million identity fraud victims in 2018 were responsible for some of the liability of the fraud committed against them, nearly three times as many as in 2016. Moreover, these victims' out-of-pocket fraud costs more than doubled from 2016 to 2018 to \$1.7 billion.⁵ Generali Global Assistance helps protect you and your family from its consequences 24/7,² at home and when you travel. In addition to prevention education, this service provides advice and help with administrative tasks resulting from identity theft.

EMERGENCY MEDICAL ASSISTANCE³

- Medical referrals
- Medical monitoring
- Medical evacuation
- Repatriation
- Traveling companion assistance
- Dependent children assistance
- Visit by a family member or friend
- Emergency medical payments
- Return of mortal remains

PRE-TRIP INFORMATION

- Visa and passport requirements
- Inoculation and immunization requirements
- Foreign exchange rates
- Embassy and consular referrals

EMERGENCY PERSONAL SERVICES⁷

- Medication and eyeglass prescription assistance
- Emergency travel arrangements⁶
- Emergency cash⁶
- Locating lost items
- Bail advancement

IDENTITY THEFT ASSISTANCE

- Prevention Services
 - Education
 - Identity Theft Resolution Kit
- Detection Services
 - Fraud alert to three credit bureaus
- Resolution Guidance and Assistance
 - Credit information review
 - ID Theft Affidavit Assistance
 - Card replacement
- Personal Services
 - Translation
 - Emergency cash advance*

TO CONTACT IDENTITY THEFT ASSISTANCE

Call: **800-243-6108**
Listen for the Identity Theft option

Fax: **202-331-1528**

Collect from other locations:
202-828-5885

* Cash advance available when theft occurs 100 miles or more from your primary residence. Must be secured by a valid credit card.

Check with your benefits manager for more information on **Travel Assistance & ID Theft Protection**



Business Insurance
Employee Benefits
Auto
Home

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¹ Travel Assistance and Identity Theft services are provided by Generali Global Assistance (GGA). Generali Global Assistance is not affiliated with The Hartford. Generali Global Assistance may modify or terminate all or any part of the service at any time without prior notice. None of the benefits provided to you by Generali Global Assistance as a part of the Travel Assistance and Identity Theft service are insurance. This brochure, the Travel Assistance and Identity Theft service Terms and Conditions of Use, and the Identity Theft Resolution Kit constitute your benefit materials and contain the terms, conditions, and limitations relating to your benefits. These services may not be used for business or commercial purposes or by any person other than the individual insured under The Hartford's group insurance policy. The Hartford is not responsible and assumes no liability for the goods and services described in these materials and reserves the right to discontinue any of these services at any time. Services may not be available in all states. Visit <https://www.TheHartford.com/employee-benefits/value-added-services> for more information.

² Coverage includes spouse (or domestic partner) and dependent children under age 26.

³ Services are available in every country of the world. Depending on the current political situation in the country to which you are traveling, GGA may experience difficulties providing assistance, which may result in delays or even the inability to render certain services. It is your responsibility to inquire, prior to departure, whether assistance service is available in the countries where you are traveling.

⁴ The Combined Single Limit (CSL), or amount of money available to the insured under the Travel Assistance Program, is \$1 million. One service or a combination of the services may exceed the CSL. The insured is responsible for payment of any expenses that exceed the CSL. Note: Certain Accidental Death and Dismemberment programs may offer different CSLs. Please consult with your Human Resources Manager for more details.

⁵ Insurance Information Institute, www.iii.org/fact-statistic/identity-theft-and-cybercrime, viewed on 7/6/2020.

⁶ You must be at least 100 miles from home and have available credit on a designated bank card. Emergency cash is charged as a cash advance, and emergency airline tickets are charged as a purchase to your credit card account and are all subject to that account's finance rates.

⁷ Generali Global Assistance provides the described personal services to you in an emergency, but you are personally responsible for the cost of air fare not approved as medically necessary by the attending physician; food, hotel and car expenses; and attorney fees. Emergency cash advances and bail advancement require your personal satisfactory guarantee of reimbursement provided through a valid credit card.

DISCLAIMER: Service Exclusions and Limitations: Generali Global Assistance (GGA) services are eligible for payment or reimbursement by GGA only if GGA was contacted at the time of the services and arranged and/or pre-approved the services. Certain terms, conditions and exclusions apply; for further information refer to the website listed or call GGA at the number provided.

GETTING SUPPORT SHOULD BE EASY

EXTRAS THAT SUPPORT AND ASSIST

For access over the phone,
simply call toll-free

800-96-HELPS
(800-964-3577)

Visit guidanceresources.com
to access hundreds of personal
health topics and resources for
child care, elder care, attorneys
or financial planners.

If you're a first-time user, click
on the **Register** tab.

1. In the Organization Web ID
field, enter: **HLF902**
2. In the Company Name field
at the bottom of
personalization page enter:
ABILI
3. After selecting "**Ability
Assist program**", create
your own confidential user
name and password.



Snap a photo with a mobile device
to capture information above.

For employees covered under a fully insured Group policy or Leave Management services with The Hartford.

Life presents complex challenges. If the unexpected happens, you should have simple solutions to help cope with the stress and life changes that may result. That's why The Hartford Ability Assist® Counseling Services, offered by ComPsych®,¹ can play such an important role. Our straightforward approach takes the complexity out of benefits when life throws you a curve.

COMPASSIONATE SOLUTIONS FOR COMMON CHALLENGES

From everyday issues like job pressures, relationships and retirement planning to highly impactful issues like grief, loss, or a disability, Ability Assist is your resource for professional support.

You and your family, including spouse and dependents can access Ability Assist at any time, as long as you are covered under a fully insured Group policy or Leave Management Services with The Hartford.

SERVICE FEATURES

The service includes up to three face-to-face emotional counseling sessions per occurrence per year. This means you and your family members won't have to share visits. You can each get counseling help for your own unique needs. Work-life services and counseling for your legal, financial, medical and benefit-related concerns are also available by phone.

ABILITY ASSIST COUNSELING SERVICES

Emotional or Work-Life Counseling

Helps address stress, relationship or other personal issues you or your dependents may face. It is staffed by GuidanceExpertsSM – highly trained master’s-level clinicians – who listen to concerns and quickly make referrals to in-person counseling or other valuable resources. Situations may include:

- Job pressures
- Relationship/marital conflicts
- Stress, anxiety and depression
- Work/school disagreements
- Substance abuse
- Child and elder care referral services

Financial Information and Resources

Provides unlimited telephonic support for the complicated financial decisions you or your dependents may face. Speak by phone with a Certified Public Accountant and Certified Financial Planners on a wide range of financial issues. Topics may include:

- Managing a budget
- Retirement
- Getting out of debt
- Tax questions
- Saving for college

Legal Support and Resources

Offers unlimited telephonic assistance if legal uncertainties arise. Talk to an attorney by phone about the issues that are important to you or your dependents. If you require representation, you’ll be referred to a qualified attorney in your area with a 25% reduction in customary legal fees thereafter. Topics may include:

- Debt and bankruptcy
- Guardianship
- Buying a home
- Power of attorney
- Divorce

Health and Benefit Services

HealthChampionSM is a service that supports you through all aspects of your health care issues.² HealthChampion is staffed by both administrative and clinical experts who understand the nuances of any given health care concern. Situations may include:

- One-on-one review of your health concerns
- Preparation for upcoming doctor’s visits/lab work/tests/surgeries
- Answers regarding diagnosis and treatment options
- Coordination with appropriate health care plan provider(s)
- An easy-to-understand explanation of your benefits—what’s covered and what’s not
- Cost estimation for covered/non-covered treatment
- Guidance on claims and billing issues
- Fee/payment plan negotiation

Check with your benefits manager for more information on **Ability Assist Counseling Services**



Business Insurance
Employee Benefits
Auto
Home

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¹ Ability Assist® and HealthChampion® are offered through The Hartford by ComPsych® Corporation. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Services may vary and may not be available in all states. Visit [TheHartford.com/employee-benefits/value-added-services](https://www.TheHartford.com/employee-benefits/value-added-services) for more information.

² HealthChampion® specialists are only available during business hours. Inquiries outside of this timeframe can either request a call-back the next day or schedule an appointment.

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Employee Assistance Program



Digitally Enabled EAP with Self-Guided Mental Health & Work-Life Services

Life presents us with challenges at work and at home on a daily basis. You do not have to face these challenges alone, even if you're far away.

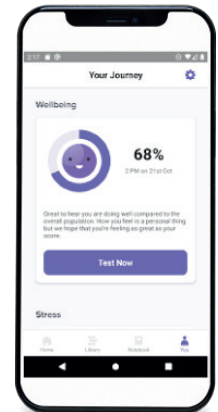
We Are Here to Help

EAP benefits are available to all employees and their families at NO COST to you. The EAP offers confidential advice, support, and practical solutions to real-life issues. You can access these confidential services by calling the toll-free number and speaking with our care team, or accessing online.

Digitally Enabled Employee Assistance Program (EAP)

Our program is designed to help reduce stress and keep you healthy.

- Bite-sized training is available from your desktop or mobile app.
- Access is confidential. Take the assessment and check your wellbeing score.
- Get your own personalized recommendations for self-guided CBT.
- Skills training to develop your resilience, stress management, and mental fitness.
- Visit uprisehealth.com/members to get started.
- Create an account with your email and the access code:



Services for Employees & Families

Confidential Counseling

Up to face-to-face, video or telephonic counseling sessions for relationship and family issues, stress, anxiety, and other common challenges.

24-hour Crisis Help

Toll-free access for you or a family member experiencing a crisis.

Online Peer Support Groups

Online support groups for addiction recovery, anxiety, depression, frontline workers, grief and loss, parenting, and more.

Tess, AI Chat-bot

24/7 chatbot for emotional support and check-ins to boost wellness.

Your EAP provides a wide range of work-life services to help you manage a variety of challenges

Financial Help

30-days of access with a personal money coach who will work with the member toward financial wellness by identifying financial goals, assessing current financial situation, and providing a suggested detailed action plan.

Legal Services

One 30-minute legal consultation per each separate legal matter at no cost, 25% reduction from the normal hourly rate if member retains attorney or mediator.

Online Legal Forms

Create, save, print, and revise online legal forms including wills, contracts, leases, and many more.

Child & Parenting Services

Get information and support on parenting, school issues, adoption, daycare, and other important issues for parents.

Adult & Eldercare Services

Get assistance in finding quality information and services including transportation, meals, activities, daytime care, housing, and more.

Webinars & Trainings

Industry experts will present monthly work-life webinars on a variety of topics.

EAP Services & Support for Supervisors

Managing people can be challenging. All supervisors have fast access to phone consultations and trainings about the EAP and management topics:

- Critical incidents
- Drug-free workplace
- Making employee referrals
- Organizational development
- Education and training
- Conflicts in the workplace

We Are Here to Help

Phone:

Website: uprisehealth.com/members

Access Code:

MASA



EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home.

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they DO NOT!

Even after insurance payments for emergency transportation, you could receive a bill up to \$5,000 for ground ambulance and as high as \$70,000 for air ambulance. The financial burdens for medical transportation costs are very real.



HOW MASA IS DIFFERENT

Across the US there are thousands of ground ambulance providers and hundreds of air ambulance carriers. ONLY MASA offers comprehensive coverage since MASA is a PAYER and not a PROVIDER!

ONLY MASA provides over 1.6 million members with coverage for **BOTH ground ambulance and air ambulance transport, REGARDLESS of which provider transports them.**

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

Additionally, MASA provides a repatriation benefit: if a member is hospitalized more than 100 miles from home, MASA can arrange and pay to have them transported to a hospital closer to their place of residence.



Any Ground. Any Air. Anywhere.™

OUR BENEFITS

Benefit*	Platinum \$39/Month	Emergent Plus \$14/Month	Emergent Ground \$9/Month
Emergent Ground Transportation	U.S./Canada	U.S./Canada	U.S./Canada
Emergent Air Transportation	U.S./Canada	U.S./Canada	
Non-Emergent Air Transportation	Worldwide	U.S./Canada	
Repatriation	Worldwide	U.S./Canada	
Escort Transportation	Worldwide		
Mortal Remains Transportation	Worldwide		
Visitor Transportation	BCA*		
Minor Children/Grandchildren Return	BCA*		
Vehicle Return	BCA*		
Pet Return	BCA*		
Organ Retrieval	U.S./Canada		
Organ Recipient Transportation	U.S./Canada		

* Please refer to the MSA for a detailed explanation of benefits and eligibility.

** Basic Coverage Area (BCA) includes U.S., Canada, Mexico, and Caribbean (excluding Cuba).



A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the entire family
- NO deductibles
- NO health questions
- Easy claim process

For more information, please contact Rich Allm, WHA Insurance

541.284.5853 | rallm@whainsurance.com

EVERY FAMILY DESERVES A MASA MEMBERSHIP

Any Ground, Any Air, Anywhere.

- Eligibility is now available to you and your employees
- One comprehensive membership
- Coverage in U.S. and Canada
- Covers out-of-pocket costs for ANY emergency medical air and ground transportation
- Covers repatriation/recuperation. If a member is hospitalized while away from home, MASA Emergent Plus will fly them home to recuperate in familiar surroundings
- Coverage regardless of company providing emergency medical transport
- Peace-of-mind coverage for employees their spouses/domestic partners and dependents up to age 26
- No health questions, age limits, claim forms or deductibles
- For as low as \$14 a month



Emergencies can happen to anyone, any time, and anywhere. Are you prepared?

RICH ALLM ● **WHA INSURANCE**
541.284.5853 ● rallm@whainsurance.com

The information in this Benefits Resource Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Resource Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

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