



Oregon Episcopal School

2019 EMPLOYEE BENEFITS GUIDE





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2019 Open Enrollment

Welcome to Open Enrollment for 2019!

Oregon Episcopal School is pleased to offer a comprehensive program of group benefits to help maintain the health and well-being of you and your eligible family members. Our benefit plan objectives are to provide you with benefits for maintaining good health and financial protection in the event of a disability or death. The ability to continue these benefit programs is a partnership between Oregon Episcopal School and our employees. With the double-digit rate of healthcare inflation, we must use our benefits wisely.

This guide is a brief overview of your benefit plans, the enrollment process and timelines. More detailed descriptions of benefits eligibility, waiting periods, and benefits are contained in your Summary Plan Descriptions (SPDs), which are your benefit booklets and group certificates. You'll find these on our benefits website and in the HR Office.

Plan Highlights

- Medical/Rx - We will continue to offer three plan options through Providence with no changes.
- Health Reimbursement Arrangement (HRA) - For those enrolled in the Providence Value Personal Option, there are no changes to the HRA account.
- Health Savings Account (HSA) - For those enrolled in the Providence HSA plan, the OES monthly contribution to the HSA will increase to \$170.
- Dental - We will continue to offer three plan options. No changes.
- Vision - The vision plan will continue to be offered through Vision Service Plan (VSP).
- Life/AD&D, Voluntary Life/AD&D and Long Term Disability (LTD) - We will continue to offer these plans through Sun Life with no plan changes.
- Voluntary Long Term Care (LTC) - This plan will continue to be offered through Transamerica with no changes.
- Flexible Spending Account (FSA) - The annual maximum for the Full Healthcare FSA will continue to be \$2,650. The annual maximum for the Limited Healthcare Reimbursement Account will also be \$2,650 and is available for employees enrolling in the HSA medical plan. The Dependent Care FSA maximum will remain at \$5,000.
- Employee Assistance Program (EAP) - This plan will continue to be offered through Cascade Centers with no changes.

Important Dates:

All Staff Meeting:
October 15th
3:15 pm

Benefits Fair:
October 16th
11:00 am -
4:00 pm
Fariss Hall

Questions?

Contact:

Veena Iyengar
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iyengarve@oes.edu



Eligibility

All regular employees who work 1000 or more hours during a calendar year and faculty working at least and half-time are eligible for the health insurance plans. Coverage begins on the first day of the month following the date of hire. If hired on the first of the month, the insurance benefits will be effective that day. You may elect medical, vision, and/or dental coverage for yourself and dependents including your legal spouse, domestic partner or dependent children under the age of 26.

Annual Open Enrollment

1. Open Enrollment occurs annually. Open enrollment allows you to enroll or make changes such as add or delete dependents to your current benefits. Those changes or additions are effective January 1.
2. All employees will need to complete the Open Enrollment process through ADP, by **November 15, 2018**, even if you are waiving coverage. After you complete the ADP process, you may be asked to complete additional information based on your enrollment decisions.
3. To participate in the Health Equity Flexible Spending Account (FSA) and Health Savings Account (HSA) in 2019, you must complete your enrollment through the ADP portal by **November 15, 2018**.

General Enrollment Information

- When a life-changing event occurs (marriage, divorce, birth, etc.), you can make a mid-year change to your current benefit elections without waiting for the annual open enrollment period.
- Enrollment changes can only be made within 31 days of the qualifying event and must be consistent with the change in status. After the 31-day timeframe, you are only able to change your elections during the annual open enrollment period.



Benefit Glossary

The following definitions should help you understand your benefit plans. Remember, you have access to In-Network and Out-of-Network providers. Our Medical, Dental and Vision network providers have contracted rates that can be much lower than Out-of-Network providers. Your out of pocket expense may be lower by using In-Network providers.

Preferred Provider Organization (PPO) - A network of providers that has agreed to contracted rates with the insurance carrier. A PPO plan pays claims from In-Network and Out-of-Network providers. Members may see reduced out of pocket costs when utilizing In-Network providers.

Health Reimbursement Arrangement (HRA) - A plan used to administer reimbursements on qualified medical expenses that apply towards the deductible. The reimbursements are funded by the employer.

Health Savings Account (HSA) - A tax-free savings account that is owned by the employee. It can be used to pay for insurance deductibles and qualified out-of-pocket medical expenses. Deposits into the HSA can be made by the employee and employer. If adult children (non-tax dependent) are enrolled on the HSA plan, they may need to set up their own HSA.

Calendar Year Deductible (CYD) - The amount you pay before co-insurance is paid. You only need to meet your deductible once per calendar year.

Out-of-Pocket-Maximum - The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

Co-Insurance - The percentage of cost-sharing between what you and the insurance company must pay, after any applicable deductible has been met.

Co-pay - The set dollar amount that you must pay to a provider when services are rendered.

Outpatient - A patient who receives treatment at a hospital or outpatient facility without being admitted overnight.

Provider - Any facility, person, or entity recognized for payment by the insurance company.

Usual, Customary and Reasonable (UCR) - The determined going rate for like services in the same area. The insurance companies co-insurance percentage that they pay is taken from the UCR amount for that service. You are responsible for your co-insurance percentage plus all of the amount that exceeds UCR. UCR is used only when services are provided by an Out-of-Network provider.



Your 2019 Monthly Benefit Plan Costs:

75% TO 100% FULL-TIME EMPLOYEES				
Plan Selected	Employee	Employee + Spouse	Employee + Family	Employee + Child(ren)
Providence Option Advantage B	\$36.90	\$644.72	\$1,027.91	\$530.90
Providence Value Personal Option	\$32.54	\$461.93	\$784.81	\$366.03
Providence HSA Plan	\$27.43	\$479.32	\$764.20	\$394.69
Kaiser Dental	\$3.71	\$59.38	\$115.04	\$48.24
Willamette Dental	\$2.28	\$34.87	\$69.11	\$36.56
Delta Dental	\$2.97	\$47.47	\$101.08	\$63.07
VSP Vision	\$0.37	\$3.72	\$9.47	\$3.90

50% TO 74% PART-TIME EMPLOYEES				
Plan Selected	Employee	Employee + Spouse	Employee + Family	Employee + Child(ren)
Providence Option Advantage B	\$147.60	\$958.02	\$1,468.95	\$806.26
Providence Value Personal Option	\$130.18	\$844.93	\$1,295.55	\$711.09
Providence HSA Plan	\$109.73	\$712.24	\$1,092.09	\$599.41
Kaiser Dental	\$14.84	\$89.06	\$163.28	\$74.21
Willamette Dental	\$9.13	\$52.58	\$98.23	\$54.83
Delta Dental	\$11.87	\$71.21	\$142.68	\$92.01
VSP Vision	\$1.48	\$5.94	\$13.61	\$6.18



Medical and Prescription Drug Coverage

For 2019, OES is offering the following medical, prescription drug, and alternative care plans through Providence.

Please see page 4 for the 2019 employee contributions. The following is a brief summary of the medical plans. For more detailed information, please refer to your Providence Handbook.

BENEFITS	PROVIDENCE VALUE PERSONAL OPTION	PROVIDENCE OPTION ADVANTAGE B	PROVIDENCE HSA [^]
Provider Network	Participating Providers Only	In Network / Out of Network	In Network / Out of Network
Lifetime Maximum	None	None	None
Calendar Year Deductible	\$500 Individual* \$1,000 Family*	None / \$250 Individual None / \$500 Family	\$1,500 Individual \$3,000 Family
Out of Pocket Maximum**	\$2,000 Individual* \$4,000 Family* (Deductible, Copays, Coinsurance and Prescription Drug out-of-pocket costs all accumulate towards the out-of-pocket maximum)	\$1,500 Individual \$3,000 Family (Deductible, Copays, Coinsurance and Prescription Drug out-of-pocket costs all accumulate towards the out-of-pocket maximum)	\$3,000 Individual \$6,000 Family (Deductible, Coinsurance and Prescription Drug out-of-pocket costs all accumulate towards the out-of-pocket maximum)
Doctor Office Visits			
Primary Care/Specialist	Primary Care: \$15 Specialist: \$25	\$10 / 30% (no ded)	20% / 40%
Phone and Video Visits with Primary Care Provider, or, Providence ExpressCare Retail Health Clinics	\$0	\$0 / Not covered	\$0 / Not covered
Preventive Care	\$0	\$0 / 30% (no ded)	\$0 / 40%
Maternity Care: Pre-natal care Delivery and post-natal Inpatient hospital/facility Routine newborn nursery care	\$0 \$150 delivery (no ded) 30% 30% (no ded)	\$0 / 30% \$100 delivery (no ded) / 30% 20% / 30% 20% (no ded) / 30%	20% / 40%
Inpatient Hospital Visits	30%	20% / 30%	20% / 40%
Lab/X-Ray and Imaging	30% (no ded)	20% / 30%	20% / 40%
Durable Medical Equipment	30%	20% / 30%	20% / 40%
Hospitalization			
Inpatient	30%	20% / 30%	20% / 40%
Outpatient Surgery	30%	20% / 30%	20% / 40%
Emergency Room	\$250 (no ded)	\$250 (no ded) / \$250 (no ded)	20% / 20%
Urgent Care	\$15	\$10 / 30% (no ded)	20% / 40%
Prescription Drug Co-pay			
Preferred Generic	\$15	\$15	20% / Not covered
Non-Preferred Generic	\$15	\$15	20% / Not covered
Preferred Brand	\$30	\$30	20% / Not covered
Non-Preferred Brand	\$30	\$30	20% / Not covered
Speciality	\$30	\$30	50% (not to exceed \$200) / Not covered
Mail Order	2 copays for 90 day supply	2 copays for 90 day supply	20% / Not covered
Alternative Care			
Spinal Manipulation, Acupuncture and Massage Therapy	\$15, \$1,500 Annual Maximum	\$15, \$1,500 Annual Maximum	\$25 (after ded) to \$500 max

* Deductible and out-of-pocket maximum after qualified credit of \$500 per member through Health Reimbursement Arrangement.

** Premiums, penalties, copays or coinsurance for supplemental benefits, services not covered and fees above UCR are not included in the Out of Pocket Maximum. Even though you pay these expenses, they don't count toward the out-of-pocket limit.

[^] Please note, with the exception of preventive care, all services under the HSA plan are subject to deductible.



Health Reimbursement Arrangement (HRA) - Health Equity For OES employees enrolled on the Providence Value Personal Option

OES has a HRA in place to offset the deductible costs on our Providence Value Personal Option medical plan.

Here's how it works:

- Each employee enrolled on the Value Personal Option plan has an arrangement through the HSA that will reimburse up to \$500 for each employee and up to \$1,000 maximum per family.
- You are responsible for the first \$500 of deductible expenses on the Value Personal Option plan per enrolled individual:
 - Any deductible expenses from \$501 - \$1,000 will be paid directly to your provider by Health Equity.

Eligible expenses include deductible expenses associated with the Value Personal Option medical plan. Copays and coinsurance are NOT eligible expenses.

- Funds run according to the plan year (January 1st – December 31st).
- Unused HRA dollars do not roll over from year to year.

Health Savings Account (HSA) - Health Equity For OES employees enrolled on the Providence HSA Plan

Eligible employees who elect the HSA medical coverage will have a HSA automatically set up through Health Equity. A HSA can be used to pay for health care costs not covered by the Providence HSA qualified health plan. **OES will make a monthly contribution of \$170** on behalf of all employees enrolled in this plan. If you currently have a HSA elsewhere, you can rollover your current HSA balance to Health Equity, if you wish. To do this please complete an HSA Rollover form and send to your previous bank as soon as possible.

To be eligible to open and contribute to a HSA you must be:

1. Enrolled in the Providence HSA qualified plan.
2. Not covered by any other health plan or insurance except those identified by the IRS. (Possibly including military, tribal, medivac - Please check with your tax advisor if you have any questions.)
3. Not enrolled in Medicare.
4. Not claimed as a dependent on another individual's tax return.
5. Not enrolled in a "Full" Health Flexible Spending Account (FSA). This includes a spouse's traditional Flex Plan.
6. You have not received Veterans Administration (VA) benefits within the past three months.

In addition to OES' contribution to your HSA, employees may make pre-tax payroll contributions up to the IRS maximums. The funds accumulated in your HSA are owned by you and are portable should you cease to be employed by OES. If you have single HSA coverage and are under the age of 55, you may (but are not required to) contribute up to **\$1,460** into your HSA for 2019. If you have family HSA coverage and are under the age of 55, you may (but are not required to) contribute up to **\$4,960** into your HSA for 2019. Please note total contributions (employee plus employer) cannot exceed **\$3,500** for employees under age 55 with single HSA or **\$7,000** for employees under age 55 with family HSA coverage for 2019 (not counting rollover amounts). An additional catch up contribution of **\$1,000** applies if you are over 55 years of age.



Dental Benefits

OES offers dental plans through Kaiser, Willamette Dental and Delta Dental of Oregon. The Delta Dental plan offers a choice of in- and out-of-network providers. Kaiser and Willamette Dental require that you use providers from their network in order for benefits to be covered. Please see page 4 for the 2019 employee contributions. The following is a brief summary of the dental plans. For more detailed information, please refer to your Benefit Summary.

BENEFITS	KAISER	WILLAMETTE DENTAL	DELTA DENTAL
Provider Network	Kaiser Only	Willamette Dental Only	All Dentists, except for Kaiser
Annual Deductible	\$50 per person \$150 per family	None	\$50 per person \$150 per family
Annual Maximum	None	None	\$1,000 per person
Services			
Office Visit Copay	\$10	\$15	None
Diagnostic/Preventive Services			
Exams, cleanings, x-ray	100% deductible waived	100%	100% deductible waived*
Basic/Restorative Services			
Fillings and simple extractions	100% after deductible	Copay varies, based on service	80% after deductible**
Major Services			
Oral Surgery, crowns, and dentures	80% after deductible	Copay varies, based on service	50% after deductible**
Orthodontia Coverage			
(Lifetime Maximum) No waiting period	50% to \$3,000 for subscribers under 18 years of age. Member copay required	\$2,700 Member Copay Required	Not covered

*Preventive services will not accumulate towards your annual maximum of \$1,000.

**UCR is set at 90th Percentile.



VSP Vision Program

OES offers vision coverage through Vision Service Plan (VSP). This plan offers coverage for both in-network and out-of-network providers. You are automatically enrolled in VSP when you elect medical coverage; however you may elect vision coverage only. Please see page 4 for the 2019 employee contributions. The following is a brief summary of the vision plan. For more detailed information, please refer to your VSP Benefits Summary.

Please note, no ID card is required; your name and social security number are the identification used to access benefits.

COVERAGE	VSP PROVIDERS	NON-VSP PROVIDERS
Exam		
Once every 12 months	\$10 copay, then covered in full	Reimbursed up to \$43
Frames		
Every 24 months	Covered up to \$140 allowance; Covered up to \$160 allowance for featured frame brands	Reimbursed up to \$70
Lenses (Standard uncoated plastic)		
Single Vision (every 12 months)	\$25 copay, then covered in full	Reimbursed up to \$30
Lined Bifocal (every 12 months)	\$25 copay, then covered in full	Reimbursed up to \$50
Lined Trifocal (every 12 months)	\$25 copay, then covered in full	Reimbursed up to \$65
Contact Lenses		
In lieu of frames and lenses, every 12 months	Up to \$60 copay for fitting and evaluation, the covered up to \$140 allowance	Reimbursed up to \$105
All other Materials		
Non-Rx Sunglasses, Accessories, Etc.	Discounts available	



Group Life Insurance and AD&D - Sun Life

Group Term Life Benefits: This plan pays your beneficiary a specified benefit in the event of your death. Employees are covered at 1 x your annual earnings, to a maximum of \$200,000. OES pays 100% of the cost of this benefit.

AD&D Benefits: This plan pays a benefit to your specified beneficiary in the event of your death from an accidental injury or a benefit to you in the event of your dismemberment from an accidental injury. You are covered at 1 x your annual earnings to a maximum of \$200,000. OES pays 100% of the cost for this benefit.

Supplemental (Voluntary) Life Insurance and AD&D - Sun Life

Voluntary Life Insurance: This plan allows you to elect coverage for yourself and your dependent family members. You may elect up to 5 x your annual earnings to a maximum of \$500,000 in \$10,000 increments. If you enroll during your initial eligibility period, no medical questions will be asked until your coverage exceeds \$110,000. If you enroll after your initial eligibility period, you will need to complete an application and medical questionnaire and receive approval from Sun Life for coverage requested. Likewise, your spouse or domestic partner may elect up to 100% of your amount, in \$5,000 increments. No medical questions are asked until coverage exceeds \$25,000 if enrolling during the employee's initial eligibility period. Dependent children are also eligible for up to \$10,000 of coverage in \$2,000 increments.

Voluntary AD&D: This plan allows you to elect coverage for yourself and your dependent family members. AD&D is completely stand alone to the Optional Life. The employees can elect VAD&D even if they have not elected Optional Life, or can elect a different amount of VAD&D than their Optional Life election. You may elect up to 5 x your annual earnings to a maximum of \$500,000 in \$10,000 increments. Likewise, your spouse or domestic partner may elect up to 100% of your amount, in \$5,000 increments. Dependent children are also eligible for up to \$10,000 of coverage in \$2,000 increments.

Voluntary Long Term Care (LTC) - Transamerica

Voluntary LTC: This plan allows all employees the chance to enroll during the annual enrollment period, typically in May. If you are a new employee, you will be able to take advantage of the simplified enrollment forms; otherwise full medical underwriting will apply. Unlike traditional health insurance, long-term care insurance is designed to cover long-term services and support, including personal and custodial care in a variety of settings such as your home, a community organization, or other facility. Long-term care insurance policies reimburse policyholders a daily amount (up to a pre-selected limit) for services to assist them with activities of daily living such as bathing, dressing, or eating. You can select a range of care options and benefits that allow you to get the services you need, where you need them. For more information on this benefit, please contact HR.

Long Term Disability - Sun Life

If you are disabled by an injury or illness, our LTD plan provides income benefits as long as you are physician-certified as disabled, or until retirement age, whichever is earlier. A monthly benefit of 60% of monthly salary to a maximum of \$3,000 is payable after a 90-day waiting period. All employees are required to pay for their own disability coverage, but the benefits will be tax-free. Employee Paid Premium is 0.265% of monthly earnings to a maximum coverage of \$3,000 monthly.

Example: Salary is \$3,000/month = LTD premium of \$7.95/month

Assist America - Global Travel Services

OES provides you and your dependents with Assist America's Global Travel Services. Additional information is available at www.assistamerica.com. Coverage is in effect during all personal, vacation and business travel, domestic and international, as long as you are at least 100 miles from home. Unlike most travel policies, there are no dollar limitations in place for most of the following services:

- Medical Consultation, Evaluation & Referral
- Hospital Admission Guarantee
- Emergency Medical Evacuation
- Critical Care Monitoring
- Medically Supervised Repatriation
- Prescription Assistance
- Emergency Message Transmission
- Transportation to Join a Patient
- Care for Minor Children
- Return of Mortal Remains
- Lost Luggage or Document Assistance
- Interpreter & Legal Referral
- Pre-Trip Information



Flexible Spending Account (FSA) - Health Equity

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

The Internal Revenue Service allows FSAs as a means to provide a tax break to employees and their dependents. As an employee, you agree to set aside a portion of your pre-tax salary in an account, and that money is deducted from your paycheck over the course of the year. The amount you contribute to the FSA is not subject to Social Security (FICA), federal, state, or local income taxes - effectively adjusting your annual taxable salary. The taxes you pay each paycheck and collectively each plan year can be reduced significantly, depending on your tax bracket. As a result of the personal tax savings you realize, your spendable income will increase.

How do FSAs Work?

Your premiums will automatically be deducted pre-tax unless you elect otherwise. If you decide to enroll in the Health Care FSA or Dependent Care FSA, your contributions are taken out of each paycheck - before taxes - in equal installments throughout the plan year. These dollars are placed into your FSA into separate accounts (Health Care/Dependent Care). When you have an eligible health care expense, you can use your FSA debit card to pay for these expenses. In many cases, this automatic service may eliminate the need to file claims for reimbursement.

The Health Care FSA reimburses you for the full amount of your annual election (less any reimbursement already received), at any time during the plan year, regardless of the amount actually in your account. The Dependent Care FSA only reimburses you for the amount that is in your account at the time you make a claim.

Is an FSA Right for Me?

FSAs are beneficial for anyone who has out-of-pocket medical, dental, vision, hearing or dependent care expenses beyond what his or her insurance plan covers. At enrollment time, you will need to determine your plan year contribution amount. Estimate the expenses that you know you will incur during the year. These include out-of-pocket expenses for yourself and anyone claimed as a dependent on your taxes. If you have \$100 or more in recurring or predictable expenses, an FSA can help you stretch your dollars.

Please keep in mind, that once you have enrolled in the plan, you cannot change the amount elected. If you experience a life event change during the plan year such as marriage, divorce, birth or adoption of a child, or a spouse/domestic partner losing or gaining other coverage, you could qualify to make changes to your benefit plans. You are required to notify HR within 31 days of the date of the event to make benefit plan changes. Failure to notify HR within 31 days may disqualify you and require you to wait until the next open enrollment to make plan changes.



Limited Health Care FSA - For Employees Participating in the OES HSA Medical Plan

Employees enrolled in the Providence HSA medical plan and participating in the Health Savings Account are only eligible to participate in the Limited Health Care Reimbursement Plan. Employees can elect to contribute pretax amounts to pay for unreimbursed Dental and Vision expenses up to the maximum annual amount of \$2,650.

Full Health Care FSA - For Employees not Enrolled in the OES HSA Medical Plan or any other HSA Qualified Plan

This account enables you to use pre-tax dollars to pay for certain IRS-approved unreimbursed health related expenses. An example of these health related expenses are deductibles, copays and coinsurance. The maximum contribution to this account is \$2,650 annually.

It is important that you carefully and conservatively determine how much to annually contribute to your FSA because:

- You must incur expenses during the plan year. The plan year for this benefit is January 1, 2019 - December 31, 2019.
- You cannot change your annual contribution amount during the plan year except for certain changes in your family status.

\$500 Carryover Provision for Limited and Full Health Care FSA

The plan year for the Health Care FSA is January 1, 2019 - December 31, 2019. If you do have remaining funds in your FSA account on December 31st, OES has a **\$500 carry over provision for our Section 125 plan. If you have any unused dollars at the end of the plan year (December 31, 2019), you will be able to carry over up to \$500 to be used between January 1 - December 31, 2020.**

Dependent Care FSA

This account enables you to use pre-tax dollars toward qualified dependent care. The annual maximum amount you may contribute to the Dependent Care FSA per plan year is \$5,000 or \$2,500 if married but filing taxes separately.

Eligible expenses

If you elect to contribute to the Dependent Care FSA, you may be reimbursed for:

- The cost of a 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)

For these services to be eligible, they must be for the care of a tax-dependent child under age 13 who lives with you, or a tax-dependent parent, spouse or child who lives with you and is incapable of caring for himself or herself. The care must be needed so that you and your spouse can go to work. Care must be given during normal working hours - Saturday night babysitting does not qualify - and cannot be provided by another of your dependents.

The same rules regarding changes in enrollment for the Healthcare Spending Account apply to this plan.

Flexible Spending Debit Card: If you enroll in either the Healthcare FSA or Dependent Care FSA, you and your spouse are eligible for a flexible spending debit card. The debit card can be used to pay for out-of-pocket costs for eligible medical, dental, and vision expenses for you and your qualifying dependents. Although using the debit card can limit the number of receipts that you may need to submit to Health Equity, Health Equity may still require submission of receipts on certain claims. It is always good to keep your receipts in a safe place.

You must re-enroll each year in the dependent care and healthcare spending accounts. Your share of dependent medical and dental premiums will be automatically deducted pre-tax, unless you elect otherwise.



Employee Assistance Program (EAP) 1-800-433-2320

OES makes available to you and your family the confidential services of Cascade Centers EAP. Trained counselors will work with you or your family members on personal relationships, workplace issues, substance abuse, emotional/mental health issues, wellness concerns and other problems. OES pays 100% for these benefits, including:

- Up to five face-to-face EAP counseling sessions per issue per family unit per contract year from licensed EAP professional counselors.
- 24/7 Crisis Hot Line
- Identity Theft Services: Employees and family members receive unlimited phone consultation for identity theft recovery, support, and prevention.
- Cascade Personal Wellness Program: Wellness coaches offer support, information and referrals as needed and provide phone and email access for help in dealing with the following issues:
 - o fitness and exercise
 - o weight management
 - o stress reduction
 - o smoking cessation
 - o sports performance
 - o life balance
 - o chronic conditions.
- Wellness tip sheets and other education materials are available to support you and your family members who wish to make changes in health behaviors.
- Health Risk Assessment (HRA). This can be accessed through the following websites: www.wellcall.com, or, www.cascadecenters.com. Cascade Centers can also be reached at (503) 639-3009. To use this service, employees and dependents must initially create an account using the company password "OES". They will then be able to set up a user name and password of their own choosing.

Meal Program

During the academic year, employees enjoy one free meal during the work day, courtesy of OES.

Extension Program

Extension Program Employees with children enrolled in the Lower School and Middle School may use the Extension Program Services for their children as follows:

1. In Lower School, the first eight hours of drop-in home base per month per child is at no charge during the academic year. Please provide 24 hours of notice. Unused hours are not bankable. In the cases of two parents who work at OES, this benefit is per child rather than per parent.
2. The Middle School Extension Drop-in Program is at no charge this year.
3. Employees receive 20% off after school classes. After school class discounts are automatically applied by the Extension Office. If the employee receives financial aid, the benefit will be increased to a 50% discount automatically applied by the Extension Office. Private lessons do not apply.
4. Employees receive 20% off summer classes. Summer class discounts should be applied by employees during the registration process by using the "Employee Waiver Code" spreadsheet and directions. Summer financial aid opportunities and procedure will be announced each year. Private lessons do not apply.

Contact the Extension Program at extension@oes.edu for more information.

Matching Retirement Plan VALIC

OES offers a 403(b) retirement plan with a generous employer match through VALIC. The School contributes 7.5% when you contribute at least 5% of your gross monthly income to the plan and 4% when you contribute at least 2.5%.

Regular employees who have completed one hour of service and work at least 1000 hours per calendar year are eligible for enrollment in the plan.

Investment advisors Cecile Nguyen (Cecile.Nguyen@valic.com) and Bob Davee (Bob.Davee@valic.com) can help you enroll anytime online at www.VALIC.com.



Paid Leave Benefits

Please refer to **Employee Handbook** for more information.

Bereavement Leave – 5 working days for immediate family

Jury Duty – Paid time off to fulfill jury duty obligations

Holidays – Recognized holidays are paid if it is your scheduled work day

Sick Leave – Full Time Faculty: 10 days per year Full Time Staff: 12 days per year

Sick Leave is Pro-Rated for Eligible Part-Time Employees

Personal Days – Two days per year (July-June)

Vacation – Year Round Staff Only Full-Time 1st Year 10 days per year

Vacation is Pro-rated for Eligible Part-Time Employees

Extended Sick Leave – Provides 50% salary under specific conditions

Sabbatical Leave – Faculty Only, up to 12 weeks after 15 years service

Parental Leave - Up to 2 weeks paid leave for eligible employees

Contacts

If you have questions, contact the appropriate entity or person listed in the following directory.

BENEFITS CONTACT INFORMATION			
Benefit	Provider/Contact	Phone	Email/Website
Human Resources	Veena Iyengar	(503) 416-9482	iyengarve@oes.edu
	Tammy Stotik	(503) 416-9382	stotikt@oes.edu
Health	Providence Health	(503) 574-7500	www.providence.org/healthplans
Dental	Willamette Dental	(503) 952-2000	www.willamettedental.com
	Kaiser Permanente	(503) 813-2000	www.kaiserpermanente.org
	Delta Dental	(877) 277-7280	www.modahealth.com
Vision	VSP	(800) 877-7195	www.vsp.com
Life, AD&D, Long Term Disability	Sun Life	(800) SUN-LIFE (786-5433)	www.sunlife.com
Long Term Care	Transamerica	(800) 338-0257	www.transamerica.com
HSA / HRA Administrator, Flexible Spending Account (FSA)	Health Equity	(877) 694-3942	www.healthequity.com
Retirement	Cecile Nguyen Bob Davee	(503) 867-3736 (971) 219-0235	Cecile.Nguyen@valic.com Bob.Davee@valic.com
EAP/Wellness	Cascade Centers	(503) 639-3009	www.cascadecenters.com
Global Travel Services	Assist America	(800) 304-4585	www.assistamerica.com
OES Benefits Website (Enrollment Forms and Documents)	Veena Iyengar	(503) 416-9482	www.oes.edu/contacts/employment.html
Benefits Questions	benefits@oes.edu		



Special Enrollment Rights

If you are declining enrollment for yourself or your dependents due to other coverage, you may be able to enroll later if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards it) if you request enrollment within 31 days. If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may also be able to enroll later if you request enrollment within 31 days of the event. To request special enrollment or obtain more information about your Special Enrollment Rights, contact HR. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan. There are also other ways of proving you have creditable coverage. Please contact Human Resources if you need help demonstrating creditable coverage.

Privacy Policy

You are entitled to receive an explanation of how your personally identifiable health information will be used and disclosed. For example, a physician or hospital is required to provide you with a Notice of Privacy Practices at your first visit. You will be required to sign an acknowledgement indicating that you received the Notice of Privacy Practices. If you have health insurance coverage, the insurance company or health plan will also provide you with a Notice of Privacy Practices immediately after you are enrolled in the plan. It is important that you read the Notice of Privacy Practices in order to understand your rights and know who to contact if you feel your privacy rights have been violated. Contact Human Resources for a copy of our health plans' Notice of Privacy Practices.

Women's Health and Cancer Rights Act

Your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema).

Medicare Part D Credibility

Our health plan's prescription drug benefit is creditable with Medicare Part D drug benefits. "Creditable" means our prescription drug benefits are as good, or better, than Medicare Part D benefits. This is important information that will help Medicare eligible individuals decide whether or not to enroll in Medicare Part D benefits. Not enrolling in Medicare Part D when initially eligible will result in a significant premium penalty unless the individual can show he/she had creditable group prescription drug benefits.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2018. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563

<p align="center">KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/ombp/nhhpp/ Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999</p>
<p align="center">KENTUCKY – Medicaid</p> <p>Website: https://chfs.ky.gov Phone: 1-800-635-2570</p>	<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p align="center">LOUISIANA – Medicaid</p> <p>Website: http://dhhs.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100</p>
<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>
<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p align="center">OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>
<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>	<p align="center">PENNSYLVANIA – Medicaid</p> <p>Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462</p>
<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178</p>	<p align="center">RHODE ISLAND – Medicaid</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347</p>
<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: https://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>

SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 12/31/2019)

Important Notice from Oregon Episcopal School Group Health Plan About Your Prescription Drug Coverage and Medicare

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

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

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Oregon Episcopal School Group Health Plan has determined that the prescription drug coverage offered is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

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

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

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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

If you decide to join a Medicare drug plan, your current Oregon Episcopal School Group Health Plan coverage may or may not be affected.

If you do decide to join a Medicare drug plan and drop your current Oregon Episcopal School Group Health Plan coverage, be aware that you and your dependents may or may not be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with Oregon Episcopal School and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

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

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

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date: October 1, 2018
Name of Entity/Sender: Oregon Episcopal School / Human Resources
Address: 6300 SW Nicol Road, Portland, OR 97223
Phone Number: 503-416-9382

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

NOTICE OF PRIVACY PRACTICES

**Oregon Episcopal School
6300 SW Nicol Road
Portland, OR 97223**

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

This Notice of Privacy Practices (the "Notice") describes the legal obligations of Oregon Episcopal School (the "Plan") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "Protected Health Information". Generally, PHI is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearing house, a health plan, your employer on behalf of the group health plan from which it is possible to individually identify you and that relates to

- (i) your past, present, or future physical or mental health or condition;
- (ii) the provision of health care to you; or
- (iii) the past, present, or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please see the contact information at the bottom of this notice.

EFFECTIVE DATE

This Notice is effective October 1, 2018.

OUR RESPONSIBILITIES

We are required by law to:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to protected health information;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and make the new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make a material change to this Notice, we will provide you with a copy of our revised Notice of Practices.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

PRIMARY USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment**

We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.

- **Payment**

We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

- **For Health Care Operations**

We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

- **Treatment Alternatives or Health-Related Benefits and Services**

We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

- **To Business Associates**

We may contract with individuals and entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide the services, our Business Associates will receive, create, maintain, transmit, use, and/or disclose protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, subrogation, or pharmacy benefit management, but only after the Business Associate enters into a Business Associate contract with us.

As Required by Law. We will disclose your protected health information when required to do so by federal, state, or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

- **To Avert a Serious Threat to Health or Safety**

We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

- **To Plan Sponsors**

For the purpose of administering the plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

SPECIAL SITUATIONS

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information without your specific authorization. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **Organ and Tissue Donation**

If you are an organ donor, we may release your protected health information after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

- **Military**

If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

- **Workers' Compensation**

We may release your protected health information for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

- **Public Health Activities**

We may disclose your protected health information for public health activities. These activities generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

- **Health Oversight Activities**

We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

- **Law Enforcement**

We may disclose your protected health information if asked to do so by a law enforcement official.

- in response to a court order, subpoena, warrant, summons, or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstance, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct; and
- about criminal conduct;

- **Coroners, Medical Examiners and Funeral Directors**

We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.

- **National Security and Intelligence Activities**

We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- **Inmates**

If you are an inmate of a correctional institution or are in the custody of law enforcement official, we may disclose your protected health information to the correctional institution or law-enforcement official if necessary (1) for the institution to provide you health care; (2) to protect your health and safety and the health and safety of others; or (3) for the safety and security of the correctional institution.

- **Research**

We may disclose your protected health information to researchers when:

- the individual identifiers have been removed; or
- when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

REQUIRED DISCLOSURES

The following is a description of disclosures of your protected health information we are required to make.

- **Government Audits**

We are required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rule.

- **Disclosures to You**

When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We also are required to provide, upon your request, an accounting of most disclosures of your protected health information that are for reasons other than payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

- **Personal Representatives**

We will disclose your protected health information to individuals authorized by your, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- (1) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or
- (2) treating such person as your personal representative could endanger you; and
- (3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

YOUR RIGHTS

You have the following rights with respect to your protected health information:

- **Right to Inspect and Copy**

You have the right to inspect and copy certain protected health information that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

To inspect and copy your protected health information, you must submit your request in writing to please see the contact information at the bottom of this notice. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the contact located at the bottom of this notice.

- **Right to Amend**

If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend your information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to the contact at the bottom of this notice. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

- **Right to an Accounting of Disclosures**

You have a right to an “accounting” of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the contact at the bottom of this notice. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

- **Right to Request Restrictions**

You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

To request restrictions, you must make your request in writing to the contact at the bottom of this notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply – for example, disclosures to your spouse.

- **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the contact at the bottom of this notice. We will not ask you the reason for our request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

- **Right to Be Notified of a Breach**

You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

- **Right to Receive a Paper Copy of This Notice**

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice please see the contact information at the bottom of this notice.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact.

**Oregon Episcopal School
Attn: Human Resources Department
6300 SW Nicol Road
Portland, OR 97223
503-416-9382**

All complaints must be submitted in writing.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.