

SOUTH LANE SCHOOL DISTRICT 45J3

455 Adams Avenue / PO Box 218 / Cottage Grove, OR. 97424 541-942-3381 / Fax 541-942-8886 / hr@slane.k12.or.us

Insurance: Open Enrollment Information

August 15th, 2023 - September 8th, 2023

August 1st, 2023

Dear South Lane Staff,

The time for insurance enrollment is almost here!

OPEN ENROLLMENT IS MANDATORY FOR ALL BENEFIT-ELIGIBLE STAFF MEMBERS, whether you are a new staff member, sticking with the same plan as last year, **or opting out** of insurance coverage.

If you fail to complete open enrollment, you will be opted into MODA Plan 6 to ensure you have medical coverage. MODA Plan 6 is our high-deductible, low-cost plan.

Open enrollment begins Tuesday, August 15th, 2023 and will run through Friday, September 8th, 2023 at 11:59 pm. All benefit-eligible employees must log in to their OEBB account and make selections for the new school year.

To log in to your OEBB portal, follow the link below. You can also register for a new account or reset your password on this page.

https://myoebb.org/oebb/!pb.main

The following is a list of resources available to you should you need assistance choosing a plan:

- OEBB Resources including a Virtual Benefits Fair and Open Enrollment Webinar on August 17th 10am 12pm: https://www.oregon.gov/oha/OEBB/Pages/index.aspx
- MODA 360 Help Navigator Team: This is enhanced customer service support specifically for OEBB members. If you have questions about MODA, they have answers.
 - Call: 866-923-0409 or email: oebbquestions@modahealth.com.
- KAISER PERMANENTE Pre-enrollment Support: Speak with a representative and have your questions about Kaiser Permanente answered before you enroll.

Call: 1-877-580-6125

- *Virtual One-to-One Appointments:* <u>https://www.signupgenius.com/go/20f0f49ada72dabff2-kaiser5#/</u> Language interpretation services are available.
- In-Person Benefits Booths: The Human Resources Team will be hosting benefits booths at Cottage Grove High School with representatives from MODA, OEBB, and KAISER PERMANENTE to answer any questions you may have.

Wednesday, August 16th - 9 am to 4 pm
 Tuesday, September 5th - 9 am to 4 pm
 Cottage Grove High School Lobby

American Fidelity has optional, supplemental coverage for your consideration.

The enrollment period for American Fidelity closes on Thursday, August 31st.

Faith Perry, our American Fidelity representative will be at the South Lane School District office the week of August 14th – 18th, from 9 am to 4 pm. Virtual appointments will be made available in August upon request.

Email: faith.perry@americanfidelity.com

Phone: 503-718-7040

Summary of Health Insurance Plans for the 2023-2024 Benefit Year

Starting with the 2023-2024 benefit year South Lane is offering Kaiser Permanente plans 1, 2A, 2B, and 3, **in addition to** our standard MODA plans 2, 3, 4, and 6.

Kaiser is available at the resources above to answer questions about what service to Cottage Grove residents looks like and how transitioning to Kaiser benefits might or might not be best for your specific needs.

Kaiser Plans

Kaiser Permanente works on the premise of coordinated care. Your care team, from doctor to dentist to ophthalmologist work together to give you complete care. Kaiser has partnered with PeaceHealth for many services including doctors, specialists, and hospital care.

KAISER PERMANENTE Plan 1 - \$0 Deductible Plan. \$0/\$20/\$35 copay for various services. Out-of-network services are not covered.

KAISER PERMANENTE Plan 2A - \$800 Deductible Plan. \$0/\$30/\$45 copay for various services. Out-of-network services are not covered.

KAISER PERMANENTE Plan 2B - \$1200 Deductible Plan. \$0/\$25/\$40 co-pay for many services. Members pay 20% after deductible is met for specialized services ie; inpatient mental health treatment, hospitalization, etc. Out-of-network services are not covered.

KAISER PERMANENTE Plan 3 - \$1600 Deductible Plan. \$0 routine adult, well-child, and women's exams. Members pay 20% for most services after the deductible is met. Out-of-network services are not covered.

Kaiser **Dental** and Kaiser **Vision** are available.

MODA Plans

MODA Plan 2 - \$800/\$900 Deductible Plan. \$15/\$20/\$40 copay for various professional services if you take advantage of the PCP 360 coordinated care option. The deductible for services under the coordinated care plan is \$800 per individual. If you do not wish to participate in the coordinated care, your deductible will be \$900 per individual and you will not have copays but will pay a percentage of the total charge for services after your deductible is met. Benefits for physicians, considered out-of-network, are paid at only 50% and have a \$1600 separate deductible.

MODA Plan 3- \$1200/\$1300 Deductible Plan. \$20/\$25/\$50 copay for various professional services if you take advantage of the PCP 360 coordinated care option. The deductible for services under the coordinated care plan is \$1200 per individual. If you do not wish to participate in the coordinated care, your deductible will be \$1300 per individual and you will not have copays but will pay a percentage of the total charge for services after your deductible is met. Benefits for physicians, considered out-of-network, are paid at only 50% and have a \$2400 separate deductible.

MODA Plan 4 -\$1600/\$1700 Deductible. \$20/\$25/\$50 copay for various professional services if you take advantage of the PCP 360 coordinated care option. The deductible for services under the coordinated care plan is \$1600 per individual. If you do not wish to participate in the coordinated care, your deductible will be \$1700 per individual and you will not have copays but will pay a percentage of the total charge for services after your deductible is met. Benefits for physicians, considered out-of-network, are paid at only 50% and have a \$3200 separate deductible.

MODA Plan 6 -\$1600/\$1700 Individual/\$3400 Family Deductible. This plan is the high deductible HSA compatible plan choice. The district will continue to make a \$1250 contribution to employee's HSA as an incentive for this plan. In order to remain in compliance with the IRS guidelines, this plan is not allowed to offer copays for the

majority of services. This year the plan does include a lower percentage to pay out of pocket, after deductible, for those who are willing to use the PCP 360 coordinated care option.

South Lane also offers the Quartz Vision plan and MODA Dental Premier Plan 5 as part of our benefits package.

If you have any questions throughout this process, please feel free to reach out to the Finance Office or Human Resources and we will be happy to support you. We can't wait to see you as we prepare for the start of the new school year!

Your Human Resources Team

hr@slane.k12.or.us

Reta Doland, Director of Human Resources:

541-767-3585

Department Administrator

Aurora Lamore, Human Resource Technician:

541-767-3586

Coordination, Planning, and Administration of a major portion of the Human Resource Management System, Onboarding and Support for Licensed Staff, Frontline Evaluations, etc.

Nicole Hayter, Human Resource Specialist - Classified:

541-767-3578

Data Maintenance, Onboarding and Support for Classified Staff, Frontline Administration, PublicWorks Training Administration, etc.

Becki Howell, Human Resource Specialist - Benefits:

541-767-3573

Employee Benefits and Leave Administration, Retirement, etc.

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American Fidelity - New Career, New Choices (Supplemental Insurance)

Welcome to OEBB! What new hires need to know

Congratulations and welcome to OEBB!

This guide highlights special rules and opportunities available to OEBB members within their first 31 days of benefits eligibility. Used in combination with the current plan year's Open Enrollment Guide and Plan Comparisons (available online at www.OEBBplandocs.com) and the premium costs provided to you by your employer, you should be well-prepared to make the best benefit decisions for your family.

12-Month Waiting Period if You Delay Enrolling in Dental

Your initial enrollment period as a new hire is your opportunity to enroll in dental coverage and receive full benefits from day one. If you decline dental coverage for yourself or an eligible dependent during your first 31 days of eligibility, then choose to enroll during a future Open Enrollment period, you or your dependent will be considered a "late enrollee" and will be subject to a 12-month waiting period on all dental plans, meaning only diagnostic and preventive care (cleanings, x-rays, and exams) will be covered for the first 12 months of coverage. Be sure you understand and accept the consequences if you're considering delaying enrollment in dental coverage.

Optional Employee Life Plans

As a newly eligible employee in your initial enrollment period, you can choose optional employee coverage with benefit values ranging from \$10,000 to \$500,000, in increments of

\$10,000. Rates are age-graded based on your age as of each October 1st, with a guarantee issue (GI) level (amount available without providing evidence of insurability) of \$200,000, if selected when first eligible.

If you enroll in at least \$10,000 of Optional Employee Life insurance, you can elect up to an additional \$20,000 at each annual enrollment (without providing evidence of insurability) until you reach the \$200,000 GI level.

Optional Spouse/Domestic Partner Life Plans

Optional Spouse/Partner Life has a guarantee issue enrollment amount of up to \$30,000 without your spouse/partner needing to submit a medical history to The Standard Insurance Company underwriting for approval.

Getting Ready to Enroll

To make the enrollment process as smooth and simple as possible, review the tips below and gather any information you may need before you begin. Not all items will be required for all members.

The MyOEBB Plan Selection Process

Some employers require new hires to enroll with a paper form, while others require you to enroll online.

If enrolling online, you will need to create an account in the MyOEBB enrollment system (www.OEBBenroll.com).

Make sure your computer settings are compatible. The site is best viewed if you have:

- Screen resolution set at 1024*768
- · Pop-ups enabled
- Full size computer or laptop (some functionality may not be available on a tablet or smartphone)

To create your MyOEBB User Name and Password you will need your:

- First and last name as it appears on your paycheck
- Date of birth
- One of the following ID numbers:
 - Social Security Number
 - E Number (OEBB Benefits ID Number that begins with the letter "E")

Other Information or Documents You May Need

- Birth dates and Social Security Numbers of eligible family members you want to cover on your plans
- Available Plan Choices for healthcare benefits and optional plans (obtain this information from your employer)
- Domestic Partner Affidavit Form (if covering a non-registered domestic partner)
- Other group coverage information (if applicable)

Additional Online Resources

You can find all the information available about your benefits on the OEBB website (www.OEBBinfo.com) including links to:

- The MyOEBB enrollment system (www.OEBBenroll.com)
- Watch short, entertaining videos online at www.oregon.gov/oha/oebb/pages/videos.aspx explaining important topics like:
- ✓ Health Insurance 101. Explains terms like "deductible," "out-of-pocket maximum," "copay" and "coinsurance" with tips to help choose the best plan for your needs
- ✓ Enrolling In and Changing Benefits.

 Explains when you can enroll in or change plan elections, QSCs, special opportunities available to new hires, and consequences of waiting to enroll in certain plans
- ✓ Who You Gonna Call? Explains the roles of OEBB, carriers, employers, and providers – who does what, and who can help in various situations
- Watch presentations "on demand" and download handouts anytime you like at www.OEBBondemand.com.

There you'll find detailed information on current medical, dental, and vision plan options; plus information on optional plans like life insurance, AD&D, short-term and long-term disability, long term care, and Employee Assistance Program (EAP) benefits.

If you need additional assistance, OEBB Member Services staff are available by phone or email:

Monday through Friday 8:00 a.m. – 5:00 p.m.

888-4My-OEBB (888-469-6322) OEBB.benefits@state.or.us



New Hire Resources

A guide for employees newly eligible for OEBB benefits.

This guide is a companion to the OEBB Benefits Guide booklet, highlighting specific details unique to those in their first 31 days of benefits eligibility.

Make your benefit elections within 31 days of your hire date.

This guide includes all plans offered by OEBB. Some members may not have access to all plans referenced in this summary. Your employer can confirm which plans are available to you and how much you will pay in premiums for each option.

Visit the OEBB website at: www.OEBBinfo.com



SOUTH LANE SCHOOL DISTRICT LICENSED/ADMINISTRATORS/SUPERVISORS/CONFIDENTIALS INSURANCE COSTS FOR PLAN YEAR 2023-24 INCLUDES MEDICAL, DENTAL, AND VISION

KAISER PLAN 1 - Full-time Employee Pays 12%						
Total Premium	District Pays	Employee Pays	FTE			
\$1,839.12	\$1,618.43	\$220.69	1.00			
\$1,839.12	\$1,456.58	\$382.54	0.90			
\$1,839.12	\$1,343.29	\$495.83	0.83			
\$1,839.12	\$1,294.74	\$544.38	0.80			
\$1,839.12	\$1,213.82	\$625.30	0.75			
\$1,839.12	\$1,132.90	\$706.22	0.70			
\$1,839.12	\$1,084.35	\$754.77	0.67			
\$1,839.12	\$809.21	\$1,029.91	0.50			

KAISER PLAN 2A - Full-time Employee Pays 12%						
Total Premium	District Pays	Employee Pays	FTE			
\$1,558.47	\$1,371.45	\$187.02	1.00			
\$1,558.47	\$1,234.31	\$324.16	0.90			
\$1,558.47	\$1,138.31	\$420.16	0.83			
\$1,558.47	\$1,097.16	\$461.31	0.80			
\$1,558.47	\$1,028.59	\$529.88	0.75			
\$1,558.47	\$960.02	\$598.45	0.70			
\$1,558.47	\$918.87	\$639.60	0.67			
\$1,558.47	\$685.73	\$872.74	0.50			

KAISER PLAN 2B - Full-time Employee Pays 8%						
Total Premium	District Pays	Employee Pays	FTE			
\$1,515.19	\$1,393.97	\$121.22	1.00			
\$1,515.19	\$1,254.58	\$260.61	0.90			
\$1,515.19	\$1,157.00	\$358.19	0.83			
\$1,515.19	\$1,115.18	\$400.01	0.80			
\$1,515.19	\$1,045.48	\$469.71	0.75			
\$1,515.19	\$975.78	\$539.41	0.70			
\$1,515.19	\$933.96	\$581.23	0.67			
\$1,515.19	\$696.99	\$818.20	0.50			

KAISER PLAN 3 - Full Time Employee Pays 0% \$1250 District Contribution to HSA						
Total Premium District Pays Employee Pays FTE						
\$1,195.72	\$1,195.72	\$0.00	1.00			
\$1,195.72	\$1,076.15	\$119.57	0.90			
\$1,195.72	\$992.45	\$203.27	0.83			
\$1,195.72	\$956.58	\$239.14	0.80			
\$1,195.72	\$896.79	\$298.93	0.75			
\$1,195.72	\$837.00	\$358.72	0.70			
\$1,195.72	\$801.13	\$394.59	0.67			
\$1,195.72	\$597.86	\$597.86	0.50			

Note: Kaiser Dental and Kaiser Vision are optional

SOUTH LANE SCHOOL DISTRICT CLASSIFIED EMPLOYEES INSURANCE COSTS FOR PLAN YEAR 2023-24 INCLUDES MEDICAL, DENTAL, AND VISION

KAISER PLAN 1 - Full-time Employee Pays 14%						
Total Premium	District Pays	Employee Pays 12 Month	Employee Pays 10 Month	Hours	Percent District Pays	
\$1,839.12	\$1,581.64	\$257.48	\$308.97	8.00	100%	
\$1,839.12	\$1,581.64	\$257.48	\$308.97	7.75	100%	
\$1,839.12	\$1,581.64	\$257.48	\$308.97	7.50	100%	
\$1,839.12	\$1,502.56	\$336.56	\$403.87	7.00	95%	
\$1,839.12	\$1,470.93	\$368.19	\$441.83	6.50	93%	
\$1,839.12	\$1,360.21	\$478.91	\$574.69	6.00	86%	
\$1,839.12	\$1,249.50	\$589.62	\$707.55	5.50	79%	
\$1,839.12	\$1,138.78	\$700.34	\$840.40	5.00	72%	
\$1,839.12	\$1,028.07	\$811.05	\$973.26	4.50	65%	
\$1,839.12	\$901.54	\$937.58	\$1,125.10	4.00	57%	

KAISER PLAN 2A - Full-time Employee Pays 14%							
Total Premium	District Pays	Employee Pays 12 Month	Employee Pays 10 Month	Hours	Percent District Pays		
\$1,558.47	\$1,340.28	\$218.19	\$261.82	8.00	100%		
\$1,558.47	\$1,340.28	\$218.19	\$261.82	7.75	100%		
\$1,558.47	\$1,340.28	\$218.19	\$261.82	7.50	100%		
\$1,558.47	\$1,273.27	\$285.20	\$342.24	7.00	95%		
\$1,558.47	\$1,246.46	\$312.01	\$374.41	6.50	93%		
\$1,558.47	\$1,152.64	\$405.83	\$486.99	6.00	86%		
\$1,558.47	\$1,058.82	\$499.65	\$599.57	5.50	79%		
\$1,558.47	\$965.00	\$593.47	\$712.16	5.00	72%		
\$1,558.47	\$871.18	\$687.29	\$824.74	4.50	65%		
\$1,558.47	\$763.96	\$794.51	\$953.41	4.00	57%		

KAISER PLAN 2B - Full-time Employee Pays 10%						
Total Premium	District Pays	Employee Pays 12 Month	Employee Pays 10 Month	Hours	Percent District Pays	
\$1,515.19	\$1,363.67	\$151.52	\$181.82	8.00	100%	
\$1,515.19	\$1,363.67	\$151.52	\$181.82	7.75	100%	
\$1,515.19	\$1,363.67	\$151.52	\$181.82	7.50	100%	
\$1,515.19	\$1,295.49	\$219.70	\$263.64	7.00	95%	
\$1,515.19	\$1,268.21	\$246.98	\$296.37	6.50	93%	
\$1,515.19	\$1,172.76	\$342.43	\$410.92	6.00	86%	
\$1,515.19	\$1,077.30	\$437.89	\$525.47	5.50	79%	
\$1,515.19	\$981.84	\$533.35	\$640.02	5.00	72%	
\$1,515.19	\$886.39	\$628.80	\$754.56	4.50	65%	
\$1,515.19	\$777.29	\$737.90	\$885.48	4.00	57%	

KAISER PLAN 3 - Full-time Employee Pays 0% District pays \$1250 to HSA Account							
Total Premium	District Pays	Employee Pays 12 Month	Employee Pays 10 Month	Hours	Percent District Pays		
\$1,195.72	\$1,195.72	\$0.00	\$0.00	8.00	100%		
\$1,195.72	\$1,195.72	\$0.00	\$0.00	7.75	100%		
\$1,195.72	\$1,195.72	\$0.00	\$0.00	7.50	100%		
\$1,195.72	\$1,135.93	\$59.79	\$71.74	7.00	95%		
\$1,195.72	\$1,112.02	\$83.70	\$100.44	6.50	93%		
\$1,195.72	\$1,028.32	\$167.40	\$200.88	6.00	86%		
\$1,195.72	\$944.62	\$251.10	\$301.32	5.50	79%		
\$1,195.72	\$860.92	\$334.80	\$401.76	5.00	72%		
\$1,195.72	\$777.22	\$418.50	\$502.20	4.50	65%		
\$1,195.72	\$681.56	\$514.16	\$616.99	4.00	57%		

Note: Kaiser Dental and Kaiser Vision are optional



South Lane School District Kaiser Permanente Plans 1 and 2A Plan Year 2023-24

No lifetime maximum on any medical plans.	Medical Plan 1 Kaiser	Permanente Network	Medical Plan	2A Kaiser Permanente
io monno maximam on any moneur piane.	In-Network Member Pays	Out-of-Network Member Pays	In-Network Member Pays	Out-of-Network Member Pa
Deductible per person	None	N/A	\$800	N/A
laximum deductible per family	None	N/A		N/A
·			\$2,400	
out-of-pocket (OOP) maximum per person	\$1,500	N/A	\$4,000	N/A
ut-of-pocket (OOP) maximum per family	\$3,000	N/A	\$12,000	N/A
reventive Care Services				
toutine adult, well-child and women's exams; annual obesity creening & immunizations.	\$0	Not Covered	\$0 [,]	Not Covered
ffice Visits and Virtual Care				
rimary care office visits	\$20	Not Covered	\$25'	Not Covered
irtual Care (Kaiser Plans) / CirrusMD telehealth (Moda Plans)	\$0	Not Covered	\$0 ¹	Not Covered
pecialist office visits	\$30	Not Covered	\$35 ¹	Not Covered
rgent care	\$35	See Plan Handbook	\$40	See Plan Handbook
lental Health and Chemical Dependency Services				
lental health office visits	\$20	Not Covered	\$25	Not Covered
lental health inpatient and residential services	\$100 per day, up to \$500 per	Not Covered	20% after deductible	Not Covered
hemical dependency services (inpatient, outpatient or residential)	\$0	Not Covered	\$0 ¹	Not Covered
chemical dependency services (inpatient)	\$0	Not Covered	\$0·	Not Covered
· · · · · · · · · · · · · · · · · · ·	φυ	NOT COVERED	ψ	1401 COVEIGO
Outpatient Services				
outpatient surgery/facility care	\$75	Not Covered	20% after deductible	Not Covered
outpatient rehabilitation ohysical, occupational & speech therapy)	\$30 per visit	Not Covered	\$35 [,] per visit	Not Covered
iagnostic Testing				
abs, x-ray, and imaging	\$20 per visit	Not Covered	\$25' per visit	Not Covered
T, MRI, PET scans	\$20 per visit	Not Covered	\$25 per visit	Not Covered
Iternative Care Services				
cupuncture and Chiropractic ⁷	\$20 per service	Not Covered	\$25 per service	Not Covered
aturopathic Office Visits	\$20 per service	Not Covered	\$25 per service	Not Covered
laternity Care				
Coutine maternity care	\$0	Not Covered	\$0 ¹	Not Covered
hysician or midwife services & hospital stay, delivery & routine ewborn nursery care	\$100 per day, up to \$500 per admission max	Not Covered	20% after deductible	Not Covered
lospital Services	,			
patient care/surgery	\$100 per day, up to \$500 per admission max	See Plan Handbook	20% after deductible	See Plan Handbook
killed nursing facility care	\$500 per admission max	N/A	20% after deductible	N/A
	ΨΟ	14//1	20 % ditor deddolible	1977
mergency Services				
	¢400i-i+		20% after deductible	
		(waived if admitted)		
mbulance	\$100 per visit \$7			after deductible 100 [,]
mbulance other Covered Services		75	\$	100 ⁻
mbulance ther Covered Services earing aids: \$4,000 maximum benefit every 48 months for adults,				
mbulance ther Covered Services earing aids: \$4,000 maximum benefit every 48 months for adults, ee handbook for State mandated benefit for children	\$1	75	\$	100 ⁻
mbulance ther Covered Services earing aids: \$4,000 maximum benefit every 48 months for adults, ee handbook for State mandated benefit for children urable medical equipment (DME)	10%	Not Covered	10%'	Not Covered
mbulance ther Covered Services earing aids: \$4,000 maximum benefit every 48 months for adults, ee handbook for State mandated benefit for children urable medical equipment (DME) harmacy Services	10%	Not Covered Not Covered	10% ⁻ 20% ⁻	Not Covered
imbulance other Covered Services dearing aids: \$4,000 maximum benefit every 48 months for adults, ee handbook for State mandated benefit for children rurable medical equipment (DME) harmacy Services out-of-pocket (OOP) maximum	10% 20%	Not Covered Not Covered	10% ⁻ 20% ⁻	Not Covered Not Covered
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mbulance ther Covered Services earing aids: \$4,000 maximum benefit every 48 months for adults, ee handbook for State mandated benefit for children urable medical equipment (DME) harmacy Services tut-of-pocket (OOP) maximum etail Value Generic (Kaiser Plans) / Select generic (Moda Plans)	10% 20% \$1100 - Rx max also appl N/A \$5 per 30-day supply	Not Covered Not Covered ies to Medical OOP Max N/A See Plan Handbook	\$ 10%' 20%' \$1100 - Rx max also app N/A \$5 per 30-day supply	Not Covered Not Covered Not Covered Nies to Medical OOP Max N/A See Plan Handbook
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South Lane School District Kaiser Permanente Plans 2B and 3 Plan Year 2023-24

No lifetime maximum on any medical plans.	Medical Plan	2B Kaiser Permanente	Medical Plan 3 Kaise	r Permanente Network
	In-Network Member Pays	Out-of-Network Member Pays	In-Network Member Pays	Out-of-Network Member Pa
Deductible per person	\$1,200	N/A	\$1,600 ²	N/A
laximum deductible per family	\$3,600	N/A	\$3,200 ²	N/A
ut-of-pocket (OOP) maximum per person	\$4,500	N/A	\$6,550 ²	N/A
ut-of-pocket (OOP) maximum per family	\$13,500	N/A	\$13,100	N/A
reventive Care Services	7 1/111		, ,, ,,	
outine adult, well-child and women's exams; annual obesity	\$0 ¹	Not Covered	\$0 ¹	Not Covered
ffice Visits and Virtual Care	·			
rimary care office visits	\$30	Not Covered	20% after deductible	Not Covered
rtual Care (Kaiser Plans) / CirrusMD telehealth (Moda Plans)	\$0 ¹	Not Covered	\$0 after deductible	Not Covered
pecialist office visits	\$40	Not Covered	20% after deductible	Not Covered
rgent care	\$45 ¹	See Plan Handbook	20% after deductible	See Plan Handbook
lental Health and Chemical Dependency Services	ΨΨΟ	occ i iaii i iaiiabook	20 % after deductible	Occ Fight Fight
ental health office visits	\$30 ⁻¹	Not Covered	20% after deductible	Not Covered
ental health inpatient and residential services	20% after deductible	Not Covered	20% after deductible	Not Covered
hemical dependency services (inpatient, outpatient or residential)	\$0 ¹	Not Covered	20% after deductible	Not Covered
hemical dependency services (inpatient)	\$0 ¹	Not Covered	20% after deductible	Not Covered
utpatient Services				
utpatient surgery/facility care	20% after deductible	Not Covered	20% after deductible	Not Covered
utpatient rehabilitation hysical, occupational & speech therapy)	\$40 per visit	Not Covered	20% after deductible	Not Covered
iagnostic Testing				
	¢20. nor visit	Not Covered	20% after deductible	Not Covered
abs, x-ray, and imaging	\$30 per visit	Not Covered		
T, MRI, PET scans	\$30 ¹ per visit	Not Covered	20% after deductible	Not Covered
ternative Care Services				
cupuncture and Chiropractic ⁷	\$30 per service	Not Covered	20% after deductible	Not Covered
aturopathic Office Visits	\$30 per service	Not Covered	20% after deductible	Not Covered
aternity Care				
outine maternity care	\$0 ¹	Not Covered	\$0 ¹	Not Covered
hysician or midwife services & hospital stay, delivery & routine ewborn nursery care	20% after deductible	Not Covered	20% after deductible	Not Covered
ospital Services				
patient care/surgery	20% after deductible	See Plan Handbook	20% after deductible	See Plan Handbook
killed nursing facility care	20% after deductible	N/A	20% after deductible	N/A
mergency Services				
mergency room (copay waived if admitted)	20%	% after deductible	20	% after deductible
mbulance	\$100) _'	20	% after deductible
ther Covered Services				
earing aids: \$4,000 maximum benefit every 48 months for adults, se handbook for State mandated benefit for children	10%¹	Not Covered	20% after deductible	Not Covered
urable medical equipment (DME)	20%	Not Covered	20% after deductible	Not Covered
harmacy Services				1101 2010100
ut-of-pocket (OOP) maximum	\$1100 - Rx max also app	lies to Medical OOP May	Py annlies t	oward plan OOP max
etail	φ1100 - IX IIIaX also app	nies to iviedical OOF iviax	rx applies t	oward plan OOF max
Value	N/A	N/A	\$0 [,]	N/A
		See Plan Handbook	20% after deductible	See Plan Handbook
I - PROFIC (Kaleer Plane) / Select generic (Mode Plane)	\$5 per 30-day supply	See Plan Handbook	20% after deductible	
Generic (Kaiser Plans) / Select generic (Moda Plans)	\$25 per 20 dess			See Plan Handbook
Preferred brand	\$25 per 30-day supply			Coo Digg Handle
	\$25 per 30-day supply \$45 per 30-day supply if criteria met	See Plan Handbook	20% after deductible	See Plan Handbook
Preferred brand Non-preferred brand	\$45 per 30-day supply if			See Plan Handbook
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Preferred brand Non-preferred brand Value Generic (Kaiser plans) / Select generic (Moda Plans) Preferred Brand Non-preferred brand	\$45 per 30-day supply if criteria met N/A \$10 per 90-day supply \$50 per 90-day supply \$90 per 90-day supply if	N/A See Plan Handbook See Plan Handbook	20% after deductible 20% after deductible 20% after deductible	See Plan Handbook See Plan Handbook

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2023-2024 vision benefits summary

2022-2023 vision plan benefits*	Plan 1	Plan 2A	Plan 2B	Plan 3	
Vision exam	\$5	\$5	\$5	20% after deductible	
Hardware allowance – once per plan year					
Frames, lenses, and contact lenses (Up to \$100 of this allowance may be used for nonprescription sunglasses or nonprescription digital eyestrain glasses.)	\$250	\$250	\$250	\$250	
Additional benefits					
Members can return their damaged, broken, conception Plan Members can return their damaged, broken, conception Plan Chewed glasses purchased at Kaiser Permaner Vision Essentials, and we'll apply 50% of the original price paid to replace them.					
Second pair of complete glasses	Save 30% on a second complete set of eyeglasses. Choose from styles that are made for different purposes, like sports glasses, reading glasses, blue-blocking computer glasses, and safety glasses.				



^{*}Must be enrolled in a Kaiser Permanente medical plan to enroll in the Kaiser Permanente vision plan.

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

2023-2024 dental benefits summary

Plan benefits	Dental Plan ¹
Dental office visit copay – preventive	\$0
Dental office visit copay – nonpreventive	\$20 per visit plus any copay or coinsurance listed below for specific services
Deductible	None
Plan year maximum – per member²	\$4,000
Oral exams, X-rays, cleaning (prophylaxis), fluoride treatments, and space maintainers	\$0
Routine fillings, inlays, and stainless steel crowns ^{3,4,5}	\$0
Simple tooth extractions ⁵	\$0
Surgical extraction, including diagnosis and evaluation ⁵	\$50
Diagnosis, evaluation, and treatment of gum disease including scaling and root planing ⁵	\$0
Root canal and related therapy including diagnosis and evaluation ⁵	\$50
Gold or porcelain crowns and onlays ⁵	\$250
Full and partial dentures, relines, rebases ⁵	\$100
Bridge retainers and pontics ⁵	\$250
Orthodontic treatment ⁵	\$2,500 copay +\$20 per visit
Implants (limit of 4 per lifetime)	50%
Occlusal guards (once every 5 years) and athletic mouth guards (once each year)	10%

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

^{1.} Services must be provided by a contracted Kaiser Permanente provider in order for benefits to be payable. See *Evidence of Coverage* for details. 2. Preventive, diagnostic, and orthodontic services do not count toward the plan year maximum. 3. Posterior fillings paid to amalgam fee. 4. Fillings are covered at 100% for all amalgam tooth surfaces, composite anteriors, and one-surface composite posteriors. Patients may request composite fillings, which are considered a buy-up, and additional fees may apply. 5. Benefit is subject to a 12-month benefit waiting period for late enrollees.







HEALTH PLAN TELEHEALTH SERVICES PRIMARY CARE SPECIALTY CARE PHARMACY AND LABS

Built to make your life easier

Combined care and coverage means your Kaiser Permanente doctors, hospitals, and health plan benefits are all connected and committed to providing you with exceptional care tailored to your needs.

It's easier access to top specialists and the latest treatments.

It's predictable costs and less paperwork.

It's the right care, when you need it.



Find out how we can help you stay healthy and keep doing what you love.

kp.org/allthatisyou

Care that's centered around you

For the you who wants comprehensive, convenient care

As a Kaiser Permanente member, you choose where you want to go – get exclusive access to Kaiser Permanente's Eugene Chase Gardens Medical Office and hundreds of community affiliated providers at locations throughout Lane County.

Kaiser Permanente Eugene Chase Gardens Medical Office

Chase Gardens is a next-generation medical office that acts as a hub for primary care, behavioral health care, lab and imaging services, pharmacy needs, and more.

Affiliate network providers

With a large group of affiliated providers and facilities in Lane County, we offer access to more options for care and services when and where you need them. We are proud to partner with many local providers, including:

Primary and routine care

- PeaceHealth (participating providers)*
- Orchid Health

Pediatrics (under 5 years old)

- PeaceHealth (participating providers)*
- Eugene Pediatrics

Urgent care

- PeaceHealth
- BestMed Urgent Care

Hospitals for emergency care

For a medical or mental health emergency, call **911** or go to the nearest hospital.

Specialists

- Slocum Center for Orthopedics & Sports Medicine
- Northwest Surgical Specialists
- Pacific Women's Center
- Women's Care
- The NeuroSpine Group
- Willamette Valley Cancer Institute
- Vista Counseling & Wellness Center
- Center for Family Development
- Options Counseling and Family Services
- And more

Go to **kp.org/locations** to see a complete list of our current locations and to find the facility closest to you. Or call Member Services at **1-800-813-2000** (TTY **711**).

^{*}Our partnership with PeaceHealth only includes the Santa Clara, RiverBend Pavilion, Cottage Grove, and Florence locations. Not all providers at these primary care locations are part of our network. Go to kp.org/doctors to verify network participation. Some specialty care services are accessed through referral and prior authorization.

Care that's convenient

For the you with a busy schedule

Visit kp.org or use our app to make a routine same-day or next-day appointment in person, or talk to a clinician 24/7 by phone or video.* No matter how you connect, you'll always talk with a medical professional who can see your health history and pick up where you left off.

Do more in one visit

Many of our facilities have pharmacies and labs in the same building, so you can see your doctor, get your tests, and pick up your prescriptions all in one stop.

Your health at your fingertips

- Get 24/7 virtual care
- Email your care team
- View most lab results and doctor's notes
- Refill most prescriptions
- Check in for appointments
- Pay bills and view statements



See how the Kaiser Permanente app puts you in control. kp.org/mobile



You're covered while traveling



If you're planning to travel, we can help you manage your vaccinations, refill prescriptions, and more. And once you're on the go, you're covered for urgent and emergency care anywhere in the world. See page 8 for more details.

^{*}When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state.

A great experience from the start

For the you who is just getting started

Switching plans can seem like a lot of work, but at Kaiser Permanente, we help guide new members through each step. So you can get the care you need without missing a beat.



Find your preferred doctor with video profiles

Get to know our Eugene Chase Gardens team and be more confident choosing your doctor before you enroll. Visit **kpnwcare. org/chase-gardens/meet-our-team** to watch our video profiles.



Transition your care

Easily move prescriptions and schedule a visit with a doctor who's close to your home, work, or school. We strive to provide the support you need to help you reach your health goals.



Connect to care online

After you enroll, create an account at **kp.org** or download the Kaiser Permanente app.* Then manage your health on your schedule – whenever, wherever.

For care coordinated with a PeaceHealth provider, sign in to your My PeaceHealth account at **my.peacehealth.org** to review test results and email your provider.

Health care doesn't have to be confusing

If you don't know an HMO from an HSA, you're not alone. But rest assured – we're here to help make health care easier to understand. Get help learning the basics at **kp.org/learnthebasics**.



^{*}To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.

New member care transition

For the you who needs a little help

Our goal is to help determine your unique needs and connect you with the doctors, specialists, and prescription medications to effectively manage your care transition.

Types of medical needs our New Member Welcome Desk can help with:

Common needs	 Choose a doctor. Schedule a routine appointment. Transfer prescriptions. Also available 24/7 for self-service at kp.org.
Parent and child needs	 Select a pediatrician or family practice doctor. Connect with an ob-gyn. Transfer records and health history. Transfer prescriptions. Schedule vaccinations and well-child visits.
Specialty care needs	 Connect with specialists such as oncologists, orthopedists, and ear, nose, and throat doctors. Connect with mental health professionals. Determine durable medical equipment needs.
Complex medical needs	 Connect with specialty care for conditions such as cancer, renal disease, pre-/post-surgery, and transplants. Connect with a pharmacy for specialty prescriptions and infusions.

Visit **kp.org/easyswitch** to get started on your own or call **1-888-491-1124** (TTY **711**). Help is available Monday through Friday, 8 a.m. to 6 p.m.



Care away from home

For the you who is exploring the world

No matter where life takes you or your family, Kaiser Permanente has you covered. Learn more at about travel benefits at **kp.org/travel**.

Care at your fingertips, anytime



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

- Speak to a licensed care provider 24/7 for medical advice
- Get care by phone, video, or e-visit¹ no cost for most plans²
- Email your doctor's office for answers to routine health questions

Emergency and urgent care via Cigna



If you're away from home and need emergency or urgent care during your travels, you have access to Cigna's national network of doctors and providers. These services are available at your regular copay or cost share.

Urgent care from MinuteClinic and Concentra



You can visit a MinuteClinic (in select CVS and Target stores) or a Concentra urgent care center with or without an appointment. You'll pay your standard copay or coinsurance – no matter where they are.³

Emergency or urgent care, anywhere in the world



We cover emergency care anywhere in the world. We also cover urgent care when you're outside of our service area. You can go to the nearest hospital or urgent care facility. Afterward, file a claim with us for reimbursement.⁴

Dependent out-of-area benefit



In addition to emergency and urgent care, Kaiser Permanente provides specific coverage for OEBB members' dependent children under the age of 26 who live outside of our service area. Visit **mybenefits.kp.org/oebb/enrollment** to learn more.

Support while away from home

Need help or want to learn if additional coverage may be advised? We're here to answer any questions you may have along the way. Visit **kp.org/travel** to learn how to prepare for a healthy trip.

Away from Home Travel Line

951-268-39005

^{1.} When appropriate and available. If you travel out of state, phone and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. 2. For high deductible health plan members, e-visits, phone visits, and video visits are subject to your plan's annual deductible. Once you reach your deductible, you won't pay anything for e-visits, phone visits, or video visits. 3. Some exceptions apply. If you're a Medicare member or in a state that has Kaiser Permanente providers, you or your dependent will be asked to pay upfront for services and will need to file a claim for reimbursement. 4. If you believe you have an emergency medical condition, call 911 or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your Evidence of Coverage or other coverage documents. 5. This number can be dialed inside and outside the United States. Before the phone number, dial "001" for landlines and "+1" for mobile lines if you're outside the country. Long-distance charges may apply, and we can't accept collect calls. The phone line is closed on major holidays (New Year's Day, Easter, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas). It closes early the day before a holiday at 10 p.m. Pacific time, and it reopens the day after a holiday at 4 a.m. PT.

Making the most of your membership

For the you who is exploring your options

Good health goes beyond the doctor's office. Find your healthy place by exploring some of the convenient options available to members.¹ Many of these resources are available at no additional cost.



Omada diabetes prevention program²

Omada combines the science of behavior change with personal support so your employees can make changes that stick. Learn more at mybenefits.kp.org/oebb/healthy-resources.



Alternative care

Your benefit provides coverage for chiropractic, acupuncture, and naturopathic services through The CHP Group network. Visit **chpgroup.com** to find a provider.



On-demand and in-person workouts via ClassPass³

Choose from thousands of on-demand workout videos and get reduced rates on livestream and in-person classes. Learn more at **kp.org/classpass**.



Healthy lifestyle programs

Connect to your health with online programs to help you lose weight, quit smoking, reduce stress, and more. Learn more at **kp.org/healthylifestyles**.



Wellness coaching

Get help reaching your health goals by working one-on-one with a wellness coach by phone. Learn more at **kp.org/wellnesscoach**.

More ways to help improve your total health^{3,4}



Use meditation and mindfulness to help build mental resilience, reduce stress, and improve your sleep.



Set mental health goals, track progress, and get support managing depression, anxiety, and more.



This preventive, on-demand approach to mental health provides support anywhere, anytime.

Visit kp.org/selfcareapps to learn more.

^{1.} These services aren't covered under your health plan benefits and aren't subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. 2. Members must meet clinical inclusion criteria to participate in this program. 3. Only available to Kaiser Permanente members with medical coverage. 4. myStrength® is a trademark of Livongo Health, Inc., a wholly owned subsidiary of Teladoc Health, Inc.

Save on wellness services and products

For the you who is looking for savings

At Kaiser Permanente, you can enjoy discounted online tools, classes, programs, and activities that can help keep you happy and healthy. Visit **kp.org/memberdiscounts** for more information.



S CHP Active and Healthy

This program can help you and your family save money on your favorite healthy, fun, and stress-relieving activities.

Explore the below options and more at chpactiveandhealthy.com.

Outdoor and adventure

Save on rock-climbing gyms, outdoor schools, guided fishing trips, ski rentals, and other activities that will get you out and about.

Arts and culture

Get discounts that will help you explore local museums, gardens, art galleries, and performing arts centers. You can also save on music lessons and get discounted movie tickets.

Exercise

From boot camps, martial arts classes, and health and fitness clubs, to aquatic centers, dance studios, and personal training lessons, you can save on a host of exercise-related memberships and services.

Eating well

You'll find deals on cooking classes, nutritional supplements, weight management services, gardening supplies, and more.



Alternative care and chiropractic

Get discounts on naturopathic medicine, chiropractic care, massage, and other alternative therapies from providers belonging to The CHP Group network. Visit chpgroup.com to learn more and select your provider.



ChooseHealthy®

With the ChooseHealthy program, you can continue on the road to wellness. ChooseHealthy is an online resource for health information, health and fitness tools, and discounts on health products. This program is available at no additional cost to you. Learn more at kp.org/choosehealthy.

- Plan your meals for the month with meal plans that are suited to your tastes, fitness level, and weight goals.
- Get personalized cardio and strength training plans based on your fitness goals.
- Get savings like membership discounts and initiation fee discounts at more than 100 fitness clubs, yoga studios, and exercise centers from Longview, Washington, to Eugene, Oregon.

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

Dental care that's world class

For the you who wants a healthy smile

We believe in total health, beginning with high-quality dental and oral care. That's why every member gets a personalized prevention and treatment plan. And that's why dental preventive care is at the core of our philosophy.

Whether it's virtual dental care, online appointment scheduling, or express check-in, we offer innovative ways for members to save time and manage their health more conveniently.

Learn more at mybenefits.kp.org/
oebb/dental

We treat dental health as a component of your total health at Kaiser Permanente. Our dental teams work with your medical team to take care of the whole you.



95%

of our members would recommend us to family and friends¹ Our Valley River Dental Office is open Monday, Tuesday, Thursday, and Friday from

7 a.m. to 6 p.m. 30+ years

Kaiser Permanente
Dental has been
independently
recognized as a leader in
providing high-quality,
comprehensive care.²



If you need emergency care, please call the Appointment Center 24/7. You're covered for emergency dental conditions like severe swelling or infection, severe traumatic injury to teeth, bleeding that doesn't stop, and extreme pain.



With new teledentistry options like email, phone visits, and video visits, you can talk to your care team about your dental symptoms and dental history and get advice for next steps – all without leaving your home or workplace.^{3,4}

^{1.} According to the Press Ganey survey for January 2022-December 2022. 2. Continuously accredited by the Accreditation Association for Ambulatory Health Care (AAAHC) since 1990. Kaiser Permanente Dental is the only AAAHC-accredited dental home in the Northwest, and the third in the nation to achieve dental home accreditation. aaahc.org 3. When appropriate and available. These features are available when you get care at a Kaiser Permanente facility. 4.To have a video visit, members must be registered on kp.org and have a camera-equipped computer or mobile device. If you travel out of state, phone and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state.

High quality vision coverage

For the you who's focused on healthy eyesight

Healthy sight is more than glasses and contact lenses. Our optometrists and ophthalmologists provide comprehensive eye care, including routine eye exams and prescription eyeglasses and contact lenses, to help keep your vision sharp and your eyes healthy.

Learn more at mybenefits.kp.org/oebb/vision



How to access care

Routine eye care and prescription contact lenses

Members in Lane County can get routine eye exams and order prescription contact lenses at a number of community affiliated providers, including Eugene Eye Care Associates, Oregon Eye Consultants, Pacific ClearVision Institute, PeaceHealth Eye Care and Optical Shop, and more.

Contact lenses by mail

You may also order contact lenses from Vision Essentials by Kaiser Permanente. Contact us at **1-800-813-2000** (option 3) to order your prescription contact lenses.



Prescription glasses

For prescription glasses and sunglasses, members in Lane County can visit Focal Point and Pacific ClearVision Institute.



Where to get care in Lane County

With many affiliated providers and facilities in the Eugene-Springfield area, we offer access to more options for care and services when and where you need them.

We are proud to partner with many local providers, including PeaceHealth,* Northwest Health Partners/Northwest Surgical Specialists, Slocum Center for Orthopedics & Sports Medicine, and Pacific Women's Center. You may need a referral or prior authorization for some specialties based on your benefit plan.

Go to **kp.org/locations** to see all our current locations and to find the facility closest to you. Or call Member Services at **1-800-813-2000** (TTY **711**).

Facility information current as of December 2022.



Visit **kp.org/lane** to take a virtual tour of our facilites, meet our team, and more.

Kaiser Foundation Health Plan of the Northwest's Lane County commercial service area applies to large employer groups, small employer groups, and individuals and families. To be eligible for coverage, individuals must live or work in one of the accepted ZIP codes specific to large employer groups, small employer groups, and individuals and families or be enrolled in an out-of-area plan.

*Our partnership with PeaceHealth only includes the Santa Clara, RiverBend Pavilion, Cottage Grove, and Florence locations. Not all providers at these primary care locations are part of our network. Go to kp.org/doctors to verify network participation. Some specialty care services are accessed through referral and prior authorization.

Help in Your Language

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

አጣርኛ (Amharic) ጣስታወሻ: የሚናንሩት ቋንቋ ኣጣርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሲ*ያግዝዎት ተዘጋ*ጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-800-813-2000** (TTY: **711**).

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 2000-813-809-1 (TTY).

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

فارسى (Farsi) توجه: اگر به زبان فارسى گفتگو مى كنيد، تسهيلات زبانى بصورت رايگان براى شما فراهم مى باشد. با 710-813-800-1 (717: 711) تماس بگيريد.

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

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

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

ខ្មែរ (Khmer) ប្រយ័គ្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ **1-800-813-2000** (TTY: **711**)។

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

ລາວ (Laotian) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-813-2000 (TTY: 711).

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

<mark>ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ:</mark> ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-813-2000 (TTY: **711**) 'ਤੇ ਕਾਲ ਕਰੋ।

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

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

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

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

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

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

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

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Let us help you find your healthy place

A good health plan and access to quality care can be important for peace of mind. With Kaiser Permanente, you can get both.

Want to learn more?

Talk to an enrollment specialist today about specialty care, extra features, and more.
Call **1-800-514-0985** (TTY **711**),
Monday through Friday, 7 a.m. to 6 p.m. PT.

Visit **mybenefits.kp.org/oebb** to learn more about your OEBB benefits and see how Kaiser Permanente is helping OEBB employees thrive.

Member Services

1-800-813-2000 (English) **1-800-324-8010** (language interpretation services) **711** (TTY)

Monday through Friday, 8 a.m. to 6 p.m.

New Member Welcome Desk

1-888-491-1124

Monday through Friday, 8 a.m. to 6 p.m.

New Member Pharmacy Services

1-888-572-7231

Monday through Friday, 8 a.m. to 6 p.m.

Connect with us

If facebook.com/kpthrive

instagram.com/kpnorthwest

Wekpnorthwest,

@aboutkp

youtube.com/kaiserpermanenteorg

Find a facility near you: kp.org/locations

Kaiser Foundation Health Plan of the Northwest 500 NE Multnomah St., Suite 100 Portland, OR 97232

For more information about Kaiser Permanente benefits, availability, and restrictions, go to **kp.org/disclosures**.





Choosing a plan that works for you is important, but it doesn't have to be complicated.

Look for convenience:

- Most of our locations let you see your doctor, get lab work or X-rays, and pick up a prescription – all in one trip.
- Skip the trip to your doctor's office with video visits,¹ e-visits, and the option to email your doctor's office with nonurgent questions.^{2,3}

Look for cost savings and efficiency:

- Find a plan that fits your needs, from Plan 1's predictable cost shares and no deductible, to Plan 3, an HSA-qualified plan with the lowest premium of all OEBB medical plans.
- Our coordinated care teams, advanced technology, and preventive focus help provide high-quality treatment and more affordable care.

Member Cost Shares

Services	Plan 1	Plan 2A/Plan 2B	Plan 3
Email	\$0	\$0	\$0
E-visit	\$0	\$0	\$0
Phone visit	\$0	\$0	\$0 after ded.
Video visit	\$0	\$0	\$0 after ded.

Look for high-quality care:

- We have a large and diverse multispecialty medical group, so we'll find you a specialist when you need one.
- Our integrated system helps your doctor, nurses, and specialists work together to help keep you healthy. They're connected to each other, and you, through your electronic health record.

Look for resources on our website: mybenefits.kp.org/oebb

- Learn more about Kaiser Permanente and see what it's like being a member. Experience how we make health care simpler and more convenient.
- View plan documents, including enrollment materials, benefit summaries, healthy resources, and more.

We're here to help if you have more questions:

1-800-813-2000 (TTY 711)

1-800-324-8010 (language interpretation services) Monday through Friday, 8 a.m. to 6 p.m.

See reverse to compare our medical plan options.







We want to help you thrive – in mind, body, and spirit. To help you achieve total health, some of our medical plans include a self-referred alternative care benefit. Depending on your plan, **chiropractic**, **naturopathic**, **and massage therapy services and/or acupuncture treatments** may be covered without a referral.

See your Benefit Summary and *Evidence of Coverage (EOC)* for details. If your plan includes an alternative care benefit, your cost share, any applicable visit and/or dollar maximums, and exclusions and limitations are available in your Benefit Summary and *EOC*.

5 steps to get started

- 1. When no referral is required, choose your alternative care provider at chpgroup.com or by calling 1-800-449-9479.
 - For your convenience, no referral is required, and you can choose from more than 1,400 qualified and credentialed complementary and alternative medicine providers throughout our service area.* To be covered by your benefit, you must receive care from a provider in our service area who is part of the CHP Group network.* Please note that the provider list is subject to change. If you do not have internet access, please call Member Services at 1-800-813-2000 (TTY 711) for a printed copy of alternative care providers.
- 2. Schedule your appointment. Call the provider you select to schedule an appointment. When you schedule your appointment, make sure to confirm your provider's participation before receiving care.*
- 3. Determine the amount you will pay. We want to help you be informed of any out-of-pocket costs. Please see your Benefit Summary and *EOC* for details. The amount you pay for visits to alternative care providers varies by plan and type of service.

- 4. Some services are not covered even if ordered by the provider. We review procedures for safety and effectiveness. Exclusions and limitations apply even if your plan covers the service when it is ordered by a participating provider. See your *EOC* for details.
- 5. If you have questions, we are here to help. Member Services is your one-stop resource for answers. Call us at 1-800-813-2000, Monday through Friday, 8 a.m. to 6 p.m. For TTY, call 711. For language interpretation services, call 1-800-324-8010.

*If you are on an Added Choice® plan with a self-referred alternative care benefit, you may use your benefits at The CHP Group (located in our service area), First Choice Health and First Health Network, or any licensed nonparticipating providers and facilities. The amount an Added Choice member pays is based on the provider. If you are on a PPO Plus® plan with an alternative care benefit, you may use your benefits at First Choice Health and First Health Network or any licensed nonparticipating providers and facilities. The amount a PPO Plus member pays is based on the provider. If you are on a Dual Choice PPO™ plan with an alternative care benefit, you may use your benefits at The CHP Group (located in our service area), First Choice Health and First Health Network, or any licensed out-of-network providers and facilities. The amount a Dual Choice PPO member pays is based on the provider.



 Visit kp.org/selfcareapps for resources including Calm, Ginger, and myStrength apps at no cost, as well as helpful articles and activities to support emotional health.*

Self-Care

Evidence-based, no-cost tools that offer activities and emotional support coaching to improve sleep, boost mood, reduce anxiety, and more.

Guided Care

Professional support for achieving individual goals such as behavior change or better relationships.

- Consult with a certified wellness coach by calling 503-286-6816 or 1-866-301-3866, option 2.
- Visit kp.org/healthengagement/ classes for a list of classes led by certified professionals.

 In case of emergency, go to the nearest emergency department or call 911.

EmergencyCare

Care and support to prevent imminent harm to self or others.

Where can you start your mental health or addiction journey?

ANYWHERE.

Primary Care

Behavioral health consultants see you for focused sessions to assist with a wide range of physical, emotional, and behavioral concerns that impact your health.

- Visit kp.org/evisits/ nw to take an online survey to assess symptoms, like stress, depression, and anxiety. Get options for what to do next.
- Schedule online or call 1-800-813-2000 (TTY 711) to make an appointment with your primary care team or a same-day/next day appointment with a behavioral health consultant. No referral needed.

Crisis Care

Immediate support for issues such as suicidal thoughts, child safety issues, and domestic violence.

Specialty Care

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

 For a mental health or addiction medicine assessment, call
 503-249-3434 or 1-855-632-8280.
 No referral needed.

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

The apps and services are neither offered nor guaranteed under contact with the FEHB Program but are made available to enrollees and family members who become member

Calm and myStrength can be used by members 13 years old and older. The Ginger app and services are not available to any members under 18 years old. Some individuals when receive health care services from Kaiser Permanente through state Medicaid prognams are not eligible for the Ginger app and services. Eligible Kaiser Permanente members can text with a coach using the Ginger app for 90 days per year. After the 90 days, members can continue to access the other services available on the Ginger app for for termination of the year at no costs.



• Call the Kaiser Permanente

or 1-866-453-3932.

are available.

crisis line at 503-331-6425

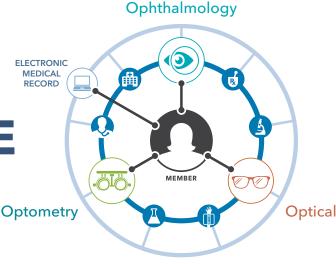
• Call or text the National Suicide

Prevention Lifeline at 988. Spanish

language and hard of hearing services

Experience TOTAL EYE CARE

at Kaiser Permanente



Experience the Kaiser Permanente difference

Because our optometrists, ophthalmologists, and opticians work together within our integrated care delivery system, they're able to help connect to our larger team of medical professionals and services.

- Your eye health is part of your total medical record.
- ► Choose from an extensive collection of eyewear, from top designers to high-quality, affordable options at our Vision Essentials locations.



- Glaucoma
- Macular degeneration
- Diabetic retinopathy
- Dry eye
- Low vision

After your comprehensive eye exam, a prescription will be given for eyeglasses and contact lenses as appropriate.



Optical (Vision Essentials)

Experienced opticians will help you select and fit your next pair of eyeglasses.

- Frames: Hundreds of choices.
- Lenses: Our opticians help you choose the best lenses and coatings for your lifestyle.

Contact lenses: We teach you how to insert and remove your new contact lenses.

Safety glasses: Kaiser Permanente works with employer groups to set up safety eyewear programs that help fit their needs and keep members safe on the job.



Ophthalmology

Ophthalmology provides medical and surgical eye care. They treat ongoing eye diseases such as:

- Glaucoma
- Macular degeneration
- Diabetic retinopathy
- Cataracts
- Retinal and vitreoretinal diseases
- Pediatric developmental eye disorders

Ophthalmologists perform surgery at the Kaiser Permanente Eye Care Surgery Center.



Integrated care

If a medical condition is detected during your eye exam:

Your optometrist or ophthalmologist will work directly with your personal doctor and specialty providers to order tests and coordinate care plans.

Your vision care at Kaiser Permanente is connected to:

- Primary care
- Specialty care
- Lab
- CT/MRI imaging services
- Pharmacy



Quality, Service, and Affordability for Every Member

Experience TOTAL EYE CARE at Kaiser Permanente

Everyday values

- 2 pairs of single vision glasses for \$129 (exclusions apply).¹
- 30% off second pair of complete glasses.¹
- Kids lenses always 50% off.
- Upgrade to polycarbonate lenses at no additional charge.
- Complimentary adjustments and repairs.

- Your lenses are manufactured locally in our Kaiser Permanente lab.
- 50/50 Protection Plan: one-year protection plan that covers 50% of the original price paid for your glasses at no additional cost.²
- Glasses and contact lenses direct-shipped at no additional cost.
- For more information, please visit kp2020.org.

We have you covered

Kaiser Permanente locations in Oregon and Southwest Washington

 Open weekdays and some locations open on Saturdays.

Experienced health care professionals to help meet your eye care needs

- Ophthalmologists: general, subspecialty, and surgeons
- Optometrists: general, medical, and subspecialty
- Opticians to help you select glasses and contact lenses
- Eye care advice

Eugene-Springfield affiliate locations

 For information on eye care appointments, prescription glasses and sunglasses, and contact lenses, please visit kp2020.org/ pacnw/#location for our affiliate locations.

Facility information is current as of August 2022. Go to **kp.org/locations** to see all our current locations and to find the facility closest to you. Or call Member Services at **1-800-813-2000**, option 3 (TTY **711**).





¹Discounts and promotions cannot be used in conjunction with an optical benefit.

²The damaged product must be purchased from and returned to a Northwest Kaiser Permanente Vision Essentials location.



MEMBER DISCOUNT PROGRAMS

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

NEW — Ginger | 24/7 emotional support

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

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

Members can get Ginger at kp.org/selfcare.

Calm Premium* | Online wellness app



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

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

Members can get Calm at kp.org/selfcare.

¹Only available to Kaiser Permanente members with medical coverage.





myStrength^{1,2} | Personalized wellness program

my Strength

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

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

Members can get myStrength at **kp.org/selfcare**.

▶ ClassPass¹ | Virtual workout classes

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

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

Start your new fitness routine now!

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

¹Only available to Kaiser Permanente members with medical coverage.

▶ ChooseHealthy® program*

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

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

- Chiropractic care
- Massage therapy
- Acupuncture

Discounted products and services

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

REGISTER TODAY!

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

Discounts and programs from The CHP Group

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

Discount categories include:

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

Kaiser Permanente Affinity | Discounts on integrative health care

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

- Chiropractic care
- Massage therapy
- Naturopathic medicine
- Acupuncture

USE YOUR DISCOUNT!

1. Find a CHP provider.

Go to **chpgroup.com** and click on "Find a Provider," choose "Kaiser Permanente Self-Referred" from the "Participating Plan" pull-down menu, and then search by specialty, address, name, and more.

2. Schedule your appointment.

At your appointment, identify yourself as a Kaiser Permanente member, and you'll receive a 20% discount off the provider's usual and customary fees.

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

Other discount programs

Vision Essentials by Kaiser Permanente everyday values

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

Learn more at kp2020.org/pacnw.

Comfort Keepers®

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

LifeStation® medical alert

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

Mom's Meals NourishCare®

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

Visit **momsmealsnc.com** for more information.

PERSONALIZED PROGRAMS

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

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

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





SOUTH LANE SCHOOL DISTRICT LICENSED/ADMINISTRATORS/SUPERVISORS/CONFIDENTIALS INSURANCE COSTS FOR PLAN YEAR 2023-24 INCLUDES MEDICAL, DENTAL, AND VISION

MODA PLAN 2 - Full-time Employee Pays 12%								
Total Premium District Pays Employee Pays FTE								
\$1,863.82	\$1,640.16	\$223.66	1.00					
\$1,863.82	\$1,476.15	\$387.67	0.90					
\$1,863.82	\$1,361.33	\$502.49	0.83					
\$1,863.82	\$1,312.13	\$551.69	0.80					
\$1,863.82	\$1,230.12	\$633.70	0.75					
\$1,863.82	\$1,148.11	\$715.71	0.70					
\$1,863.82	\$1,098.91	\$764.91	0.67					
\$1,863.82	\$820.08	\$1,043.74	0.50					

MODA Plan 3 - Full-time Employee Pays 8%								
Total Premium District Pays Employee Pays FTE								
\$1,759.10	\$1,618.37	\$140.73	1.00					
\$1,759.10	\$1,456.53	\$302.57	0.90					
\$1,759.10	\$1,343.25	\$415.85	0.83					
\$1,759.10	\$1,294.70	\$464.40	0.80					
\$1,759.10	\$1,213.78	\$545.32	0.75					
\$1,759.10	\$1,132.86	\$626.24	0.70					
\$1,759.10	\$1,084.31	\$674.79	0.67					
\$1,759.10	\$809.19	\$949.91	0.50					

MODA PLAN 4 - Full-time Employee Pays 4%								
Total Premium District Pays Employee Pays FTE								
\$1,670.49	\$1,603.67	\$66.82	1.00					
\$1,670.49	\$1,443.30	\$227.19	0.90					
\$1,670.49	\$1,331.05	\$339.44	0.83					
\$1,670.49	\$1,282.94	\$387.55	0.80					
\$1,670.49	\$1,202.75	\$467.74	0.75					
\$1,670.49	\$1,122.57	\$547.92	0.70					
\$1,670.49	\$1,074.46	\$596.03	0.67					
\$1,670.49	\$801.84	\$868.65	0.50					

MODA Plan 6 - Full-time Employee Pays 0% \$1250 District Contribution to HSA								
Total Premium District Pays Employee Pays FTE								
\$1,583.84	\$1,583.84	\$0.00	1.00					
\$1,583.84	\$1,425.46	\$158.38	0.90					
\$1,583.84	\$1,314.59	\$269.25	0.83					
\$1,583.84	\$1,267.07	\$316.77	0.80					
\$1,583.84	\$1,187.88	\$395.96	0.75					
\$1,583.84	\$1,108.69	\$475.15	0.70					
\$1,583.84	\$1,061.17	\$522.67	0.67					
\$1,583.84	\$791.92	\$791.92	0.50					

Note: Quartz Vision and Delta Premier Plan 5 Dental are optional

SOUTH LANE SCHOOL DISTRICT CLASSIFIED EMPLOYEES INSURANCE COSTS FOR PLAN YEAR 2023-24 INCLUDES MEDICAL, DENTAL, AND VISION

MODA PLAN 2 - Full-time Employee Pays 14%									
Total Premium	Employee Pays Employee Pays Premium District Pays 12 Month 10 Month		Hours	Percent District Pays					
\$1,863.82	\$1,602.89	\$260.93	\$313.12	8.00	100%				
\$1,863.82	\$1,602.89	\$260.93	\$313.12	7.75	100%				
\$1,863.82	\$1,602.89	\$260.93	\$313.12	7.50	100%				
\$1,863.82	\$1,522.74	\$341.08	\$409.29	7.00	95%				
\$1,863.82	\$1,490.68	\$373.14	\$447.76	6.50	93%				
\$1,863.82	\$1,378.48	\$485.34	\$582.41	6.00	86%				
\$1,863.82	\$1,266.28	\$597.54	\$717.05	5.50	79%				
\$1,863.82	\$1,154.08	\$709.74	\$851.69	5.00	72%				
\$1,863.82	\$1,041.88	\$821.94	\$986.33	4.50	65%				
\$1,863.82	\$913.64	\$950.18	\$1,140.21	4.00	57%				

MODA Plan 3 - Full-time Employee Pays 10%									
Total Premium	District Pays	Employee Pays 12 Month	Employee Pays 10 Month	Hours	Percent District Pays				
\$1,759.10	\$1,583.19	\$175.91	\$211.09	8.00	100%				
\$1,759.10	\$1,583.19	\$175.91	\$211.09	7.75	100%				
\$1,759.10	\$1,583.19	\$175.91	\$211.09	7.50	100%				
\$1,759.10	\$1,504.03	\$255.07	\$306.08	7.00	95%				
\$1,759.10	\$1,472.37	\$286.73	\$344.08	6.50	93%				
\$1,759.10	\$1,361.54	\$397.56	\$477.07	6.00	86%				
\$1,759.10	\$1,250.72	\$508.38	\$610.06	5.50	79%				
\$1,759.10	\$1,139.90	\$619.20	\$743.04	5.00	72%				
\$1,759.10	\$1,029.07	\$730.03	\$876.03	4.50	65%				
\$1,759.10	\$902.42	\$856.68	\$1,028.02	4.00	57%				

MODA PLAN 4 - Full-time Employee Pays 6%									
Total Premium	District Pays	Employee Pays Employee Pays District Pays 12 Month 10 Month		Hours	Percent District Pays				
\$1,670.49	\$1,570.26	\$100.23	\$120.28	8.00	100%				
\$1,670.49	\$1,570.26	\$100.23	\$120.28	7.75	100%				
\$1,670.49	\$1,570.26	\$100.23	\$120.28	7.50	100%				
\$1,670.49	\$1,491.75	\$178.74	\$214.49	7.00	95%				
\$1,670.49	\$1,460.34	\$210.15	\$252.18	6.50	93%				
\$1,670.49	\$1,350.42	\$320.07	\$384.08	6.00	86%				
\$1,670.49	\$1,240.51	\$429.98	\$515.98	5.50	79%				
\$1,670.49	\$1,130.59	\$539.90	\$647.88	5.00	72%				
\$1,670.49	\$1,020.67	\$649.82	\$779.78	4.50	65%				
\$1,670.49	\$895.05	\$775.44	\$930.53	4.00	57%				

MODA PLAN 6 - Full-time Employee Pays 0% District pays \$1250 to HSA Account									
Total Premium	Employee Pays Employee Pays otal Premium District Pays 12 Month 10 Month Hours								
\$1,583.84	\$1,583.84	\$0.00	\$0.00	8.00	100%				
\$1,583.84	\$1,583.84	\$0.00	\$0.00	7.75	100%				
\$1,583.84	\$1,583.84	\$0.00	\$0.00	7.50	100%				
\$1,583.84	\$1,504.65	\$79.19	\$95.03	7.00	95%				
\$1,583.84	\$1,472.97	\$110.87	\$133.04	6.50	93%				
\$1,583.84	\$1,362.10	\$221.74	\$266.09	6.00	86%				
\$1,583.84	\$1,251.23	\$332.61	\$399.13	5.50	79%				
\$1,583.84	\$1,140.36	\$443.48	\$532.17	5.00	72%				
\$1,583.84	\$1,029.50	\$554.34	\$665.21	4.50	65%				
\$1,583.84	\$902.79	\$681.05	\$817.26	4.00	57%				

Note: Quartz Vision and Delta Premier Plan 5 Dental are optional



South Lane School District MODA Medical Plans 2 and 3 Plan Year 2023-24

No lifetime maximum on any medical	Medical Plan 2 Connexus Network				Medical Plan 3 Conne	
Plan Year Costs	In-Network Coordinated Care	In-Network Non-	Any Out-of- Network Services	In-Network Coordinated	In-Network Non-	Any Out-of- Network Services Member Pa
Deductible per person	\$800	\$900	\$1,600	\$1,200	\$1,300	\$2,400
laximum deductible per family	\$2,700	\$2,700	\$4,800	\$3,900	\$3,900	\$7,200
Out-of-pocket (OOP) maximum per person	\$3.850	\$4.250	\$8.000	\$4.850	\$5,250	\$10.000
Out-of-pocket (OOP) maximum per family	\$12.750	\$12,750	\$24,000	\$15.750	\$15,750	\$27,400
reventive Care Services	, , , , ,	, , , , , ,	, , , , , , , , , , , , , , , , , , , ,	, ,, ,,		, , , , ,
Routine adult, well-child and women's exams;	\$0 ¹	\$0 ¹	50% after deductible	\$0 ¹	\$0 ¹	50% after deductible
Office Visits and Virtual Care						
rimary care office visits	\$20	20% after deductible	50% after deductible	\$25	25% after deductible	50% after deductible
rimary care office visits with a provider other than	\$40	N/A	50% after deductible	\$50 ⁻	N/A	50% after deductible
ncentive care office visits (Moda plans only)	\$15	20% after deductible	N/A	\$20	25% after deductible	N/A
/irtual Care (Kaiser Plans) / CirrusMD telehealth	\$0 ¹	\$0'	Not covered	\$0 ¹	\$0,	Not covered
Specialist office visits	\$40 [,]	20% after deductible	50% after deductible	\$50 ⁻	25% after deductible	50% after deductible
Irgent care	\$40'	20% after deductible	20% after deductible	\$50 ⁻	25% after deductible	25% after deductible
Mental Health and Chemical	\$40	20 % after deductible	20 % after deductible	\$30.	25 % after deductible	25 % after deductible
nental Health and Chemical Dependency Services						
Mental health office visits	\$20 ¹	\$20 [,]	50% after deductible	\$25	\$25 [,]	50% after deductible
Mental health inpatient and residential services	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible
Chemical dependency services (outpatient or	\$20'	\$20'	50% after deductible	\$25'	\$25'	50% after deductible
Chemical dependency services (suspatient of	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible
Outpatient Services	20% after deductible	20% after deductible	30 % arter deductible	20% after deductible	23 % after deductible	30 % after deductible
Outpatient surgery/facility care	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible
Outpatient rehabilitation (physical, occupational &	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible
speech therapy)	20% after deductible	20 // arter deductible	30 % arter deductible	2370 after deductible	25 % after deductible	30 // arter deductible
Fests (outpatient)						
abs, x-ray, and imaging	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible
CT. MRI. PET scans	\$100 copay + 20% after	\$100 copay + 20% after	\$100 copay + 50% after	\$100 copay + 25% after	\$100 copay + 25% after	\$100 copay + 50% after deductible
DI, IVIRI, PET SCAIIS	deductible	deductible	deductible	deductible	deductible	\$100 copay + 50% after deductible
	deductible	deductible	deductible	deductible	deductible	
Alternative Care Services	***			***		
Acupuncture and Chiropractic ⁷	\$20	20% after deductible	50% after deductible	\$25	25% after deductible	50% after deductible
Naturopathic office visits	\$40 ¹	20% after deductible	50% after deductible	\$50 ⁻	25% after deductible	50% after deductible
Maternity Care						
Routine maternity care	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible
Physician or midwife services & hospital stay,	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible
elivery & routine newborn nursery care						
lospital Services						
npatient care/surgery	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible
Skilled nursing facility care	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible
dditional Cost Tier						
Moda Plans Only: \$100 Additional Cost Tier (ACT):						
pecified imaging (MRI, CT, PET), spinal injections,						
onsillectomies for members under age 18 with	\$100 copay + 20% after	\$100 copay + 20% after	\$100 copay + 50% after	\$100 copay + 25% after	\$100 copay + 25% after	
hronic tonsillitis or sleep apnea,	deductible	deductible	deductible	deductible	deductible	\$100 copay + 50% after deductible
riscosupplementation, upper endoscopies, sleep	454454515	404404510	4044011510	doddonb.o	4044012.0	
studies, lumbar discographies						
	\$500 1 200/ · 5	\$500 · · · 200/ *	¢500 1 500/ 5	¢500 1 050/ "	¢500 \$ 050/ \$	\$500 500/ - f f 1 1 1111
Moda Plans Only: \$500 Additional Cost Tier (ACT):	\$500 copay + 20% after	\$500 copay + 20% after	\$500 copay + 50% after	\$500 copay + 25% after	\$500 copay + 25% after	\$500 copay + 50% after deductible
Spine surgery, knee & hip replacement, knee &	deductible	deductible	deductible	deductible	deductible	
houlder arthroscopy, uncomplicated hernia repair						

			_				
Emergency Services							
Emergency room (copay waived if admitted)	\$100 copay + 20% after deductible				\$100 copay + 25% at	ter deductible	
Ambulance		20% after deductible			25% after ded	uctible	
Other Covered Services							
Hearing aids: \$4,000 maximum benefit every 48	10% after deductible	10% after deductible	50% after deductible	10% after deductible	10% after deductible	50% after deductible	
Durable medical equipment (DME)	20% after deductible	20% after deductible	50% after deductible	25% after deductible	25% after deductible	50% after deductible	
Pharmacy Services							
Out-of-pocket (OOP) maximum		Rx applies toward OOP Max			Rx applies toward	OOP Max	
Retail							
Value	\$4 per 31-day supply \$12 per 31-day supply			\$4 per 31-day supply			
Generic (Kaiser Plans) / Select generic (Moda			See Plan Handbook	\$12 per 31-day supply			See Plan
Preferred brand	25% up to \$75 j	per 31-day supply	CCC Flam Flamabook	25% up to \$75 per 31-day supply 50% up to \$175 per 31-day supply			Handbook
Non-preferred brand-	50% up to \$175	per 31-day supply					
Mail							
Value	\$8 per 90	-day supply		\$8 per 90-day supply			
Generic (Kaiser Plans) / Select generic (Moda)-day supply	See Plan Handbook	:	\$24 per 90-day supply		See Plan
Preferred brand	25% up to \$150	per 90-day supply	Oce i lan i landbook	25% u	p to \$150 per 90-day supply		Handbook
Non-preferred brand ^₁	50% up to \$450	per 90-day supply		50% u	p to \$450 per 90-day supply		
Specialty							
Generic (Moda Plans only)	\$12 per 31-day sup	ply or \$36 per 90-day		\$12 per 31-day supply or \$36 per 90-day		day	See Plan
Select generic (Kaiser plans) / Preferred	25% up to \$200 p	er 31-day supply or	See Plan Handbook	25% up	to \$200 per 31-day supply	or	Handbook
Non-preferred brand-	50% up to \$500	per 31-day supply		50% u	p to \$500 per 31-day supply		Handbook
							_

N/A - Not applicable

After ded – After deductible

- 1 Deductible waived.
- 2 Individual deductible and individual out of pocket maximum apply to single coverage only. Family deductible and family out of pocket maximum apply when two or more individuals are covered on the plan. This plan also includes an embedded per member out-of-pocket max, which is set at the individual OOP amount. Under this plan, deductible must be met before benefits will be paid (except where 1 indicates deductible waived).
- 3 For Moda plans, OOP maximum includes medical deductible, medical copayments, coinsurance, ACT copayments and pharmacy expenses.
- 4 A formulary exception must be approved for non-preferred brand prescription medication.
- 5 To receive in-network coordinated care benefits, you must choose and use a PCP 360.
- 6 To receive in-network non-coordinated benefits, you must use Connexus providers.
- 6 To receive in-network non-coordinated benefits, you must use Connexus providers.
- 7 For Moda plans, acupuncture care and spinal manipulation is limited to 12 combined visits per year. Office visits for acupuncture and
- chiropractors are subject to the specialist copay and coinsurances and not limited to the 12 combined visits per plan year.



South Lane School District MODA Medical Plans 4 and 6 Plan Year 2023-24

No lifetime maximum on any medical	Me	dical Plan 4 Connexus Net	work	Medical Plan 6 Connexus Network HDHP HSA Compliant			
Plan Year Costs	In-Network Coordinated	In-Network Non-Coordinated	Any Out-of- Network	In-Network Coordinated	In-Network Non-	Any Out-of-Network Service	
Deductible per person	\$1600	\$1700	\$3,200	\$1,600°	\$1,700²	\$3,200 ²	
Maximum deductible per family	\$5,100	\$5,100	\$9,600	\$3,400°	\$3,400°	\$6,400 ²	
Out-of-pocket (OOP) maximum per person ³	\$6,700	\$7,100	\$13,700	\$6,400°	\$6,750°	\$13,100 ²	
Out-of-pocket (OOP) maximum per family	\$15,800	\$12,800	\$27,400	\$13,500 ²	\$13,500 ²	\$26,200 ²	
Preventive Care Services							
Routine adult, well-child and women's exams; annual	\$O¹	\$O¹	50% after deductible	\$0¹	\$O¹	50% after deductible	
Office Visits and Virtual Care							
Primary care office visits	\$25	25% after deductible	50% after deductible	15% after deductible	20% after deductible	50% after deductible	
Primary care office visits with a provider other than your	\$50 ¹	N/A	50% after deductible	15% after deductible	N/A	50% after deductible	
ncentive care office visits (Moda plans only)	\$201	25% after deductible	N/A	15% after deductible	20% after deductible	N/A	
/irtual Care (Kaiser Plans) / CirrusMD telehealth (Moda	\$0¹	\$0 ¹	Not covered	\$0 after deductible	\$0 after deductible	Not covered	
Specialist office visits	\$50¹	25% after deductible	50% after deductible	15% after deductible	20% after deductible	50% after deductible	
Jrgent care	\$50¹	25% after deductible	25% after deductible	15% after deductible	20% after deductible	See Plan Handbook	
Mental Health and Chemical Dependency	100						
Services							
Mental health office visits	\$25 ₁	\$25 ¹	50% after deductible	15% after deductible	20% after deductible	50% after deductible	
Mental health inpatient and residential services	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	
Chemical dependency services (outpatient or	\$25 ¹	\$25 ¹	50% after deductible	15% after deductible	20% after deductible	50% after deductible	
Chemical dependency services (inpatient)	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	
Outpatient Services							
Outpatient surgery/facility care	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	
Outpatient rehabilitation (physical, occupational &	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	
speech therapy)							
Tests (outpatient)							
abs, x-ray, and imaging	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	
CT, MRI, PET scans	\$100 copay + 25% after	\$100 copay + 25% after	\$100 copay + 50% after	20% after deductible	25% after deductible	50% after deductible	
or, white, i Er sound	deductible	deductible	deductible	20% after deddetible	2070 arter deddelible	30 % and deductible	
Alternative Care Services	deddelibie	acadusisio	uouuousio				
acupuncture and Chiropractic ⁷	\$25 ¹	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	
Naturopathic office visits	\$50 ¹	25% after deductible	50% after deductible	15% after deductible	20% after deductible	50% after deductible	
Maternity Care	\$50,	25% after deductible	50% after deductible	15% after deductible	20% after deductible	50% after deductible	
Routine maternity care	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	
Physician or midwife services & hospital stay, delivery &	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	
outine newborn nursery care	20% after deductible	25 / arter deductible	30 % after deductible	20 /0 arter deductible	25 /0 arter deductible	30 % after deductible	
Hospital Services							
npatient care/surgery	25% after deductible	25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	
,		25% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	
Skilled nursing facility care	25% after deductible	20% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible	

Additional Cost Tier						
Moda Plans Only: \$100 Additional Cost Tier (ACT):						
specified imaging (MRI, CT, PET), spinal injections,						
tonsillectomies for members under age 18 with chronic	\$100 copay + 25% after	\$100 copay + 25% after	\$100 copay + 50% after	20% after deductible	25% after deductible	50% after deductible
tonsillitis or sleep apnea, viscosupplementation, upper	deductible	deductible	deductible	20 % after deductible	23 % after deductible	30 % after deductible
endoscopies, sleep studies, lumbar discographies						
Moda Plans Only: \$500 Additional Cost Tier (ACT):	\$500 copay + 25% after	\$500 copay + 25% after	\$500 copay + 50% after	20% after deductible	25% after deductible	50% after deductible
Spine surgery, knee & hip replacement, knee &	deductible	deductible	deductible			
shoulder arthroscopy, uncomplicated hernia repair						
Emergency Services						
Emergency room (copay waived if admitted)		\$100 copay + 25% after deduc	tible	20% after deductible	25% after deductible	See Plan Handbook
Ambulance	25% after deductible			20% after deductible	25% after deductible	See Plan Handbook
Other Covered Services						
Hearing aids: \$4,000 maximum benefit every 48 months	10% after deductible	10% after deductible	50% after deductible	20% after deductible	25% after deductible	50% after deductible
Durable medical equipment (DME)	25% after deductible 25% after deductible 50% after deductible		20% after deductible	25% after deductible	50% after deductible	
Pharmacy Services						
Out-of-pocket (OOP) maximum		Rx applies toward OOP Ma	IX		Rx applies toward plan OOP	max
Retail	0.4	M. I		*************************************		
Value	•	31-day supply		\$4 ¹ per 31-day supply		
Generic (Kaiser Plans) / Select generic (Moda		31-day supply	See Plan Handbook	20% after deductible	25% after deductible	See Plan Handbook
Preferred brand Non-preferred brand	-	5 per 31-day supply '5 per 31-day supply		20% after deductible 20% after deductible	25% after deductible 25% after deductible	
Mail	50% up to \$17	5 per 31-day suppry		20% after deductible	25% after deductible	
Value	\$8 ner (90-day supply		\$81 per 90-day su	anly	
Generic (Kaiser Plans) / Select generic (Moda		90-day supply		20% after deductible	25% after deductible	
Preferred brand	25% up to \$150 per 90-day supply		See Plan Handbook	20% after deductible	25% after deductible	See Plan Handbook
Non-preferred brand	50% up to \$450 per 90-day supply			20% after deductible	25% after deductible	
Specialty	30 / 1 Lp 10 4 10	- F		2070 2 20220000		
Generic (Moda Plans only)	\$12 per 31-day su	upply or \$36 per 90-day		20% after deductible	25% after deductible	
Select generic (Kaiser plans) / Preferred brand		per 31-day supply or	See Plan Handbook	20% after deductible	25% after deductible	See Plan Handbook
Non-preferred brand⁴		0 per 31-day supply		20% after deductible	25% after deductible	

N/A – Not applicable

After ded – After deductible

- 1 Deductible waived.
- 2 Individual deductible and individual out of pocket maximum apply to single coverage only. Family deductible and family out of pocket maximum apply when two or more individuals are covered on the plan. This plan also includes an embedded per member out-of-pocket max, which is set at the individual OOP amount. Under this plan, deductible must be met before benefits will be paid (except where 1 indicates deductible waived).
- 3 For Moda plans, OOP maximum includes medical deductible, medical copayments, coinsurance, ACT copayments and pharmacy expenses.
- 4 A formulary exception must be approved for non-preferred brand prescription medication.
- 5 To receive in-network coordinated care benefits, you must choose and use a PCP 360.
- 6 To receive in-network non-coordinated benefits, you must use Connexus providers.

- 6 To receive in-network non-coordinated benefits, you must use Connexus providers.
- 7 For Moda plans, acupuncture care and spinal manipulation is limited to 12 combined visits per year. Office visits for acupuncture and chiropractors are subject to the specialist copay and coinsurances and not limited to the 12 combined visits per plan year.



South Lane School District MODA Vision Plan 2023-24

Vision	Moda Quartz Plan May use any licensed provider	
Plan Year Maximum	\$250	
Routine Eye Exam:		
Benefit:	Plan pays 100% (up to plan maximum)	
Frequency:	Once per Plan Year	
Lenses:		
Basic lens benefit:	Plan pays 100% (up to plan maximum)	
Lens enhancements:		
Frequency:	Once per Plan Year	
Frames / Contacts:		
Benefit:	Plan pays 100% (up to plan maximum)	
Frequency:	Frames: Age 0-16: Once per Plan Year Age 17+: Once every two Plan Years or Contacts: Up to the plan maximum	
Non-Prescription Benefit		
Benefit:	Not Covered	



South Lane School District Delta Dental Plan Year 2023-24

Dental	Delta Dental
	Premier Plan 5 ¹
Network	Delta Dental Premier
Dental Office Visit Copayment	N/A
Benefit Maximum	\$1,700 [.]
Deductible	\$50
Preventive & Diagnostic Services – Deductible	Waived for Preventive & Diagnostic Service
Oral exams, X-rays, cleaning (prophylaxis), fluoride treatments, and space maintainers	70% + 10% each Plan Year⁵
Restorative Services	
Routine fillings, inlays and stainless steel crowns	70% + 10% each Plan Year
Simple Extraction	
Simple tooth extractions	70% + 10% each Plan Year
Oral Surgery	
Surgical tooth extractions, including diagnosis and evaluation	70% + 10% each Plan Year
Periodontics	
Diagnosis, evaluation, and treatment of gum disease including scaling and root planing	70% + 10% each Plan Year
Endodontics	
Root canal and related therapy including diagnosis and evaluation	70% + 10% each Plan Year
Major Restorative Services	
Gold or porcelain crowns and onlays	70%
Implants	50%
Other covered services	
Occlusal guards (night guards)	50% up to \$250 max, once every 5 years
Athletic mouth guards	50%
Nitrous Oxide	50%
Fixed and Removable Prosthetic Services	
Full and partial dentures, relines, rebases	50%
Bridge retainers and pontics	50%
Orthodontics	
Orthodontic Treatment	80% to \$1,800 lifetime max

Under Delta Dental Plan 5 benefits start at 70% the first plan year then increase by 10% each plan year (up to the maximum of 100%) provided the individual has visted the dentist at least once during the previous plan year



Choose a better experience with your *health insurance*



△ DELTA DENTAL®

Better value and a **better experience** with the flexibility you want

When you choose Moda Health and Delta Dental Plan of Oregon, you'll receive high-quality insurance, more freedom, expert guidance and curated wellness services, tools and programs.



△ DELTA DENTAL®

Proven

with nearly 70 years of offering insurance plans in the Pacific Northwest

Plans that put you first



Your personal member support team

Rely on your Moda 360 team, who puts you at the center with care reminders, healthcare tips, advice and guidance through confusing and sometimes stressful parts of healthcare.



A wide medical network, with 24/7 doctor access

Enjoy more choices and better access to care.
The CirrusMD app connects you to a doctor in under a minute, anytime, anywhere, at no cost.*

*Members with a High Deductible Health Plan (Medical Plan 6 or 7) will first have to meet their deductible before this service is covered 100% by their plan.



Behavioral health that's right for you

Access Behavioral Health 360 resources that include mobile therapy, telehealth, addiction treatment and support for childhood development disorders. A Behavioral Health 360 Champion can help you find the care you need.



△ DELTA DENTAL

One of the largest networks of dentists

Experience top-of-the-line dental care from one of the largest networks of dentists in Oregon and across the country. Plus, preventive services no longer accrue towards your benefit maximum which means your benefits go farther.



Quality prescription benefits

Get comprehensive prescription drug coverage that reflects the most current industry standards, giving you flexibility and choice, with value, select generic, and preferred medication categories. Save with a 90-day prescription mail-order and take advantage of Ardon Health, the mail-order specialty pharmacy exclusively for OEBB members with certain chronic conditions.



Choose a better experience.

Enroll in medical and/or dental today at myoebb.org

Make a **better choice**

Insurance can be confusing. We want to make the experience better by helping you understand your choices. *When selecting your plan, you want to know:*





Is my provider a *PCP 360* provider?

Learn more on page 8.



Are my medications covered?

Look them up on the medication search page at modahealth.com/oebbrx.



How does the plan work?

See comparison chart on page 16.

When you sign up for a PCP 360 you pay less for your appointments and get coordinated care

You must choose a PCP 360 in your Member Dashboard and use the selected PCP 360 to receive the better benefits



A *lower* individual deductible



A **lower** individual out-of-pocket maximum



Lower copayments for office visits, specialist visits and alternative care visits



A PCP 360 is responsible for making sure you get all the care you need



Make your selection at myoebb.org



Moda 360 Health Navigators can be your guide

Moda 360 Health Navigators understand the healthcare system, your benefits, and can guide you to the best care for you.



Moda 360 Health Navigators can help you with:

- Signing up for a PCP 360 for coordinated care
- Scheduling appointment support
- Connection to care programs for chronic conditions
- Integrating your dental health into your overall health plan
- Understanding claims and billing



PCP 360 providers can coordinate your care

A PCP 360 is a primary care provider who has agreed to partner with you and be accountable for your health. They deliver full-circle care.



Choosing a PCP 360 provider means you will receive:

- Coordination with other providers, as needed
- Lower individual deductible
- Lower individual out-of-pocket maximum
- Lower cost for office visits, specialist visits and alternative care visits

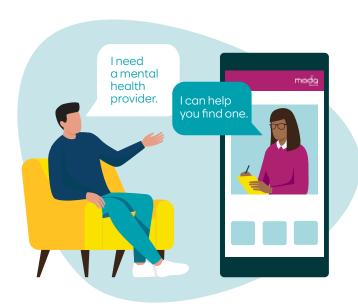


To see if your provider is a PCP 360, head to modahealth.com/pcp360 and look for the PCP 360 badge

Prioritize your mental health with

Behavioral Health 360

Taking care of your mental health is just as important as taking care of your physical health. Our Behavioral Health 360 program connects you to the care you need.



With everything going on in the world, it's understandable that many of us are feeling overwhelmed, stressed or anxious. That's okay. You're not alone. Our Behavioral Health 360 program makes accessing care for mental wellness quick, easy and convenient.

Our **Behavioral Health 360 Champions** can connect you with a local provider that's right for you. Plus, we've partnered with specialized mental and behavioral health experts to make sure you find the right type of care that you need.

Hazelden Betty Ford offers treatment and resources to help individuals and their families recover from substance use and addiction.

Gemiini provides family support and resources for children with special needs and developmental disorders such as autism, Down syndrome and speech delay.

Spring Health connects individuals and family members with telehealth services for mental health therapy, psychiatry, care navigation and digital cognitive behavioral therapy.

Meru Health app gives you smartphone access to a licensed therapist for simple lessons and activities to support your mental well-being.



It's easy to get mental healthcare.

Contact a Behavioral Health 360 Champion at bhchampions@modahealth.com

The power of your health at your fingertips

Personalized just for you, your **Member Dashboard** has everything you need to manage your health, wherever you may be. Check your *Care Reminders*, chat with a *Health Navigator*, join *Moda 360 programs* matched just for you, and so much more. Log in often to stay your healthy best.



Personal Care Reminders

Care Reminders are designed just for you and your health benefits. Log in to your dashboard to see important notifications for preventive care, vaccines and much more.



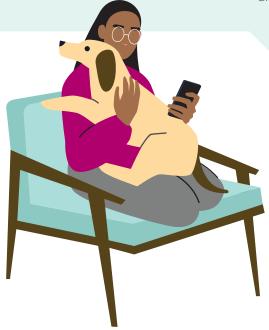
Health Navigators

Chat live with an expert
Moda 360 Health
Navigator for help
choosing your PCP 360,
scheduling appointments
and much more. They
can connect you with
the right care, resources
and programs.



Moda 360 programs

Engage with Moda 360 programs matched to your personal health needs. Your dashboard shows you programs that are right for you, today. As your needs change, so will the recommended programs in your dashboard.



You can also...

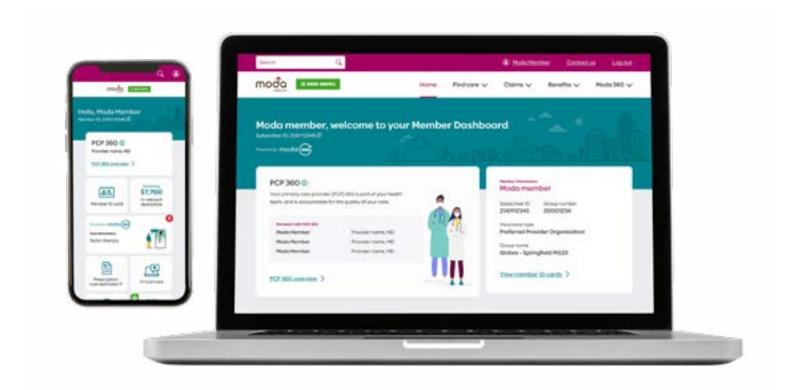
- Search Find Care
- Access your member ID card
- Select a PCP 360
- Estimate costs for specific medical care
- View claim summaries and remaining in-network deductible
- Estimate prescription costs
- And so much more



Log in to your Member Dashboard at ModaHealth.com/MemberDashboard

Additional solutions for better health

Your Member Dashboard also includes other tools and resources to help you stay your healthy best.





Text a doctor, 24/7, and get private access to care in under a minute with **CirrusMD**, a nationwide telehealth option.



Sword is a virtual physical care program for back, join and muscle pain that you can do from the comfort of home, or on the go.



Our Pre-D Program
is designed to help
members who are
at risk for developing
type 2 diabetes and
is offered at no
additional cost.



Behavioral Health 360

programs connect you with mental health services and support that best fit your needs (see more on page 9)



Access additional tools and resources at ModaHealth.com/MemberDashboard

Quality coverage for your smile

When you need dental insurance, we've got you covered

Our dental plans give you access to Delta Dental, one of the nation's largest dental networks. That means you can choose from thousands of dentists across the state and the country (see the full network on page 17).

Plus, our *Health through Oral Wellness®* program offers additional benefits if you have a greater risk for oral diseases. Qualifying members have access to extra benefits and related care that include additional cleanings, fluoride treatments, sealants, periodontal maintenance and more.



Savings from in-network dentists



Cleanings every six months



Superior customer service

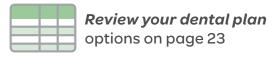


Freedom to choose a dentist

Our dental plans also include **useful online tools**, resources and special programs for those of you who may need extra attention for your pearly whites.







A network that connects you to care

For your medical care needs, we've carefully selected a community of primary care providers (PCPs), PCP 360s, specialists and partner health systems, so you'll have better value and better care.





Dependents living outside of the Connexus service area use Moda's national network, the Aetna PPO Network®, to receive the in-network benefit level, except for those living in Idaho or Alaska. If you live in Idaho, you will have access to both the Connexus Network and the First Health Network. Those living in Alaska use the First Health Network.

Here are some of our larger in-network hospital partners:

















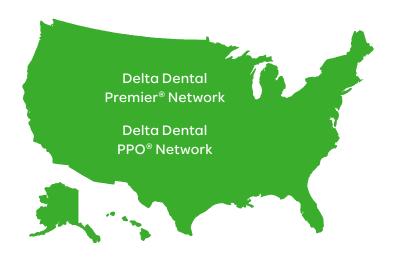




Delta Dental networks go where you go

With one of the largest PPO dental networks in Oregon, you can choose from more than 1,200 PPO dentists in the state and over 114,000 Dental PPO dentists nationwide.

The Delta Dental Premier® Network is the largest network of dental providers, connecting you with more than 2,300 dentists in Oregon and over 153,000 across the country.



Delta Dental **PPO®** Network

Potential savings in-network = \$\$\$

Choose from a large selection of dentists



Delta Dental **Premier**® Network

Potential savings in-network = \$\$

Even more choice and one of the largest dental networks in Oregon





See if your dentist is in network at modahealth.com/oebb click on Find Care > select your dental network

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call:

Medicare Customer Service, 877-299-9062 (TDD/TTY 711)

Medicaid Customer Service, 888-788-9821 (TDD/TTY 711)

Customer Service for all other plans, 888-217-2363 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:

Moda Partners, Inc. Attention: Appeal Unit 601 SW Second Ave. Portland, OR 97204 Fax: 503-412-4003

Dave Nesseler-Cass coordinates our nondiscrimination work:

Dave Nesseler-Cass, Chief Compliance Officer 601 SW Second Ave. Portland, OR 97204 855-232-9111 compliance@modahealth.com

If you need help filing a complaint, please call Customer Service.

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

U.S. Department of Health and Human Services 200 Independence Ave. SW, Room 509F HHH Building, Washington, DC 20201 800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

Questions?

We're here to help. Just email OEBBquestions@modahealth.com or call one of our Health Navigators.

> Medical/Vision: 866-923-0409 Pharmacy: 866-923-0411 Dental: 866-923-0410

modahealth.com/oebb













Let us help you feel your best

Now and then, we can all use a little help to get back on track. If life's ups and downs are affecting you personally or professionally, the Moda Health Employee Assistance Program (EAP) can help. Powered by Canopy, this free and confidential counseling benefit can assist you with a variety of concerns, including:

- Relationship problems
- Depression or anxiety
- Stress management
- Alcohol or drug abuse
- Identity theft management

Call us 24/7 at 800-826-9231

Counseling services

With Moda Health EAP, you and your eligible family members get free counseling support whenever you need it. With 24/7 access to a highly trained team of professional counselors, you can speak with us by phone — or whatever contact method works best for you.



Face-to-face and virtual visits

For each incident, you receive up to **three visits at no cost** with us so we can better understand your concern and help you set realistic goals.

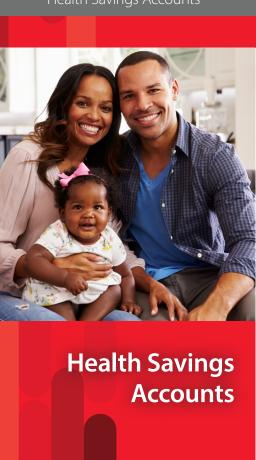
Online resources

In addition to our counseling services, you'll also have easy access to other **services** and **resources** that help you get the most value out of your EAP services.

Getting started is easy

To learn more, please call us toll-free at **800-826-9231**. We are ready to help you and your eligible family members complete an intake, assessment and referral so you can start getting the help you need.

South Lane School District High Deductible Medical Plan HSA Information



AMERICAN FIDELITY a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Why a Health Savings Account?

Healthcare is constantly changing. With rising deductibles and larger gaps in coverage, you need a solution. A Health Savings Account (HSA) may be the answer. Combined with a High Deductible Health Plan (HDHP), an HSA provides the security of knowing you have the funds needed to help cover healthcare costs before you meet your deductible.

How it Works

An HSA allows you to set aside money pre-tax to help pay for eligible medical expenses. Your contributions can build year over year and any interest you earn will grow tax free.

To participate in an HSA, **you must first be enrolled in a qualified HDHP**. You may be enrolled in the plan either through your employer or spouse's plan. Combining a qualified HDHP with an HSA helps you control your healthcare costs and expenses.

The Value of an HSA

An Account You Own

Like a personal savings account, the money in an HSA rolls over annually, meaning the funds never expire and you can take it with you wherever you go – even if you change jobs, change health plans, or retire.

Potential for Growth

The money you put in to the account is deducted from your paycheck tax-free. The interest and earnings you make on the account grow tax-free, with the opportunity to invest in mutual funds.

Triple Tax Advantage



The money you put in to the account is deducted from your paycheck tax-free.



The interest and earnings you make on the account grow tax-free, with the opportunity to invest in mutual funds.*



When you take money out for eligible medical expenses, it is generally tax-free.

^{*} This is not a guarantee of future performances. Your investment is connected to the stock market and is subject to rise or fall.

Health Savings Accounts

Eligible Expenses

The Internal Revenue Service (IRS) determines which expenses are eligible for reimbursement. The following are examples of common types of eligible and ineligible expenses. For a searchable list, visit americanfidelity.com/eligible-expenses.

Examples of Eligible Expenses

- Over-the-counter medications without a prescription
- · Copays/Co-insurance/Deductibles
- · Physical Exams
- Dental treatment (including orthodontia)
- Vision expenses (including prescription glasses, contacts and laser eye surgery)
- Chiropractor care/Physical therapy
- · Immunizations, Flu shots
- · Prenatal care/Menstrual products

Examples of Ineligible Expenses

- · Late fees on medical bills
- Cosmetics
- Dependent care expenses
- · Toothbrushes or toothpaste
- · Vitamins for general well-being
- Cosmetic procedures (including face lifts or teeth whitening/bleaching)

Contributing to Your HSA

Year	Self-Only Coverage	Family Coverage
2021	\$3,600	\$7,200
2022	\$3,650	\$7,300

The IRS sets an annual maximum contribution amount. Individuals 55 and over may contribute an extra \$1,000 for catch up contributions.

Accessing Your Funds

We offer three convenient ways for you to access your HSA funds to pay for healthcare expenses for you, your spouse, and your dependents, regardless of their health plan.



Benefits Debit Card

Use your Benefits Debit Card to pay for eligible medical expenses; the amount is deducted directly from your account.



Online Reimbursement

Request funds online and receive a check or direct deposit into your personal checking or savings account.



Online Bill Pay

Request funds online to pay your provider directly from your HSA account.

Health Savings Accounts

Investing Your Funds

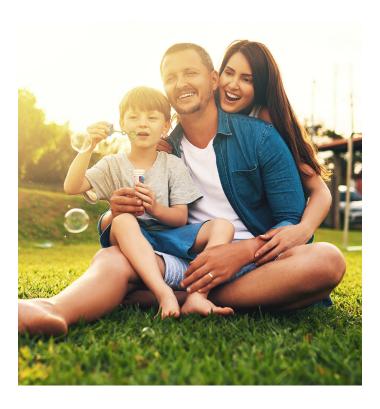
After your HSA balance reaches \$2,500, you can invest the money in a variety of mutual funds. Investing your HSA dollars can help you save for retirement, providing an additional way to reach your goals.

American Fidelity offers an easy-to-use site for managing your HSA investments. You can invest, monitor performance, and change allocations all from your online account. Plus, you'll have access to helpful resources and investment tools.

Features:

- You can have a 401(k) and HSA investment account at the same time
- Money can be transferred back to HSA for eligible medical expenses
- No fees to open an investment account





Eligibility Requirements

Once you're covered by a qualified HDHP, you can contribute to an HSA if you:

- Are not covered by any non-HSA eligible health plan including a general purpose Healthcare Flexible Spending Account (HCFSA) or a Health Reimbursement Arrangement (HRA). Additionally, if your spouse has a HCFSA that allows reimbursements for your expenses, you may not participate.
- Are not enrolled in Medicare or Tricare. If you are over 65, as long as you have not enrolled in Medicare, you can continue to make contributions and use your funds. Once you are enrolled in Medicare or Tricare, you can no longer make contributions but can continue to use your funds.
- Are not being claimed as a dependent on someone else's tax return.

If you are no longer covered by a qualified HDHP, you may still use your HSA funds, however, you may not continue to contribute to your account.

Pairing Your HSA with a Limited Purpose FSA





If your employer provides a Limited Purpose Flexible Spending Account (LPFSA), you may consider pairing your HSA with this type of reimbursement account. An LPFSA reimburses eligible dental and vision expenses only, allowing you to use your HSA funds to pay for eligible medical expenses. Participating in both plans allows you to maximize tax savings and tax benefits.

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Differences in Healthcare FSAs and HSAs

Healthcare FSAs and HSAs are both common types of reimbursement accounts. They both allow you to set aside money for medical expenses, while reducing your overall taxable income.

There are significant differences between a Healthcare FSA and an HSA:

- With an HSA, you own the account, the funds are never forfeited at the end of the plan year, and you can take it with you wherever you go.
- Also, unlike a Healthcare FSA, your funds are available in your account only as contributions are made, instead of at the beginning of the plan year.

HSA	HCFSA		
Eligibility Requirements			
Must have a qualified HDHP and no other disqualified health plan.	No specific eligibility requirements.		
Availability of Funds			
Funds are available only as contributions are made.	The full election amount is available up front at the beginning of the plan year.		
Changing Contribution Amounts			
May change at any point during the year subject to plan provisions.	Changes may only be adjusted at open enrollment or with a qualifying change in employment or family status.		
Rollover			
Any unused balance always rolls over in to the next plan year.	With a few exceptions, HCFSAs are "use or lose" and you forfeit any unused balance at the end of the plan year.		
Connection to Employer			
It's your account. You can take it with you wherever you go.	Generally, you'll lose your HCFSA with a change in employment.		
Effect on Taxes			
Contributions may be taken out of your paycheck pre-tax. Growth and distributions for eligible expenses are tax free.	Contributions are taken out of your paycheck pre-tax. Distributions are tax free for eligible expenses.		

Consider signing up for an HSA today to take control of your healthcare expenses.





Ready to File a Claim?

Choose one of these ways:

- Using our secured Online Service Center.

 Create an Online Service Center account today by visiting secured.americanfidelity.com.
- 2 On your mobile device.

 Visit our mobile app to create an AFmobile™ account.
- **3** By mail* or fax* to:

Insurance Claim

American Fidelity Assurance Company ATTN: AFES Dept PO Box 25160 Oklahoma City, Oklahoma 73125 FAX: 800-818-3453

Flexible Spending Account Claim

American Fidelity Assurance Company ATTN: AFES Flex Account Administration PO Box 25510 Oklahoma City, OK 73125 FAX: 800-543-3539

*Obtain a claim form for your insurance claim at **americanfidelity.com**, then click the **claim or flex forms** button on homepage.

Need assistance? Visit us at **www.americanfidelity.com/fileaclaim** for a complete tutorial of the claim filing process.





One Touch Away

American Fidelity's Online Service Center and mobile app gives you quick and easy access to your insurance benefits and/or Flexible Spending Account (FSA) information – all at one click. If you don't already have an online account you can create one today at www.americanfidelity.com/myaccount or on our mobile app, AFmobile.™

How to Establish an Account:

- 1. Visit secured.americanfidelity.com
- 2. Click on the link "Register Here"
- 3. Fill out the required information to establish an online account

Online Service Center Features:

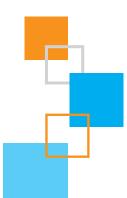
- Submit FSA and insurance benefit claims
- Check claim status
- Access your detailed policy information
- View account balances
- Sign up for direct deposit

South Lane School District Opting Out of Insurance HRA-Veba Benefit Information



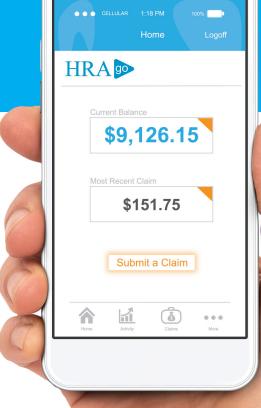
Save up Tax-free Money for Medical Bills

A funded health reimbursement arrangement for public employees in the Northwest



- Copays
- Deductibles
- Prescriptions
 - Dental
 - Vision
 - Orthodontia
- Chiropractic
- Medicare premiums
- Retiree medical premiums

...and hundreds more







Health Reimbursement Arrangement

An HRA is a **tax-free account** that **puts you in control** of your family's healthcare expenses¹. It's easy to use, funded through your employer, and a smart way to save up for out-of-pocket medical, dental, and vision bills, including retiree insurance premiums.



How It Helps

You might be struggling to cope with the cost of **doctor visits**, **prescriptions**, **new glasses or contacts**, **and braces for the kids**. Maybe you're working longer than you had expected because you can't afford medical insurance—up to \$1,000 or more per month for a retiree and spouse before age 65!

Fortunately, the HRA VEBA Plan² can help. Many participants use their HRAs to reimburse retiree insurance premiums and the cost of medical items and services they wouldn't be able to afford otherwise. This includes things like power chairs, hearing aids, expensive vision and dental care, and emergency medical bills.

¹ Your HRA covers you, your spouse, and dependents, including your adult children through the end of the calendar year in which they turn age 26. ² The HRA VEBA Plan is offered by HRA VEBA Trust, a voluntary employees' beneficiary association (VEBA). This non-profit Trust is managed by a Board of Trustees elected by Plan participants, participating employers, or the Board itself, depending on the Trustee position.

How It Works



- 1. Your employer sends tax-free money to your HRA. Often, these funds would have otherwise been paid to you as taxable income. This means you're exchanging taxable income for tax-free money in your HRA—a much better deal! Your employer might also contribute funds in place of some other tax-free employee benefit.
- 2. You choose how you want to **invest your HRA funds** using the available fund lineup.
- 3. Depending on your HRA plan design³, you can **use your money right away or save it up for later**, such as during retirement. Either way, you won't pay any taxes.

HRA eligibility and funding are usually subject to collective bargaining or employer policy. Check with your employer if you need to know more about your group's participation.

Best Tax Advantage

HRAs provide the best tax advantage there is—even better than tax-deferred 457, 403(b), and 401(k) plans! You never pay taxes on HRA money going in or coming out.

- No income, Social Security, or Medicare taxes on contributions from your employer
- · No taxes on investment earnings, if any
- No taxes on withdrawals (claims) for medical care expenses

You might save up to 30% or more, depending on your individual tax situation. With no tax bite, you get to keep a lot more for yourself!

\$100 Monthly Contribution Example



\$10,000 Lump-sum Contribution Example



³ Your HRA may be subject to vesting, post-separation benefits only, or other limitations depending on your employer's plan design or any limited HRA coverage elections you may make.





Investment Options

You get to choose from a menu of available investment funds, kind of like your deferred comp or similar retirement plan. You can make changes monthly.

Option A: Choose a Pre-mix lets you pick a professionally-managed pre-mixed portfolio. This is a great choice if you're not comfortable building your own portfolio. Many investment advisors recommend pre-mixes.

Option B: Do It Yourself lets you build your own portfolio. This is for those who know how to pick their own funds.

You can get more information online, including our **Choosing Your Investment Allocation** brochure, quarterly **Investment Fund Overview**, and links to fund fact sheets and prospectuses. You should read the fund prospectuses before making an investment decision.



HRA Advantages

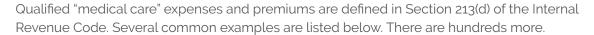
HRAs have several advantages compared to **health savings accounts** (HSAs) and **flexible spending accounts** (FSAs).

- No IRS contribution limits—contributions determined by collective bargaining or employer policy
- Unused funds roll over—no annual use-or-lose or carryover limits
- Enroll in any medical plan—no high-deductible health plan required
- Reimburses medical premiums before and after age 65—including Medicare and Medicare supplement premiums





Medical Care Expenses



Expenses

Copays Laser eye surgery Deductibles Eye glasses Prescriptions Contacts Preventative care Hearing aids Physical therapy Chiropractic Dental care **CPAP** machines

Orthodontia Insulin

Vision exams **Emergency services**

Premiums

Retiree medical, dental, vision Qualified long-term care (subject to IRS limits) Medicare Part B Medicare Part D Medicare supplement plans

TRICARE medical and dental

Survivor Benefit

If you pass away, your HRA can transfer to your surviving spouse, children, designated beneficiaries, or other eligible survivors. This is a unique survivor benefit most other HRA plans can't offer. For more information, or to name a beneficiary, log in online, click My Profile, then click Beneficiaries.







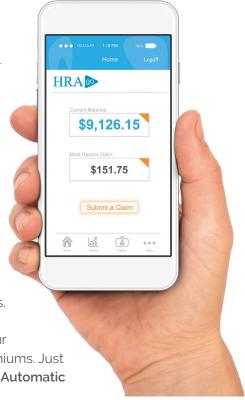
Using Your HRA

Using and managing your HRA is now easier than ever! We provide an effortless online experience and several convenient services.

- Easy online and mobile claims submission
- Handy mobile app, HRAgo®
- Free **debit card** (upon request)
- · Convenient direct deposit
- Secure e-statements

Ready to file a claim? Log in online and click Claims, or use **HRAgo** and do it "on the go." With HRAgo, you can quickly snap pics of supporting documentation and submit claims right from your mobile device. We'll process your claim in about five to seven business days.

Are you a retiree? We can automatically reimburse your monthly insurance premiums, including Medicare premiums. Just log in online, click Claims, and then click the Set up an Automatic Premium Reimbursement button.





I like being able to take pictures of documents with my phone and send them to you when I make a claim.





Amazing Customer Care

We work hard to provide you with top-notch service. If you get stuck or have a question, our friendly customer care team is located in Spokane. Live representatives answer 98% of all phone calls within 30 seconds. You don't have to put up with annoying phone trees that get you nowhere. We're here to take good care of you and your family!

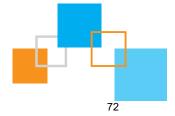


I never have to wait very long, and the people are knowledgeable as well as courteous. I love talking to a human!



MORE INFO? HRAveba.org

QUESTIONS? 1-888-659-8828



Fees

Your HRA is a group health plan. Plan administrative expenses include claims processing, customer service, account administration, printing, postage, legal, consulting, local servicing, auditing, etc. To cover these costs, a monthly per participant fee of \$1.50 (if claims-eligible) or \$0.75 (if not claims-eligible), plus an annualized asset-based fee that averages around 1.00%, is charged to your account. The monthly fee is waived if your account balance is more than \$5,000. In addition, a 0.25% asset-based fee discount applies to any portion of your account balance in excess of \$10,000. Your account value changes daily based on activity, which includes investment earnings or losses, contribution and claims activity, and assessment of the asset-based fee.

To the extent permitted or required by law, certain fees, assessments, or other amounts payable to the federal government may also be deducted from your account. Fund operating expenses vary by fund. You can view these fees on our quarterly **Investment Fund Overview** available online.





Customer Care Center

1-888-659-8828 customercare@hraveba.org

www.hraveba.org

Download our mobile app, HRAgo®, today!





Local Service

To learn more about the HRA VEBA Plan, or to schedule a group presentation, contact a Gallagher office near you.



1-800-888-8322 Spokane/Coeur d' Alene 1-800-422-4023 Tacoma/Bellevue

1-855-565-2555 Tri-Cities 1-877-695-3945 Portland



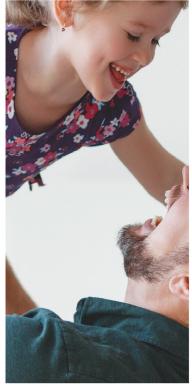
























South Lane School District Other Benefits

Questions & Answers: Your PERS Retirement Benefits as an Oregon Public Service Retirement Plan Member

Welcome to public employment in Oregon!

Your PERS retirement benefits are an important part of your employee compensation package.

PERS-covered employees hired on or after August 29, 2003 become Oregon Public Service Retirement Plan (OPSRP) members unless membership was previously established in PERS under Tier One (for employees first hired before January 1, 1996) or Tier Two (for employees first hired between January 1, 1996 and August 28, 2003).

OPSRP has two components: the Pension Program and the Individual Account Program (IAP).

What is the OPSRP Pension Program?

The OPSRP Pension Program is funded by your employer and provides a lifetime pension. It is designed to provide approximately 45 percent of your final average salary at retirement (for a general service member with a 30-year career or a police and fire member with a 25-year career).

Final average salary is generally the average of the highest three consecutive years (or less if you were employed for less than three years) or 1/3 of total salary in the last 36 months of employment.

PERS uses a formula to determine your OPSRP Pension Program benefit at retirement: 1.5 percent (1.8 percent for police and fire members) x years of retirement credit x final average salary.

What is the IAP?

The IAP is the second part of your retirement plan. Six percent of your subject salary (whether contributed by you or paid by your employer) goes into your IAP account.

Your account is credited with earnings (or losses) annually based on investment returns. IAP administrative costs are charged to member accounts. The IAP is estimated to pay approximately 15-20 percent of your **final average salary** (for a 30-year career) based on an estimated 8 percent investment return each year (estimated investment return is not guaranteed).

At retirement, your IAP dollars are paid in a lump-sum or in installments over 5, 10, 15, or 20 years, or over your expected lifetime.

How do I qualify for PERS membership?

You must complete a six-month waiting period working for the same employer in a position requiring at least 600 hours of work in a calendar year.

What happens when I become a member?

Contributions to the IAP begin after you qualify for membership. CitiStreet, our IAP third-party administrator, then sends you an IAP welcome letter and personal identification number (PIN) to view your IAP account activity online. There currently is no online access to view your OPSRP Pension Program service retirement credit, but that information is included on your annual member statement.

When do I vest in my OPSRP Pension Program and IAP accounts?

You vest in the OPSRP Pension Program after working at least 600 hours a year in each of five calendar years. You automatically vest at age 65 even if you have worked fewer than five years.

You are automatically vested in your IAP individual account when you establish PERS membership.

What happens if I leave PERS-covered employment?

If you are vested in the OPSRP Pension Program, you can withdraw from that program if the actuarial equivalent of your benefit is \$5,000 or less. If you withdraw from the Pension Program, you must also withdraw from the IAP.

How do I designate a beneficiary?

If you die before you retire from the OPSRP Pension Program, your beneficiary is your spouse or a person who is required by law to be treated in the same manner as a spouse for purposes of retirement benefits. You cannot designate another person.

When you retire from the OPSRP Pension Program, if you choose a survivorship option, you may designate a beneficiary for your pension benefit. If you are married at retirement, your beneficiary is your spouse or a person who is required by law to be treated in the same manner as a spouse for purposes of retirement benefits, unless the spouse or other person consents to the designation of a different person.

If you die before you retire from the IAP, your beneficiary is your spouse or someone who is required by law to be treated in the same manner as a spouse for purposes of retirement benefits, unless the spouse or other person consents to the designation of a different person. The spouse or other person may revoke such consent at any time prior to your death.

At retirement from the IAP, if you choose to receive installment payments, you can designate any person as your beneficiary.

How do I keep current regarding my OPSRP Pension Program and IAP accounts?

You will receive an annual statement in May or June for the previous year that shows the retirement credit you earned in the OPSRP Pension Program as well as the beginning balance, annual contributions, earnings, and year-end value of your IAP account.

What if I worked for a PERS-covered employer previously and did not withdraw my Tier One or Tier Two account?

If you established PERS membership prior to August 29, 2003 and return to work for a

PERS-covered employer after that date, you retain your Tier One or Tier Two member account (if you return to work for a PERS-covered employer within five years or if you are vested) in addition to your IAP account. More information on the Tier One/Tier Two retirement program is available on the PERS website.

Where can I get more information regarding PERS retirement programs? The PERS website is: http://oregon.gov/PERS.

PERS Contact Information

PERS website http://oregon.gov/pers

Public Employees Retirement System 11410 SW 68th Parkway Tigard, OR 97223

Customer Service Center 503-598-PERS TTY 503-603-7766 Toll free 888-320-7377

Mailing Address
PERS
PO Box 23700
Tigard, OR 97281-3700



403(b) UNIVERSAL AVAILABILITY NOTICE

The South Lane School District offers a 403(b) plan for all eligible employees of the District. All employees are eligible to participate in the 403(b) plan.

A 403(b) plan is a tax-deferred retirement program that permits an employee to reduce his or her compensation on a pre-tax basis and have the contribution deposited into a 403(b) account that the employee sets up with a 403(b) vendor. Amounts deposited into a 403(b) account and any earnings on those contributions are generally not taxed until the employee makes a withdrawal from his or her 403(b) account following separation from service with the District, unless contributions are made on an after-tax basis

The District maintains a list of approved 403(b) vendors. A copy of this list is available from our Human Resources Department. Employees should contact each vendor or a Financial Planning Advisor for information about the 403(b) products and services it offers.

To enroll in the 403(b) plan, an employee must complete a salary reduction agreement (SRA) and the vendor's application to open an account. The SRA will only apply to amounts earned after enrolling in the plan. This contribution will continue unless it is modified or revoked in the future. The District has established policies that enable you to increase or decrease your contribution, stop your contribution, or change from one authorized 403(b) vendor to another. Employees may get the necessary enrollment forms from Tami or Tracy in our Human Resources Department. Additional information on District policies and other 403(b) plan rules can be obtained with the enrollment materials.

The annual contributions to the 403(b) plan are limited per IRS regulations and may change on an annual basis.

Disclosure to employees: The District has no liability for any employee's election to participate in the 403(b) plan, choice of 403(b) vendor(s), or expected tax consequences resulting from participating in the 403(b) plan. The District does not provide tax, legal or investment advice and recommends that employees seek advice from professionals who specialize in these areas.

If you have further questions or concerns regarding South Lane School District's 403(b) plan or our list of approved vendors, please feel free to contact Celia at (541) 942-3381 X113 or by email at celia.gowing@slane.k12.or.us.

403(b) Exchange Information Sharing Agreements

AIG Retirement (VALIC)
American Century Services, LLC
American Fidelity
American Funds
PENSERV-Formerly First Investors and Foresters Financial Services
ING Life Insurance and Annuity Company – now VOYA
Invesco was Oppenheimer
Security Benefit
Ivy Funds-Waddell & Reed Inc





EMPLOYER BENEFIT SOLUTIONS FOR EDUCATION

New Career, New Choices

Starting a new job can be overwhelming, and your insurance options can be confusing. What you select may be one of the most important things you do this year.

Get help with your options. Stop by and see an American Fidelity account manager.



Disability Income Insurance

AF™ Disability Income Insurance

- can help protect your finances in case of a covered injury or illness
- provides a benefit to help cover costs while you are unable to work
- pays some of your gross monthly earnings

americanfidelity.com/info/disability



Accident Only Insurance

AF™ Limited Benefit Accident Only Insurance

- may help manage out-of-pocket costs to treat injuries resulting from a covered accident
- provides benefit payments directly to you

americanfidelity.com/info/accident



Cancer Insurance

AF™ Limited Benefit Individual Cancer Insurance

- may help ease the financial burden of cancer treatment, so you can focus on recovery
- provides benefit payments directly to you

americanfidelity.com/info/cancer



Critical Illness Insurance

AF™ Limited Benefit Critical Illness Insurance

- pays a benefit upon diagnosis of certain covered life-altering illnesses
- helps with costs not covered by medical insurance

american fidelity. com/info/critical-illness

An unintentional injury averages **\$4,339** in medical expenses.

National Safety Council, Injury Facts, 2019 Web.



Hospital Indemnity Insurance

AF™ Limited Benefit Hospital Indemnity Insurance

- helps pay for out-of-pocket costs, like a hospital stay
- when used with a Health Savings Account allows for a tax benefit and potential savings

americanfidelity.com/info/hospital-indemnity



Life Insurance

 AF^{TM} Life Insurance may help ensure your family is financially protected in the event of a loss. You own the policy, so you can take it with you to a different job or into retirement.

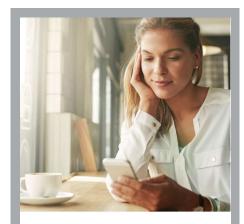
americanfidelity.com/info/life



Annuities

Annuities can be used within a 403(b) Plan, 457(b) Plan, Traditional IRA, or Roth IRA. They can be a important tool in your retirement savings plan.

americanfidelity.com/info/annuities



Educational Videos

Through short videos, we offer multiple ways to learn about your benefits options.

This video library includes enrollment tips, insurance information, stories, and support options.

americanfidelity.com/videos

An Easy Way to Pay for Expenses

Would you like to gain tax savings when paying for medical or dependent care costs? With a Section 125 Plan, your money can be taken from your paycheck pre-tax and used for eligible costs. And since your money is taken out pre-tax, it reduces your taxable income, and allows you to take home more money in each paycheck.

How Does it Work?

Look at the example below. Jane makes \$2,000 a month. Under a Section 125 Plan, Jane would have \$70 more a month. That's a savings of \$840 a year. To calculate your possible savings, visit americanfidelity.com/s125-calculator

Earnings & Hours	Without S125	With S125
Monthly Salary	\$2,000	\$2,000
Medical Deductions	N/A	-\$250
Taxable Gross	\$2,000	\$1,750
Taxes (Federal & State @ 20%	6) -\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Medical Expenses	-\$250	N/A
Take Home Pay	\$1,197	\$1,267



Flexible Spending Accounts

Everyone likes saving money.

Flexible spending accounts (FSA) allow you to save part of your paycheck, before taxes, to pay for eligible costs throughout the year.

Types of Accounts

- Healthcare FSAs
- Limited Purpose FSAs
- Dependent Care Accounts

Explore your savings options at americanfidelity.com/info/fsa



To calculate medical costs that may not be covered by insurance, visit americanfidelity.com/fsa-worksheet

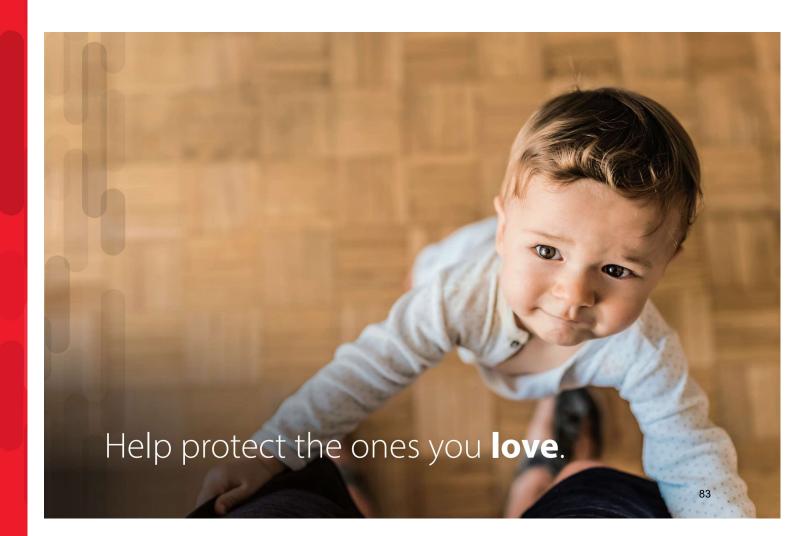
Examples of Eligible Expenses

- Asthma treatments
- · Chiropractic care
- Contact lenses
- Copays
- Dental services

- Eye exam/eyeglasses
- Fertility treatments
- Laser eye surgery
- Over-the-counter bandages
- · Physical exams

- Physical therapy
- Prescriptions
- Prenatal care
- Sunscreen with 15 SPF or higher
- · Walkers/wheelchairs

americanfidelity.com/eligible-expenses



Online Account Support

Your Benefits, Your Account

Within your online account, you'll find all your benefits and reimbursement information in one place.



File a Claim

Submit claims for your insurance benefits or reimbursement accounts



Track Claims

View the status of your benefits and reimbursements claims



Upload Documentation

Attach receipts and documentation for claims



Manage Preferences

Edit your profile, enroll in direct deposit, and elect communication preferences



Notes

Primary Contact:

Faith Perry

Senior Account Manager

503-718-7040

877-293-1090

fax: 877-295-1091

faith.perry@americanfidelity.com



American Fidelity Assurance Company americanfidelity.com