



**SPRINGFIELD
PUBLIC SCHOOLS**

Every Student, Every Day



2026-27 EMPLOYEE BENEFITS GUIDE

A Complete Guide to Your Health and Welfare Benefits





Welcome

We are thrilled to share our comprehensive benefits package with you in this Springfield Public Schools (SPS) Employee Benefits Guide. We hope you find it full of useful information.

At SPS, most of the insurance vendors we work with are located right here in Oregon. We find it helpful to have our resources close by. We are also fortunate to have our own Springfield Wellness Center. This clinic, shared with the City of Springfield, provides high quality primary and acute care. We recently added physical therapy too. All co-pay free for employees and dependents enrolled in our health insurance plan.

At your convenience, take a look at all of the excellent benefits we are proud to offer our eligible employees and eligible dependents as well.

Our SPS Benefits Team will be happy to answer any questions you might have in regards to your benefits.

We think SPS is a great place to be and hope you do too!

Laura Fowler and Pam Clayton
SPS Benefits Team

WHAT'S INSIDE

Employee Resources	4	Employee Assistance Program	24
Enrollment Checklist	5	Willamalane Membership	29
Eligibility and Enrollment	6	Long Term Disability	30
Benefits at a Glance	8	Voluntary Life Insurance	32
Provider Highlights	9	Voluntary Life Worksheet	33
Medical Plans	12	Travel Insurance	34
Prescription and Pharmacy	14	Flexible Spending Account	36
PacificSource Dental Insurance	16	Retirement Planning	38
Willamette Dental Insurance	17	403(b) Tax-Sheltered Annuity Plan	42
VSP Vision Insurance	18	Oregon PERS	44
Cost of Coverage	20	PERS Insurance	47
Wellness Programs	22	Employee Safety	48
Springfield Wellness Center	23	Important Legal Notices	52

IMPORTANT NOTICE

The material in this benefits brochure is for informational purposes only and is neither an offer of coverage, medical advice nor legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Consult the Summary Plan Descriptions to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plans. In case of a conflict between your plan documents and this information, the plan documents will govern. The availability of a plan or program may vary by geographic service area.

Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of our respective insurance companies or our broker. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. While this material is believed to be accurate as of the print date, it is subject to change. Notice of change shall be provided in accordance with applicable state and federal law.

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Scan the QR code to
view a presentation
about your benefits!

SPS Benefits Department
Laura Fowler
Benefits Manager
541-726-3438
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Pictured on the cover of this guide (top to bottom): TRDR First Grade Teacher, Anthonia Ambrusko; the Nutrition Services Team at Springfield High School; TRDR ELD Teacher, Jenny Orlandini with students; and Guy Lee Fourth Grade DI Teacher, Nathania Ortega.

EMPLOYEE RESOURCES

Who to contact when you have questions about your benefits.

Plan and Carrier	Group Number	Phone and Website
Medical / Prescription PacificSource	G0033300	541-684-5582 pacificsource.com
Springfield Wellness Center Cascade Health		541-242-2816 cascadehealth.org
Pharmacy Coverage National Cooperative (NCRx)		866-818-6911 nationalcooperativerx.com
Dental Plan PacificSource	G0033300	866-373-7053 pacificsource.com
Dental Plan Willamette Dental Group		855-433-6825 willamettedental.com
Vision Plan VSP	03360996	800-877-7195 vsp.com
Life and AD&D Insurance Standard	297530-A	800-628-8600 standard.com
Travel Assistance Assist America	01-AA-STD-5201	800-872-1414 assistamerica.com
Flexible Spending Account (FSA) PNC Bank		888-762-2265 pnc.com
Long Term Disability (LTD) Standard	297530-B	800-368-1135 standard.com
Employee Assistance Program (EAP) Cascade Health		541-345-2800 cascadehealth.org

Benefit Questions
Pam Clayton
Benefits Technician
541-726-3219
pam.clayton@springfield.k12.or.us

Payroll Questions
(Last Name A – L)
Kim Donaghe 541-726-3247

(Last Name M – Z)
Jenny Neiwert 541-726-3352

Enrollment Checklist



☐ **Medical / Dental Insurance / Flexible Spending Account**

We will be doing a passive enrollment and will enroll you for 2026-27 as you are currently enrolled. If you are making changes to your enrollment, you will need to complete the appropriate form(s) included in the Open Enrollment email sent out on August 24, 2026, and forward your information to Pam Clayton in Benefits. If you have rollover funds in your Flexible Spending Account you will need to re-enroll with a minimum \$25 per month contribution or you will lose those rollover funds. The form(s) required to re-enroll in your Flexible Spending Account will also be included in the August 24, 2026 email.

☐ **Voluntary Benefit Options: Time-sensitive**

Standard Life Insurance- enroll within 31 days from hire date for guaranteed issue amount.

☐ **Voluntary Benefit Options: Elect at anytime**

Tax Sheltered Annuity (403b account)- set up an account and then fill out a Salary Reduction Agreement form.

Vision Coverage: You will be automatically enrolled in the VSP vision plan based on how you enroll in medical coverage.

Long Term Disability (LTD): No enrollment form needed, automatically enrolled after 6 months in a position of 6 hours/day or more.

Cut along this line and keep this sheet handy year round!



Eligibility and Enrollment Rules

You must be actively at work for your coverage to become effective on your eligibility date.

Medical, Vision and Dental

Minimum Hours Requirement

Administrators: No minimum requirement.

Certified: No minimum requirement.

Classified: 4 hours per day or 20 hours per week.

Waiting Period for New Employees:

Eligibility for benefits will begin the 1st day of the month following your date of hire. Certified Employees hired during the summer are effective October 1st.

Coverage is also eligible for your legal spouse or registered domestic partner, as well as children up to the age of 26, regardless of the child’s place of residence, marital status or financial dependence. Children are classified as eligible as long as they are dependents of you and/or your spouse.

Basic Life, Accidental Death and Dismemberment, Voluntary Life

Minimum Hours Requirement:

Regularly scheduled to work at least 20 hours per week.

Waiting Period for New Employees:

Eligibility for benefits begins the 1st day of the month following your date of hire.

Long Term Disability

Minimum Hours Requirement:

Regularly scheduled to work at least 30 hours per week.

Waiting Period for New Employees:

Eligibility for benefits begins the 1st day of the month following 180 days (six months) from your date of hire.

Flexible Spending Account

Minimum Hours Requirement:

Employees working at least half-time and normally scheduled to work 9 or more months during each calendar year.

Waiting Period for New Employees:

1st of the month following date of hire.



Making Changes

Generally, you can only change your benefit elections during the annual open enrollment period. However, you may be able to change some of your benefit elections upon the occurrence of certain change in status events, provided you properly notify the Benefit Department within thirty-one (31) days of the event.

Examples of change in status events may include:

- Your marriage.
- Your divorce, legal separation or dissolution of your marriage.
- Birth or adoption of an eligible child.
- The death of your spouse or covered child.
- A change in your spouse work status that affects his or her eligibility for benefits.
- A change in your work status that affects your eligibility for benefits.
- A change in residence or work site that affects your eligibility for benefits.
- A change in your child’s eligibility for benefits.
- Receipt of a Qualified Medical Child Support Order (QMCSO).

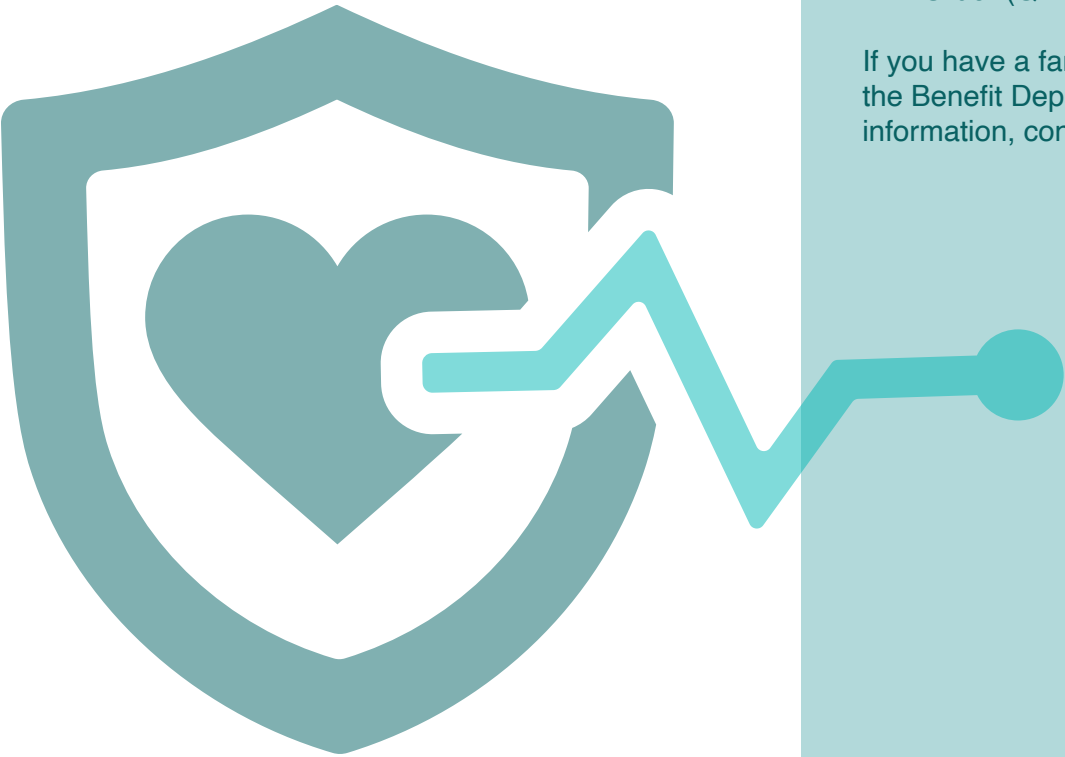
If you have a family status change, you must notify the Benefit Department within 31 days. For more information, contact your Benefit Department.



When Can You Enroll?

You can sign up for Benefits at any of the following times:

- After completing your initial eligibility period.
- During the annual open enrollment period (each year on October 1st).
- Within 31 days of a qualified family status change.
- If you do not enroll at one of the above times, you must wait for the next annual open enrollment period.



Benefits at a Glance

Medical Insurance

There are three medical plan options that are administered by PacificSource Health Plans. Please review each plan to determine which one best fits your coverage and cost requirements. Plan 1 is the Basic Plan, and Plan 2 is a Buy-Up option that offers a slightly better benefit but at a higher cost. Enrollment in Plan 2A is restricted to employees who have other group health insurance coverage through a spouse or parent, as it is designed to supplement that other group plan to help fill possible gaps in coverage.

Pharmacy Benefit

National Cooperative Rx administers our pharmacy program. All of the medical plan options include the same pharmacy benefit.

Wellness Clinic

Springfield Wellness Clinic provides you and your dependents enrolled in the District’s medical plan free primary, acute care, and physical therapy.

Dental Insurance

The District offers two Dental coverage options: an Incentive Dental Plan administered by PacificSource and an HMO-style plan administered by Willamette Dental Group. Under the Incentive Plan you may choose any licensed dental provider, but you will be able to obtain a higher benefit level by using a dentist who participates in the Advantage Dental Network. The Willamette Dental Group Plan is copayment-based, meaning that there is no annual benefit maximum and you pay a copay for all services. With this plan, you must use only Willamette Dental Providers.

Vision Insurance

Vision coverage is administered through Vision Service Plan (VSP). You will be automatically enrolled in this coverage along with your eligible dependent(s) who are enrolled in the medical coverage. The coverage includes eye exams and vision hardware (lenses and frames), which are subject to some plan limitations. The benefit frequency allows for exams and lenses every 12 months and frames every 24 months.

Flexible Spending Account

Another benefit option offered to employees and provided by PNC Bank is a Flexible Spending Account (FSA). This account allows employees to set aside pre-tax dollars for qualifying medical and daycare expenses for you and your tax dependents. These funds are deducted from paychecks in equal installments, depending on the amount elected by the employee at the beginning of the plan year.

Administrator Life

Active Administrative, Supervisory, or Confidential employees qualify for Basic Life and Accidental Death and Dismemberment coverage.

Voluntary Life

You may elect to purchase Voluntary Life and Accidental Death and Dismemberment coverage through the Standard Insurance Company for yourself and your dependents. The cost will be deducted from your paychecks. Coverage can be elected in increments of \$10,000, and there are varying plan maximums. For more information, please review the voluntary life section.

Long Term Disability

The Long Term Disability (LTD) plan through The Standard is designed to provide income protection in the event of total disability from a covered illness or injury. There is a 90-day benefit waiting period, measured from the date of disability, before the plan begins to pay up to 66 2/3% of your monthly wages to a set maximum amount. For additional information, please review the disability section.

Employee Assistance Program

The Employee Assistance Program (EAP) is available to help employees deal with stressors caused by work or by issues outside of the working environment.

To use the EAP plan, please contact Cascade Health at 541-345-2800 or visit their website at www.cascadehealth.org, available 24 hours a day, 365 days a year.

Services & Benefits	Provider
• Three medical plan options. • Dental coverage available. • Several free wellness programs.	
• Flexible Spending Account (FSA).	
• All prescription benefits. • Access to high-quality, cost-effective prescription drugs and best-in-class customer service.	
• Choice pharmacy that services Oregon. • Prescriptions delivered by mail through CVS Caremark. • Multiple locations and services online.	
• HMO-style dental plan. • Copayment based plan. • No annual Maximum. • Two Willamette Dental Group offices.	
• Vision care provider. • Eyeconic® is the preferred VSP online retailer with more than 70 brands. • Save up to 40% on lens enhancements.	
• Wellness partner. • Free medical services for SPS employees at Springfield Wellness Center. • Employee Assistance Program (EAP).	
• Choice provider for voluntary life, dependent life, dismemberment and accidental death insurance. • Travel insurance and services abroad. • Long term disability insurance.	

NOTE: As an SPS employee you can access your benefits insurance policy details and contact information from your phone. Download the USI free mobile benefits app from Google Play or Apple App Store by searching ‘MyBenefits2GO’. After intro pages, when prompted enter code: **S24177** to access Springfield Public Schools benefits.

Medical Plans



Choosing a health coverage option is an important decision. To help you make an informed choice, we've added Summary of Benefits and Coverage (SBC) sheets to this guide; each summarizes important information in a standard format, so you can review each plan and select what fits your needs and finances.



Thurston Middle School Principal, Andy Price, and his wife, Yolanda Elementary Kindergarten Teacher, Kelsey Price, and their beautiful children Nory (5G Yolanda, left), Mack (7G TMS, center) and Elsa (9G THS, right).



Caring for Others—Caring for You

Your health is important to us, and we offer a wide range of health benefits to help take care of you and your family. We take pride in working with local insurance providers and take seriously the mission to take care of our people, so we can take care of all the students and families in our district.

Knowing where to go when you need care is the key to achieving the most cost savings. Except for emergencies, your first call should be to your primary care provider (PCP), who best understands your health and can coordinate care.

In addition to insurance coverage, as a Springfield Public Schools (SPS) employee you have access to the Springfield Wellness Center, a primary care office that specializes in individualized, comprehensive care, health coaching and follow up resources.

However, if you get sick or injured when your doctor's office is closed, you have access to multiple services 24/7. In the event of a life-threatening condition, call 911 or go straight to the Emergency Room.

Medical Plans Highlights



The two plans listed below have the same overall benefit for Preventive Care, Office Visits, Coinsurance, Pharmacy and Alternative Care. However, the plans differ in the amount of the deductible, the out-of-pocket limit you will be responsible for. Please review the plan summary below to familiarize yourself with the benefits offered to you and your enrolled dependents. The benefits shown are based on the Participating Provider level. The copays / coinsurance amounts shown are the portion of the service that you, as the member, will be responsible for.

	Plan 1	Plan 2
Annual Deductible		
Annual Deductible (individual / family)	\$1,500 / \$4,500	\$1,000 / \$3,000
Out-of-Pocket Limit		
Annual Maximum Out-of-Pocket ² (individual / family) includes deductible & copays	\$4,500 / \$9,000	\$3,500 / \$7,000
Preventive Care		
Well Baby Exams / Well Child Exams Routine physicals (1 per Calendar Year) Annual Women's Exams Newborn	0% coinsurance	0% coinsurance
Professional Services		
Springfield Wellness Clinic Primary Care Visits (including Naturopaths) ³ Specialist Urgent Care Center Visits Physical/Speech/Occupational Therapy Surgery	No Charge First 3 office visits, \$5 copay; then \$40 copay* \$50 copay* \$50 copay* \$50 copay* 20% coinsurance after deductible	No Charge First 3 office visits, \$5 copay; then \$40 copay* \$50 copay* \$50 copay* \$50 copay* 20% coinsurance after deductible
Hospital Services		
Inpatient room and board	20% coinsurance after deductible	20% coinsurance after deductible
Outpatient Services		
Outpatient surgery/services Advance diagnostic imaging Diagnostic, therapeutic radiology, lab Emergency Room (copay waived if admitted)	20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance* 20% coinsurance after \$250 copay*	20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance* 20% coinsurance after \$250 copay*
Allergy injections Alternative, chiropractic manipulation, acupuncture	\$5 copay* \$40 copay* 20 visits per yr. / 12 visits per yr.	\$5 copay* \$40 copay* 20 visits per yr. / 12 visits per yr.
Prescription Drugs* RX Benefits – CVS Caremark		
Retail (1-30 day supply) Incentive drugs Generic & Preferred Brand Non-Preferred Brand Specialty	\$3.00 copay 50% or \$30, whichever is less 50% coinsurance 30% coinsurance	
Mail Order (31-91 day supply) Incentive drugs Generic & Preferred Brand Non-Preferred Brand Specialty	\$8.00 copay 50% or \$45, whichever is less 50% coinsurance 30% coinsurance	



The plan option outlined below is significantly different, in that enrollment in Plan 2A is restricted to employees who have other group health insurance coverage through a spouse or parent. The coverage provided under Plan 2A is designed to supplement that other group health coverage and work to fill in possible gaps in coverage. The benefits shown are based on the Participating Provider level. The copays / coinsurance amounts shown are the portion of the service that you, as the member, will be responsible for.

	Plan 2A	
Annual Deductible		
Annual Deductible (individual / family)	N/A	
Out-of-Pocket Limit		
Individual / family	N/A	
Preventive Care		
Well Baby Exams / Well Child Exams Routine physicals (1 per CY) Annual Women's Exams Newborn	0% coinsurance	
Professional Services		
Springfield Wellness Clinic Primary Care Visits (including Naturopaths) ³ Specialist Urgent Care Center Visits Physical/Speech/Occupational Therapy Surgery	No Charge \$40 copay* \$50 copay* \$50 copay* \$50 copay* 20% coinsurance	
Hospital Services		
Inpatient room and board	Plan pays 100% of the first \$1,000 of eligible expenses (other than office copays); thereafter, plan pays 20% up to \$3,500 annual max benefit	
Outpatient Services		
Outpatient surgery/services Advance diagnostic imaging Diagnostic, therapeutic radiology, lab Emergency Room (copay waived if admitted)		
Other Covered Services		
Allergy injections Speech/occupational therapy visits		
Other Covered Services		
Alternative, chiropractic manipulation, acupuncture	\$40 copay* 20 visits per yr. / 12 visits per yr.	
Prescription Drugs		
RX Benefits – CVS Caremark		
Retail (1-30 day supply) Incentive drugs Generic & Preferred Brand Non-Preferred Brand Specialty	\$3.00 copay 50% or \$30, whichever is less 50% coinsurance 30% coinsurance	
Mail Order (31-91 day supply) Incentive drugs Generic & Preferred Brand Non-Preferred Brand Specialty	\$8.00 copay 50% or \$45, whichever is less 50% coinsurance 30% coinsurance	

This is a brief summary of your benefits and not all benefit limits or exclusions of the contract are stated. Services rendered by non-participating providers are paid at a reduced benefit level.

* Not subject to deductible.
2. The medical plan out-of-pocket maximum does not include incurred charges that exceeds amounts allowed under the plan, ineligible expenses, non-participating providers fees in excess of PacificSource allowed charges.
3. Naturopaths acting within their scope of practice and in compliance with the state's licensure requirement and providing services for covered benefits.

Prescription and Pharmacy Benefits National Cooperative

When you enroll in any of our health plans, your prescription benefits are handled through National Cooperative Rx (NCRx), a market-leading pharmacy benefits optimizer. Using NCRx brings you access to high-quality, cost-effective prescription drugs and best-in-class customer service. NCRx is a partner of CVS Caremark, our district’s choice pharmacy to provide more convenience and personal services to SPS employees.

You can have your prescriptions filled at over 66,000 pharmacies nationwide, including most chain and independent pharmacies, so you may receive greater choice and maximum convenience. Examples of participating pharmacies include (but are not limited to) CVS Pharmacy, Rite-Aid, Walgreens, Costco Pharmacy, Sam’s Club, Walmart, independents, chains, and grocers. You do not need to switch to CVS Pharmacy in order to receive your medications.

Visit NCRx website at nationalcooperativerx.com/member-resources to gain access to robust information related to your pharmacy benefits, instructional videos, and educational briefs.

If you have questions about your prescription benefit, contact NCRx Member Services Team, toll free at 866-679-9479 or visit nationalcooperativerx.com/contact-us.

About CVS Caremark

Convenient medication delivery options. Whether it be home delivery, same-day delivery, pickup at retail stores, or through the specialty centers of excellence — we’re organizing a dispensing platform to meet you where you are. You can have your prescriptions filled at over 66,000 pharmacies nationwide, including chain and independent pharmacies, so you may receive greater choice and maximum convenience. You will also have the option to pick up Specialty medications at your local CVS Pharmacy.

Digital tools help you save money, get the information you need to make informed decisions about your health care, and stay on track with prescriptions. Request refills, get email and text alerts about your prescriptions, and check medication costs — all on your own time. We’ve also created some new innovative capabilities: remote monitoring and sensing, to help those with chronic and specialty conditions better manage their care plans and live their best life.

CVS MinuteClinic solution serves millions of consumers. HealthHUB offers a broad array of other services that support members with chronic conditions and wellness concerns.

For members taking specialty medications, CVS Specialty helps make it easier to manage your condition and enjoy better quality of life with the experienced support of our pharmacist-led teams. Your team can help you with:

- Coordinating delivery of your refills
- Understanding and managing your condition
- Taking your medicine correctly
- Troubleshooting side effects

CVS embeds specially trained pharmacists and nurses into the care teams for patients using specialty medications for rare chronic diseases, resulting in better condition management, fewer hospitalizations, and ER visits. Count on CVS for personalized support every step of the way, 24 hours a day, 7 days a week, 365 days a year.

Register today at caremark.com/account-login.



Dental Insurance



When a course of treatment is expected to cost \$300 or more, and is of a non-emergency nature, your dentist should submit a treatment plan before treatment. This enables you to see what your out-of-pocket expenses will be and can budget accordingly. There is also a possibility that suggested procedures may be denied, and alternative procedures approved based upon x-rays and supporting documentation.

This dental program is available to full-time and part-time employees of Springfield Public Schools through Willamette Dental Group.

	All Providers
Annual Benefit Maximum Orthodontia Lifetime Maximum	\$1,500 per person / calendar year 50% coinsurance
Class 1 Services – Diagnostic and Preventive Treatment	
Examinations Bitewing films, full mouth x-rays and/or panorex Dental cleaning (prophylaxis and periodontal maintenance) Topical fluoride Fluoride varnish Sealants Space Maintainers	30% - 1st Year 20% - 2nd Year 10% - 3rd Year 0% - 4th Year
Class 2 Services – Basic Treatment / Restorative Crowns	
Fillings Simple surgical extractions Periodontal scaling Root planning and/or curettage Full mouth debridement Complicated oral surgery Pulp capping Pulpotomy Root canal therapy Periodontal surgery Tooth desensitization Crowns	30% - 1st Year 20% - 2nd Year 10% - 3rd Year 0% - 4th Year
Class 3 Services – Major Treatment	
Replacement of existing prosthetic device Dentures Bridges Implants	50%

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

Class I and II Services: The above plan pays 70% toward covered Class I and Class II services during the first year of eligibility. Payment increases by 10% each successive eligibility year, up to the maximum of 100%. In order to qualify for each 10% increase, members must visit the dentist at least once during each eligibility year. Failure to do so will cause a 10% reduction in payment for the next eligibility year, although payment will never drop below 70%.

Class III Services: The above plan pays 50% of covered Class III services. There is no yearly increase or decrease in this benefit.

Covered Benefits	Copays
Annual Maximum Deductible General or Orthodontic Office Visit	No Annual Maximum* No Deductible \$15 per visit
Diagnostic and Preventive Treatment	
Routine and Emergency Exams Teeth Cleaning Fluoride Treatment Sealants (per Tooth) Head and Neck Cancer Screening Oral Hygiene Instruction Periodontal Charting Periodontal Evaluation	Covered with the Office Visit Copay Covered with the Office Visit Copay Covered with the Office Visit Copay Covered with the Office Visit Copay Covered with the Office Visit Copay Covered with the Office Visit Copay Covered with the Office Visit Copay
Restorative Dentistry	
Fillings Porcelain-Metal Crown	Covered with the Office Visit Copay Covered with the Office Visit Copay
Prosthodontics	
Complete Upper or Lower Denture** Bridge (per Tooth)**	Covered with the Office Visit Copay Covered with the Office Visit Copay
Endodontics and Periodontics	
Root Canal Therapy - Anterior Root Canal Therapy - Bicuspid Root Canal Therapy - Molar Osseous Surgery (per Quadrant) Root Planing (per Quadrant)	Covered with the Office Visit Copay Covered with the Office Visit Copay Covered with the Office Visit Copay Covered with the Office Visit Copay Covered with the Office Visit Copay
Oral Surgery	
Routine Extraction (Single Tooth) Surgical Extraction	Covered with the Office Visit Copay Covered with the Office Visit Copay
Orthodontia Treatment	
Pre-Orthodontia Treatment*** Comprehensive Orthodontia Treatment	\$150 \$1,800
Dental Implants	
Dental Implant Surgery	Implant benefit maximum of \$1,500 per calendar year
Miscellaneous	
Local Anesthesia Dental Lab Fees Nitrous Oxide Specialty Office Visit Out of Area Emergency Care Reimbursement	Covered with the Office Visit Copay Covered with the Office Visit Copay \$40 \$30 per visit You pay charges in excess of \$100

Two Willamette Dental Group locations available:

Springfield 2510 Game Farm Road Springfield, OR 97477 (855) 433-6825	Eugene 2703 Delta Oaks Dr., Suite 300 Eugene, OR 97408 (855) 433-6825
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This is a brief summary of benefits and does not include all limitations and exclusions.

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



Human Resources Office Manager, Sherry Moore, who got her prescription glasses a year ago.

Vision Benefits



As an SPS employee, you'll get access to savings and personalized vision care from a VSP network doctor for you and your family. Value and savings you will love. Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras, which provide offers from VSP and leading brands totaling over \$3,000 in savings.

Depending on your enrollment selections, SPS will automatically enroll you with VSP for all your vision benefits within an affordable vision plan.

Maximize your benefits at a Premier Program location, which is part of our incredible network of doctors.

Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

You'll get great care from a VSP network doctor, including WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

Save an additional \$20 on featured brands for glasses and up to 40% on lens enhancements. **See all brands and offers at vsp.com/offers.**

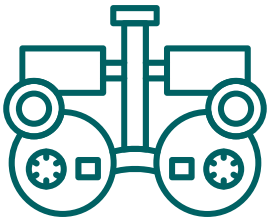
†Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.
‡Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.
+Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.

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Benefit	Description	Copay	Frequency
Coverage with a VSP Provider			
Wellvision Exam	- Focuses on your eyes and overall wellness. - KidsCare: Children up to age 18 can have two, fully covered Wellness exams, if needed.	\$15 for exam and glasses	Every 12 months
Essential Medical Eyecare	- Retinal screening for members with diabetes. - Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. - Coordination with your medical coverage may apply. Ask your VSP doctor for details.	\$0 per screening \$20 per exam	Available as needed
Prescription Glasses			
Frame	\$170 featured frame brands allowance. \$150 frame allowance. 20% savings on the amount over your allowance. \$80 Costco® frame allowance. \$150 Walmart®/Sam's Club® frame allowance. *KidsCare: Frames for children up to age 18 are covered up to \$150 every 12 months. Available at VSP doctors only.	Combined with exam	Every 24 months
Lenses	- Single vision, lined bifocal, and lined trifocal lenses. - Impact-resistant lenses for dependent children. - KidsCare: Additional lenses for children up to age 18 are fully covered when needed. Minimum prescription change is required. Available at VSP doctors only.	Combined with exam	Every 12 months
Lens Enhancements	- Standard progressive lenses. - Premium progressive lenses. - Custom progressive lenses. - Average savings of 30% on other lens enhancements.	\$0 \$95 - \$105 \$150 - \$175	Every 12 months
Contacts (instead of glasses)	\$130 allowance for contacts; copay does not apply. - Contact lens exam (fitting and evaluation).	Up to \$60	Every 12 months
Extra Savings	Glasses and Sunglasses - Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. Routine Retinal Screening - No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam. Laser Vision Correction - Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.		
Your Coverage Goes Further In-Network			

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.



Cost of Coverage

You share the cost of health care services with Springfield Public Schools and the medical plan you select. As you review the medical plan options you should consider how you pay for health care costs. The types of costs and their deductibles will help you make an informed decision.

Premiums + Out-of-Pocket Costs = Total Cost of Health Care

Premium: A premium is the monthly cost for your health insurance. You and Springfield Public Schools share this cost. You pay your portion from pre-tax payroll deductions.*

Deductible: A deductible is the amount you must pay before the health plan begins sharing the cost of services. You pay this full amount, if required by your plan, before the plan pays benefits. Some services such as preventive visits or doctor visits are not subject to the deductible.

Coinsurance: When you are paying coinsurance, you are sharing a percentage of the cost of services with the medical plan.

Out-of-Pocket Maximum: The annual out-of-pocket maximum protects you from excessive medical expenses. This is the most you would pay, and includes your medical deductible, copays and coinsurance, for eligible expenses during a plan year unless otherwise stated.

Once you reach the out-of-pocket maximum, the plan pays 100%.

Your expenses for the following do not count toward the annual out-of-pocket limit:

- Charges over the allowable fee for services of non-participating providers.
- Incurred charges that exceed amounts allowed under the plan.

These expenses continue to be your responsibility even after the out-of-pocket limit is reached.

Your Total Costs: Remember, the total cost you pay for healthcare services in a plan year is the combination of your out-of-pocket costs when you access medical care plus the premium payments you are required to make for coverage.

****Premiums are not applied towards your deductible or out-of-pocket maximums.***

Note: All claims for benefits must be submitted to the plan within 90 days of the date of service. If it is not possible to submit a claim within 90 days, you should submit the claim as soon as possible. In some cases, the plan will accept the late claim. The plan, however, will not pay a claim that was submitted more than one year after the date of service.



Employee Insurance Costs

(Includes Medical, Dental and Vision)

		CLASSIFIED	ADMINISTRATORS AND CERTIFIED
Basic Plan 1	Coverage Level	Monthly Rates	Monthly Rates
Full-Time (8 hours / day)	Single	\$112.00	\$87.00
	Employee + Spouse	\$310.00	\$285.00
	Employee + Family	\$401.00	\$376.00
	Employee + Child(ren)	\$263.00	\$238.00
Part-Time (less than 8 hours / day)*	Single	\$208.00	\$183.00
	Employee + Spouse	\$450.00	\$425.00
	Employee + Family	\$641.00	\$616.00
	Employee + Child(ren)	\$411.00	\$386.00
Basic Plan 2	Coverage Level	Monthly Rates	Monthly Rates
Full-Time (8 hours / day)	Single	\$441.00	\$416.00
	Employee + Spouse	\$603.00	\$578.00
	Employee + Family	\$708.00	\$683.00
	Employee + Child(ren)	\$603.00	\$578.00
Part-Time (less than 8 hours / day)*	Single	\$440.00	\$415.00
	Employee + Spouse	\$727.00	\$702.00
	Employee + Family	\$1,010.00	\$985.00
	Employee + Child(ren)	\$692.00	\$667.00
Basic Plan 2 A (Supplemental)	Coverage Level	Monthly Rates	Monthly Rates
Full-Time (8 hours / day)	Single	\$80.00	\$55.00
	Employee + Spouse	\$203.00	\$178.00
	Employee + Family	\$262.00	\$237.00
	Employee + Child(ren)	\$173.00	\$148.00
Part-Time (less than 8 hours / day)*	Single	\$126.00	\$101.00
	Employee + Spouse	\$277.00	\$252.00
	Employee + Family	\$357.00	\$332.00
	Employee + Child(ren)	\$233.00	\$208.00

*School year employees who receive 10 checks will have an additional amount withheld per month to continue summer coverage. To calculate the amount that will be withheld, multiply the monthly rate by 2 and divide by 10 checks.

Note: All employee out-of-pocket premium amounts are automatically deducted from paychecks on a pre-tax basis in accordance with Section 125 of the Internal Revenue Code, unless you notify the District in writing.

Wellness Programs



The Springfield Public Schools (SPS) Wellness Program is designed to help you focus on making healthy living a priority in your life. SPS is pleased to offer additional health and wellness benefits to our employees to promote ongoing physical and emotional health at every stage of life. We know that when you put your well-being first, your chance for better health and a balanced life will follow. We want you to be healthy, so our community can be healthy.

Springfield Wellness Center



The Springfield Wellness Center is a medical clinic for eligible City of Springfield and Springfield School District employees, retirees and their families. The center specializes in individualized, comprehensive care, health coaching and follow up resources. Working with your PacificSource health plan, we provide you free, high quality primary and acute care.

Our partnership with Cascade Health provides a full range of primary health care, minor surgery and preventive care while maintaining strict confidentiality. Referrals for diagnostic imaging and specialist visits also available.

Fill out your new patient paperwork and submit before your first visit.

Call to make your appointment at 541-242-2816, the Springfield Wellness Center is located at 225 5th St. Rm. 518, Springfield, OR. Visit cascadehealth.org for more details.

Services and Procedures at a Glance

Preventive Care

- Adult annual exams
- Adolescent (12 and over) well exams
- Biometric screenings
- Contraception counseling
- Sports physicals
- Tobacco cessation

Chronic Disease Management

- Asthma
- Allergies
- Diabetes
- Eczema
- High blood pressure
- High cholesterol
- Hypothyroidism
- Irritable bowel disease
- Migraines
- Anxiety
- Depression
- Sleep disturbance

Vaccinations

- Influenza
- Tdap (tetanus, diphtheria, pertussis)
- Hepatitis A and B
- Shingles
- HPV
- Meningitis

Episodic Illness

- Cold
- Cough
- COVID-19 (via telehealth)
- Ear pain
- Nausea, vomiting, diarrhea
- Rashes/reactions
- Skin lesion (moles, tags, etc.)
- Sore throat
- Sprains, strains, joint pain
- Urinary tract infections
- Vaginitis

Testing

- Screening labs
- Disease monitoring labs
- STI testing
- Diagnostic imaging

Referrals

- Psychiatry
- Specialists

On-Site Physical Therapy

Treatment for work-related injuries and behavioral health services are offered at Cascade Health, 2650 Suzanne Way in Eugene. Call (541) 228- 3100 for more information.



Counseling Services



Cascade Health’s Counseling & Employee Assistance Program (EAP) helps individuals, couples, families and work groups improve mental health, decrease stress and improve quality of life – at work and home.

Counseling can be a good way to combat stress, develop new skills, learn more about yourself and help you make changes to improve your life. Whether your goals are personal, professional or relationship-focused, our counselors can provide guidance, support and action plans to help you live your happiest, healthiest life.

Compassionate and experienced counselors and coaches listen and provide guidance, support and help making actionable plans to reduce the burden of struggles and develop healthy behaviors. We provide therapy services, training and programs to the Eugene and Springfield, Oregon communities.

Counseling services are available to SPS employees, couples and families ages 6 and up. Contact Cascade Health at (541) 345-2800, Mon-Fri for an appointment, 8 a.m. to 5 p.m. Cascade Health Counseling is located at 2650 Suzanne Way, Ste. 120, Eugene, OR 97408.

For more details and to request an appointment online, visit cascadehealth.org/counseling-eap.

Health Education Reimbursement



PacificSource will reimburse eligible medical members up to a maximum of \$150 per member per plan for health and wellness classes.

How it works:

1. Check with your local hospital or organization to find a health or wellness class, and register directly with them.
2. Complete and return our Reimbursement Request Form with a copy of your receipt.
3. The reimbursement will be sent directly to you after completion of the course or series.

NOTE: You must be an eligible and enrolled PacificSource member at the time of class registration and when the class begins to qualify for class reimbursement.

Eligible classes may include:

- Any class offered by a hospital.
- Health and wellness classes taught by a licensed or certified instructor.
- In-person or online classes that promote health, well-being or enhance quality of life. For example:
 - First aid, automated external defibrillator (AED), or cardiopulmonary resuscitation (CPR).
 - Nutrition classes.
 - Pre-natal or parenting classes.
 - An online course on a health-education, wellness topic, or that is a fitness activity.
 - Condition management (diabetes, cancer, arthritis, asthma and more).

Activities that are not eligible:

- Punch card for drop-in gym time.
- Classes that require a gym, health club facility, or parks and recreation membership.
- Gym and health-center membership fees.
- Advance payment for a class.
- Sports league fees, sports fees.
- Entry fees, consultations, weight-loss plans.
- Employer-required training courses.
- Employer reimbursement.
- Clinical appointments with a dietitian.
- Instructor certifications.
- One-on-one education classes.
- Online fitness memberships.

For more information contact Customer Service at 888-977-9299 or email CS@PacificSource.com. To enroll visit PacificSource online and [download a fillable Health Education Reimbursement form](#).



Zero Cost Diabetes Management



The PacificSource Diabetes Wellness program helps members access diabetes resources, coaching, medications, and supplies—at no cost. Reduce costs and make your diabetes journey easier with PacificSource. You and your dependents with diabetes can be part of this no-cost program supported by years of collaboration with providers and clinicians.

The program has certain conditions, but you'll be guided at every step. Your commitments include periodic check-ins with your primary care doctor or endocrinologist, and calls with a PacificSource health coach. Measures include:

- Pre-and post-biometric data, A1c, and other necessary testing and procedures for diabetes management.
- Before and after two-question depression screenings.

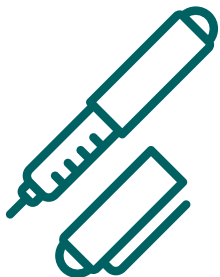
What you get at no cost

In addition to pumps, glucometers, and monitors, enrolled members get the supplies that go with them. We know cost can be a barrier to managing your diabetes. So we're making essential diabetes medications free. PacificSource will help ensure a drug-therapy plan that's best for you.

- Medications for diabetes, blood pressure, cholesterol, and behavioral health.
 - Blood sugar testing supplies: glucometer, testing strips, and lancets.
 - Continuous glucose monitor and supplies.
 - Insulin pump and pump supplies.
 - Labs, such as A1c, up to four times per year, annual lipid panel, annual B12 (if on metformin), annual Comprehensive Metabolic Panel, and urine microalbumin.
 - At least two provider visits per year.
 - Annual diabetes eye exam.
 - Treatment and coaching from a provider.
- Preventive wellness services.
 - Smoking cessation and physical activity programs.
 - Progress tracking.
 - Diabetes and nutrition education and support.
 - Two annual dental exams and cleanings (must have PacificSource Dental plan).
 - Medication Therapy Management Services including medication reconciliation, adherence counseling, statin use in diabetes, comprehensive, and targeted medication reviews. Member must have pharmacy benefits administered by PacificSource to receive this service.

By opting in, you are agreeing to follow program requirements. Doing so ensures you remain eligible for the program. Choosing to not follow requirements results in disenrollment for the remainder of the program year. If you're disenrolled, your normal cost shares to manage diabetes apply.

For more information about the program or to enroll, contact PacificSource Condition Support at 888-987-5805 or email YourSupport@PacificSource.com.



Free Prenatal Program



Healthy babies start with healthy pregnancies! Research has shown that education, support, and access to appropriate prenatal care can positively affect pregnancy outcomes. The PacificSource Prenatal Program helps expectant mothers learn more about their pregnancy and development of their child.

As a participant, you'll receive:

- A book for each parent on caring for a newborn and becoming a family.
- Educational fliers, bimonthly emails, and newsletters.
- No-cost prenatal vitamins when prescribed by your doctor and filled through an in-network pharmacy.
- Support from a prenatal nurse you can call Monday to Friday from 8 a.m. to 5 p.m. You can access our toll-free number throughout your pregnancy and for six weeks after giving birth.

A nurse will also call you to learn more about you and your pregnancy.

Your provider will be notified of your participation in the program and is welcome to contact the program nurse.

You'll receive an additional packet of information about what to expect when you go home and child safety.

All members and dependents covered under a PacificSource group or individual health plan are eligible for the program at no charge. The program is completely confidential, and participation is voluntary.

For more information about the program or to enroll, call 888-987-5805, send an email to Prenatal@PacificSource.com or visit [PacificSource.com/prenatal](https://www.pacificsource.com/prenatal) and complete the online registration form. After you register, you will be sent an initial assessment to complete. You will then receive a Prenatal Welcome Kit and an email from Amazon with a voucher to order books.

Active&Fit Direct™ Fitness Program



PacificSource members get discounted access to a broad network of participating fitness centers.

Choose standard or premium

- Select the standard or premium fitness center option that best fits you.
- Stop or switch options any time.
- Discounts range from 20% to 70% on average.

Freedom and flexibility

- More than 12,500 participating centers/YMCAs nationwide. See activeandfitdirect.com/search.
- Switch fitness centers to ensure you find the right fit.
- Find fitness centers with the web-based locator.
- Track your progress with the online fitness tracker.
- More than 12,000 online workout videos—for home, work, or on-the-go.
- Receive unlimited 1:1 well-being coaching in areas such as fitness, nutrition,

To get started

1. Visit PacificSource.com for details or sign-up through InTouch account. Visit PacificSource.com/members to register.
2. View and print your Active&Fit membership card.
3. Once the fitness center verifies your enrollment in the program, you will sign a standard membership agreement and receive a card or key tag from the fitness center to check in for future visits.

Note: Your participation is month-to-month after an initial two-month commitment.

Free fitness center trial

- Many fitness centers/YMCAs offer guest passes.
- Request a guest-pass letter for a gym at PacSrc.co/ActiveAndFitSearch. You will need to register and sign in to request the letter.

For more information contact Customer Service at 888-977-9299 or email CS@PacificSource.com. To enroll visit [PacificSource](https://PacificSource.com) online and sign-up through InTouch account. Search for fitness centers near you through activeandfitdirect.com/search.



The (un)official SPS Pickleball Team: Andrea Wallace, Joan Bolts (retired 2025), Sarah Martin, and Isabella Wallace. The team regularly trains (and has fun) at Willamalane's Meadow Park, Pickleball Courts.

Free Willamalane All-Access Membership

SPS employees get free membership to the Willamalane Park and Recreation District—swim, dance, stretch, lift, climb, dunk and more with a new Willamalane Membership

Benefits include

- Unlimited admission to all four Willamalane facilities during regular hours of operation.
- Unlimited access to all adult group exercise classes, aquatics fitness classes, and adult dance classes.
- Unlimited access to the fitness center at Bob Keefer Center during regular hours of operation.
- Unlimited access to bouldering and open climbs at Bob Keefer Center during regular hours of operation.
- Admission to waterpark and recreation swims. One admission per facility, per day.
- Rounds of golf at Camp Putt Adventure Golf Park. One round per day, per member.
- 10% off swim lessons. Group lessons only.
- 10% off eligible programs and classes. To learn if your class or program qualifies, call 541-736-4544.
- 10% off all tennis lessons.

To get started

Start or renew your membership by sending an email to fitness@willamalane.org from your SPS account; provide your name, birthday, address, phone number, and if you want, a photo of yourself. You'll be able to pick-up your card at any Willamalane facility.

For more information visit willamalane.org/memberships

Financial Security



Financial security is a cornerstone of a fulfilling and stress-free life. It's the ability to manage your finances effectively, weather unexpected financial storms, and pursue your long-term financial goals without feeling overwhelmed by debt or uncertainty. Springfield Public Schools (SPS) offers comprehensive financial security benefits for life and disability insurance, flexible spending accounts for child care, travel insurance, retirement savings programs and other voluntary benefits. Start planning for tomorrow, today.



Pictured above is SPED EA Samuel Schiffer in the hallway of Two Rivers-Dos Rios Elementary, where he works.

Long Term Disability Insurance



Springfield Public Schools provides Long Term Disability insurance plans through The Standard. This benefit is maintained for the staff members listed below and is effective six (6) months after obtaining a position of at least six (6) hours per day or greater.

The greatest threat to your earning power is illness or injury. If you are disabled for 90 days or longer due to a non-occupational illness or injury, Springfield Public Schools offers you Long Term Disability benefits. The LTD plan is designed to provide you with a reasonable level of income replacement in case you can no longer work due to a disability. Highlights of the Long Term Disability plan include the following:

- Benefits begin following 90 days of disability
- Benefits are equal to 66 2/3% of your monthly base pay up to a varying maximum depending on employee status.
- Benefits are payable for total disability until your Social Security normal retirement age.
- Pre-existing limitations apply (If you have an illness, injury or are pregnant within 3 months before you enroll on this plan, that condition will not be covered for the first 12 months you are enrolled in the plan).

The following classes of employees are eligible for benefits as shown:

Class 1: Administrators, Supervisors and Confidential Members – 66 2/3% of first \$8,000 of monthly income to a maximum of \$5,333.

Class 2: Certified Members – 66 2/3% of first \$6,000 of monthly income to a maximum of \$4,000.

Class 3: Classified Members – 66 2/3% of first \$3,999 of monthly income to a maximum of \$2,666.*

**Springfield Public Schools pays the premium for the LTD insurance for Class 3 employees. All Class 1 and Class 2, the LTD is paid for by the employee.*

Voluntary & Additional Dependent Life Insurance

Springfield Public Schools allows you to purchase additional amounts of individual Term Life insurance through Standard for yourself, your eligible spouse and your eligible children. Employees may purchase amounts of life insurance coverage in increments of \$10,000 up to the following benefit maximums:

- Coverage for you up to a maximum of \$500,000, or 5x (five times) your annual salary, whichever is less.
- Coverage for your legal spouse up to a maximum of \$250,000, not to exceed 100% of the employee's life amount.
- Coverage for your eligible dependent children to a maximum of \$10,000 up to age 21 or up to 26 if a full time student.
- Coverage reduces beginning at age 70.

Additional benefits of the plan include:

Waiver of Premium Provision: The Standard may continue your Life insurance without premium payments if you (1) become totally disabled while insured under the group policy; (2) are under the age of 60; (3) complete the waiting period of 180 days; and (4) give The Standard satisfactory proof of loss.

Portability: If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage. Please see the District's Benefit Department for additional information (this is subject to State variations).

Naming Your Beneficiary

You may name anyone you wish as your beneficiary who will receive your life and AD&D benefits in case of your death. To designate your beneficiary, please contact your Benefits Department team for the preferred method of communication. If you fail to designate a beneficiary or beneficiaries, the insurance benefit will be paid to the first living beneficiary in this order:

- Your Spouse
- Your Child(ren)
- Your Parents
- Your Siblings
- Your Estate

Guarantee Issue: An amount 5x your annual salary or \$100,000 whichever is less in the first 30 days of employment; \$10,000 for spouses. After the initial enrollment period, every request is subject to medical underwriting for approval.



Voluntary Life Worksheet



Employee Rates

If you elect Additional Life insurance, your monthly premium rate for this plan is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck. All Springfield Public Schools employees can apply for voluntary life insurance with The Standard.

Employee's Age	Rate (Per \$1000 of Total Coverage)
<=24	\$0.050
25-29	\$0.057
30-34	\$0.060
35-39	\$0.068
40-44	\$0.085
45-49	\$0.124
50-54	\$0.204
55-59	\$0.332
60-64	\$0.576
65-69	\$0.927
70+	\$0.927

To calculate your premium:

1. Amount Elected: Write this amount on the Additional/Optional Life Requested Amount line on your Enrollment and Change Form. Line 1: _____
2. Line 1 divided by \$1,000 = Line 2. Line 2: _____
3. Select your rate from the rate table and enter on Line 3. Line 3: _____
4. Line 2 multiplied by Line 3 = Your monthly cost. Line 4: _____

Spouse Rates

If you elect Dependents Life insurance for your spouse, your monthly premium rate for this coverage is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Spouse's Age	Rate (Per \$1000 of Total Coverage)
<=24	\$0.050
25-29	\$0.057
30-34	\$0.060
35-39	\$0.068
40-44	\$0.085
45-49	\$0.124
50-54	\$0.204
55-59	\$0.332
60-64	\$0.576
65-69	\$0.927
70+	\$0.927

To calculate your premium:

1. Amount Elected: Write this amount on the Additional/Optional Life Requested Amount line on your Enrollment and Change Form. Line 1: _____
2. Line 1 divided by \$1,000 = Line 2. Line 2: _____
3. Select your rate from the rate table and enter on Line 3. Line 3: _____
4. Line 2 multiplied by Line 3 = Your monthly cost. Line 4: _____

If you elect Dependents Life insurance for your child(ren), your monthly premium rate for this coverage is \$0.20 per \$1,000 of coverage; regardless of the number of eligible children covered. Premiums for this coverage will be deducted directly from your paycheck.

Travel Assistance Program



Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.¹

You and your spouse are covered with Travel Assistance—and so are kids through age 25—with your group insurance from Standard Insurance Company.²

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:

- Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories.
- Credit card and passport replacement and missing baggage and emergency cash coordination.
- Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission.
- Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains.³
- Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond.
- Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization.
- Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded.
- Evacuation arrangements in the event of a natural disaster, political unrest and social instability.

Contact Standard Travel Assistance at 1-800-872-1414 (United States, Canada, Puerto Rico, U.S. Virgin Islands and Bermuda). Everywhere else +1-609-986-1234 / text +1-609-334-0807. **Send an email to medservices@assistamerica.com or visit standard.com.**

¹ Travel Assistance is provided through an arrangement with Assist America, Inc. and is not affiliated with The Standard. Travel Assistance is subject to the terms and conditions, including exclusions and limitations of the Travel Assistance Program Description. Assist America, Inc. is solely responsible for providing and administering the included service. Travel Assistance is not an insurance product. This service is only available while insured under The Standard's group policy.

² Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

³ Must be arranged by Assist America, Inc.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.



Flexible Spending Account Summary



A Flexible Spending Account (FSA) is a type of plan that allows you to receive certain benefits on a pretax basis. This means you will not have to pay Social Security/Medicare taxes or federal/state income taxes on the money. Think of it as a tax-free, interest-free loan to yourself. FSA accounts are administered through PNC Bank.

The following FSA components are available through your employer. These expenses are for your tax dependents. Examples include you, your spouse, or child(ren), even if they are not covered on your employer’s group insurance plan.

Note: There is a \$25 minimum monthly contribution required to participate in an FSA account.

Health FSA Component

Maximum Election (\$283 per pay period, \$3,400 annual)

- You can use this account for healthcare expenses for you and your taxable dependents, including medical, dental, and vision expenses that are either not covered or only partially covered by your insurance plan.
- Your full election amount is available at the start of the plan year.
- When you have a qualified change in status—such as if you add or remove dependents from your insurance plan— you cannot change your election.

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

- Eligible expenses include medical, dental, and vision expenses not paid for by insurance: copays, coinsurance, deductibles, etc.
- Over the counter medicines and supplies are eligible, examples include pain relief and allergy medications, bandages, thermometers, etc. Some vitamins and supplements may be eligible with a Letter of Medical Necessity or doctor’s prescription.

Dependent Care Assistance Plan (DCAP) Component

Maximum Election \$625 per pay period, \$7,500 annual (\$2,500 annual max if married filing separately).

- You can use this account for childcare expenses for your tax dependents under 13 or disabled taxable dependent who is unable to care for themselves, including elder care expenses.
- This account is accrual-based, and reimbursements will be issued as funds are posted and claims received.
- When you have a qualified change in status—such as if your spouse’s employment changes—you can increase or decrease how much you put into your account.

Claims Reimbursement

Reimbursement Time Frame

- Dates of service must be between October 1 and September 30.
- Reimbursements may be requested during the plan year or after it ends.
- The last date to submit claims is December 31.

Submitting Claims

Claims can be submitted through manual submission, or using your Prepaid Benefit Card. If you’re reimbursed for a claim and it is later determined that the expense was not eligible for reimbursement, you will be liable for repaying the money to your FSA. Additional information is listed below.

Manual Claims

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

1. Submit your claim online using our secure PNC portal: pnc.com/pncbenefitplus.
2. Get the PNC Benefits App to manage claims: pnc.com/en/customer-service/mobile-app-directory.html
3. **Call PNC BeneFit Plus Consumer Services at 844-356-9993**

Prepaid Benefit Card

Our enrolled employees receive two benefits cards. A Prepaid Benefits Debit Card gives you an easy, automatic way to pay for qualified healthcare expenses. Simply swipe your benefits card as you would a credit/debit card (and select “credit” rather than “debit”). When you use the card to make a purchase or payment, it deducts funds directly from your FSA.

Date of service is important! It’s assumed the date of service is the day the card is swiped. If you are paying for a prior service, only use your card if the service date is within your current plan year. Prior year services need to be submitted as manual claims for reimbursement. Replacements or additional cards can be purchased for \$10 per set of two cards.

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

Funds Remaining After the Plan Ends

If the plan year ends before you’ve used all of your Health FSA funds, you’re allowed to have up to \$680 carry over to the next FSA plan year. If you have more than the \$680 remaining, you’ll lose those additional funds, along with all other account balances. In order to have up to \$680 carryover, you will be required to make a salary reduction contribution in the new Plan Year. Carryover funds will be automatically rolled after the prior plan year ends.

What Happens If I Terminate Employment During the Plan Year?

If you terminate employment or lose eligibility, your participation in the plan will end on the date your employment status changes or with your final payroll contribution – whichever offers the greater period of eligibility. You may be eligible to continue the Health FSA under COBRA or by making an additional pre-tax contribution out of your last paycheck.

For complete details, file a claim, resources and manage your account visit pnc.com/pncbenefitplus

Retirement Planning



Having a retirement free from money woes isn't necessarily about being a millionaire, but rather using the assets you do have wisely and proactively. By identifying what you can control and focusing on that, you can put yourself in better position to have a retirement that allows you to achieve your goals. A successful retirement means different things to different people. No matter your goals, at SPS we want you to have as many tools and information as possible to help you retire with ease and confidence.



HVAC Tech, Tom Welch worked at SPS for more than 30 years. Tom retired in 2026.



Thinking About Retirement

When working on retirement planning, it's important to think about what your retirement will look like. When beginning to think about what your financial needs will be in retirement, it can help to write down five goals you would like to accomplish in your golden years.

Social Security benefits are an important source of retirement income, but they are usually not enough to comfortably live on during retirement. As an eligible SPS employee you are able to participate in the Oregon Public Employees Retirement System (PERS).

PERS provides steady retirement income and a solid foundation for a secure retirement. The traditional rule of thumb with retirement was that you will need 70-80% of your income in retirement to be able to live a comfortable life. Completing a retirement budget is a far more comprehensive way to examine your money needs than simply relying on a percentage of your current expenses. While it can be difficult to project your lifestyle into the future – especially if you are currently many years away from leaving the workforce – begin by using your current budget as a jumping off point.

If you are worried about stretching your dollars over the full length of your retirement, consider meeting with a financial planner and taking one or more of the following steps:

- Complete a budget and stick to it both now and in retirement.
- Make conservative withdrawals from retirement plans.
- Work longer and delay taking Social Security to increase the amount you get each month.
- Work part-time in retirement.
- Consider an annuity.
- Use assets – such as a home – as a source of income.
- Explore longevity insurance.
- Invest in financial products that generate dividends.
- Invest in bonds as security against dwindling income.

Start planning your retirement with interactive tools from the U.S. Department of Labor
Visit [usa.gov/retirement-planning-tools](https://www.usa.gov/retirement-planning-tools)



Supplemental Retirement Saving Opportunities

Springfield Public Schools (SPS) offers two excellent voluntary programs through which you may elect to contribute a portion of income into supplemental retirement savings accounts: the 403(b) and 457(b) Plans. SPS has contracted with PenServ, a Third Party Administrator (TPA), to provide information and support for the 403(b) and 457(b) Plans. All part-time and full-time employees are eligible to contribute.

You may begin, change, or cancel contributions in the 403(b) Plan and/or the 457(b) Plan at any time, subject to payroll deadlines and 457(b) requirements that deferral agreements must be submitted before the month deferrals are to begin. You may begin contributions in the 403(b) Plan by following the 403(b) Enrollment Procedures by contacting the SPS Benefits Department for more details.

In addition to traditional pre-tax 403(b) and 457(b) supplemental retirement savings opportunities, SPS offers after-tax Roth 403(b) contributions.

403(b) Contribution Limits for 2026

- Elective Deferral Limit: \$24,500.*
- Age 50 Catch-up: An additional \$8,000, for a total of \$32,500* (Applies to Employee's Age 50 or over by 12/31/2026).
- 403(b) Special 15 Years of Service Catch-up: Up to an additional \$3,000.**

457(b) Contribution Limits for 2026

- Elective Deferral Limit: \$24,500.*
- Age 50 Catch-up: An additional \$8,000, for a total of \$32,500* (Applies to Employee's Age 50 or over by 12/31/2026).
- 457(b) Special 3 Year Catch-up: If 2026 is one of the last three years preceding the calendar year of your normal retirement age, you may be eligible** to contribute up to \$49,000* (twice the basic limit).

*Note: Contributions to the plans above cannot exceed employees' total compensation.
**Please contact PenServ to verify eligibility and limits available under Special Catch-ups.

Participant Responsibilities

- Participants are responsible for monitoring account activity regularly for accuracy (e.g., deposits of your contributions), updating contact and beneficiary information.
- Contribution limits are specific to you, the taxpayer. If you participate in another organization's retirement plan in addition to participating in the SPS Plan, please note:
 - 403(b) Elective Deferral Limits described above apply to your total deferrals to all 403(b), 401(k), SIMPLE, and SARSEP plans in which you participate.
 - Note: 457(b) contributions do not need to be aggregated with 403(b) contributions for limit consideration.
- If a problem exists or if you have questions, you should contact PenServ or your employer as soon as possible.
- Comprehensive information is available via PenServ website at penserv.com.
- Please contact PenServ with any questions or concerns Toll-Free at 1-800-849-4001 or send an email message to 403administration@penserv.com.



403(b) Tax-Sheltered Annuity Plan

A 403(b) plan (tax-sheltered annuity plan or TSA) is a retirement plan offered by public schools and certain charities. It's similar to a 401(k) plan maintained by a for-profit entity. Just as with a 401(k) plan, a 403(b) plan allows employees to defer some of their salary into individual accounts. The deferred salary is generally not subject to federal or state income tax until it's distributed. In most cases, there are penalties for withdrawal of funds prior to age 59½.

To enroll, set up an account with an approved vendor. You may work with a financial advisor or contact the vendor directly. After the account is established, fill out a “salary reduction agreement” form and send it to the district’s payroll department. The forms are located on the district’s intranet site or in your new employee packet.

Mutual Fund or Insurance Company	Product Type	Plan#	Phone and Website
American Funds Capital Bank & Trust	Mutual Funds	60618	1-800-421-0180 capitalgroup.com
Corebridge Financial (AIG Retirement)	Annuities	01807	1-800-448-2542 corebridgefinancial.com
Fidelity Investments	Annuities / Mutual Funds	52339	1-800-868-1023 fidelity.com
Horace Mann	Annuities	IO118107201	1-800-999-1030 horacemann.com
Invesco Investment Services	Mutual Funds	082111	1-800-835-7305 invesco.com
Lincoln Financial Group	Annuities	CR24416	1-800-454-6265 lincolnfinancial.com
Vanguard Investments	Mutual Funds	437856	1-800-569-4903 vanguard403bservices.com
VOYA Retirement Insurance	Annuities	VT4513	1-888-311-9487 voyaretirementplans.com

PenServ is the third party administrator for Springfield Public Schools. Contact PenServ to transfer retirement funds into or out of the District plan

PenServ Plan Services, Inc.
Plan Record-Keeper
Phone: 800-849-4001
Website: penserv.com
Email: 403badministrator@penserv.com

457(b) Deferred Compensation Plan

A 457(b) plan is a tax-advantaged retirement savings plan, often called Deferred Compensation Plan (DCP) for state and local government employees. There are significant tax advantages for participants in a 457(b) plan: contributions to a 457(b) plan and earnings on the retirement money are tax-deferred. Generally, 457(b) plans offer fewer vendor choices and more streamlined product choices. Unlike 403(b)s, you can withdraw funds from your 457(b) before age 59½ penalty-free, if you’re no longer employed by your organization, however, you can’t roll over funds from a nongovernmental 457(b) plan into another retirement account.

Employees commonly choose mutual funds and annuities with a 457(b) and can contribute up to 100% of their IRS annual limit. For 2026, the 457(b) contribution limit is \$24,500.

Any 457(b) withdrawals are subject to income tax and wage tax, meaning they must be reported as taxable income on that year’s tax return. However, employees can withdraw without paying a tax penalty for any “unforeseeable emergency.”

Retirees must take the Required Minimum Distribution (RMD) determined by the IRS. An RMD is a minimum amount that must be withdrawn from your 457(b) plan, each year once an individual reaches a certain age.

Mutual Fund or Insurance Company	Plan#	Phone and Website
Corebridge Financial / Valic	01807002000	1-800-448-2542 / 541-687-2221 corebridgefinancial.com
VOYA-VRAIC	VB0118 Code: 45897	1-800-618-2928 / 541-343-2928 voya.com

PenServ is the third party administrator for Springfield Public Schools. Contact PenServ to transfer retirement funds into or out of the District plan

PenServ Plan Services, Inc.
Plan Record-Keeper
Phone: 800-849-4001
Website: penserv.com
Email: 403badministrator@penserv.com

Oregon Public Employees Retirement System

The Public Employees Retirement System (PERS) is the retirement and disability fund for public employees in the U.S. state of Oregon established in 1946. Employees of the state, school districts, and local governments are eligible for coverage.

You don't have to apply to participate in the PERS retirement program. Eligibility and contributions are tracked and administered automatically by the payroll department. You are eligible for PERS benefits if you have worked for 6 full months and if you work 600 or more total service hours in a calendar year.

PERS benefits are broken into three tiers. The tiers are based on your date of hire. They also reflect any changes in law about the benefit levels and requirements.

There are two components to PERS:

- 1. Pension:** Monthly benefit paid to you for the rest of your life once you retire. You can choose to take the benefit as a lump sum. The amount you are paid is defined by a formula based on your number of years of service in the pension system, and wage or salary level.
- 2. Individual Account Plan (IAP):** This is a separate account. It does not provide for a life-long pension. Similar to a 401K savings plan. How much is in your IAP account on retirement depends on your salary amount during your working years and how well the investment market has performed. SPS contributes 6% of your annual salary amount to your IAP. You have the option to roll the account into another qualified retirement account (e.g., IRA, 403b, 457), take a lump-sum distribution or take installment payments (monthly, quarterly, annual) over 5, 10, 15, 20, or estimated life time. Once the account has been fully distributed, payments will stop. The account will continue to have earnings and losses until it is fully distributed. If the retiree dies before the account is fully distributed, the balance is fully inheritable to the beneficiaries the retiree has designated.

What tier are you in?

- If you were hired before Dec. 31, 1995, you are a PERS Tier 1 member.
- If you were hired after Jan. 1, 1996 but before Aug. 29, 2003, you are a PERS Tier 2 member.
- If you were hired on or after August 29, 2003, you are a part of the Oregon Public Service Retirement Plan (OPSRP).

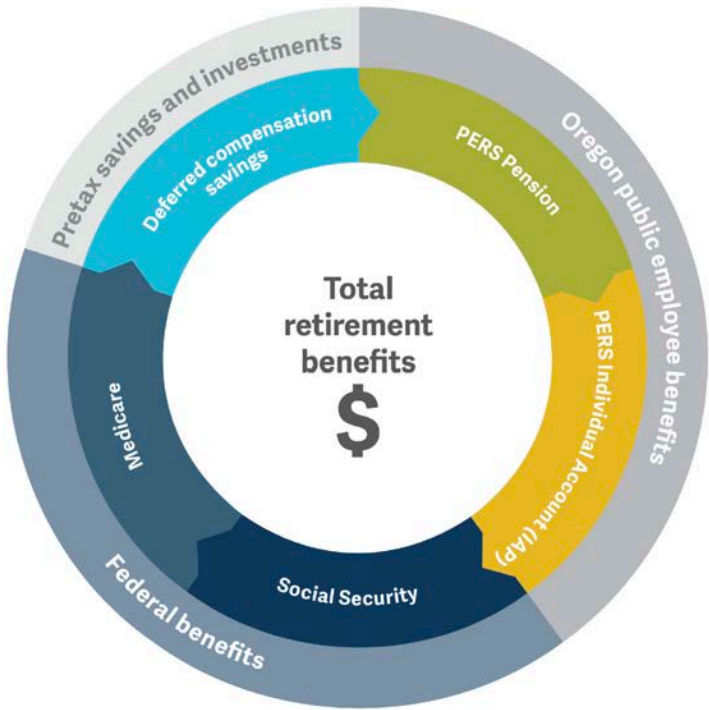
Vesting in the Pension Program

Being "vested" means you have the rights to the full amount of your PERS retirement benefit. For Oregon PERS you can be vested in one of two ways:

- ☐ Work for five years in a PERS-qualifying position for at least 600 hours per year. The years do not need to be consecutive, but you cannot have a gap in qualifying employment of more than five years.
- ☐ Work in a qualifying position on or after reaching normal retirement age.

PERS offers many resources and information for nonretired members, retirees, and employers. Visit the PERS website at oregon.gov/pers for more details or schedule a counseling appointment and plan for your retirement.

Calculating Your Retirement Benefit



Formulas for calculating PERS Benefits

Full Formula: Years of Service x Average Ending Salary x 1.67%

Money Match: Tier 1 or Tier 2 Account Balance x 2 x Age Factor

Full Formula + Annuity: (Years of Service x Average Ending Salary x 1.67%) + (Tier 1 Account Balance x Age Factor) Average Ending Salary

How pension benefits are calculated

The PERS plan bases the benefit on your final average salary. In general, this salary figure is calculated as either the average of your highest salaries from three consecutive years or one third of your total salary in the last 36 months of employment.

The PERS formula varies slightly depending on your service type. All SPS employees are in general service.

OPSRP / General Service Formula: 1.5% x years of total retirement credit x final average salary

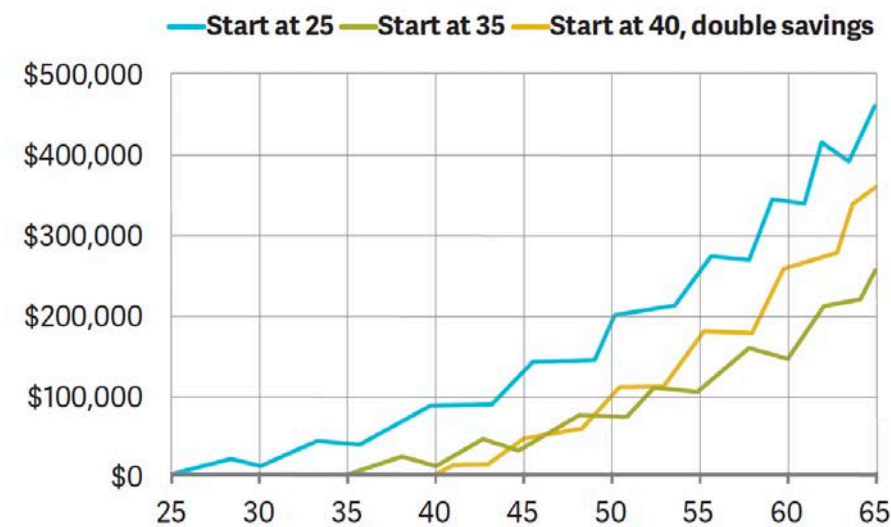
Example:

Final average salary: \$45,000
Retirement credit: 30 years
 $0.015 \times 30 \times \$45,000 = \$20,250$ per year
 $\$20,250 \div 12 \text{ months} = \$1,687.50$ per month in pension income

This example is based on a Single Life Option. Learn about the various retirement options you will have, including beneficiary options, in the OPSRP Pre-Retirement Guide.

Investing Early Pays Later

Saving money can be a challenge in your 20s and 30s when you’re focused on establishing your career and family. You can start small. Savings add up and investing them in a deferred compensation plan pretax can make an easy but significant contribution to your future retirement security and independence.



Keeping an Eye On Your Social Security

Your Social Security benefits are determined by a complex formula based on the 35 years of highest earnings over your lifetime, when the earnings occurred, your birth date, and your age at the time payments begin.

Starting benefits before your full retirement age (65 to 67, depending on your year of birth) will reduce the amount of each Social Security payment, although you will get more of them. Waiting until after your full retirement age, up to age 70, will increase your benefit amount.

If married, you should also coordinate benefits with your spouse.

To estimate your retirement benefits, visit the Social Security Administration’s website at ssa.gov/myaccount.

Not all public employees qualify for Social Security retirement benefits. If you received earnings not covered by Social Security, your estimated benefit may be lower, visit ssa.gov/benefits.

Medicare

Medicare is the federal insurance health program for people age 65 and older. There are important initial and ongoing decisions to make about benefits. Be sure to consider the costs and options as you think through your retirement plan. Health care is one of the biggest expenses in retirement.

medicare.gov or 1-800-medicare

After Retirement PERS Health Insurance Program

As you near retirement, you may wonder how you will cover healthcare expenses after you retire. One option is the PERS Health Insurance Program (PHIP).

PHIP is available to PERS retirees plus their spouses and dependents who meet eligibility requirements. It offers two kinds of plans: Medicare and non-Medicare. It also offers dental plans.

Benefits

PHIP provides extra benefits that are not available in other retiree plans. PHIP’s

Medicare plans include:

- A choice of one of five medical plans.
- A Part D prescription drug plan.
- Hearing benefit.
- Vision benefit.
- Free basic gym membership.

PHIP’s non-Medicare plans offer:

- A choice of one of two medical plans.
- Option to choose a high-deductible plan.
- Alternative care (i.e., chiropractic and acupuncture).
- Vision benefits.
- The option for a Health Savings Account (HSA) that rolls over from one year to the next. (Retirees must be enrolled in a PHIP high-deductible health plan to have this option.)

Subsidies

The Retiree Health Insurance Account (RHIA) and Retiree Health Insurance Premium Account (RHIPA) rates that you pay (rolled into your contribution rate) cover subsidies to help your retirees afford PHIP.

RHIA subsidy: PHIP offers a \$60 subsidy for Tier One and Tier Two retirees enrolled in a PHIP Medicare plan.

RHIPA subsidy: For state retirees who are not yet eligible for Medicare, a subsidy may be available based on state of Oregon qualifying service time. For longer-term employees, this RHIPA subsidy can be worth several hundred dollars a month.

For more information on benefits, eligibility, enrollment, subsidies toward the premium, and plan rates, visit pershealth.com or call PERS Health at 800-768-7377.

Counseling Appointments

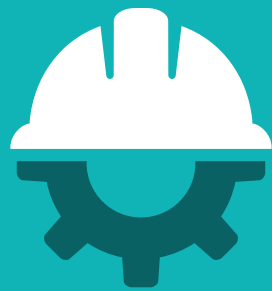
Tigard Office and Counseling Center
11410 SW 68th Parkway
Tigard, OR 97223
1-888-320-7377 Toll Free

Mailing Address

Oregon Public Employees Retirement System
PO Box 23700
Tigard, OR 97281-3700
PERS Internet Address
oregon.gov/pers

Note: You may also wish to contact a Health Insurance Agent for additional health insurance plan information.

Employee Safety



Springfield Public Schools (SPS) is committed to providing a safe and secure work place and learning environment. Safety and health in our district must be a part of every operation. Safety and health will only be achieved through teamwork. Everyone must join together in promoting safety and health and taking every reasonable measure to assure safe working conditions in the school district.



Lexi Beery, Welder and Metalworker, Facilities Department. Lexi is among the many SPS employees who build, fix, and ensure our buildings stay safe for our students every day.

The safety and health of every employee is a high priority. Management accepts responsibility for providing a safe working environment, and employees are expected to take responsibility for performing work in accordance with safe standards and practices.

Workers' Compensation Provider

SAIF Corporation of Oregon is a workers' compensation cooperative and is currently the District's workers' compensation provider. Employees must be made aware of our workers' compensation provider. Please ensure the required workers' compensation poster is in the employee staff area.

Required Postings

Monthly Safety Committee meeting minutes are emailed to the buildings each month and are also required to be posted in a staff area.

Employee Injury Reporting

All employee injury forms (Accident/Incident Analysis & SAIF 801 forms) are located on the District's intranet under Staff Forms (Benefits/Insurance Forms) or ask the building Secretary.

The SAIF 801 form is only required when an employee seeks medical treatment for a work related injury.



Fleet Mechanic, Justus Keiler checking and adjusting the rotors of an SPS bus while others enjoy the summer break.

On-the-Job Injury, Workers' Compensation and Return to Work Procedures

If you experience an on-the-job injury, illness or near-miss incident which does not require immediate professional medical attention, please follow these steps:

1. Notify your immediate Supervisor.
2. If first aid only treatment is needed, seek it on-site.
3. Report all injuries on the Accident and Incident Analysis form regardless of the severity. The Accident/ Incident Analysis form is an internal document that records the event. Employees complete section A of the Accident/Incident Analysis form and route to the Supervisor within 24 hours. The Supervisor will complete section B of the Accident/Incident Form and route to the Benefits Manager. The Safety Committee uses this data to track the incident and types of accidents that occur without disclosing employee information.

A work related injury requiring immediate medical attention should follow the emergency response plan. Otherwise, seek medical treatment as soon as possible.

- If an employee needs to be hospitalized and/or is transported by ambulance, notify Risk Management, Brett Yancey (541-726-3206 or ext. 13206) and the Benefits Manager, Laura Fowler (541-726-3438 or ext. 13438) immediately as there are expedited reporting requirements.
- You must complete the Accident/Incident Analysis form and the SAIF 801 Workers' Compensation form as soon as possible. The SAIF 801 form is used to activate a workers' compensation claim that may cover medical costs related to the work injury. The injured worker will complete section A of the Accident/ Incident Analysis and sections 1 – 29 of the SAIF 801 form.
- The injured worker will provide the completed Accident/Incident Analysis and SAIF 801 forms to their Supervisor. The Supervisor will complete their section of the Accident/Incident Analysis form and route that and the SAIF 801 form to the Benefits Manager.

- If an employee seeks medical treatment days or weeks after a work related accident, the employee must complete the SAIF 801 form.
- The injured worker will inform the attending provider that the District has a return-to-work program with light duty assignments available.
- If the attending provider releases the employee to return to work without restrictions, the employee will route a copy of the Release to Return to Work or Visit Summary to the Benefits Manager. With this full duty work release, the employee must report for work at their regular time and assignment.
- If the treating provider informs the injured worker that they can return to work with restrictions, the employee will provide that return to work documentation to the Benefits Manager. The Benefits Manager will work to modify the current job or offer a modified position which meets the requirements set and approved by the treating provider.

Injured Worker Unable to Return to Full or Modified/Light Duty Work

If the treating provider does not release the employee to return to work full or modified/light duty, the employee must provide a copy of the Release to Return to Work, Work Status, or Visit Summary form the treating provider has completed to the Benefits Manager. The employee must also call the Benefits Manager at least weekly to report medical status.

Non-Work Related Injury or Illness

Employees that have a non-work-related injury or illness, should contact the Human Resources Department. Employees may not return to work until they obtain a release from their treating provider and provide that documentation to the Human Resources Department.

Important Legal Notices Affecting Your Health Plan Coverage

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

Your Information. Your Rights. Our Responsibilities.

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

Your Rights

You have the right to:

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

Your Choices

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

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

Our Uses and Disclosures

We may use and share your information as we:

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

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

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

Ask us to correct health and claims records

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

Request confidential communications

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

Ask us to limit what we use or share

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

Get a list of those with whom we’ve shared information

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

Get a copy of this privacy notice

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

Choose someone to act for you

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

File a complaint if you feel your rights are violated

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

Your Choices

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

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

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

- In these cases we never share your information unless you give us written permission: marketing purposes or sale of your information.

Our Uses and Disclosures

How do we typically use or share your health information?

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

Help manage the health care treatment you receive

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

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

Pay for your health services

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

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

Administer your plan

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

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

Run our organization

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

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

How else can we use or share your health information?

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

Help with public health and safety issues

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

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

Do research

We can use or share your information for health research.

Comply with the law

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

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

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

Address workers’ compensation, law enforcement, and other government requests

We can use or share health information about you:

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

Respond to lawsuits and legal actions

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

Our Responsibilities

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

For more information see: hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

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

The Women’s Health Cancer Rights Act of 1998 (WHCRA)

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please contact your medical customer service representative or refer to your benefits booklet for additional information.

Questions regarding any of this information can be directed to:
Laura Fowler, Benefits Manager
640 A Street Springfield, OR 97477
541-726-3438
Laura.fowler@springfield.k12.or.us

Important Notices About Your Prescription Drug Coverage and Medicare

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

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

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

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current Springfield Public Schools coverage will not be affected. You can keep this coverage and it will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Springfield Public Schools coverage, be aware that you and your dependents will be able to get this coverage back (during open enrollment or in the case of a special enrollment opportunity).

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

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

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

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

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

For More Information About Your Options Under Medicare Prescription Drug Coverage
More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

- For more information about Medicare prescription drug coverage:
- Visit [medicare.gov](https://www.medicare.gov).
 - Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
 - Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Questions regarding any of this information can be directed to:
Laura Fowler, Benefits Manager
640 A Street Springfield, OR 97477
541-726-3438
Laura.fowler@springfield.k12.or.us

Notice Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 31 days after your other coverage or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

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

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

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

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

Questions regarding any of this information can be directed to:
Laura Fowler, Benefits Manager
640 A Street Springfield, OR 97477
541-726-3438
Laura.fowler@springfield.k12.or.us



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.^{1,2}

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name		4. Employer Identification Number (EIN)	
Springfield School District		93-6000575	
5. Employer address		6. Employer phone number	
640 A Street		541-726-3438	
7. City	8. State	9. ZIP code	
Springfield	Oregon	97477	
10. Who can we contact about employee health coverage at this job?			
Laura Fowler			
11. Phone number (if different from above)		12. Email address	
		Laura.fowler@springfield.k12.or.us	

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

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

☒ All employees. Eligible employees are:

We offer a health plan to all eligible employee: The plan's eligibility requirements are stated in the Member Benefit Handbook. All employees who meet those requirements are eligible for coverage.

☐ Some employees. Eligible employees are:

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

We offer a health plan to all eligible dependents: The plan's eligibility requirements are stated in the Member Benefit Handbook. All dependents who meet those requirements are eligible for coverage.

☐ We do not offer coverage.

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

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

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

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

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following is current as of January 1, 2023. If you live in another state, contact your State for more information.

Oregon Medicaid	Washington Medicaid
healthcare.oregon.gov Phone: 1-800-699-9075	hca.wa.gov Phone: 1-800-562-3022

For more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration dol.gov/agencies/ebsa 1-866-444-EBSA (3272)	U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services cms.hhs.gov 1-877-267-2323, Menu Option 4, Ext. 61565
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Paperwork Reduction Act Statement
According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

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Download MyBenefits2GO App

As an SPS employee you can access your benefits insurance policy details and contact information from your phone.

Download the USI free mobile benefits app from Google Play or Apple App Store by searching ‘MyBenefits2GO’ and download the app.

You and your enrolled dependents can access benefits summaries and other important information about SPS group plans using the MyBenefits2GO app. View up-to-date plan information, store photos of ID cards, and easily locate carrier and HR contact information—all in one place!

After scrolling through intro pages, when prompted enter code: **S24177 to access Springfield Public Schools benefits.**



Scan to Download the MyBenefits2GO App

- **Stay organized**—Access all your plan information and cards in one place.
- **Stay Up to Date**—Receive the most updated plan information automatically.
- **Lighten Up Your Wallet**—Store your cards in the app.
- **Get in Touch**—Convenient contact information.



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