

Crook County Benefits Resource Guide





YOUR SERVICE TEAM

BENEFITS

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

PRIMARY CONTACTS



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Cell: (503) 580-3185



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FULL TEAM



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CONTACT

LOCAL OFFICE

(541) 342-4441

TOLL FREE

(800) 852-6140

FAX

(541) 484-5434

Eugene Office – 2930 Chad Drive, Eugene, OR 97408

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

Contact Information

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

MEDICAL: _____ page 11

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

VISION: _____ page 29

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

PACIFICSOURCE EXTRAS: _____ page 33

DENTAL: _____ page 41

Moda
(888) 217-2365
www.modahealth.com

HEALTH REIMBURSEMENT ARRANGEMENT (HRA VEBA): _____ page 49

BPAS
(855) 404-8322
www.bpas.com

HEALTH SPENDING ACCOUNTS (HSA): _____ page 53

BPAS
(855) 404-8322
www.bpas.com

FLEXIBLE SPENDING ACCOUNTS (FSA): _____ page 61

PacificSource Administrators
(800) 442-7038
www.psa.pacificsource.com

LIFE & ACCIDENTAL DEATH & DISMEMBERMENT: _____ page 67

VOLUNTARY LIFE & ACCIDENTAL DEATH & DISMEMBERMENT

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

LONG TERM DISABILITY: _____ page 77

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

EMPLOYEE ASSISTANCE PROGRAM (EAP): _____ page 81

Public Safety EAP - ESI
(800) 535-4841
www.publicSafetyEAP.com

TRAVEL ASSISTANCE: _____ page 87

AFLAC: _____ page 91

EMERGENCY MEDICAL TRANSPORT (MASA): _____ page 95

REQUIRED NOTICES: _____ page 103

Eligibility Information

Who is Eligible and When:

All full-time employees are eligible for benefits the first of the month following their date of hire.

Employer Pays:

Crook County pays 90% of the medical, dental, and vision premiums for employees and their dependents. As well as 100% of the Life and Disability premium. You will be responsible for the premiums for any voluntary life insurance elected.

Eligible family members include: Spouses, domestic partners and dependent children of a subscriber, subscriber's spouse, or subscriber's domestic partner who meet eligibility requirements outlined in the PacificSource Eligibility and Enrolling New Family Members sections of the PacificSource Member Handbook.

If you waive the medical coverage because you have coverage elsewhere, you will receive a stipend of \$62.50 per paycheck.



Crook County Plan Comparison

July 1, 2023 through December 31, 2024

| | \$1500 Deductible | \$3000 Deductible | Navigator HSA \$2000 Deductible |
|--|---|---|---|
| | In-Network - Navigator | In-Network - Navigator | In-Network - Navigator |
| Medical & Prescription Benefits | | | |
| Individual Deductible | \$1,500 | \$3,000 | \$2,000 |
| Family Deductible | \$3,000 | \$6,000 | \$4,000 |
| Individual OOP Max | \$3,500 | \$5,000 | \$4,000 |
| Family OOP Max | \$7,000 | \$10,000 | \$8,000 |
| OOP Max includes Deductible | YES | YES | YES |
| OOP Max includes Copays | YES; Including Prescription Copays | YES; Including Prescription Copays | YES; Including Prescription Copays |
| Preventative Office Visit | Covered in Full | Covered in Full | Covered in Full |
| Office Visit | \$25 Copay, Ded. Waived | \$25 Copay, Ded. Waived | 20% |
| Urgent Care Visit | \$25 Copay, Ded. Waived | \$25 Copay, Ded. Waived | 20% |
| Specialist Office Visit | \$25 Copay, Ded. Waived | \$25 Copay, Ded. Waived | 20% |
| Maternity - Delivery and Postnatal | \$250 per delivery, Ded. Waived | \$250 per delivery, Ded. Waived | 20% |
| Maternity Hospital Stay | 20% | 20% | 20% |
| Hospital Services | 20% | 20% | 20% |
| Outpatient Services | 20% | 20% | 20% |
| Diagnostic Lab/X-Ray | 20%, Ded. Waived | 20%, Ded. Waived | 20% |
| CT, PET, MRI & MRA Lab | 20%, Ded. Waived | 20%, Ded. Waived | 20% |
| Emergency Room Services | \$250 Copay, Ded. Waived | \$250 Copay, Ded. Waived | 20% |
| Ambulance Services (Ground) | 20% | 20% | 20% |
| Physical Therapy | \$25 Copay, Ded. Waived <i>30 visits per calendar year</i> | \$25 Copay, Ded. Waived <i>30 visits per calendar year</i> | 20% |
| Durable Medical Equipment | 20% | 20% | 20% |
| Allergy Injections | 20% | 20% | 20% |
| Prescription | 30 Day 90 Day | 30 Day 90 Day | 30 Day 90 Day Mail |
| Deductible | N/A | | Medical Deductible |
| Preferred Generic | \$15 | \$30 | 20% |
| Generic | \$15 | \$30 | 20% |
| Preferred Brand | \$45 | \$90 | 20% |
| Brand | \$45 | \$90 | 20% |
| Compounded | 50% | | 20% |
| Alternative Care | Acup., Chiro, Naturopath | Acup., Chiro, Naturopath | Acup., Chiro, Naturopath |
| Copay | \$25 Copay, Ded. Waived | \$25 Copay, Ded. Waived | \$25 Copay |
| Benefit Maximum | 20 Chiro & 12 Acupuncture per year | 20 Chiro & 12 Acupuncture per year | 20 Chiro & 12 Acupuncture per year |
| Vision - PacificSource | | | |
| Exam | \$10 Copay | \$10 Copay | \$10 Copay |
| Hardware Allowance | Under age 19: No Charge Over age 19: No Charge up to \$300 | Under age 19: No Charge Over age 19: No Charge up to \$300 | Under age 19: No Charge Over age 19: No Charge up to \$300 |
| Dental - Moda | | | |
| Deductible | None | None | None |
| Preventative | Covered in Full | Covered in Full | Covered in Full |
| Basic - Restorative | Covered in Full | Covered in Full | Covered in Full |
| Basic - Complicated | Covered in Full | Covered in Full | Covered in Full |
| Major | 50% | 50% | 50% |
| Annual Maximum | \$1500 | \$1500 | \$1500 |
| Orthodontia | 50% to \$1500 lifetime maximum | 50% to \$1500 lifetime maximum | 50% to \$1500 lifetime maximum |
| | Monthly Employee Contribution | Annual Employee Contribution | Monthly VEBA Contribution |
| Employee Only | 87.38 | \$1,048.60 | -30.54 |
| Employee + Spouse | 189.89 | \$2,278.62 | -67.75 |
| Employee + Family | 218.46 | \$2,621.54 | -69.86 |
| Employee + Child(ren) | 149.21 | \$1,790.52 | -47.74 |
| | Total Premium | Employer Contribution | Monthly HSA Contribution |
| Employee Only | \$873.83 | \$786.45 | -64.13 |
| Employee + Spouse | \$1,898.85 | \$1,708.97 | -141.15 |
| Employee + Family | \$2,184.62 | \$1,966.16 | -151.99 |
| Employee + Child(ren) | \$1,492.10 | \$1,342.89 | -103.84 |
| | Total Premium | Employer Contribution | Annual HSA Contribution |
| Employee Only | \$755.91 | \$786.45 | -\$769.52 |
| Employee + Spouse | \$1,641.21 | \$1,708.97 | -\$1,693.74 |
| Employee + Family | \$1,896.30 | \$1,966.16 | -\$1,823.86 |
| Employee + Child(ren) | \$1,295.15 | \$1,342.89 | -\$1,246.08 |

MEDICAL



Crook County

Benefit Year: Calendar Year

Provider Network: Navigator

| Deductible Per Benefit Year | In-network and Out-of-network |
|--|--------------------------------------|
| Individual/Family | \$1,500/\$3,000 |
| Out-of-Pocket Limit Per Benefit Year | In-network and Out-of-network |
| Individual/Family | \$3,500/\$7,000 |
| <p>Note: Your actual costs for services provided out-of-network may exceed this plan’s out-of-pocket limit for out-of-network services. In addition, out-of-network providers may in certain circumstances bill you for the difference between the amount charged by the provider and the amount allowed by the insurance company (called balance billing). Balance billing amounts are not counted toward the out-of-network out-of-pocket limit. For additional information about balance billing or allowable fees, see your handbook.</p> | |

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

| Service/Supply | In-network Member Pays | Out-of-network Member Pays |
|--|-------------------------------|-----------------------------------|
| Preventive Care | | |
| Well baby/Well child care | No deductible, 0% | No deductible, 40% |
| Preventive physicals | No deductible, 0% | No deductible, 40% |
| Well woman visits | No deductible, 0% | No deductible, 40% |
| Preventive mammograms | No deductible, 0% | After deductible, 40% |
| Immunizations | No deductible, 0% | No deductible, 40% |
| Preventive colonoscopy | No deductible, 0% | After deductible, 40% |
| Prostate cancer screening | No deductible, 0% | After deductible, 40% |
| Professional Services | | |
| Office and home visits | No deductible, \$25 | No deductible, 40% |
| Naturopath office visits | No deductible, \$25 | No deductible, 40% |
| Specialist office and home visits | No deductible, \$25 | No deductible, 40% |
| Telehealth visits | No deductible, 0% | No deductible, 40% |

| Service/Supply | In-network Member Pays | Out-of-network Member Pays |
|--|------------------------------------|-----------------------------------|
| Office procedures and supplies | After deductible, 20% | After deductible, 40% |
| Surgery | After deductible, 20% | After deductible, 40% |
| Outpatient rehabilitation and habilitation services | No deductible, \$25 | After deductible, 40% |
| Acupuncture (12 visits per benefit year) | No deductible, \$25 | No deductible, 40% |
| Chiropractic manipulation/Spinal manipulation (20 visits per benefit year) | No deductible, \$25 | No deductible, 40% |
| Hospital Services | | |
| Inpatient room and board | After deductible, 20% | After deductible, 40% |
| Inpatient rehabilitation and habilitation services | After deductible, 20% | After deductible, 40% |
| Skilled nursing facility care | After deductible, 20% | After deductible, 40% |
| Outpatient Services | | |
| Outpatient surgery/services | After deductible, 20% | After deductible, 40% |
| Diagnostic imaging – advanced | No deductible, 20% | After deductible, 40% |
| Diagnostic and therapeutic radiology/laboratory and dialysis – non-advanced | No deductible, 20% | After deductible, 40% |
| Urgent and Emergency Services | | |
| Urgent care center visits | No deductible, \$25 | No deductible, 40% |
| Emergency room visits – medical emergency | No deductible, \$250 [^] | No deductible, \$250 [^] |
| Emergency room visits – non-emergency | No deductible, \$250 [^] | After deductible, 40% |
| Ambulance, ground | After deductible, 20% | After deductible, 20% |
| Ambulance, air | After deductible, 20% | After deductible, 20% |
| Maternity Services** | | |
| Physician/Provider services (global charge) | No deductible, \$250 per pregnancy | After deductible, 40% |
| Hospital/Facility services | After deductible, 20% | After deductible, 40% |

| Service/Supply | In-network Member Pays | Out-of-network Member Pays |
|--|-------------------------------|-----------------------------------|
| Mental Health and Substance Use Disorder Services | | |
| Office visits | No deductible, \$25 | No deductible, 40% |
| Inpatient care | After deductible, 20% | After deductible, 40% |
| Residential programs | After deductible, 20% | After deductible, 40% |
| Other Covered Services | | |
| Allergy injections | After deductible, 20% | After deductible, 40% |
| Durable medical equipment | After deductible, 20% | After deductible, 40% |
| Home health services | After deductible, 20% | After deductible, 40% |
| Transplants | After deductible, 0% | After deductible, 40% |
| Temporomandibular joint | After deductible, 50% | Not covered |

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

^ Copay applies to ER physician and facility charges only. Copay waived if admitted into hospital.

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

Crook County

Benefit Year: Calendar Year

Formulary: Oregon Drug List (ODL)

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

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

Affordable Care Act Standard Preventive No-cost Drug List

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

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

| Service/Supply | Tier 1 Member Pays | Tier 2 Member Pays | Tier 3 Member Pays | Tier 4 Member Pays |
|---------------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| In-network Retail Pharmacy | | | | |
| Up to a 30 day supply: | No deductible, \$15 | No deductible, \$45+ | No deductible, \$45+ | No deductible, \$45 |
| 31 - 60 day supply: | No deductible, \$30 | No deductible, \$90+ | No deductible, \$90+ | No deductible, \$90 |
| 61 - 90 day supply: | No deductible, \$45 | No deductible, \$135+ | No deductible, \$135+ | No deductible, \$135 |
| In-network Mail Order Pharmacy | | | | |
| Up to a 30 day supply: | No deductible, \$15 | No deductible, \$45+ | No deductible, \$45+ | No deductible, \$45 |
| 31 - 90 day supply: | No deductible, \$30 | No deductible, \$90+ | No deductible, \$90+ | No deductible, \$90 |
| Compound Drugs** | | | | |
| Up to a 90 day supply: | No deductible, 50% | | | |

| Service/ Supply | Tier 1 Member Pays | Tier 2 Member Pays | Tier 3 Member Pays | Tier 4 Member Pays |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Out-of-network Pharmacy | | | | |
| 30 day maximum fill, no more than three fills allowed per year: | | | No deductible, 90% | |

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

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

Specialty Medications must be filled through an in-network specialty pharmacy and are limited to a 30 day supply.

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

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

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

Crook County

Benefit Year: Calendar Year

Provider Network: Navigator

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

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

| Service/Supply | In-network Member Pays | Out-of-network Member Pays |
|--|-------------------------------|-----------------------------------|
| Preventive Care | | |
| Well baby/Well child care | No deductible, 0% | No deductible, 40% |
| Preventive physicals | No deductible, 0% | No deductible, 40% |
| Well woman visits | No deductible, 0% | No deductible, 40% |
| Preventive mammograms | No deductible, 0% | After deductible, 40% |
| Immunizations | No deductible, 0% | No deductible, 40% |
| Preventive colonoscopy | No deductible, 0% | After deductible, 40% |
| Prostate cancer screening | No deductible, 0% | After deductible, 40% |
| Professional Services | | |
| Office and home visits | No deductible, \$25 | No deductible, 40% |
| Naturopath office visits | No deductible, \$25 | No deductible, 40% |
| Specialist office and home visits | No deductible, \$25 | No deductible, 40% |
| Telehealth visits | No deductible, 0% | No deductible, 40% |

| Service/Supply | In-network Member Pays | Out-of-network Member Pays |
|--|------------------------------------|-----------------------------------|
| Office procedures and supplies | After deductible, 20% | After deductible, 40% |
| Surgery | After deductible, 20% | After deductible, 40% |
| Outpatient rehabilitation and habilitation services | No deductible, \$25 | After deductible, 40% |
| Acupuncture (12 visits per benefit year) | No deductible, \$25 | No deductible, 40% |
| Chiropractic manipulation/Spinal manipulation (20 visits per benefit year) | No deductible, \$25 | No deductible, 40% |
| Hospital Services | | |
| Inpatient room and board | After deductible, 20% | After deductible, 40% |
| Inpatient rehabilitation and habilitation services | After deductible, 20% | After deductible, 40% |
| Skilled nursing facility care | After deductible, 20% | After deductible, 40% |
| Outpatient Services | | |
| Outpatient surgery/services | After deductible, 20% | After deductible, 40% |
| Diagnostic imaging – advanced | No deductible, 20% | After deductible, 40% |
| Diagnostic and therapeutic radiology/laboratory and dialysis – non-advanced | No deductible, 20% | After deductible, 40% |
| Urgent and Emergency Services | | |
| Urgent care center visits | No deductible, \$25 | No deductible, 40% |
| Emergency room visits – medical emergency | No deductible, \$250 [^] | No deductible, \$250 [^] |
| Emergency room visits – non-emergency | No deductible, \$250 [^] | After deductible, 40% |
| Ambulance, ground | After deductible, 20% | After deductible, 20% |
| Ambulance, air | After deductible, 20% | After deductible, 20% |
| Maternity Services** | | |
| Physician/Provider services (global charge) | No deductible, \$250 per pregnancy | After deductible, 40% |
| Hospital/Facility services | After deductible, 20% | After deductible, 40% |

| Service/Supply | In-network Member Pays | Out-of-network Member Pays |
|--|-------------------------------|-----------------------------------|
| Mental Health and Substance Use Disorder Services | | |
| Office visits | No deductible, \$25 | No deductible, 40% |
| Inpatient care | After deductible, 20% | After deductible, 40% |
| Residential programs | After deductible, 20% | After deductible, 40% |
| Other Covered Services | | |
| Allergy injections | After deductible, 20% | After deductible, 40% |
| Durable medical equipment | After deductible, 20% | After deductible, 40% |
| Home health services | After deductible, 20% | After deductible, 40% |
| Transplants | After deductible, 0% | After deductible, 40% |
| Temporomandibular joint | After deductible, 50% | Not covered |

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

^ Copay applies to ER physician and facility charges only. Copay waived if admitted into hospital.

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

Crook County

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

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

Affordable Care Act Standard Preventive No-cost Drug List

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

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

| Service/Supply | Tier 1 Member Pays | Tier 2 Member Pays | Tier 3 Member Pays | Tier 4 Member Pays |
|---------------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| In-network Retail Pharmacy | | | | |
| Up to a 30 day supply: | No deductible, \$15 | No deductible, \$45+ | No deductible, \$45+ | No deductible, \$45 |
| 31 - 60 day supply: | No deductible, \$30 | No deductible, \$90+ | No deductible, \$90+ | No deductible, \$90 |
| 61 - 90 day supply: | No deductible, \$45 | No deductible, \$135+ | No deductible, \$135+ | No deductible, \$135 |
| In-network Mail Order Pharmacy | | | | |
| Up to a 30 day supply: | No deductible, \$15 | No deductible, \$45+ | No deductible, \$45+ | No deductible, \$45 |
| 31 - 90 day supply: | No deductible, \$30 | No deductible, \$90+ | No deductible, \$90+ | No deductible, \$90 |
| Compound Drugs** | | | | |
| Up to a 90 day supply: | No deductible, 50% | | | |

| Service/ Supply | Tier 1 Member Pays | Tier 2 Member Pays | Tier 3 Member Pays | Tier 4 Member Pays |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Out-of-network Pharmacy | | | | |
| 30 day maximum fill, no more than three fills allowed per year: | | | No deductible, 90% | |

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

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

Specialty Medications must be filled through an in-network specialty pharmacy and are limited to a 30 day supply.

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

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

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

Crook County

Benefit Year: Calendar Year

Provider Network: Navigator

| Deductible Per Benefit Year | In-network | Out-of-network |
|---|-----------------|-------------------|
| Individual/Family | \$2,000/\$4,000 | \$7,500/\$15,000 |
| Out-of-Pocket Limit Per Benefit Year | In-network | Out-of-network |
| Individual/Family | \$4,000/\$8,000 | \$15,000/\$30,000 |
| <p>Note: In-network deductible and out-of-pocket limit accumulate separately from the out-of-network deductible and out-of-pocket limit. Even though you may have the same benefit for in-network and out-of-network, your actual costs for services provided out-of-network may exceed this plan's out-of-pocket limit for out-of-network services. In addition, out-of-network providers may in certain circumstances bill you for the difference between the amount charged by the provider and the amount allowed by the insurance company (called balance billing). Balance billing amounts are not counted toward the out-of-network out-of-pocket limit. For additional information about balance billing or allowable fees, see your handbook.</p> | | |

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

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

| Service/Supply | In-network Member Pays | Out-of-network Member Pays |
|--|-------------------------------|-----------------------------------|
| Specialist office and home visits | After deductible, 20% | After deductible, 50% |
| Telehealth visits | After deductible, 20% | After deductible, 50% |
| Office procedures and supplies | After deductible, 20% | After deductible, 50% |
| Surgery | After deductible, 20% | After deductible, 50% |
| Outpatient rehabilitation and habilitation services | After deductible, 20% | After deductible, 50% |
| Acupuncture (12 visits per benefit year) | After deductible, 20% | After deductible, 50% |
| Chiropractic manipulation/Spinal manipulation (20 visits per benefit year) | After deductible, 20% | After deductible, 50% |
| Hospital Services | | |
| Inpatient room and board | After deductible, 20% | After deductible, 50% |
| Inpatient rehabilitation and habilitation services | After deductible, 20% | After deductible, 50% |
| Skilled nursing facility care | After deductible, 20% | After deductible, 50% |
| Outpatient Services | | |
| Outpatient surgery/services | After deductible, 20% | After deductible, 50% |
| Diagnostic imaging – advanced | After deductible, 20% | After deductible, 50% |
| Diagnostic and therapeutic radiology/laboratory and dialysis – non-advanced | After deductible, 20% | After deductible, 50% |
| Urgent and Emergency Services | | |
| Urgent care center visits | After deductible, 20% | After deductible, 50% |
| Emergency room visits – medical emergency | After deductible, 20% | After deductible, 20% |
| Emergency room visits – non-emergency | After deductible, 20% | After deductible, 50% |
| Ambulance, ground | After deductible, 20% | After deductible, 20% |
| Ambulance, air | After deductible, 20% | After deductible, 20% |
| Maternity Services** | | |

| Service/Supply | In-network Member Pays | Out-of-network Member Pays |
|--|-------------------------------|-----------------------------------|
| Physician/Provider services (global charge) | After deductible, 20% | After deductible, 50% |
| Hospital/Facility services | After deductible, 20% | After deductible, 50% |
| Mental Health and Substance Use Disorder Services | | |
| Office visits | After deductible, 20% | After deductible, 50% |
| Inpatient care | After deductible, 20% | After deductible, 50% |
| Residential programs | After deductible, 20% | After deductible, 50% |
| Other Covered Services | | |
| Allergy injections | After deductible, 20% | After deductible, 50% |
| Durable medical equipment | After deductible, 20% | After deductible, 50% |
| Home health services | After deductible, 20% | After deductible, 50% |
| Transplants | No deductible, 0% | After deductible, 50% |
| Temporomandibular joint | After deductible, 50% | Not covered |

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

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

Crook County

Benefit Year: Calendar Year

Formulary: Oregon Drug List (ODL)

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

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

Medical Deductible

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

PacificSource Expanded (Preventive) No-cost Drug List

Your prescription benefit includes certain outpatient drugs as a preventive benefit at no deductible, \$0 copay. This includes specific drugs that are taken regularly to prevent a disease or to keep a specific disease or condition from progressing. You can get a list of covered preventive drugs by contacting our Customer Service team or visit PacificSource.com and select Find a Drug.

Affordable Care Act Standard Preventive No-cost Drug List

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

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

| Service/ Supply | Tier 1 Member Pays | Tier 2 Member Pays | Tier 3 Member Pays | Tier 4 Member Pays |
|---------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| In-network Retail Pharmacy | | | | |
| Up to a 90 day supply: | After deductible, 20% | After deductible, 20%+ | After deductible, 20%+ | After deductible, 20% |
| In-network Mail Order Pharmacy | | | | |
| Up to a 90 day supply: | After deductible, 20% | After deductible, 20%+ | After deductible, 20%+ | After deductible, 20% |

| Service/ Supply | Tier 1 Member Pays | Tier 2 Member Pays | Tier 3 Member Pays | Tier 4 Member Pays |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Compound Drugs** | | | | |
| Up to a 90 day supply: | | | After deductible, 20% | |
| Out-of-network Pharmacy | | | | |
| 30 day maximum fill, no more than three fills allowed per year: | | | After deductible, 90% | |

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

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

Specialty Medications must be filled through an in-network specialty pharmacy and are limited to a 30 day supply.

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

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

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

VISION



Benefit Year: Calendar Year

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

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

Benefit Limitations: members age 18 and younger

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

Benefit Limitations: members age 19 and older

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

Exclusions

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

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

Important information about your vision benefits

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

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

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

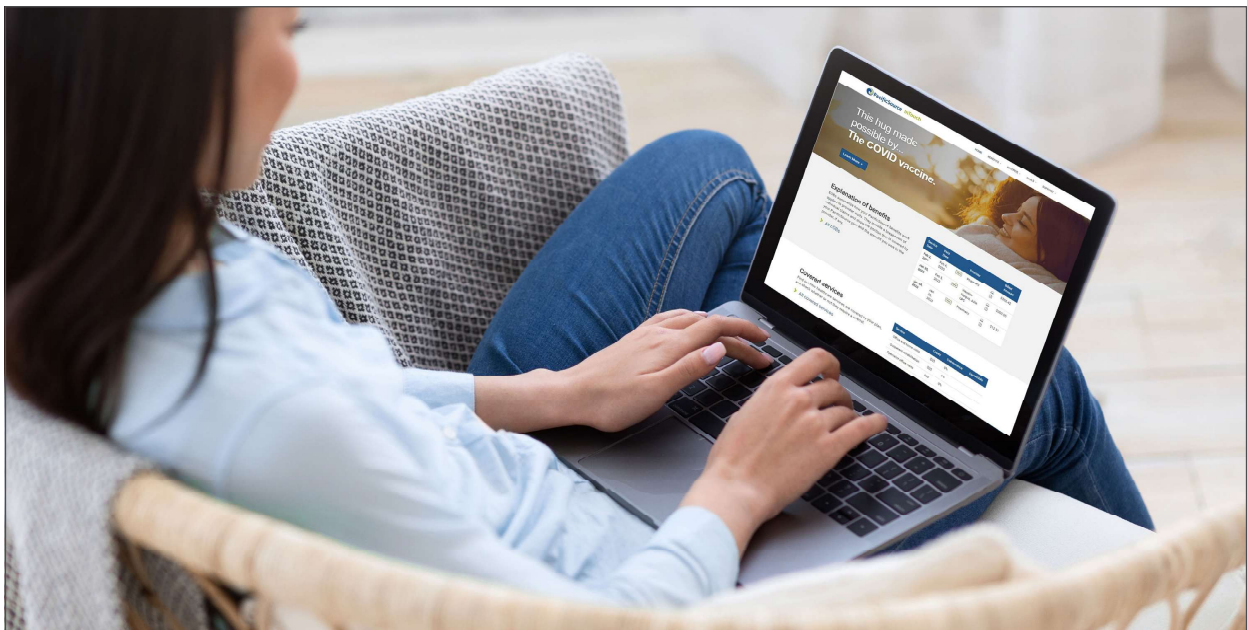
In-network providers should not ask you to pay the full cost in advance. They may only collect your share of the expense up front, such as copayments and amounts over your plan's maximum benefit. If you are asked to pay the entire amount in advance, tell the provider you understand they have a contract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

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

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

PACIFICSOURCE EXTRAS





InTouch lets you manage your benefits **whenever, wherever**



MyPacificSource puts InTouch in your pocket

Our smartphone app makes it easy to find in-network doctors and hospitals wherever you are. Search for primary care doctors, specialists, alternative care providers, and more.

You can also:

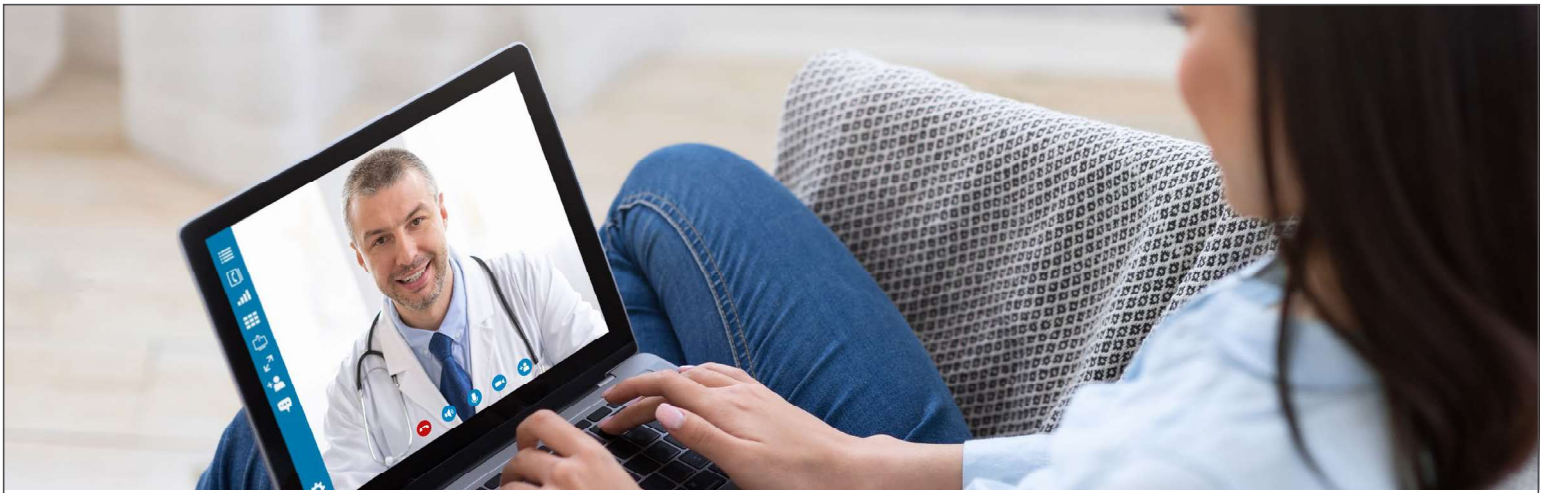
- View your digital member ID card
- Call our 24-hour NurseLine
- See if you've met your deductible and out-of-pocket max
- Find out which services are covered
- View your Explanation of Benefits statements

First create your InTouch account, then download the app and log in.



Scan this code with your phone's camera and create your account. Scroll down the page for links to download the MyPacificSource app.





Teladoc[®] – access to doctors via phone, video, or mobile app

As a PacificSource member,* you have on-demand access to board-certified doctors 24 hours a day, 7 days a week.

Here's how to get started and what you need to know.



1. Set up your Teladoc account

There are three options to get started. Note: when asked to enter the name of your employer or insurance carrier, please use "**PacificSource**" in the field.

Online: Log in or register with InTouch for Members through PacificSource.com. Find the "Teladoc - Remote Care" link under "Tools" to set up your account.

Mobile app: Visit Teladoc.com/mobile to download the app, then click "Activate account."

Phone: Teladoc can help you register your account over the phone at **855-201-7488**.



2. Provide medical history

This provides Teladoc doctors with the information they need to make an accurate diagnosis.



3. Request an appointment

Once your account is set up, request an appointment any time you need care. And talk to a doctor by phone, web, or mobile app.

*Employer group members: to see if Teladoc is available on your plan, check with your employer or contact PacificSource Customer Service at **888-977-9299, TTY 711**, or CS@PacificSource.com.

See reverse for FAQ >

**Talk to a doctor
anytime!**

Web

Teladoc.com

Phone

855-201-7488

Mobile App

Teladoc.com/mobile





The Active&Fit Direct™ Fitness Center Program

Members get discounted access to a broad network of participating fitness centers and YMCAs.

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

- 11,900+ fitness centers nationwide.
- 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.
- 8,700+ online workout videos—for home, work, or on-the-go.
- Receive 1:1 unlimited lifestyle coaching in areas such as fitness, nutrition, stress management, and sleep.

Get started

1. Visit PacificSource.com/ActiveAndFit for details. Or sign in at [InTouch, PacificSource.com/members](https://PacificSource.com/members) to register.
2. View and print your 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 three-month commitment.

Free fitness center trial

- Many fitness centers/YMCAs offer guest passes.
- Request a guest-pass letter through the Active&Fit Direct website.
- Take the letter to the fitness center, where available.

The Active&Fit Direct program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Active&Fit Direct is a trademark of ASH and used with permission here.

Questions? We're happy to help

Email

CS@PacificSource.com

Phone

888-977-9299

TTY: 711

We accept all relay calls.

En Español 866-281-1464

PacificSource.com





Value-added extras for you

Our extra tools, benefits, and programs are how we add value to your health plan. These extras help you make the most of your plan and live a healthier life. You can find more information about these programs and services at PacificSource.com/extras.

Wellness programs

24-Hour NurseLine

You'll never be without a registered nurse to talk to when you have health-related questions. To talk to a nurse, call toll-free: **855-834-6150**.

Tobacco cessation

Our Quit For Life[®] program, brought to you by Optum, offers one-on-one treatment sessions with a professional Quit Coach to help tobacco users kick the habit. Prescription medications are also available, when prescribed by your doctor.

Health and wellness education

Receive up to \$150 reimbursement per year for health and wellness education classes in your area.

Prenatal Program

Our Prenatal Program helps expectant mothers learn more about their pregnancy and the development of their child. Participants receive educational materials and phone support from a nurse consultant. High-risk members receive additional support through a specialized program.

Prenatal vitamins

Women between the ages of 15 and 50 with prescription drug coverage can receive physician-prescribed prenatal vitamins at no cost—all copays and deductibles are waived—when filled through an in-network pharmacy. Visit PacificSource.com/prenatal to find out which prenatal vitamins are covered.

Weight management programs

As a part of your PacificSource medical coverage, participate in a WW[®] (formerly Weight Watchers) program and receive an annual reimbursement of \$100 (\$40 if an online WW participant) for your WW membership. Complete a minimum of ten weeks during a consecutive four-month period to maintain eligibility.

Discounted gym membership

Active&Fit Direct[™] gives you access to more than 9,000 fitness facilities nationwide. The program's website offers a gym locator, educational materials, online fitness tracking, and wellness product discounts.

Email

CS@PacificSource.com

Phone

888-977-9299

TTY: 711

We accept all relay calls.
En Español 866-281-1464

PacificSource.com



Wellness for kids

Six- and nine-year-olds currently covered by a PacificSource medical plan can join HealthKicks!, a children's program that promotes healthy behaviors.

Children enrolling in HealthKicks! will receive age-appropriate, educational activity sheets in the mail with fun information on topics such as nutrition, exercise, and good health habits.

Travel emergency assistance program

Assist America® Global Emergency Services

If you experience a medical emergency while traveling 100 or more miles from home or abroad, you can access services provided by Assist America at no cost. Services include medical consultation and evaluation, medical referrals, foreign hospital admission guarantee, critical care monitoring, and when medically necessary, evacuation to a facility that can provide treatment.

Pharmacy

Rx delivery by mail

We partner with CVS Caremark® for home delivery by mail. If your plan includes prescription drug coverage, the mail delivery service is a convenient and cost-saving option. Visit [PacificSource.com/members/prescription-drug-information](https://www.pacificsource.com/members/prescription-drug-information).

CVS Caremark

Web: [Caremark.com](https://www.caremark.com)

Phone: 866-329-3051

Care management

Condition support program

Personal support is available to members with certain chronic conditions. If you have diabetes, coronary artery disease, heart failure, chronic obstructive pulmonary disease (COPD), or asthma, you might be interested in our free condition support program. It is optional and includes one-on-one coaching with our nurses and dietitian to help you reach your health and wellness goals.

Rare disease support

Our AccordantCare Rare Disease Program provides ongoing one-on-one support and care coordination to people with certain chronic, rare conditions. The program helps ensure optimal care, decrease complications, and improve health outcomes.

Specialty medication support

Members with conditions that require injectable medications and biotech drugs can access our specialty pharmacy program through Caremark Specialty Pharmacy Services. A pharmacist-led CareTeam provides individual follow-up care and support.

Case Management Services

If you have an ongoing medical need, our Nurse Case Managers can help. PacificSource Case Managers—registered nurses with extensive experience—work with you and your healthcare providers to ensure continuity of care and prevent breaks in necessary medical services.

Phone and video doctor visits

Teladoc is a national network of U.S. board-certified physicians and pediatricians that you can see on-demand 24/7, via phone or online video consultations, from wherever you happen to be. With most plans, you won't pay anything for a virtual visit with Teladoc. If you have an HSA plan, a virtual visit with Teladoc is subject to deductible. Check your plan summary's telemedicine benefit to confirm your cost share.

Online resources

[PacificSource.com](https://www.pacificsource.com) offers you a wealth of tools, information, and resources to help you make the most of your benefits.

InTouch: access coverage and benefit information

By logging into InTouch, you can easily and conveniently manage your insurance coverage and health 24/7. Look up coverage information, check the status of a claim, view explanation of benefits (EOB) statements for paid claims, and more.

myPacificSource mobile app

The easiest way to view and manage your benefits while on the go. Available for both iPhone® and Android™. Visit [PacificSource.com/mobile](https://www.pacificsource.com/mobile).

Health engagement portal

CaféWell is a secure online health engagement portal with personalized information and tools to help you make the most of your health. Log into InTouch, then click Benefits > Wellness – CaféWell.

Provider directory

Our online provider directory makes it easy to find in-network healthcare providers for your plan. You can search by specialty, name, location, or other details to access a listing of providers that fit your criteria. Or, you can create your own personalized provider directory to download and print.

To access the directory, go to [PacificSource.com/find-a-doctor](https://www.pacificsource.com/find-a-doctor).

Find more information at [PacificSource.com/extras](https://www.pacificsource.com/extras).

Please note: These value-added programs are not available with all plans. Check with your plan administrator or our Customer Service team for details.

DENTAL



2023 Delta Dental PPO Plan Benefit Summary



Delta Dental of Oregon & Alaska

Crook County

Custom Passive PPO: 100/100/50/2000_PF

| | PPO provider | Premier provider | Out-of-network non-participating provider |
|--|--------------|------------------|---|
| Calendar year costs | | | |
| Calendar year maximum, per member | | \$2,000 | |
| Calendar year deductible, per member | | \$0 | |
| Calendar year deductible, per family | | \$0 | |
| Class 1* | | | |
| Periodic examinations / x-rays | 100% | 100% | 100% |
| Prophylaxis (cleanings) / periodontal maintenance | 100% | 100% | 100% |
| Sealants | 100% | 100% | 100% |
| Space maintainers | 100% | 100% | 100% |
| Topical application of fluoride | 100% | 100% | 100% |
| Class 2 | | | |
| Restorative fillings | 100% | 100% | 100% |
| Oral surgery (extractions & certain minor surgical procedures) | 100% | 100% | 100% |
| Endodontics (treatment of teeth with diseased or damaged nerves) | 100% | 100% | 100% |
| Periodontics (treatment of diseases of the gums and supporting structures of the teeth) | 100% | 100% | 100% |
| Class 3 | | | |
| Implants | 50% | 50% | 50% |
| Crowns and other cast restorations | 50% | 50% | 50% |
| Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures) | 50% | 50% | 50% |

* Deductible waived for preventive services.

** Preventative care does not accumulate to the annual max.

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

How to use this dental plan

For In-Network benefits, members select a Delta Dental PPO dentist from our directory which is on our website at www.DeltaDentalOR.com. Each family member may choose a different dentist. If you receive care from a dental provider not in the Delta Dental PPO Network, Out-of-Network coverage levels apply.

When the member visits:

Delta Dental PPO Dentists:

Benefits are paid at the PPO benefit level. Members are held harmless from balance billing (will not be billed for the difference between the dentist's billed charge and the Delta Dental PPO fee).

Delta Dental Premier Dentist, Non PPO:

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

Non Participating Dentists:

Benefits are paid at the Out of Network benefit level. Members may be held liable for the difference between the dentist's billed charge and the non-participating allowable.



Delta Dental of Oregon & Alaska

Limitations

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

Preventive (Class 1 services)

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

Basic (Class 2 services)

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

Major (Class 3 services)

- **Implants** and implant removal are limited to once per lifetime per tooth space. A crown over an implant is covered once per lifetime of the implant.
- **Restorative** Cast restorations (including pontics) are covered once in a seven (7) year period on any tooth.
- **Prosthodontic** A bridge or denture (full or partial, including alternate benefits) will be covered once in a seven (7) year period only if the tooth, tooth site, or teeth involved have not received a cast restoration benefit in the past seven (7) years. Specialized or personalized prosthetics are limited to the cost of standard devices.
- **Occlusal Guard** (night guard) covered at 100% once in a five year period, up to \$150 maximum. Over-the-counter night guards are excluded.
- **Athletic mouth guard** covered at 50%, once in any 12-month period for members age 15 and under and once in any 24-month period age 16 and over. Over-the-counter athletic mouth guards are excluded.

Exclusions

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

This is a summary of the dental plan benefits and is not a contract. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control. Dental plans in Oregon provided by Oregon Dental Service dba Delta Dental plan of Oregon. Delta Dental is a trademark of Delta Dental Plans Associations.

2023 Delta Dental Premier Plan Benefit Summary



Delta Dental of Oregon & Alaska

Adult & Child Ortho 1500

Lifetime maximum \$1,500

What members pay

Members age 19+ 50%

Members under age 19 50%

Eligible Employees and their covered dependents

How to use this dental plan

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

Pre-determination

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

This is a summary of the dental plan benefits and is not a contract. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control. Dental plans in Oregon provided by Oregon Dental Service dba Delta Dental plan of Oregon. Delta Dental is a trademark of Delta Dental Plans Associations.

AC1500



Delta Dental of Oregon & Alaska



MEMBER DASHBOARD

Get your benefits on the go

As a member, you have a personalized Member Dashboard that puts the information you need at your fingertips.

What's in the Member Dashboard?

The Member Dashboard is a one-stop resource for all you need to get the most out of your plan, including:



ID cards



Claim status



Benefits overview



Provider search



Calculate costs



Explanation of Benefits (EOBs)



Customer service contact information


OVER →

If you don't have a Member Dashboard account, creating one is easy. Go to deltadentalOR.com and enter your information. Be sure to have your member ID card handy.

Access the Member Dashboard on your smartphone

The easiest way to open the Member Dashboard is to add a shortcut on your phone. Anytime you want to access your benefits or resources, just tap the Member Dashboard icon.

On an iPhone

1. Open the browser on your phone and go to deltadentalOR.com/memberdashboard
2. From the login screen, tap the Share  icon in the menu at the bottom of the screen
3. From the Share menu (scroll right to see more options), choose “Add to Home Screen”
4. Tap “Add” to confirm

Your phone will now have an icon that says “Login|Member Dashboard.”

On an Android device:

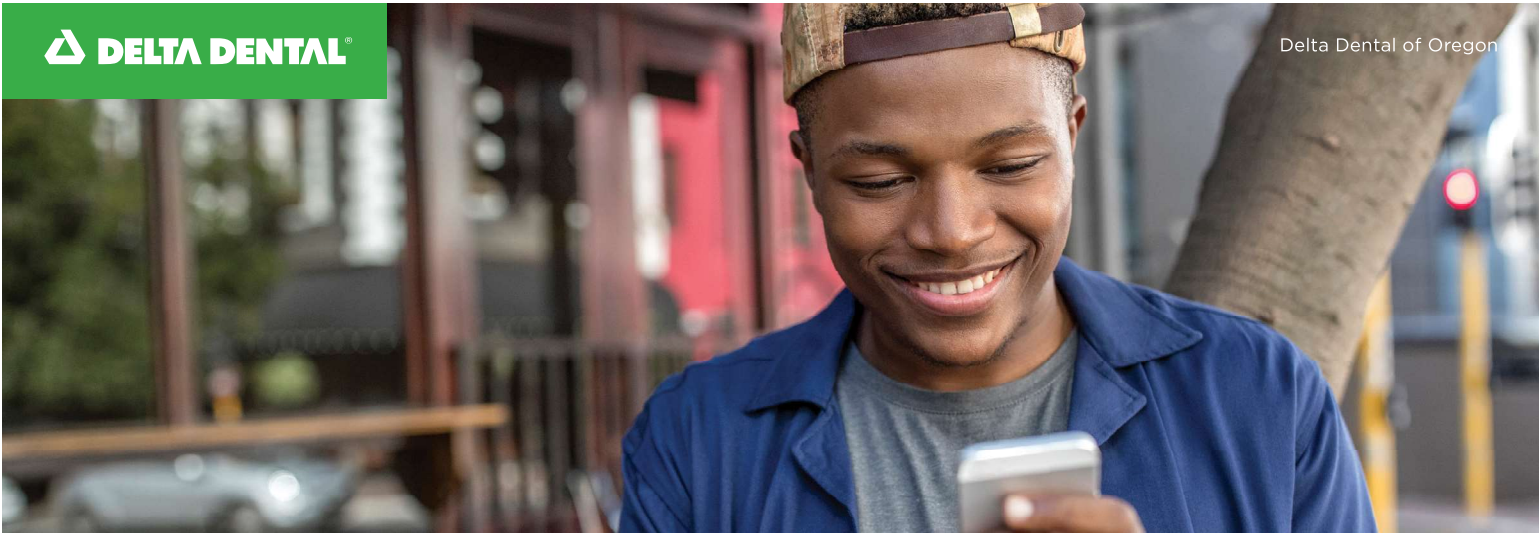
1. On your phone, go to deltadentalOR.com/memberdashboard
2. Using the menu (three vertical dots) at the top of the screen, choose “Add to Home screen”
3. Tap “Add” to confirm
4. On the next screen, choose “ADD AUTOMATICALLY” so the icon will be placed on your phone

Your phone will now have an icon that says “Login|Member Dashboard.”

Questions?

We're here to help.
Call us toll-free at
888-217-2365. TTY
users, please call 711.

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



TELEDENTISTRY

Dental care, from wherever you are

Teledentistry, a version of telehealth, is the use of telecommunication to have an appointment with a dental provider. It often includes two-way video, telephone, email, text or chat. We have expanded our dental coverage options so that you can receive dental care through teledentistry instead of physically going to see in-network dental providers, when needed.

What can you use a teledentistry visit for?

Teledentistry is a convenient option for those times when you may not need to physically go into a dental office. Following are a few examples of what you can use teledentistry for.

You can use a teledentistry appointment:

- **For an initial evaluation:** If something comes up you would like to ask your dentist about, you can first have a teledentistry appointment to see if the dentist thinks you need to come into the office. The dentist may ask you to take a picture of your mouth and send it before your appointment.
- **For a routine exam when you're unable to have an in-person visit:** Your dentist can take a look inside your mouth via video and talk about anything that may

concern them. They may ask you to use a flashlight or a few other household items to help conduct the exam.

- **For a recent injury:** Teledentistry is a great after-hours option for a recent injury that's not an emergency. Examples include missing fillings, crowns and mouth ulcers.

Scheduling a teledentistry visit

If you have a dental office where you currently receive care, we recommend contacting that office directly to schedule either in-person or virtual appointments. If you do not have an in-network dental provider, you can use our online provider search tool to locate one. Just visit deltadentalor.com/provider/online-tools/provider-search.

Dental services provided by in-network providers via teledentistry are now covered for Delta Dental of Oregon when billed as a class 1 service.

DeltaDentalOR.com

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

HEALTH REIMBURSEMENT ARRANGEMENT VEBA



For those enrolled on the \$3000 Navigate Network plan only. Please see page 9 for monthly contributions

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

Qualified Healthcare Expenses:

Common qualified out-of-pocket expenses include:

- Deductibles
- Copays
- Coinsurance
- Prescription drugs

For a more complete list of qualified expenses and premiums eligible for reimbursement from your HRA Veba account, please visit www.BPAS.com

HEALTH SAVINGS ACCOUNT BPAS



For those enrolled on the HSA \$2000 Navigate Network plan only. Please see page 9 for monthly contributions

The Health Saving Account (HSA) plan is a tax-free health savings account. You can use your HSA funds to cover qualified healthcare expenses. Contributions made by you and your employer, earnings, and withdrawals (claims) are exempt from taxes. In other words, the money goes in tax-free, is invested tax-free, and comes out tax-free.

In addition to the contributions made by Crook County, you may also make contributions on a pre-tax basis up to the limits listed below.

| | |
|---|--|
| 2023 HSA Contribution limit <i>(employer and employee)</i> | Self Only: \$3,850 Family: \$7,750 |
| HSA Catch-Up Contribution <i>(Age 55 or older)</i> | \$1,000 |

Qualified Healthcare Expenses:

Common qualified out-of-pocket expenses include:

- Deductibles
- Copays
- Coinsurance
- Prescription drugs

For a more complete list of qualified expenses and premiums eligible for reimbursement from your HRA Veba account, please visit www.BPAS.com

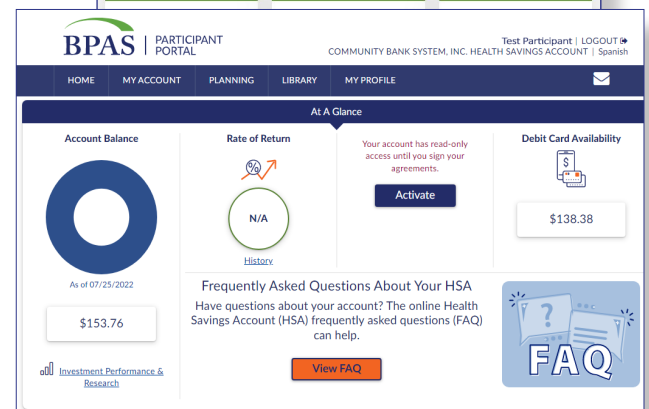
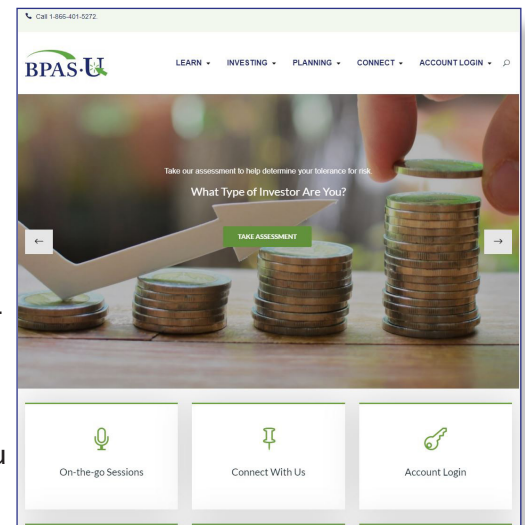
BPAS Roadways Health Savings Account (HSA)



Activate Your BPAS Roadways HSA

To start enjoying the many benefits of your HSA, you must first accept ownership by electronically signing the HSA Agreements regarding the account operation. You may accept ownership and activate your account online in the initial account set-up. Here's how:

- 1 Visit u.bpas.com
- 2 In the **Account Login tab**, choose **HSA**, then **BPAS Roadways HSA**, then click the login button
 - If you have an existing BPAS account** for your retirement plan:
 - Enter your User ID and Password
 - Select BPAS Roadways HSA and continue to step 4 below
 - If you don't have an existing BPAS account:**
 - You'll be prompted to enter a 10-character Plan Code. You'll receive this code in a letter mailed to your home address.
 - After you enter the Plan Code, you'll be prompted to create a User ID, Password, and challenge/security question
- 3 Once logged in, select the Personal tab from the My Profile menu to confirm your mailing address. Your HSA Benefit Card will be mailed to this address. Call your employer if your mailing address is incorrect. You will also be prompted to enter a telephone number. You will need to call the card activation line from this number when you receive your HSA debit card.
- 4 Return to the home page and select the **Activate** button in the At a Glance section.
- 5 You will be guided through a 4-step activation wizard. You must complete all 4 steps to activate your account:
 - Confirm your eligibility for an HSA
 - Answer a series of questions to authenticate your identity
 - If the system is not able to verify your identity during this step, please wait 24 hours and try again. If we are still not able to verify your identity, please contact the BPAS Participant Service Center
 - Add dependents (if desired)
 - Review and electronically sign your HSA Agreements
- 6 Click **Submit** and that's it!



Please be sure to print the Confirmation page. If you don't see a Confirmation page, you haven't completed the process! You'll receive your HSA Benefit Card 7 to 10 days after you complete your online account activation.



BPAS

BPAS Roadways HSA - Frequently Asked Questions

1. What responsibilities do I have with my Health Savings Account (HSA)?

Much like a savings or checking account, you as the participant “own” this account. Contributions, earnings, and distributions are tax free as long as the distribution is for an eligible expense. It’s your responsibility to:

- Use funds for qualified expenses; if not, there could be tax consequences and penalties.
- Keep receipts for all expenses, using electronic receipt filing cabinet or shoebox, as the IRS may require documentation.
- Notify your HR Department within 30 days if you have a qualifying event that affects your eligibility to contribute to the HSA. For example, if you get married and become a dependent on a spouse’s plan, which isn’t a high deductible health plan (HDHP), you need to notify your HR Department within 30 days.

2. What can I do online?

The Roadways HSA program provides for a single sign-on web experience and a menu of investment options similar to our 401(k) program. Once you log into your account at u.bpas.com, you can:

- Activate your account
- Order Roadways HSA Benefit Cards (debit cards)
- Request a distribution
- Manage investment options
- Change deferral amounts
- Make post-tax contributions
- Download tax forms
- View quarterly statements
- View balances (total available balance and debit card available balance)
- Add transactions and upload receipts for a current transaction

3. What do I do if I can't verify my identity during the online HSA activation process?

If the system is not able to verify your identity when you activate your online account, please wait 24 hours and try again. If we are still not able to verify your identity, contact the BPAS Participant Service Center at 1-866-401-5272.

4. How do I use my HSA to pay for expenses?

BPAS offers the following distribution options paid to the provider:

- Use your HSA debit card to pay for eligible expenses. It’s the fastest way to access your funds, and BPAS does not charge any fees to use your debit card.
- Use the debit card at ATMs to withdraw cash for services at places that don’t accept the debit card; however, ATM fees may apply.
- Request an **online distribution** with direct deposit, free of charge, from your account at u.bpas.com.
- Complete and submit a Distribution form to BPAS for a manual distribution. To access the form, log into your account at u.bpas.com. There is a **\$10 paper check fee** for manual distributions and account liquidations. **To minimize these fees, use your HSA debit card or the online distribution option.** Reimbursements over \$5,000 must be sent by check and will incur the \$10 fee.

5. How Can I View My HSA Transactions?

To access your HSA transactions or pending transactions, add dependents, or request new/replacement debit cards, simply select the **Access Account** link located directly under **Debit Card Availability** on your Account home page.

6. How do I designate my HSA beneficiary?

It’s important that you designate a beneficiary when enrolling. If your spouse is your beneficiary, your HSA will be treated as his/her HSA in the event of your death. To designate your beneficiary, login to your account at u.bpas.com. Under **My Profile**, select **Beneficiaries**.

7. What types of fees might be charged to my HSA?

Certain fees applicable to your account may be assessed, such as fees for manual distributions, additional debit cards for dependents or spouse, and the monthly custodial fee of approximately .029%. As an example, for a balance of \$2,000, the monthly fee would be 58 cents ($\$2,000 \times .029\% = \0.58).



BPAS Roadways HSA - Frequently Asked Questions

8. What's the difference between my Account Balance and my Debit Card Availability?

Because your account is on an investment platform, it's subject to market fluctuation. To ensure you don't overdraw your account because of daily market fluctuation, the Roadways HSA limits Debit Card Availability to 90% of your previous day's total account balance, minus any pending transactions you made prior to 3:30 pm EST. You can view your debit card available balance on the home page of the website once you login. The HSA transaction screen will update to show real-time balance vs posting date balance. If an expense is more than your available debit card balance, the charge will be declined.

If you're using the HSA to fund an anticipated medical expense, consider investing your contributions in a conservative investment option to minimize market fluctuation.

If you have an emergency and need access to 100% of your Account Balance, you may request a manual check for the entire balance or the remaining 10% of your Account Balance.

9. It's after my plan effective date, why don't I have access to my HSA funds?

The most likely reason is that you haven't activated your HSA. For detailed instructions about activating your HSA, please refer to your HSA Enrollment Guide. Once you login to your account at u.bpas.com, confirm that your address and email address are correct under the **At a Glance** section. Then, follow the instructions to complete the four-step account activation process. If you've successfully completed the activation process, you'll receive a **confirmation**. If you don't get the CONFIRMATION page, you haven't completed the process.

If you've activated your account but still don't have access to your funds, check your **account balance**. If it's \$0 or less than the expense amount, your debit card/distribution request could be declined. Contact BPAS Customer Service at 1-866-401-5272 to review your account if you still have questions.

10. How do I order additional debit cards?

Once you receive a confirmation that you've activated your account, we'll mail your HSA debit card to your address on record. Please allow two weeks for your card to arrive. You'll receive one debit card.

If you elected family coverage, you may order a second debit card at no charge. There's a \$5 charge for each additional debit card. To order a debit card for a spouse/dependent, you must add them in step 2 of the account activation process, under **HSA Benefit Card**. Add the spouse/dependent's name. Then you'll see a record for the dependent and a link to issue a card. Enter the dependent's SSN and select "**Issue Card**". You will know the card has been ordered when you see the last 4 digits of the debit card. Repeat this step as many times as needed for each dependent.

To order additional cards, log into your account and go to the **Benefit Cards** tab in your **HSA Transactions** screen. If the dependent names are already listed, click on "Issue Card". To add a dependent, enter the dependent name, select "Issue Card", enter the SSN for the dependent, then click "**Issue Card**".

To order a **replacement card** for a lost or stolen card, contact Customer Service immediately so that we can review your account for any fraudulent activity before canceling the existing card and ordering a new card.

11. How do I activate my debit card?

Activate your new HSA debit card when it arrives, by calling the toll-free number listed on the sticker of the card. **You must call from the telephone number you entered when you initially activated your HSA.** If you need to change this phone number or have questions, please contact the BPAS Participant Service Center. The activation line will prompt you to:

- Enter the last four digits of the card number, then select 1 to verify
- Enter the 4-digit expiration date on card, then select 1 to verify
- Enter the last four digits of the cardholder's Social Security number, then select 1 to verify
- Create a 4-digit PIN, then re-enter the PIN to confirm

If any entries are incorrect, select 2, then correct the entry when prompted and verify. **Important: Calling the card activation line without a phone number on file or calling from a different number than what you entered during the account activation process, will result in the card not being activated.**

12. Why did I receive tax forms for my HSA?

If you made distributions from your HSA during the calendar year, BPAS will generate a 1099-SA tax form no later than January 31 of the following year. BPAS will also generate a 5498-SA tax form no later than May 31 of the following year if you made contributions in the calendar year. You can access these forms in your account at u.bpas.com in the **Library** under **Tax Forms**. We'll also mail these forms to your address on record. Be sure to review IRS instructions regarding HSA forms when filing your tax return. Visit IRS.gov for more information.

13. What is the deadline for making post-tax contributions to my HSA?

For ACH post-tax contribution feature (outside of your payroll deduction), you have until your tax filing deadline (typically April 15th of the following calendar year) to make your contribution. Any post-tax contributions made by check should be submitted 10 business days before the year-end deadline (which is your tax filing deadline) to allow time for the check to clear. If your check has not cleared before the year-end deadline, your contribution will not be deposited for that calendar year.



Questions? We're here to help.  866-401-5272  u.bpas.com



The BPAS HSA Benefit Card

When you enroll in the HSA, you'll receive a free HSA Benefit Card. The BPAS HSA Benefit Card is a debit card that makes accessing your HSA funds **quick and easy**. If you're enrolled in the family plan, you may request one additional card at no charge.

When you use the HSA Benefit Card at a pharmacy or doctor's office, funds are automatically pulled from your HSA and paid to the provider, just like a credit card.

No more writing checks or paying cash. Use the card to pay for eligible expenses, like:

- Prescription drug co-pays
- Health plan deductibles
- Office visit co-pays
- Coinsurance
- Lasik surgery
- Eyeglasses/contact lenses
- Dental and vision services

Pay your healthcare bills with the debit card too. Simply write your HSA Benefit Card number and expiration date on the bill you receive from your healthcare provider and send it as payment. You may also give your HSA Benefit Card number to your healthcare provider over the phone.



A Few Details and Tips

Account Balance. You may start investing in your HSA with the first dollar contributed. Your employer may also contribute to your HSA as long as total contributions don't exceed IRS limits (visit irs.gov for current limits). Your Total Account Balance will fluctuate with the market. It will also be adjusted nightly by any transactions posted to your HSA Benefit Card account.

HSA Debit Card Availability. Because your account is on an investment platform, it's subject to market fluctuation. To ensure you don't overdraw your account based on one day of market fluctuation, the HSA limits debit card availability to 90% of your previous day's total Account Balance.

It's in the mail. You'll receive your HSA Benefit Card about two weeks after your account is activated. There's a \$5 fee for additional or replacement cards. To begin using the card, you'll need to call the activation line from the phone number you entered when you initially activated your HSA. If you need to change this phone number or have questions, please contact the BPAS Participant Service Center.

Making a Purchase. Check your HSA "Debit Card Availability" balance online before making a purchase. Use the card for up to the exact amount of your available balance. If an expense is more than you have available, you may use cash to pay the remainder of the expense.

Three Words: Keep Your Receipts. The IRS requires that you use the card only for eligible expenses under the HSA. We recommend you keep your receipts in the event of an IRS audit.

The HSA Benefit Card is So Easy!

- It's **automatic**—funds are automatically sent from your HSA to the provider
- It's **instant**. One swipe and you're done
- It **keeps money in your pocket**. No need to pay cash at the time of purchase or wait for reimbursement checks
- **Track your Transactions** and keep notes on your healthcare expenses at u.bpas.com
- **Upload expense receipts** and attach them to your HSA transaction online



Point & Click

With our secure, robust online services, you'll find everything you need to manage your HSA online:

Home

- At a Glance balance, rate of return, and more
- Access Account

My Account:

Summary

- Balance
- Activity
- Statements
- History

Contributions

- Current
- Change
- One-time ACH contributions
- Tracker

Investments

- Research
- Make Changes (Realign and Transfer)

Library:

- Plan Documents and Notices
- Education
- Newsletters

My Profile:

- Change Personal Data
- Change Password
- Preferences

HSA Transactions:

- Transactions
- Add Dependent
- Benefit Cards
- HSA Agreements

HSA Transactions

Filter and Manage Transactions

- From the Participant Portal home page, select the Access Account button located in the At a Glance section
- Review transactions and add notes
- Upload your expense receipts
- Print or export expenses to an Excel spreadsheet
- Request reimbursement for expenses paid out of pocket

Manage Dependents and HSA Benefit Cards

- Add dependents (or a spouse)
- Request benefit cards

HSA Agreements

Review and print copies of agreements you electronically signed during activation.

Transactions

[Manage Bank Account](#) [Reimbursement Request](#) [Print Transactions](#) [Export To Excel](#)

Transactions History

Your posted transactions are listed below. A posted transaction is a transaction that has been processed by the card vendor. There may be a delay between the date and time that you used your benefit card (transaction date or pending transaction) and the date the transaction is posted and submitted to BPAS.

- Search for transactions by entering a Date Range and then 'Submit Query'
- Filter transactions by entering a full or partial 'Provider' name and/or selecting a dependent from the 'Applied To' dropdown and then 'Submit Query'
- Sort transactions by clicking on the column header (i.e. clicking on the 'Applied To' column header will sort by 'Applied To')
- Add a note for a transaction by typing in the 'Note' column and clicking 'Save'
- Upload and view transaction receipts by selecting the appropriate link in the 'Receipt' column
- Generate an Excel file of all transactions for tax purposes by selecting 'Export to Excel'

Date Range to Search:

Start Date: End Date:
Provider: Applied To: [Submit Query](#) [Reset Entries](#)

[Save](#) [Cancel](#)

Current HSA Available Balance: \$6,559.35. (Note: This balance is 90% of your total account balance reduced by any pending reimbursement requests. Pending Benefit Card transactions are not included.)

Pending Transactions

| Requested Date | Amount | Applied To | Note |
|----------------|--------|------------|------|
|----------------|--------|------------|------|

HSA Withdrawals

Pay Provider Directly

You may now pay your provider directly. Simply select the Reimbursement Request option from the HSA Transactions menu and choose "Pay To: Provider" from the drop-down menu, then enter the provider's information. This feature is only available to individuals whose employer permits paper checks. All check requests are subject to the \$10 manual check fee.

Electronic File Cabinet

We now offer our HSA account holders the ability to file all medical receipts in our electronic file cabinet. This feature allows you to scan and save all of your receipts in your HSA account portal for future reimbursements or to access during annual income tax filing. No more holding onto paper receipts in a shoebox!



FLEXIBLE SPENDING ACCOUNT (FSA)



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

Health Care Reimbursement FSA:

This program allows Crook County employees to set aside pre-tax money to pay for medically necessary healthcare expenses that are not covered by a health plan. The annual maximum amount you may contribute to the Health Care FSA is \$3,050. Please also note you can roll over \$610 from the prior plan year. Some examples of reimbursable expenses include:

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

Note: If you are enrolled in the HSA plan and choose to enroll in the FSA plan, you will be enrolled in a limited purpose FSA. These funds can only be used for dental and vision expenses, no health expenses will be eligible.

Dependent Care FSA:

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

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

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

Contributing to Your FSA

| Component | Maximum Pay Period Election | Maximum Annual Election |
|------------------------------|-----------------------------|--|
| Health FSA Component | \$127.08 | \$1,525 |
| Dependent (Daycare) Expenses | \$208.33 | \$2,500 if married & filing a joint return or a single parent \$1,250 if married, but filing separately |
| Limited Purpose FSA | \$127.08 | \$1,525 |

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

Health FSA Component – includes the following account(s)

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

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

Limited-Purpose Flexible Spending Account (LFSA)

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

Dependent Care Assistance Plan (DCAP) Component

Dependent Daycare Expense Account (DCE)

- Our Dependent Daycare Expense Account (DCE) allows you to save pre-tax dollars to pay for dependent care. This is specifically for expenses for a child up to age 13 or disabled taxable dependent who is unable to care for themselves, including elder care expenses. In many cases, this account will be more beneficial to you than the federal tax credit.
- 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.

Premium Component

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

Claims Reimbursement

Reimbursement Time Frame

Reimbursements may be requested during the plan year or after it ends. Your claim submission period ends 90 days after the plan year ends. This is known as a run-out period. All eligible reimbursement claims for services you received between **July 1, 2023** and **December 31, 2023** must be submitted by **March 31, 2024** for reimbursement.

Submitting Claims

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

Manual Claims

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

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

Prepaid Benefit Card

A Prepaid Benefits Debit Card gives you an easy, automatic way to pay for qualified healthcare expenses. When you opt to receive the card, you will receive two benefits cards. Replacements or additional cards can be purchased for \$10 per set of two cards.

When you use the card to make a purchase or payment, it deducts directly from your FSA. Only use your card if the service date/purchase is within your current plan year. *You must save all expense documentation, such as itemized receipts, per IRS regulations.* PSA will send a notice if your transaction is ineligible or needs additional documentation. You will be required to submit the documentation, or 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. *Additional debit card tips and information can be found on the PSA Debit Card flier.*

EasyPay

EasyPay will automatically reimburse you for eligible PacificSource Health Plans claims on your behalf.

- To sign up, fill out and return the EasyPay Enrollment Form, available on our website. If you or any dependents have coverage through another health plan other than your group-sponsored insurance plan through PacificSource, you are not eligible for EasyPay.

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

Funds Remaining After the Plan Ends

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

What Happens if I Terminate Employment during the Plan Year?

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

Questions?

Our Customer Service Team is happy to help.

Phone

Direct: (541) 485-7488
Toll-free: (800) 422-7038

Email

psacustomerservice@pacificsource.com

Forms and Materials

https://psa.pacificsource.com/Forms_Flex.aspx

[PacificSource.com/PSA](https://psa.pacificsource.com/PSA)



LIFE INSURANCE

Basic Life & Voluntary Life



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



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

Crook County

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



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

COVERAGE INFORMATION

| APPLICANT | BASIC COVERAGE | SUPPLEMENTAL COVERAGE |
|-------------------|--|---|
| Employee | Benefit ² : 1x earnings Maximum: \$150,000 AD&D: Included | Benefit ³ : Increments of \$10,000 Maximum: \$500,000 AD&D: Included |
| Spouse | Not Included | Benefit ³ : Increments of \$5,000 Maximum: the lesser of 50% of your supplemental coverage or \$250,000 AD&D: Included |
| Child(ren) | Not Included | Benefit: Increments of \$2,000 Maximum: \$10,000 AD&D: Included |

AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT

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

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

²Your benefit will be reduced by 35% at age 65, 55% of Orig at age 70, 70% of Orig at age 75, and 80% of Orig at age 80

³Your supplemental benefit will be reduced by 35% at age 65 and 50% at age 70. Reductions will be applied to the original amount.

PREMIUMS

Your employer pays 100% of the premium for your (employee) basic coverage. Your contribution for voluntary coverage is shown on the Premium Worksheet.⁴

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full time employee who works at least 30 hours per week on a regularly scheduled basis, excluding Members and County Commissioners.

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

AM I GUARANTEED COVERAGE?

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

If you elect an amount that exceeds the guaranteed issue amount of \$100,000, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective.

If you elect an amount that exceeds the guaranteed issue amount of \$30,000, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective.

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

If you are a late entrant, evidence of insurability is required for the full coverage amount.

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

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Your employer pays 100% of the premium for your (employee) basic coverage.

Premiums for supplemental coverage are provided on the Premium Worksheet. You have a choice of coverage amounts. You may elect supplemental insurance for you only, or for you and your dependent(s).

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

WHEN CAN I ENROLL?

Your employer will automatically enroll you for basic coverage. If you have not already done so, you must designate a beneficiary.

You may enroll in supplemental coverage from 5/17/2023 to 6/30/2023.

WHEN DOES THIS INSURANCE BEGIN?

Basic insurance will become effective for you on the date you become eligible.

The effective date of supplemental coverage is 7/1/2023.

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

WHEN DOES THIS INSURANCE END?

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

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

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

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

⁴Rates and/or benefits may be changed on a class basis.. Rates are based on the age of the insured person and increase on the policy anniversary date on or following your birthday as you enter each new age category.

The Buck's Got Your Back[®]

The Hartford[®] is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

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

5962a and 5962b NS 07/21

LIMITATIONS & EXCLUSIONS



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

GROUP LIFE INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- Your benefit will be reduced by 35% at age 65, 55% of Orig at age 70, 70% of Orig at age 75, and 80% of Orig at age 80
- Your supplemental/voluntary life benefit will be reduced by 35% at age 65 and 50% at age 70. Reductions will be applied to the original amount.
- A supplemental or voluntary life benefit will not be paid if death occurs by suicide within two years (or as allowed by state law) of purchasing this coverage.
- You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

DEPENDENT LIMITATIONS AND EXCLUSIONS

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

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

GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- Your benefit will be reduced by 35% at age 65, 55% of Orig at age 70, 70% of Orig at age 75, and 80% of Orig at age 80
- Your supplemental/voluntary AD&D benefit will be reduced by 35% at age 65 and 50% at age 70. Reductions will be applied to the original amount.
- Exclusions: (Applicable to all benefits except the Life Insurance Benefit and the Accelerated Benefit) What is not covered under The Policy?
- The Policy does not cover any loss caused or contributed to by:
 - anaphylactic shock;
 - any form of auto-erotic asphyxiation;
 - failure to wear a Seat Belt while driving or riding as a passenger in a Motor Vehicle;
 - intentionally self-inflicted Injury;
 - stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis or aneurysm;
 - suicide or attempted suicide, whether sane or insane;
 - war or act of war, whether declared or not;
 - injury sustained while on full-time active duty as a member of the armed forces (land, water, air) of any country or international authority except Reserve or National Guard Service;
 - injury sustained while On any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
 - injury sustained while On any aircraft:
 - as a pilot, crewmember or student pilot;
 - as a flight instructor or examiner;
 - if it is owned, operated or leased by or on behalf of the Policyholder, or any Employer or organization whose eligible persons are covered under The Policy; or
 - being used for tests, experimental purposes, stunt flying, racing or endurance tests;
 - injury sustained while taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician
 - injury sustained while riding or driving in a scheduled race or testing any Motor Vehicle on tracks, speedways or proving grounds;
 - injury sustained while committing or attempting to commit a felony;
 - injury sustained while Intoxicated;
 - injury sustained while driving while Intoxicated;
 - injury sustained by illegal fireworks or the use of any legal fireworks when not following the manufacturer's lighting instructions;
 - driving and violating any applicable cellular device use or distracted driving laws; or
 - failure to wear a helmet while On or riding as a passenger On a motorcycle, bicycle, all-terrain vehicle (ATV) or any other type of motor bike.
- You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

DEPENDENT LIMITATIONS AND EXCLUSIONS

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

DEFINITIONS

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

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

GROUP LONG TERM DISABILITY INSURANCE

LIMITATIONS AND EXCLUSIONS

GENERAL EXCLUSIONS

- You must be under the regular care of a physician to receive benefits.
- You cannot receive disability insurance benefit payments for disabilities that are caused or contributed to by:

- War or act of war (declared or not)
- The commission of, or attempt to commit a felony
- An intentionally self-inflicted injury
- Your being engaged in an illegal occupation

PRE-EXISTING CONDITIONS

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

LIMITATIONS

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

OFFSETS

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

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

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

THIS POLICY PROVIDES LIMITED BENEFITS.

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

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

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

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Premium Worksheet



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

| SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE | | | | | | | | | | | | | |
|---|----------|---------|---------|---------|---------|---------|----------|----------|----------|----------|----------|----------|----------|
| Semi-monthly Premium Amount (Cost per Pay Period – 24/Year) | | | | | | | | | | | | | |
| Benefit | Under 25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80+ |
| \$10,000 | \$0.50 | \$0.50 | \$0.50 | \$0.65 | \$0.95 | \$1.40 | \$2.65 | \$4.10 | \$4.80 | \$5.45 | \$8.00 | \$19.10 | \$19.10 |
| \$20,000 | \$1.00 | \$1.00 | \$1.00 | \$1.30 | \$1.90 | \$2.80 | \$5.30 | \$8.20 | \$9.60 | \$10.90 | \$16.00 | \$38.20 | \$38.20 |
| \$30,000 | \$1.50 | \$1.50 | \$1.50 | \$1.95 | \$2.85 | \$4.20 | \$7.95 | \$12.30 | \$14.40 | \$16.35 | \$24.00 | \$57.30 | \$57.30 |
| \$40,000 | \$2.00 | \$2.00 | \$2.00 | \$2.60 | \$3.80 | \$5.60 | \$10.60 | \$16.40 | \$19.20 | \$21.80 | \$32.00 | \$76.40 | \$76.40 |
| \$50,000 | \$2.50 | \$2.50 | \$2.50 | \$3.25 | \$4.75 | \$7.00 | \$13.25 | \$20.50 | \$24.00 | \$27.25 | \$40.00 | \$95.50 | \$95.50 |
| \$60,000 | \$3.00 | \$3.00 | \$3.00 | \$3.90 | \$5.70 | \$8.40 | \$15.90 | \$24.60 | \$28.80 | \$32.70 | \$48.00 | \$114.60 | \$114.60 |
| \$70,000 | \$3.50 | \$3.50 | \$3.50 | \$4.55 | \$6.65 | \$9.80 | \$18.55 | \$28.70 | \$33.60 | \$38.15 | \$56.00 | \$133.70 | \$133.70 |
| \$80,000 | \$4.00 | \$4.00 | \$4.00 | \$5.20 | \$7.60 | \$11.20 | \$21.20 | \$32.80 | \$38.40 | \$43.60 | \$64.00 | \$152.80 | \$152.80 |
| \$90,000 | \$4.50 | \$4.50 | \$4.50 | \$5.85 | \$8.55 | \$12.60 | \$23.85 | \$36.90 | \$43.20 | \$49.05 | \$72.00 | \$171.90 | \$171.90 |
| \$100,000 | \$5.00 | \$5.00 | \$5.00 | \$6.50 | \$9.50 | \$14.00 | \$26.50 | \$41.00 | \$48.00 | \$54.50 | \$80.00 | \$191.00 | \$191.00 |
| \$110,000 | \$5.50 | \$5.50 | \$5.50 | \$7.15 | \$10.45 | \$15.40 | \$29.15 | \$45.10 | \$52.80 | \$59.95 | \$88.00 | \$210.10 | \$210.10 |
| \$120,000 | \$6.00 | \$6.00 | \$6.00 | \$7.80 | \$11.40 | \$16.80 | \$31.80 | \$49.20 | \$57.60 | \$65.40 | \$96.00 | \$229.20 | \$229.20 |
| \$130,000 | \$6.50 | \$6.50 | \$6.50 | \$8.45 | \$12.35 | \$18.20 | \$34.45 | \$53.30 | \$62.40 | \$70.85 | \$104.00 | \$248.30 | \$248.30 |
| \$140,000 | \$7.00 | \$7.00 | \$7.00 | \$9.10 | \$13.30 | \$19.60 | \$37.10 | \$57.40 | \$67.20 | \$76.30 | \$112.00 | \$267.40 | \$267.40 |
| \$150,000 | \$7.50 | \$7.50 | \$7.50 | \$9.75 | \$14.25 | \$21.00 | \$39.75 | \$61.50 | \$72.00 | \$81.75 | \$120.00 | \$286.50 | \$286.50 |
| \$160,000 | \$8.00 | \$8.00 | \$8.00 | \$10.40 | \$15.20 | \$22.40 | \$42.40 | \$65.60 | \$76.80 | \$87.20 | \$128.00 | \$305.60 | \$305.60 |
| \$170,000 | \$8.50 | \$8.50 | \$8.50 | \$11.05 | \$16.15 | \$23.80 | \$45.05 | \$69.70 | \$81.60 | \$92.65 | \$136.00 | \$324.70 | \$324.70 |
| \$180,000 | \$9.00 | \$9.00 | \$9.00 | \$11.70 | \$17.10 | \$25.20 | \$47.70 | \$73.80 | \$86.40 | \$98.10 | \$144.00 | \$343.80 | \$343.80 |
| \$190,000 | \$9.50 | \$9.50 | \$9.50 | \$12.35 | \$18.05 | \$26.60 | \$50.35 | \$77.90 | \$91.20 | \$103.55 | \$152.00 | \$362.90 | \$362.90 |
| \$200,000 | \$10.00 | \$10.00 | \$10.00 | \$13.00 | \$19.00 | \$28.00 | \$53.00 | \$82.00 | \$96.00 | \$109.00 | \$160.00 | \$382.00 | \$382.00 |
| \$210,000 | \$10.50 | \$10.50 | \$10.50 | \$13.65 | \$19.95 | \$29.40 | \$55.65 | \$86.10 | \$100.80 | \$114.45 | \$168.00 | \$401.10 | \$401.10 |
| \$220,000 | \$11.00 | \$11.00 | \$11.00 | \$14.30 | \$20.90 | \$30.80 | \$58.30 | \$90.20 | \$105.60 | \$119.90 | \$176.00 | \$420.20 | \$420.20 |
| \$230,000 | \$11.50 | \$11.50 | \$11.50 | \$14.95 | \$21.85 | \$32.20 | \$60.95 | \$94.30 | \$110.40 | \$125.35 | \$184.00 | \$439.30 | \$439.30 |
| \$240,000 | \$12.00 | \$12.00 | \$12.00 | \$15.60 | \$22.80 | \$33.60 | \$63.60 | \$98.40 | \$115.20 | \$130.80 | \$192.00 | \$458.40 | \$458.40 |
| \$250,000 | \$12.50 | \$12.50 | \$12.50 | \$16.25 | \$23.75 | \$35.00 | \$66.25 | \$102.50 | \$120.00 | \$136.25 | \$200.00 | \$477.50 | \$477.50 |
| \$260,000 | \$13.00 | \$13.00 | \$13.00 | \$16.90 | \$24.70 | \$36.40 | \$68.90 | \$106.60 | \$124.80 | \$141.70 | \$208.00 | \$496.60 | \$496.60 |
| \$270,000 | \$13.50 | \$13.50 | \$13.50 | \$17.55 | \$25.65 | \$37.80 | \$71.55 | \$110.70 | \$129.60 | \$147.15 | \$216.00 | \$515.70 | \$515.70 |
| \$280,000 | \$14.00 | \$14.00 | \$14.00 | \$18.20 | \$26.60 | \$39.20 | \$74.20 | \$114.80 | \$134.40 | \$152.60 | \$224.00 | \$534.80 | \$534.80 |
| \$290,000 | \$14.50 | \$14.50 | \$14.50 | \$18.85 | \$27.55 | \$40.60 | \$76.85 | \$118.90 | \$139.20 | \$158.05 | \$232.00 | \$553.90 | \$553.90 |
| \$300,000 | \$15.00 | \$15.00 | \$15.00 | \$19.50 | \$28.50 | \$42.00 | \$79.50 | \$123.00 | \$144.00 | \$163.50 | \$240.00 | \$573.00 | \$573.00 |
| \$310,000 | \$15.50 | \$15.50 | \$15.50 | \$20.15 | \$29.45 | \$43.40 | \$82.15 | \$127.10 | \$148.80 | \$168.95 | \$248.00 | \$592.10 | \$592.10 |
| \$320,000 | \$16.00 | \$16.00 | \$16.00 | \$20.80 | \$30.40 | \$44.80 | \$84.80 | \$131.20 | \$153.60 | \$174.40 | \$256.00 | \$611.20 | \$611.20 |
| \$330,000 | \$16.50 | \$16.50 | \$16.50 | \$21.45 | \$31.35 | \$46.20 | \$87.45 | \$135.30 | \$158.40 | \$179.85 | \$264.00 | \$630.30 | \$630.30 |
| \$340,000 | \$17.00 | \$17.00 | \$17.00 | \$22.10 | \$32.30 | \$47.60 | \$90.10 | \$139.40 | \$163.20 | \$185.30 | \$272.00 | \$649.40 | \$649.40 |
| \$350,000 | \$17.50 | \$17.50 | \$17.50 | \$22.75 | \$33.25 | \$49.00 | \$92.75 | \$143.50 | \$168.00 | \$190.75 | \$280.00 | \$668.50 | \$668.50 |
| \$360,000 | \$18.00 | \$18.00 | \$18.00 | \$23.40 | \$34.20 | \$50.40 | \$95.40 | \$147.60 | \$172.80 | \$196.20 | \$288.00 | \$687.60 | \$687.60 |
| \$370,000 | \$18.50 | \$18.50 | \$18.50 | \$24.05 | \$35.15 | \$51.80 | \$98.05 | \$151.70 | \$177.60 | \$201.65 | \$296.00 | \$706.70 | \$706.70 |
| \$380,000 | \$19.00 | \$19.00 | \$19.00 | \$24.70 | \$36.10 | \$53.20 | \$100.70 | \$155.80 | \$182.40 | \$207.10 | \$304.00 | \$725.80 | \$725.80 |
| \$390,000 | \$19.50 | \$19.50 | \$19.50 | \$25.35 | \$37.05 | \$54.60 | \$103.35 | \$159.90 | \$187.20 | \$212.55 | \$312.00 | \$744.90 | \$744.90 |
| \$400,000 | \$20.00 | \$20.00 | \$20.00 | \$26.00 | \$38.00 | \$56.00 | \$106.00 | \$164.00 | \$192.00 | \$218.00 | \$320.00 | \$764.00 | \$764.00 |
| \$410,000 | \$20.50 | \$20.50 | \$20.50 | \$26.65 | \$38.95 | \$57.40 | \$108.65 | \$168.10 | \$196.80 | \$223.45 | \$328.00 | \$783.10 | \$783.10 |
| \$420,000 | \$21.00 | \$21.00 | \$21.00 | \$27.30 | \$39.90 | \$58.80 | \$111.30 | \$172.20 | \$201.60 | \$228.90 | \$336.00 | \$802.20 | \$802.20 |
| \$430,000 | \$21.50 | \$21.50 | \$21.50 | \$27.95 | \$40.85 | \$60.20 | \$113.95 | \$176.30 | \$206.40 | \$234.35 | \$344.00 | \$821.30 | \$821.30 |
| \$440,000 | \$22.00 | \$22.00 | \$22.00 | \$28.60 | \$41.80 | \$61.60 | \$116.60 | \$180.40 | \$211.20 | \$239.80 | \$352.00 | \$840.40 | \$840.40 |

| | | | | | | | | | | | | | |
|-----------|---------|---------|---------|---------|---------|---------|----------|----------|----------|----------|----------|----------|----------|
| \$450,000 | \$22.50 | \$22.50 | \$22.50 | \$29.25 | \$42.75 | \$63.00 | \$119.25 | \$184.50 | \$216.00 | \$245.25 | \$360.00 | \$859.50 | \$859.50 |
| \$460,000 | \$23.00 | \$23.00 | \$23.00 | \$29.90 | \$43.70 | \$64.40 | \$121.90 | \$188.60 | \$220.80 | \$250.70 | \$368.00 | \$878.60 | \$878.60 |
| \$470,000 | \$23.50 | \$23.50 | \$23.50 | \$30.55 | \$44.65 | \$65.80 | \$124.55 | \$192.70 | \$225.60 | \$256.15 | \$376.00 | \$897.70 | \$897.70 |
| \$480,000 | \$24.00 | \$24.00 | \$24.00 | \$31.20 | \$45.60 | \$67.20 | \$127.20 | \$196.80 | \$230.40 | \$261.60 | \$384.00 | \$916.80 | \$916.80 |
| \$490,000 | \$24.50 | \$24.50 | \$24.50 | \$31.85 | \$46.55 | \$68.60 | \$129.85 | \$200.90 | \$235.20 | \$267.05 | \$392.00 | \$935.90 | \$935.90 |
| \$500,000 | \$25.00 | \$25.00 | \$25.00 | \$32.50 | \$47.50 | \$70.00 | \$132.50 | \$205.00 | \$240.00 | \$272.50 | \$400.00 | \$955.00 | \$955.00 |

SPOUSE SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)

| Benefit | Under 25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80+ |
|-----------|----------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|----------|----------|
| \$5,000 | \$0.25 | \$0.25 | \$0.25 | \$0.33 | \$0.48 | \$0.70 | \$1.33 | \$2.05 | \$2.40 | \$2.73 | \$4.00 | \$9.55 | \$9.55 |
| \$10,000 | \$0.50 | \$0.50 | \$0.50 | \$0.65 | \$0.95 | \$1.40 | \$2.65 | \$4.10 | \$4.80 | \$5.45 | \$8.00 | \$19.10 | \$19.10 |
| \$15,000 | \$0.75 | \$0.75 | \$0.75 | \$0.98 | \$1.43 | \$2.10 | \$3.98 | \$6.15 | \$7.20 | \$8.18 | \$12.00 | \$28.65 | \$28.65 |
| \$20,000 | \$1.00 | \$1.00 | \$1.00 | \$1.30 | \$1.90 | \$2.80 | \$5.30 | \$8.20 | \$9.60 | \$10.90 | \$16.00 | \$38.20 | \$38.20 |
| \$25,000 | \$1.25 | \$1.25 | \$1.25 | \$1.63 | \$2.38 | \$3.50 | \$6.63 | \$10.25 | \$12.00 | \$13.63 | \$20.00 | \$47.75 | \$47.75 |
| \$30,000 | \$1.50 | \$1.50 | \$1.50 | \$1.95 | \$2.85 | \$4.20 | \$7.95 | \$12.30 | \$14.40 | \$16.35 | \$24.00 | \$57.30 | \$57.30 |
| \$35,000 | \$1.75 | \$1.75 | \$1.75 | \$2.28 | \$3.33 | \$4.90 | \$9.28 | \$14.35 | \$16.80 | \$19.08 | \$28.00 | \$66.85 | \$66.85 |
| \$40,000 | \$2.00 | \$2.00 | \$2.00 | \$2.60 | \$3.80 | \$5.60 | \$10.60 | \$16.40 | \$19.20 | \$21.80 | \$32.00 | \$76.40 | \$76.40 |
| \$45,000 | \$2.25 | \$2.25 | \$2.25 | \$2.93 | \$4.28 | \$6.30 | \$11.93 | \$18.45 | \$21.60 | \$24.53 | \$36.00 | \$85.95 | \$85.95 |
| \$50,000 | \$2.50 | \$2.50 | \$2.50 | \$3.25 | \$4.75 | \$7.00 | \$13.25 | \$20.50 | \$24.00 | \$27.25 | \$40.00 | \$95.50 | \$95.50 |
| \$55,000 | \$2.75 | \$2.75 | \$2.75 | \$3.58 | \$5.23 | \$7.70 | \$14.58 | \$22.55 | \$26.40 | \$29.98 | \$44.00 | \$105.05 | \$105.05 |
| \$60,000 | \$3.00 | \$3.00 | \$3.00 | \$3.90 | \$5.70 | \$8.40 | \$15.90 | \$24.60 | \$28.80 | \$32.70 | \$48.00 | \$114.60 | \$114.60 |
| \$65,000 | \$3.25 | \$3.25 | \$3.25 | \$4.23 | \$6.18 | \$9.10 | \$17.23 | \$26.65 | \$31.20 | \$35.43 | \$52.00 | \$124.15 | \$124.15 |
| \$70,000 | \$3.50 | \$3.50 | \$3.50 | \$4.55 | \$6.65 | \$9.80 | \$18.55 | \$28.70 | \$33.60 | \$38.15 | \$56.00 | \$133.70 | \$133.70 |
| \$75,000 | \$3.75 | \$3.75 | \$3.75 | \$4.88 | \$7.13 | \$10.50 | \$19.88 | \$30.75 | \$36.00 | \$40.88 | \$60.00 | \$143.25 | \$143.25 |
| \$80,000 | \$4.00 | \$4.00 | \$4.00 | \$5.20 | \$7.60 | \$11.20 | \$21.20 | \$32.80 | \$38.40 | \$43.60 | \$64.00 | \$152.80 | \$152.80 |
| \$85,000 | \$4.25 | \$4.25 | \$4.25 | \$5.53 | \$8.08 | \$11.90 | \$22.53 | \$34.85 | \$40.80 | \$46.33 | \$68.00 | \$162.35 | \$162.35 |
| \$90,000 | \$4.50 | \$4.50 | \$4.50 | \$5.85 | \$8.55 | \$12.60 | \$23.85 | \$36.90 | \$43.20 | \$49.05 | \$72.00 | \$171.90 | \$171.90 |
| \$95,000 | \$4.75 | \$4.75 | \$4.75 | \$6.18 | \$9.03 | \$13.30 | \$25.18 | \$38.95 | \$45.60 | \$51.78 | \$76.00 | \$181.45 | \$181.45 |
| \$100,000 | \$5.00 | \$5.00 | \$5.00 | \$6.50 | \$9.50 | \$14.00 | \$26.50 | \$41.00 | \$48.00 | \$54.50 | \$80.00 | \$191.00 | \$191.00 |
| \$105,000 | \$5.25 | \$5.25 | \$5.25 | \$6.83 | \$9.98 | \$14.70 | \$27.83 | \$43.05 | \$50.40 | \$57.23 | \$84.00 | \$200.55 | \$200.55 |
| \$110,000 | \$5.50 | \$5.50 | \$5.50 | \$7.15 | \$10.45 | \$15.40 | \$29.15 | \$45.10 | \$52.80 | \$59.95 | \$88.00 | \$210.10 | \$210.10 |
| \$115,000 | \$5.75 | \$5.75 | \$5.75 | \$7.48 | \$10.93 | \$16.10 | \$30.48 | \$47.15 | \$55.20 | \$62.68 | \$92.00 | \$219.65 | \$219.65 |
| \$120,000 | \$6.00 | \$6.00 | \$6.00 | \$7.80 | \$11.40 | \$16.80 | \$31.80 | \$49.20 | \$57.60 | \$65.40 | \$96.00 | \$229.20 | \$229.20 |
| \$125,000 | \$6.25 | \$6.25 | \$6.25 | \$8.13 | \$11.88 | \$17.50 | \$33.13 | \$51.25 | \$60.00 | \$68.13 | \$100.00 | \$238.75 | \$238.75 |
| \$130,000 | \$6.50 | \$6.50 | \$6.50 | \$8.45 | \$12.35 | \$18.20 | \$34.45 | \$53.30 | \$62.40 | \$70.85 | \$104.00 | \$248.30 | \$248.30 |
| \$135,000 | \$6.75 | \$6.75 | \$6.75 | \$8.78 | \$12.83 | \$18.90 | \$35.78 | \$55.35 | \$64.80 | \$73.58 | \$108.00 | \$257.85 | \$257.85 |
| \$140,000 | \$7.00 | \$7.00 | \$7.00 | \$9.10 | \$13.30 | \$19.60 | \$37.10 | \$57.40 | \$67.20 | \$76.30 | \$112.00 | \$267.40 | \$267.40 |
| \$145,000 | \$7.25 | \$7.25 | \$7.25 | \$9.43 | \$13.78 | \$20.30 | \$38.43 | \$59.45 | \$69.60 | \$79.03 | \$116.00 | \$276.95 | \$276.95 |
| \$150,000 | \$7.50 | \$7.50 | \$7.50 | \$9.75 | \$14.25 | \$21.00 | \$39.75 | \$61.50 | \$72.00 | \$81.75 | \$120.00 | \$286.50 | \$286.50 |
| \$155,000 | \$7.75 | \$7.75 | \$7.75 | \$10.08 | \$14.73 | \$21.70 | \$41.08 | \$63.55 | \$74.40 | \$84.48 | \$124.00 | \$296.05 | \$296.05 |
| \$160,000 | \$8.00 | \$8.00 | \$8.00 | \$10.40 | \$15.20 | \$22.40 | \$42.40 | \$65.60 | \$76.80 | \$87.20 | \$128.00 | \$305.60 | \$305.60 |
| \$165,000 | \$8.25 | \$8.25 | \$8.25 | \$10.73 | \$15.68 | \$23.10 | \$43.73 | \$67.65 | \$79.20 | \$89.93 | \$132.00 | \$315.15 | \$315.15 |
| \$170,000 | \$8.50 | \$8.50 | \$8.50 | \$11.05 | \$16.15 | \$23.80 | \$45.05 | \$69.70 | \$81.60 | \$92.65 | \$136.00 | \$324.70 | \$324.70 |
| \$175,000 | \$8.75 | \$8.75 | \$8.75 | \$11.38 | \$16.63 | \$24.50 | \$46.38 | \$71.75 | \$84.00 | \$95.38 | \$140.00 | \$334.25 | \$334.25 |
| \$180,000 | \$9.00 | \$9.00 | \$9.00 | \$11.70 | \$17.10 | \$25.20 | \$47.70 | \$73.80 | \$86.40 | \$98.10 | \$144.00 | \$343.80 | \$343.80 |
| \$185,000 | \$9.25 | \$9.25 | \$9.25 | \$12.03 | \$17.58 | \$25.90 | \$49.03 | \$75.85 | \$88.80 | \$100.83 | \$148.00 | \$353.35 | \$353.35 |
| \$190,000 | \$9.50 | \$9.50 | \$9.50 | \$12.35 | \$18.05 | \$26.60 | \$50.35 | \$77.90 | \$91.20 | \$103.55 | \$152.00 | \$362.90 | \$362.90 |
| \$195,000 | \$9.75 | \$9.75 | \$9.75 | \$12.68 | \$18.53 | \$27.30 | \$51.68 | \$79.95 | \$93.60 | \$106.28 | \$156.00 | \$372.45 | \$372.45 |
| \$200,000 | \$10.00 | \$10.00 | \$10.00 | \$13.00 | \$19.00 | \$28.00 | \$53.00 | \$82.00 | \$96.00 | \$109.00 | \$160.00 | \$382.00 | \$382.00 |
| \$205,000 | \$10.25 | \$10.25 | \$10.25 | \$13.33 | \$19.48 | \$28.70 | \$54.33 | \$84.05 | \$98.40 | \$111.73 | \$164.00 | \$391.55 | \$391.55 |
| \$210,000 | \$10.50 | \$10.50 | \$10.50 | \$13.65 | \$19.95 | \$29.40 | \$55.65 | \$86.10 | \$100.80 | \$114.45 | \$168.00 | \$401.10 | \$401.10 |
| \$215,000 | \$10.75 | \$10.75 | \$10.75 | \$13.98 | \$20.43 | \$30.10 | \$56.98 | \$88.15 | \$103.20 | \$117.18 | \$172.00 | \$410.65 | \$410.65 |
| \$220,000 | \$11.00 | \$11.00 | \$11.00 | \$14.30 | \$20.90 | \$30.80 | \$58.30 | \$90.20 | \$105.60 | \$119.90 | \$176.00 | \$420.20 | \$420.20 |
| \$225,000 | \$11.25 | \$11.25 | \$11.25 | \$14.63 | \$21.38 | \$31.50 | \$59.63 | \$92.25 | \$108.00 | \$122.63 | \$180.00 | \$429.75 | \$429.75 |
| \$230,000 | \$11.50 | \$11.50 | \$11.50 | \$14.95 | \$21.85 | \$32.20 | \$60.95 | \$94.30 | \$110.40 | \$125.35 | \$184.00 | \$439.30 | \$439.30 |
| \$235,000 | \$11.75 | \$11.75 | \$11.75 | \$15.28 | \$22.33 | \$32.90 | \$62.28 | \$96.35 | \$112.80 | \$128.08 | \$188.00 | \$448.85 | \$448.85 |
| \$240,000 | \$12.00 | \$12.00 | \$12.00 | \$15.60 | \$22.80 | \$33.60 | \$63.60 | \$98.40 | \$115.20 | \$130.80 | \$192.00 | \$458.40 | \$458.40 |

| | | | | | | | | | | | | | |
|-----------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|----------|----------|----------|
| \$245,000 | \$12.25 | \$12.25 | \$12.25 | \$15.93 | \$23.28 | \$34.30 | \$64.93 | \$100.45 | \$117.60 | \$133.53 | \$196.00 | \$467.95 | \$467.95 |
| \$250,000 | \$12.50 | \$12.50 | \$12.50 | \$16.25 | \$23.75 | \$35.00 | \$66.25 | \$102.50 | \$120.00 | \$136.25 | \$200.00 | \$477.50 | \$477.50 |

| CHILD(REN) SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE | | | |
|--|-----------------------|----------------|-----------------------|
| Semi-monthly Premium Amount (Cost per Pay Period – 24/Year) | | | |
| Benefit Amount | Cost For All Children | Benefit Amount | Cost For All Children |
| \$2,000 | \$0.25 | \$8,000 | \$1.00 |
| \$4,000 | \$0.50 | \$10,000 | \$1.25 |
| \$6,000 | \$0.75 | | |

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

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The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Fire Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. © 2020 The Hartford.

This document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

ADDITIONAL SERVICES



Crook County

If you are enrolled in insurance coverage with The Hartford, you may also be eligible to receive additional services. These services help with challenges that come before and after a claim. Be sure to read the information provided below; The Hartford wants to be there when you need us.

SERVICES AVAILABLE

| COVERAGE ENROLLED IN | ADDITIONAL SERVICES AVAILABLE |
|----------------------|---|
| Long Term Disability | Ability Assist Counseling Services Health Champion Travel Assistance and ID Theft Protection Services |
| Life | Ability Assist Counseling Services Health Champion Beneficiary Assist Counseling Services EstateGuidance Will Services Funeral Concierge Services Travel Assistance and ID Theft Protection Services |

ASKED & ANSWERED

WHAT IS ABILITY ASSIST COUNSELING SERVICES?

Ability Assist^{®1} Counseling Services provides access to Master’s degree clinicians for 24/7 assistance if you’re enrolled in our long term disability plan. This includes 3 face-to-face visits per occurrence per year for emotional concerns and unlimited phone consultations for financial, legal, and work-life concerns.

For more information on Ability Assist[®] Counseling Services:

Call 1-800-964-3577

Visit www.guidanceresources.com

Company name: **Abili** Company ID: **HLF902**

WHAT IS BENEFICIARY ASSIST COUNSELING SERVICES?

Beneficiary Assist^{®2} Counseling Services offers compassionate expertise to help you, your beneficiaries (those you name in your policy) and immediate family members cope with emotional, financial and legal issues that arise after a loss. Includes unlimited phone contact with professionals, as well as five face-to-face sessions* available for up to one year.

For more information on Beneficiary Assist[®] Counseling Services, call 1-800-411-7239.

*California residents are limited to three prepaid behavioral health counseling sessions in any six-month period. Except for acute emergencies and other special circumstances, additional sessions for California employees are available on a fee-for-service basis.

WHAT IS ESTATEGUIDANCE WILL SERVICES?

EstateGuidance^{®3} Will Services helps you protect your family’s future by creating a customized and legally binding online will. Online support is also available from licensed attorneys, if needed.

For more information on EstateGuidance[®] Will Services:

www.estateguidance.com Use Code: **WILLHLF**

WHAT IS FUNERAL CONCIERGE SERVICES?

Funeral Concierge Services⁴ provides a suite of online tools to guide you through key decisions before a loss, including help comparing funeral-related costs. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers—often resulting in significant financial savings. In addition, Express Pay is a service that delivers proceeds in as little as 48 hours, allowing beneficiaries to use proceeds immediately for funeral expenses.

For more information on Funeral Concierge Services:

Call 1-866-854-5429 or visit www.everestfuneral.com/hartford Use Code: **HFEVLC**

WHAT IS HEALTHCHAMPION?

HealthChampion^{SM5} offers unlimited access to benefit specialists and nurses for administrative and clinical support to address medical care and insurance claims concerns if you're enrolled in our long term disability plan. Service includes: claims and billing support, explanation of benefits, cost estimates and fee negotiation, information related to conditions and available treatments, and support to help prepare for medical visits.

For more information on HealthChampionSM Services

Call 1-800-964-3577

Visit www.guidanceresources.com

Company name: **Abili** Company ID: **HLF902**

WHAT IS TRAVEL ASSISTANCE AND IDENTITY THEFT SUPPORT SERVICES?

Travel Assistance⁶ is available when traveling more than 100 miles from home and for 90 days or less. Services include but are not limited to:

- Medical assistance, including worldwide medical referrals, medical monitoring, prescription transfer, replacement of medical devices and corrective lenses.
- Emergency transports, medical repatriations and evacuations and repatriations of mortal remains.
- Pre-trip information, lost luggage/document assistance and legal referrals.

Identity Theft Support Services⁶ provide 24/7/365 assistance including education on how to prevent theft and guidance on what to do if a theft occurs. Caseworkers help review credit information, and if a theft has occurred, will notify major credit bureaus, assist with completing an identity theft affidavit, help with replacing credit/debit cards and more.

For more information on Travel Assistance or Identity Theft Support Services:

- Call from U.S. and Canada: 800-243-6108 (toll-free)
- Call from Outside U.S.: 202-828-5885
- Or email: assist@imglobal.com

In the event of a life-threatening travel emergency, call local emergency authorities first for immediate assistance before contacting our Travel Assistance partner.

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

²BeneficiaryAssist[®] services are offered through The Hartford by ComPsych[®]. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

³Estate Guidance[®] services are provided through The Hartford by ComPsych[®]. A simple will does not cover printing or certain other features. These features are available at an additional cost to you. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Estate Guidance is a registered trademark of ComPsych. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

⁴Funeral Concierge services is offered through Everest Funeral Package, LLC (Everest). Everest and the Everest logo are service marks of Everest Funeral Package, LLC. Everest is not affiliated with The Hartford and is not a provider of insurance services. Everest and its affiliates have no affiliation with Everest ReGroup, Ltd., Everest Reinsurance Company or any of their affiliates. The Hartford is not responsible and assumes no liability for the services provided by Everest Funeral Package, LLC as described in these materials and reserves the right to discontinue any of these services at any time. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

⁵HealthChampionSM services are provided through The Hartford by ComPsych[®]. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford doesn't provide basic hospital, basic medical, or major medical insurance. HealthChampion specialists are only available during business hours. Inquiries outside of this timeframe can either request a call-back the next day or schedule an appointment. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Health Champion is a service mark of ComPsych. Services may not be available in all states.

Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

⁶Travel Assistance and Identity Theft Support services are offered through a vendor which is not affiliated with The Hartford. These services are not insurance. The Hartford is not responsible and assumes no liability for the goods and services described in these materials and reserves the right to discontinue any of these services at any time. Services may not be available in all states.

Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

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The Hartford[®] is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. © 2020 The Hartford. This Benefit Highlights Sheet is an overview of the non-insurance services being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the services as actually provided. Only the Service Provider can fully describe all of the provisions, terms, conditions, limitations and exclusions of your non-insurance service coverage.

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LONG TERM DISABILITY



GROUP LONG-TERM DISABILITY INSURANCE BENEFIT HIGHLIGHTS



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

Crook County

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



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

COVERAGE INFORMATION

| BENEFIT PERCENTAGE (PERCENT OF YOUR EARNINGS) | MAXIMUM | MINIMUM (BASED ON MONTHLY INCOME LOSS BEFORE THE DEDUCTION OF OTHER INCOME BENEFITS) | BENEFIT STARTS (ELIMINATION PERIOD) | BENEFIT DURATION |
|---|---------|--|-------------------------------------|--|
| 60% | \$6,000 | The greater of \$100 or 10% of the benefit | After 180 days disabled | Disabled before: Age 63 Benefit duration: As long as you are disabled Benefit duration maximum: The greater of your Social Security Normal Retirement Age or 4 years |

PREMIUMS

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

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full time employee who works at least 30 hours per week on a regularly scheduled basis, excluding Members and County Commissioners.

AM I GUARANTEED COVERAGE?

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

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

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

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

WHEN CAN I ENROLL?

Your employer will automatically enroll you for this coverage.

WHEN DOES THIS INSURANCE BEGIN?

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

WHEN DOES THIS INSURANCE END?

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

WHAT DOES IT MEAN TO BE DISABLED?

Disability is defined in The Hartford's certificate with your employer. Typically, disability means that you cannot perform one or more of the

essential duties of your occupation due to injury, sickness, pregnancy or other medical condition covered by the insurance, and as a result, your current monthly earnings are less than 80% of your pre-disability earnings. Once you have been disabled for 2 years following the elimination period, you must be prevented from performing one or more of the essential duties of any occupation and as a result, your current monthly earnings are less than or equal to 60% of your pre-disability earnings.

Pre-disability earnings are defined in your policy.

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

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

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The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

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

EMPLOYEE ASSISTANCE PROGRAM (EAP)



FAQs

frequently asked questions

About Your EAP



TotalCare EAP
Public Safety EAP
Educators' EAP
Higher Ed EAP
HealthCare EAP
Union AP

www.theEAP.com | 800.252.4555



? WHAT IS THE EMPLOYEE ASSISTANCE PROGRAM (EAP)?

Your EAP is a confidential counseling, assessment, coaching and referral program designed to help you deal with issues you face in your personal and work life. Just as health insurance addresses your physical well-being, your EAP addresses your emotional and mental well-being. It also helps you to manage work/life issues and achieve a healthy work/life balance. Your EAP is more than just a problem solving resource, it also helps you to grow personally and professionally and to be more productive and resilient in facing life's challenges and opportunities.

? WHO CAN USE THE EAP?

EAP services are available to both you and members of **your immediate family**.

? WHAT IS THE COST OF YOUR SERVICES?

This is a **free benefit** for you and your family, paid for by your employer.

? WILL MY EMPLOYER KNOW IF I USE YOUR SERVICES?

Your EAP is **totally confidential** and your employer won't even know that you are using our services.

? HOW DO I ACCESS EAP SERVICES?

Call toll-free 24 hours a day, 7 days a week: 800-225-2527 or 800-252-4555 or login at www.theEAP.com by clicking on "Employee & Family Login".

TO ACCESS SELF-HELP TOOLS AND RESOURCES FOR EMPLOYEES

1. Log on to www.theEAP.com
2. Click on **Employee & Family Login**
3. If you have already created a User Name and Password, simply enter that info in the appropriate boxes. **If you have not registered, complete steps 4-7.**
4. Click on **REGISTER HERE**
5. Enter your **Employer's name** and click Continue.
6. Your employer's name will appear; select the button and click **Continue**.
7. Fill out the Registration Form and create your own User Name and Password, then click Continue. **You only need to register once.**

Your EAP is here for you and your family members!

Your EAP Benefit Summary

Each of us encounters personal problems from time to time. And that is why we partner with ESI EAP to provide you with the best possible solutions for issues you or one of your family members may face. **Your EAP is here to help.**

The following free benefits are available for Employees and Family Members.

> COUNSELING BENEFITS

Help from experienced Masters or Ph.D. level counselors for personal issues such as: relationships/family, depression/anxiety, grief and more.

> PEAK PERFORMANCE COACHING

Personal and professional coaching is available from senior-level ESI coaches. Get one-to-one telephonic coaching and support, as well as online self-help resources and trainings.

> TRAINING AND PERSONAL DEVELOPMENT BENEFITS

Over 10,000 free online personal and professional development trainings in a variety of easy to use formats. Some of the topics covered are: debt, budgeting, communication, working remotely, stress management and emotional intelligence.

> SELF-HELP RESOURCES

Self-help Resources give you access to a collection of thousands of tools, videos, financial calculators and informative articles covering virtually every issue you might face, including adoption, relationships, legal, financial, cancer and more.

> WORK/LIFE BENEFITS

Assistance for financial, legal, and child & elder care.

> PERSONAL ASSISTANT

Help for everyday issues, including finding a local medical or dental provider, summer camp options and more.

> WELLNESS BENEFITS

Videos and resources to improve you and your family's overall health, including fitness, diet and tobacco cessation.

> LIFESTYLE SAVINGS BENEFIT

Includes thousands of discounts, rewards and perks in a variety of categories: Health & Wellness, Auto, Electronics, Apparel, Restaurants, Beauty & Spa, Flowers & Gifts, Sports & Fitness and more! Available benefits are accessible from ESI's Member website.

Scan the QR code to explore your EAP benefits!



Contact the EAP toll-free at **1.888.327.1060**.

All calls are **CONFIDENTIAL** and answered by a Masters or Ph.D. level counselor; your counselor will work with you on a plan beginning with the first call. Or go to **www.PublicSafetyEAP.com** and create a username and password.



Your Online EAP Benefits

Access thousands of self-help tools, resources and training for employees, managers and family members.



1. Go to www.PublicSafetyEAP.com and click the **Member Login** button.
2. If you've already created a User Name and Password, simply log in.
3. If this is your first visit, click **REGISTER** and fill out the form to create your User Name and Password.

** You only need to register once.*

IMPORTANT!

Our Self-Help resources are best experienced with a modern browser such as: **Google Chrome, Mozilla Firefox and Safari**. These browsers are continually maintained and receive updates from their support to ensure a safe, secure, and hassle free environment.



www.PublicSafetyEAP.com



800-535-4841

Scan to explore benefits!



Public Safety
EAP A division of ESI

TRAVEL ASSISTANCE



About assist america®

Assist America, Inc., formed in 1990, is the nation's largest provider of global emergency services through employee benefit plans. Assist America responds when any eligible member becomes ill or injured while traveling just 100 miles away from home, or in another country.



Conditions & Exclusions

Conditions

Assist America will not provide services in the following instances:

- Travel undertaken specifically for securing medical treatment
- Injuries resulting from participation in acts of war or insurrection
- Commission of unlawful act(s)
- Attempt at suicide
- Incidents involving the use of drugs unless prescribed by a physician
- Transfer of member from one medical facility to another medical facility of similar capabilities and providing a similar level of care

Assist America will not evacuate or repatriate a member:

- Without medical authorization
- With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home
- With a pregnancy over six months
- With mental or nervous disorders unless hospitalized

Exclusions

- Trips exceeding 90 days from legal residence without prior notification to Assist America (separate purchase of Expatriate coverage is available)
- Other conditions and exclusions apply to services provided to dependents who are students. For questions and further information regarding services for dependents who are students, please contact PacificSource Health Plans.

While assistance services are available worldwide, transportation response time is directly related to the location/jurisdiction where an event occurs. Assist America is not responsible for failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond its control, including by way of example and not by limitation, weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communications systems, or where rendering of service is limited or prohibited by local law or edict.

All consulting physicians and attorneys are independent contractors and not under the control of Assist America. Assist America is not responsible or liable for any malpractice committed by professionals rendering services to a member.

For more information regarding the program contact:

PacificSource Health Plans
 110 International Way
 Springfield, OR 97477
 Telephone: 800.624.6052
 Web site: PacificSource.com

assist america®

202 Carnegie Center • Suite 302A • Princeton, NJ 08540
 609.921.0868
www.assistamerica.com

assist america® is a registered service mark of Assist America, Inc.

Global Emergency Services



PROVIDED BY assist america®



PacificSource
 HEALTH PLANS

PLEASE DETACH CARD AND CARRY WITH YOU AT ALL TIMES.

assist america® GLOBAL EMERGENCY SERVICES

Reference Number 01-AA-PSH-10073

Name:

If you require medical assistance and are more than 100 miles from your permanent residence, or in another country, call Assist America's Operations Center at:

1-800-872-1414 (within USA)

+1-609-986-1234 (outside USA)

Or e-mail at:
medservices@assistamerica.com

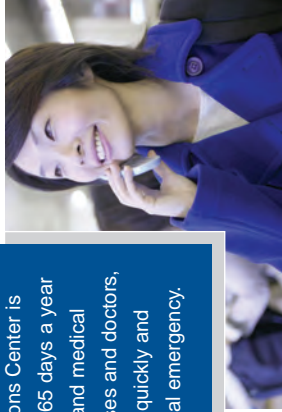
Attention: This card is not a medical insurance card. All services must be provided by Assist America. No claims for reimbursement will be accepted. The holder of this card is a member of Assist America and is entitled to its medical and personal services.



GLOBAL Emergency Services

CONGRATULATIONS! Your enrollment through PacificSource Health Plans includes a unique global emergency services program from Assist America. This program immediately connects you to doctors, hospitals, pharmacies and other services if you experience a medical emergency while traveling 100 miles or more away from your permanent residence, or in another country.

Assist America's Operations Center is staffed 24 hours a day, 365 days a year with trained multilingual and medical personnel, including nurses and doctors, to advise and assist you quickly and professionally in a medical emergency.



One simple phone call to the number on your Assist America identification card will connect you to:

- A global network of pre-qualified medical providers
- A state-of-the-art Operations Center with worldwide response capabilities
- Experienced crisis management professionals
- Air and ground ambulance service providers

Assist America completely arranges and pays for all the assistance services it provides without limits on the covered cost. This alleviates many of the obstacles and potential expenses that can be caused by medical emergencies away from home.

It is important to keep your identification card with you at all times so that you can call for services whenever you need them.

Assist America is not travel or medical insurance, rather it is a provider of global emergency services.* Assist America's services do not replace medical insurance during medical emergencies away from home. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage.

**All services must be arranged and provided by Assist America. No claims for reimbursement will be accepted.*

Key Services

Medical Consultation, Evaluation & Referral

Calls to Assist America's Operations Center are evaluated by medical personnel and referred to English-speaking, Western-trained doctors and/or hospitals.

Hospital Admission Guarantee

Assist America will guarantee hospital admission outside the United States by validating a member's health coverage or by advancing funds to the hospital.

Emergency Medical Evacuation

If adequate medical facilities are not available locally, Assist America will use whatever mode of transport, equipment and personnel necessary to evacuate a member to the nearest facility capable of providing a high standard of care.

Medical Monitoring

Assist America's medical personnel will maintain regular communication with the member's attending physician and/or hospital and relay information to the family.

Medical Repatriation

If a member still requires medical assistance upon being discharged from a hospital, Assist America will repatriate him/her home or to a rehabilitation facility with a medical or non-medical escort, as necessary.

Prescription Assistance

If a member needs a replacement prescription while traveling, Assist America will help in filling that prescription.

Emergency Message Transmission

Assist America will receive and transmit authorized emergency messages for members.

Compassionate Visit

If a member is traveling alone and will be hospitalized for more than seven days, Assist America will provide economy, round-trip, common carrier transportation to the place of hospitalization for a designated family member or friend.

Care of Minor Children

Assist America will arrange for the care of children left unattended as the result of a medical emergency and pay for any transportation costs involved in such arrangements.

Return of Mortal Remains

Assist America will assist with the logistics of returning a member's remains home in the event of his or her death. This includes arranging the preparation of the remains for transport, procuring required documentation, providing the necessary shipping container as well as paying for transport.

Emergency Trauma Counseling

Assist America will provide initial telephone-based counseling and referrals to qualified counselors as needed or requested.

Lost Luggage or Document Assistance

Assist America will help members locate lost luggage, documents or personal belongings.

Interpreter & Legal Referrals

Assist America will refer members to interpreters and/or legal personnel, as necessary.

Pre-trip Information

Assist America offers members web-based country profiles that include visa requirements, immunization and inoculation recommendations, as well as security advisories for any travel destination.



PLEASE DETACH CARD AND CARRY WITH YOU AT ALL TIMES.

Please provide the following information when you call:

- Your name, telephone number and relationship to the patient
- Patient's name, age, gender, reference number and employer
- Name, location and telephone number of hospital or treating doctor if applicable



AFLAC



Aflac isn't health insurance.

Let us show you who we really are



Health insurance pays doctors and hospitals. Aflac pays you,* and you can use your benefits in any way you see fit. Here are some of the ways our insurance policies can work hard for you:

They help protect your paycheck: Life sometimes has a way of throwing us curve balls. How long could you survive without a paycheck? Aflac can help put cash directly into your pocket, and you can choose how to spend it — whether it's to help pay medical bills or any other expenses you may have.



Short-term disability



Hospital confinement indemnity

They help protect your financial security: We put money in your pocket — quickly — so you can focus on getting well.



Accident



Lump sum critical illness or cancer



Cancer/specified-disease



Dental



Critical illness



Vision



Aflac Plus Rider

They help protect your future: Your current insurance may cover many things, but not everything. Aflac's cash benefits can help protect the people you care about when you can't be there.



Term life



Juvenile term life

Kate Thomas
541-382-4451
kate_thomas_group_inc@us.aflac.com



*Unless otherwise assigned.

Short-Term Disability: In Idaho, Policy A57600IDR. In Oklahoma, Policies A57600OK & A57600LBOK. In Virginia, Policies A57600VA & A57600LBVA. Hospital Confinement Indemnity: In Idaho, Policies B40100ID & B40100HD. In Oklahoma, Policies B40100OK & B40100HOK. In Virginia, Policies A49100VAR-A49400VAR & A49100HVAR. Accident: In Idaho, Policies A36100ID-A36400ID, & A3630FID. In Oklahoma, Policies A36100OK-A36400OK, & A3630FOK. In Virginia, Policies A35100VA-A35400VA, A35B24VA and A35B0FVA. Cancer/Specified-Disease: In Idaho, Policies A78100ID - A78400ID. In Oklahoma, Policies B70100OK; B70200OK; B70300OK; B7010EPOK; B7020EPO. Critical Illness: In Idaho, Policies A74100ID - A74300ID. In Oklahoma, Policies A74100OK - A74300OK. In Virginia, Policies A74100VA - A74300VA. Aflac Plus Rider: In Oklahoma, Riders CIRIDEROK, CIRIDERHOK. This rider is not available in Idaho or Virginia. Lump Sum Critical Illness: In Idaho, Policies A73100ID and A73100HD. In New York, Policy NY72100. In Oklahoma, Policies A73100OK and A73100HOK. In Pennsylvania, Policy A73100PA and A73100HPA. In Texas, Policies A73100TX and A73100HTX. In Virginia, Policy A73100VA. Lump Sum Cancer: In Idaho, Policy A72200ID. In Oklahoma, Policy A7200OK. In Virginia, Policy A72200VA. Dental: In Idaho, Policies A82100RID - A82400RID. In Oklahoma, Policies A82100ROK - A82400ROK. In Virginia, Policies A82100RVA - A82400RVA. Vision: In Idaho, Policy VSN100ID. In Oklahoma, Policy VSN100OKR. In Virginia, Policy VSN100VA. Term Life: In Arkansas, Idaho, Oklahoma, Oregon, Pennsylvania, Texas, and Virginia, Policies: ICC1368200, ICC1368300, ICC1368400. Juvenile Life: In Idaho, Oklahoma, & Virginia, Policies ICC0965JTO and ICC0965JVO. This is a brief product overview only. Coverage may not be available in all states. Policies have limitations, exclusions, and/or waiting periods that may affect benefits payable. For costs and complete details of the coverage, please contact your local Aflac agent. **Coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by American Family Life Assurance Company of New York. Aflac WWHQ | 1932 Wynnton Road Columbus, GA 31999.**

MASA MEDICAL TRANSPORT



DID YOU KNOW?

25 MILLION PEOPLE

are sent to the emergency room through ground or air ambulance every year*.

Insurance companies **may not** cover all air and ground ambulance expenses which can result in max in-network out-of-pocket** costs of:



\$8,700 Individual
\$17,400 Family



Ground ambulance **out-of-network transportation costs may be even higher than in-network** since the No Surprises Act does not apply to ground ambulance at this time.



PLATINUM MEMBERSHIP BENEFITS

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation assistance expenses within the continental United States, Alaska, Hawaii, and while traveling in Canada, regardless of whether the provider is in or out of your group healthcare benefits network. After the group health plan pays its portion, MASA works with providers to make certain our Members have no out-of-pocket expenses~ for emergency ambulance transportation assistance and other related services.

Emergency Air Ambulance Coverage³

MASA MTS covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Emergency Ground Ambulance Coverage³

MASA MTS covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Hospital to Hospital Ambulance Coverage³

MASA MTS covers out-of-pocket expenses that you or a dependent family member may incur for hospital transfers, due to a serious emergency, to the nearest and most appropriate medical facility when the current medical facility cannot provide the required level of specialized care by air ambulance to include medically equipped helicopter or fixed-wing aircraft.

Repatriation to Hospital Near Home Coverage¹

MASA MTS provides services and covers out-of-pocket expenses for the coordination of a Member's non-emergency transportation by a medically equipped, air or ground ambulance in the event of hospitalization more than one hundred (100) miles from the Member's home if the treating physician and MASA MTS' Medical Director says it's medically appropriate and possible to transfer the Member to a hospital nearer to home for continued care and recuperation.

Patient Return Transportation Coverage¹

MASA MTS provides services and covers the out-of-pocket expenses associated with coordinating a Member's transportation when hospitalized more than one hundred (100) miles from home, after discharge from the medical facility, by a regularly scheduled commercial airline to the commercial airport nearest the Member's home.

PLATINUM MEMBERSHIP BENEFITS

Companion Transportation Coverage²

MASA MTS provides services associated with the coordination of transportation for the Member's spouse, other family member, or companion to accompany the Member's emergency transport by a medically equipped, rotary (i.e., helicopter) or fixed-wing aircraft, giving due priority to the medical personnel and/or equipment and the welfare and safety of the patient.

Hospital Visitor Transportation Coverage²

MASA MTS provides services and covers air transportation expenses associated with coordinating a round-trip, regularly scheduled, commercial airfare for Member's spouse, other family Member or companion to join the Member in the event of in-patient hospitalization more than one hundred (100) statute miles from Member's home.

Minor Return Transportation Coverage²

MASA MTS provides services and covers out-of-pocket expenses associated with minor return transportation to a parent, legal guardian, or another person that can be responsible for the minor in the event that the minor is unattended as a result of Member's Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, or Mortal Remains Transportation coverages. MASA MTS also provides for a qualified attendant to accompany the minor during travel when the minor's age and/or medical condition may require such care.

Vehicle & RV Return Coverage²

MASA MTS provides services and covers the out-of-pocket expenses associated with vehicle return transportation for one (1) a safe operational car, truck, van, motorcycle, travel trailer, or motor home to the Member's home. This service is available when a Member uses Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Coverages. MASA MTS pays the cost of fuel, oil and driver.

Pet Return Transportation Coverage²

MASA MTS provides services and covers out-of-pocket expenses for the return transportation to a Member's home for up to two (2) pet(s) belonging to the Member that includes either a dog, cat or other small animal(s). This service is available when a Member uses Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Coverages.

Organ Retrieval & Organ Recipient Transportation Coverage⁴

MASA MTS provides services and covers air transportation expenses associated with coordinating transportation for an organ when the Member requires an organ transplant. MASA MTS will also provide service and cover transportation costs of Member and Member's spouse, other family Member or a companion should the Member need to travel to the location where the procedure will occur. If medically necessary, the organ will be transported by a medically equipped fixed-wing aircraft; otherwise, the organ is delivered by a commercial airline to the suitable airport nearest the location of the operation.

Mortal Remains Transportation Coverage¹

MASA MTS covers the air transportation expense for a Member's mortal remains in the event of their death when it occurs more than one hundred (100) statute miles from home. Remains are transported by a regularly scheduled commercial airline to the commercial airport nearest a Member's home.

Contact Your MASA MTS Representative to learn more about membership plan options.



DID YOU KNOW?

25 MILLION PEOPLE

are sent to the emergency room through ground or air ambulance every year*.

Insurance companies **may not** cover all air and ground ambulance expenses which can result in max in-network out-of-pocket** costs of:



\$8,700 Individual
\$17,400 Family



Ground ambulance **out-of-network transportation costs may be even higher than in-network** since the No Surprises Act does not apply to ground ambulance at this time.



EMERGENT PLUS MEMBERSHIP BENEFITS

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation assistance expenses within the continental United States, Alaska, Hawaii, and while traveling in Canada, regardless of whether the provider is in or out of your group healthcare benefits network. After the group health plan pays its portion, MASA works with providers to make certain our Members have no out-of-pocket expenses[†] for emergency ambulance transportation assistance and other related services.

Emergency Air Ambulance Coverage¹

MASA MTS covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Emergency Ground Ambulance Coverage¹

MASA MTS covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Hospital to Hospital Ambulance Coverage¹

MASA MTS covers out-of-pocket expenses that you or a dependent family member may incur for hospital transfers, due to a serious emergency, to the nearest and most appropriate medical facility when the current medical facility cannot provide the required level of specialized care by air ambulance to include medically equipped helicopter or fixed-wing aircraft.

Repatriation to Hospital Near Home Coverage¹

MASA MTS provides services and covers out-of-pocket expenses for the coordination of a Member's non-emergency transportation by a medically equipped, air or ground ambulance in the event of hospitalization more than one hundred (100) miles from the Member's home if the treating physician and MASA MTS' Medical Director says it's medically appropriate and possible to transfer the Member to a hospital nearer to home for continued care and recuperation.

Contact Your MASA MTS Representative to learn more about membership plan options.



DID YOU KNOW?

25 MILLION PEOPLE

are sent to the emergency room through ground or air ambulance every year*.

Insurance companies **may not** cover all air and ground ambulance expenses which can result in max in-network out-of-pocket** costs of:



\$8,700 Individual
\$17,400 Family



Ground ambulance **out-of-network transportation costs may be even higher than in-network** since the No Surprises Act does not apply to ground ambulance at this time.



EMERGENCY MEMBERSHIP BENEFITS

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation assistance expenses within the continental United States, Alaska, Hawaii, and while traveling in Canada based on benefit coverage area, regardless of whether the provider is in or out of your group healthcare benefits network. After the group health plan pays its portion, MASA works with providers to make certain our Members have no out-of-pocket expenses* for emergency ambulance transportation assistance and other related services.

Emergency Air Ambulance Coverage¹

MASA MTS covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.


Emergency Ground Ambulance Coverage¹

MASA MTS covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Contact Your MASA MTS Representative to learn more about membership plan options.

TONY URIOSTE / SR. STATE DIRECTOR

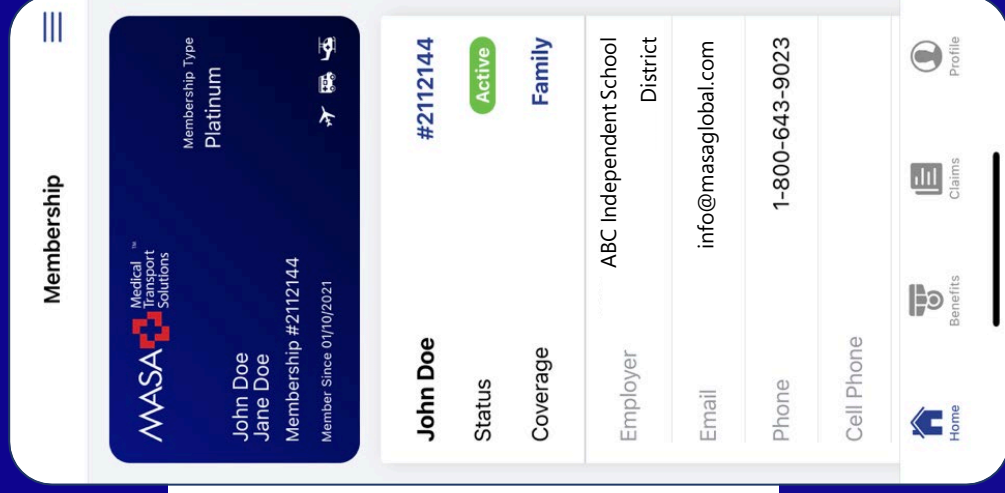
@ turioste@masamts.com

 (541) 848-8124

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Register today with your Member ID!



Access your Digital ID Cards



View Plan Documents and Benefits



Get your Claim History



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DOWNLOAD FOR IPHONE
Scan the QR code to get the MASA Global App from itunes.

REQUIRED NOTICES



NEWBORNS' AND MOTHER'S HEALTH PROTECTION ACT

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

WOMEN'S HEALTH AND CANCER RIGHTS ACT

Enrollment Notice

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. Therefore, the deductibles and coinsurance apply; see benefit summaries starting on page 4 for specific plan information. If you would like more information on WHCRA benefits, call your benefits administrator.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator for more information.

MICHELLE'S LAW

Annual Notice

If a full-time student engaged in a postsecondary education loses full-time student status due to a severe illness or injury, he/she will maintain dependent status until the earlier of (1) one year after the first day of a medically necessary leave of absence; or (2) the date on which such coverage would otherwise terminate under the terms of the plan. A medically necessary leave of absence or change in enrollment at that institution must be certified by the dependent's attending physician.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility –

| | |
|---|---|
| ALABAMA – Medicaid | FLORIDA – Medicaid |
| Website: http://myalhipp.com/ Phone: 1-855-692-5447 | Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268 |
| ALASKA – Medicaid | GEORGIA – Medicaid |
| The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507 |
| ARKANSAS – Medicaid | INDIANA – Medicaid |
| Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447) | Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864 |
| COLORADO – Medicaid | IOWA – Medicaid |
| Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943 | Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562 |

| | |
|--|---|
| KANSAS – Medicaid | NEVADA – Medicaid |
| Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512 | Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900 |
| KENTUCKY – Medicaid | NEW HAMPSHIRE – Medicaid |
| Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570 | Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218 |
| LOUISIANA – Medicaid | NEW JERSEY – Medicaid and CHIP |
| Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447 | Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 |
| MAINE – Medicaid | NEW YORK – Medicaid |
| Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711 | Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831 |
| MASSACHUSETTS – Medicaid and CHIP | NORTH CAROLINA – Medicaid |
| Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120 | Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100 |
| MINNESOTA – Medicaid | NORTH DAKOTA – Medicaid |
| Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739 | Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825 |
| MISSOURI – Medicaid | OKLAHOMA – Medicaid and CHIP |
| Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005 | Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 |
| MONTANA – Medicaid | OREGON – Medicaid |
| Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP Phone: 1-800-694-3084 | Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075 |
| NEBRASKA – Medicaid | PENNSYLVANIA – Medicaid |
| Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633 | Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462 |

| RHODE ISLAND – Medicaid | VIRGINIA – Medicaid and CHIP |
|---|--|
| Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300 | Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282 |
| SOUTH CAROLINA – Medicaid | WASHINGTON – Medicaid |
| Website: http://www.scdhhs.gov Phone: 1-888-549-0820 | Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473 |
| SOUTH DAKOTA - Medicaid | WEST VIRGINIA – Medicaid |
| Website: http://dss.sd.gov Phone: 1-888-828-0059 | Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability |
| TEXAS – Medicaid | WISCONSIN – Medicaid and CHIP |
| Website: http://gethipptexas.com/ Phone: 1-800-440-0493 | Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002 |
| UTAH – Medicaid and CHIP | WYOMING – Medicaid |
| Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669 | Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531 |
| VERMONT– Medicaid | |
| Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427 | |

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

MODEL GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

**** Continuation Coverage Rights Under COBRA****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Benefits Administrator.

You may have other options available to you when you lose group health coverage.

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;

- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the Benefits Administrator.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the

60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Kathy Puckett
Payroll Accountant/Benefits Administrator
(541) 477-6554 ext 161
203 NE Court Street
Prineville OR 97754



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