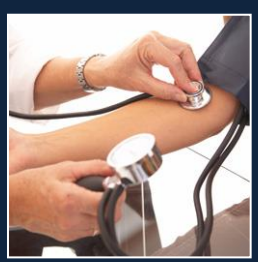
WHA INSURANCE

Seal Rock Water District

Benefits Resource Guide



PLAN YEAR | **2024-2025**

YOUR SERVICE TEAM

BENEFITS

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

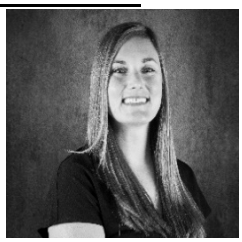
PRIMARY CONTACTS

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

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

FULL TEAM

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



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

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

CAMERON REESE
ACCOUNT MANAGER
creese@whainsurance.com
DIRECT: (541) 284-5834

CONTACT

LOCAL OFFICE	TOLL FREE	FAX
(541) 342-4441	(800) 852-6140	(541) 484-5434

Eugene Office – 2930 Chad Drive, Eugene, OR 97408
Wilsonville Office – 29100 SW Town Center Loop, Suite 160, Wilsonville, OR 97070

Eligibility Information

Who is Eligible and When:
All full-time employees working 30 hours or more are eligible for benefits the first of the month following 30 days of employment.

Employer Pays:
Seal Rock Water District pays 100% of the medical and dental premiums for employees and their dependents. The district also provides employer sponsored Life and AD&D benefits to their employees.

Contact Information

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

Regence (SDIS)
(888) 675-6570
www.regence.com

Delta Dental (SDIS)
(844) 235-8018
www.deltadentalor.com

Willamette Dental (SDIS)
(855) 433-6825
www.willamettedental.com

Standard (SDIS)
(888) 937-4783
www.standard.com

Canopy EAP
(800) 433-2320
www.canopywell.com

Medical Insurance Regence SDIS

Regence

Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

SDIS SPECIAL DISTRICTS INSURANCE SERVICES

Special Districts Insurance Services

SDIS Blue III Plan

Effective July 1, 2024 through June 30, 2025

Cost Share Details		In-Network	Out-of-Network
Annual Deductible	The total deductible you pay per calendar year	$500 Individual $1,500 Family	
Annual Out-of-Pocket Maximum	The combined total for your deductible, coinsurance and copays per calendar year	$3,000 Individual $8,500 Family	$5,000 Individual

Be aware that your actual costs for Covered Services provided by an Out-of-Network provider may exceed the Out-of-Pocket Maximum amount. In addition, Out-of-Network providers can bill you for the difference between the amount charged and our allowed amount and that amount does not count toward any Out-of-Pocket Maximum.

Medical Benefits (unless stated otherwise, a deductible applies)		What You Pay	
Primary Care Visits (for Illness or Injury)	First 3 upfront visits combined for primary care and behavioral health services.	$5 copay, deductible waived/ first 3 visits $25 copay per visit, deductible waived	40% coinsurance
Specialist Visits		$25 copay per visit, deductible waived	40% coinsurance
Urgent Care Visits		$25 copay per visit, deductible waived	40% coinsurance
Other Professional Services		20% coinsurance	40% coinsurance
Preventive Care/Immunizations	• Preventive services and immunizations are covered according to guidelines set forth by the United States Preventive Services Task Force (USPSTF), Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA)	0% coinsurance, deductible waived	40% coinsurance
Acupuncture	• Limit: 30 visits per Calendar year	$25 copay per visit, deductible waived	40% coinsurance
Ambulance Services		0% coinsurance, deductible waived	0% coinsurance, deductible waived
Ambulatory Surgical Center		20% coinsurance	40% coinsurance
Emergency Room (Including Professional Charges)		$250 copay per visit; deductible waived	$250 copay per visit; deductible waived
Hearing Aids & Evaluations	• 1 hearing aid per ear, every calendar year	20% coinsurance	40% coinsurance
Hearing Examinations	• Limit: 1 exam per Calendar year	$25 copay per visit, deductible waived	40% coinsurance
Home Health Care	• Limit: 130 visits per Calendar year	20% coinsurance	40% coinsurance
Hospice Care	• Limit: 30 inpatient or outpatient respite care days per lifetime	20% coinsurance	40% coinsurance
Hospital Care		20% coinsurance	40% coinsurance
Massage Therapy	• Limit: 12 visits per Calendar year • Licensed Massage Therapists only	$25 copay per visit, deductible waived	40% coinsurance
Maternity Care - Professional Services		$200 copay per pregnancy, deductible waived	40% coinsurance
Maternity Care - Other	• Office visits and facility services	20% coinsurance	40% coinsurance
Behavioral Health - Inpatient	• Mental health, behavioral health, or substance abuse services	20% coinsurance	40% coinsurance

Medical Benefits (unless stated otherwise, a deductible applies)		**What You Pay**	
Behavioral Health - Outpatient	First 3 upfront visits combined for primary care and behavioral health services. • Mental health, behavioral health, or substance abuse services	$5 copay, deductible waived/ first 3 visits $25 copay per outpatient office/psychotherapy visit, deductible waived	40% coinsurance
Neurodevelopmental Therapy	• Limit: 30 visits per Calendar year • Children up to the age of 18	20% coinsurance, deductible waived	40% coinsurance
Newborn Home Visits	• Within 6 months of age, at least one visit during first 3 months, with up to 3 more available	0%, deductible waived	Not covered
Nutritional Counseling	• Limit: 5 visits per lifetime.	20% coinsurance	40% coinsurance
Radiology and Laboratory - Outpatient		20% coinsurance, deductible waived	40% coinsurance
Advanced Imaging	• CT, PET, MRA, SPECT, Bone Density, MRI	20% coinsurance	40% coinsurance
Rehabilitation Services - Inpatient	• 30 days per Calendar year	20% coinsurance	40% coinsurance
Rehabilitation Services - Outpatient	• 30 visits combined per Calendar year	20% coinsurance, deductible waived	40% coinsurance
Skilled Nursing Facility (SNF) Care	• Limit: 60 days per Calendar year	20% coinsurance	40% coinsurance
Spinal Manipulations	• Limit: 30 visits per Calendar year	$25 copay per visit, deductible waived	40% coinsurance
Virtual Care - Telehealth		**Vendor: MDLive** $0 copay per session, deductible waived **In-Network non-Vendor Provider:** $0 copay per visit, deductible waived	N/A 40% coinsurance

VSP **Vision Benefits**		**What You Pay**	
Routine Eye Exam	• Limit: 1 per Calendar year	$25 copay, deductible waived	No charge up to $45
Contact Lens Fitting	• Limit: 1 per Calendar year	No charge	Applies to the hardware limit
Hardware		No charge up to $300 maximum per year	No charge up to $300 maximum per year

Prescription Medication Benefits		**What You Pay**
Annual Deductible	The total deductible you pay per calendar year	$0
Annual Out-of-Pocket Maximum	The combined total for your deductible, coinsurance and copays per calendar year	Shared with medical
Tier 1	30-day supply for retail, 90-day supply for mail order	$10 retail prescription / $10 mail order prescription / $10 for each self-administrable Cancer Chemotherapy medication
Tier 2	30-day supply for retail, 90-day supply for mail order	$30 retail prescription / $60 mail order prescription / $50 for each self-administrable Cancer Chemotherapy medication
Tier 3	30-day supply for retail, 90-day supply for mail order	$50 retail prescription / $100 mail order prescription / $100 for each self-administrable Cancer Chemotherapy medication
Tier 4	30-day supply for retail	30% Coinsurance to $200 maximum per prescription
Compound Medications	30-day supply for retail	50% coinsurance

$85 cap on member cost share per 30 day retail supply insulin, deductible waived
$255 cap on member cost share for up to 90 day supply of mail order insulin, deductible waived
More information about prescription drug coverage is available at https://regence.com/go/2023/OR/4tier

Frequently Asked Questions	
How is my privacy protected?	Regence is committed to the confidentiality and security of your personal information. We maintain physical, administrative and technical safeguards to protect against unauthorized access, use, or disclosure of your personal information. You can view our full privacy practices online at regence.com.
What if I need access to specialty care? Do I need a referral?	You can receive care from any in-network provider without a referral. For some services, prior authorization may be required.

This benefit summary provides a brief description of your plan benefits, limitations and/or exclusions under your plan and is not a guarantee of payment. Once enrolled, you can view your benefits booklet online at regence.com. **PLEASE REFER TO YOUR BENEFITS BOOKLET OR SUMMARY PLAN DESCRIPTION FOR A COMPLETE LIST OF BENEFITS, THE LIMITATIONS AND/OR EXCLUSIONS THAT APPLY, AND A DEFINITION OF MEDICAL NECESSITY**. Regence is providing this benefit summary for illustrative purposes only. Regence makes no warranties or representations regarding compliance with applicable federal, state, or local laws, or the accuracy of the benefit summary. This document is not the legally required Summary of Benefits and Coverage that an employer is required to provide to employees and members under Federal law, and the group must provide a legally compliant Summary of Benefits and Coverage to its employees and members.

NONDISCRIMINATION NOTICE

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

Regence:
Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, and accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services listed above, please contact:

Medicare Customer Service
1-800-541-8981 (TTY: 711)

Customer Service for all other plans
1-888-344-6347 (TTY: 711)

If you believe that Regence has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our civil rights coordinator below:

Medicare Customer Service
Civil Rights Coordinator
MS: B32AG, PO Box 1827
Medford, OR 97501
1-866-749-0355, (TTY: 711)
Fax: 1-888-309-8784
medicareappeals@regence.com

Customer Service for all other plans
Civil Rights Coordinator
MS CS B32B, P.O. Box 1271
Portland, OR 97207-1271
1-888-344-6347, (TTY: 711)
CS@regence.com

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

U.S. Department of Health and Human Services
200 Independence Avenue SW,
Room 509F HHH Building
Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-344-6347 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-344-6347 (TTY: 711)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-344-6347 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-344-6347 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-344-6347 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-344-6347 (телетайп: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-344-6347 (ATS : 711)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-344-6347（TTY:711）まで、お電話にてご連絡ください。

D77 baa ak0 n7n7zin: D77 saad bee y1n7[ti'go **Diné Bizaad**, saad bee 1k1'1n7da'1wo'd66', t'11 jiik'eh, 47 n1 h0l=, koj8' h0d77lnih 1-888-344-6347 (TTY: 711.)

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea te ke lava 'o ma'u ia. ha'o telefonimai mai ki he fika 1-888-344-6347 (TTY: 711)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-344-6347 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711)

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-888-344-6347 (TTY: 711)។

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-344-6347 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachdienstleistungen zur Verfügung. Rufnummer: 1-888-344-6347 (TTY: 711)

ማስታወሻ:- የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፤ በሚከተለው ቁጥር ይደውሉ 1-888-344-6347 (መስማት ለተሳናቸው:- 711)።

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-344-6347 (телетайп: 711)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-888-344-6347 (टिटिवाइ: 711

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-344-6347 (TTY: 711)

MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-344-6347 (TTY: 711)

โปรดทราบ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-344-6347 (TTY: 711)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-888-344-6347 (TTY: 711)

Afaan dubbattan Oroomiffaa tiif, tajaajila gargaarsa afaanii tola ni jira. 1-888-344-6347 (TTY: 711) tiin bilbilaa.

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-344-6347 (TTY: 711) تماس بگیرید.

ملحوظة: إذا كنت تتحدث فاذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-344-6347 (رقم هاتف الصم والبكم TTY: 711)

Dental Insurance
Moda
Willamette Dental
SDIS

DELTA DENTAL

Delta Dental of Oregon & Alaska

Special Districts Insurance Services (SDIS)

Plan 1 - Constant Dental Plan

Calendar year costs	
Calendar year maximum, per member (age 19+)	$1,500
Calendar year deductible, per member	$25
Calendar year maximum deductible, per family	$75
Calendar year out-of-pocket maximum, one member (under age 19)	$400
Calendar year out-of-pocket maximum, two or more members (under age 19)	$800
Class 1* (Services do not apply to the calendar year max)	
Exam and prophylaxis/cleanings (twice per year)	100%
Bitewing X-rays (once per year)	
Topical application of fluoride (under age 19)	
Sealants	
Space maintainers (ages under 14)	
Class 2	
Fillings	80%
Oral surgery (extractions & certain minor surgical procedures)	
Endodontics (treatment of teeth with diseased or damaged nerves)	
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	
Class 3	
Implants	50%
Crowns and other cast restorations	
Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures)	

* Deductible waived for preventive services

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

How to use this dental plan

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

When the member visits:

Delta Dental Premier Dentist:

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

Non Participating Dentists:

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

Advantages

- **Freedom to choose your dentist** With more than 2,400 contracted Delta Dental providers in Oregon and over 157,000 Delta Dental Premier Dentists nationwide, you have the freedom to choose the dentist that's best for you.
- **Professional Arrangements** Delta Dental of Oregon has specific negotiated fees with our participating dentists to ensure that actual charges made by the dentist do not exceed his or her accepted or contracted fees on file. We believe that the underlying unique feature inherent to all Delta Dental programs is every participating dentist
- **Member Dashboard** Through our online service, you can download your member handbook, view claims status and payment information, search for participating providers, order ID cards, view personal information, and email dental customer service. You can access the Member Dashboard at **DeltaDentalOR.com**

Dependent Eligibility

- Dependents are lawful spouse, state registered domestic partners and eligible children to age 26, including children an employee is required to enroll due to a court or administrative order.

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 twice per calendar year. 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 twice per calendar year. 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 twice per calendar year for members age 18 and under. For members age 19 and older, topical application of fluoride is covered once twice per calendar year 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.

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 when used for non-surgical procedures.
- **Periodontic** Scaling and root planing is limited to once per quadrant in any 2-year period.

Major (Class 3 services)

- **Implants** and implant removal are limited to once per lifetime per tooth space. A crown over an implant is covered once per lifetime of the implant.
- **Restorative** Cast restorations (including pontics) are covered once in a 5-year period on any tooth.
- **Prosthodontic** A bridge or denture (full or partial, including alternate benefits) will be covered once in a 5-year period only if the tooth, tooth site, or teeth involved have not received a cast restoration benefit in the past 5 years. Specialized or personalized prosthetics are limited to the cost of standard devices.
- **Occlusal Guard** (night guard) covered at 100% once in a 2-year period, up to $200 maximum. Over-the-counter night guards are excluded.
- **Athletic mouthguard** covered at 50%, once in any 1-year period for members age 15 and under and once in any 2-year period for age 16 and over. Over-the-counter athletic mouth guards are excluded.

Exclusions

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

SUMMARY OF BENEFITS

Special Districts Insurance Services Trust - Enhanced – OR316 – 7/1/2024

Willamette Dental Group

COVERED BENEFITS	COPAYS
Annual Maximum	No Annual Maximum*
Deductible	No Deductible
General or Orthodontic Office Visit	You Pay $15 per Visit
DIAGNOSTIC & PREVENTIVE SERVICES	
Routine & Emergency Exams	Covered with the Office Visit Copay
X-rays	Covered with the Office Visit Copay
Teeth Cleaning	Covered with the Office Visit Copay
Fluoride Treatment	Covered with the Office Visit Copay
Sealants (per Tooth)	Covered with the Office Visit Copay
Head and Neck Cancer Screening	Covered with the Office Visit Copay
Oral Hygiene Instruction	Covered with the Office Visit Copay
Periodontal Charting	Covered with the Office Visit Copay
Periodontal Evaluation	Covered with the Office Visit Copay
RESTORATIVE DENTISTRY	
Fillings	Covered with the Office Visit Copay
Porcelain-Metal Crown	You Pay a $250 Copay**
PROSTHODONTICS	
Complete Upper or Lower Denture	You Pay a $300 Copay**
Bridge (per Tooth)	You Pay a $250 Copay**
ENDODONTICS & PERIODONTICS	
Root Canal Therapy - Anterior	Covered with the Office Visit Copay
Root Canal Therapy - Bicuspid	Covered with the Office Visit Copay
Root Canal Therapy - Molar	Covered with the Office Visit Copay
Osseous Surgery (per Quadrant)	Covered with the Office Visit Copay
Root Planing (per Quadrant)	Covered with the Office Visit Copay
ORAL SURGERY	
Routine Extraction (Single Tooth)	Covered with the Office Visit Copay
Surgical Extraction	Covered with the Office Visit Copay
ORTHODONTIA TREATMENT	
Pre-Orthodontia Treatment	You Pay a $150 Copay***
Comprehensive Orthodontia Treatment	You Pay a $1,500 Copay
DENTAL IMPLANTS	
Dental Implant Surgery	Implant benefit maximum of $1,500 per calendar year
MISCELLANEOUS	
Local Anesthesia	Covered with the Office Visit Copay
Dental Lab Fees	Covered with the Office Visit Copay
Nitrous Oxide	You Pay a $40 Copay
Specialty Office Visit	You Pay $30 per Visit
Out of Area Emergency Care Reimbursement	You pay charges in excess of $100

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

Underwritten by Willamette Dental Insurance, Inc.
Presented are just some of the most common procedures covered in your plan. The certificate of coverage contains a complete description of covered benefits and copays.

Administrative Office: 6950 NE Campus Way, Hillsboro, OR 97124
028-OR(7/20)

EXCLUSIONS AND LIMITATIONS

Willamette Dental Group

This is only a summary. The certificate of coverage contains a complete description of the limitations and exclusions.

Exclusions

- Bone grafting.
- Bridges, crowns, dentures, or prosthetic devices requiring multiple treatment dates or fittings if the prosthetic item is installed or delivered more than 60 days after termination of coverage.
- The completion or delivery of treatments or services initiated prior to the effective date of coverage.
- Cone beam CT X-rays and tomographic surveys.
- Dental implant-supported prosthetics or abutment-supported prosthetics (crowns, bridges, and dentures).
- A dental implant surgically placed prior to the member's effective date of coverage that has not received final restoration or a dental implant for treatment of a primary or transitional dentition.
- Endodontic services, prosthetic services, and implants that were provided prior to the effective date of coverage.
- Endodontic therapy completed more than 60 days after termination of coverage.
- Eposteal, transosteal, endodontic endosseous, or mini dental implants.
- Exams or consultations needed solely in connection with a service not listed as covered.
- Experimental or investigational services and related exams or consultations.
- Full mouth reconstruction, including the extensive restoration of the mouth with crowns, bridges, or implants; and occlusal rehabilitation, including crowns, bridges, or implants used for the purpose of splinting, altering vertical dimension, restoring occlusions or correcting attrition, abrasion, or erosion.
- General anesthesia or moderate sedation.
- Hospitalization care outside of a dental office for dental procedures, physician services, or facility fees.
- Maintenance, repair, replacement, or completion of an existing implant started or placed by a non-participating provider without a referral from a Willamette Dental Group provider.
- Maintenance, repair, replacement, or completion of an existing implant started or placed prior to the member's effective date of coverage.
- Nightguards.
- Orthognathic surgery.
- Personalized restorations.
- Plastic, reconstructive, or cosmetic surgery and other services, which are primarily intended to improve, alter, or enhance appearance.
- Prescription and over-the-counter drugs and pre-medications.
- Provider charges for a missed appointment or appointment cancelled without 24 hours prior notice.
- Replacement of lost, missing, or stolen dental appliances; replacement of dental appliances that are damaged due to abuse, misuse, or neglect.
- Replacement of sound restorations.
- Services and related exams or consultations that are not within the prescribed treatment plan or are not recommended and approved by a Willamette Dental Group dentist.
- Services and related exams or consultations to the extent they are not necessary for the diagnosis, care, or treatment of the condition involved.
- Services by any person other than a licensed dentist, denturist, hygienist, or dental assistant.
- Services for the diagnosis or treatment of temporomandibular joint disorders.
- Services for the treatment of an injury or disease that is covered under workers' compensation or that are an employer's responsibility.
- Services for treatment of injuries sustained while practicing for or competing in a professional athletic contest.
- Services for treatment of intentionally self-inflicted injuries.
- Services for which coverage is available under any federal, state, or other governmental program, unless required by law.
- Services not listed as covered in the contract.
- Services where there is no evidence of pathology, dysfunction, or disease other than covered preventive services.

Limitations

- If alternative services can be used to treat a condition, the service recommended by the Willamette Dental Group dentist is covered.
- Services listed in the contract, which are provided to correct congenital or developmental malformations of the teeth and supporting structure will be covered if primarily for the purpose of controlling or eliminating infection, controlling or eliminating pain, or restoring function.
- Crowns, casts, or other indirect fabricated restorations are covered only if dentally necessary and if recommended by the Willamette Dental Group dentist.
- When the initial root canal therapy was performed by a Willamette Dental Group dentist, the retreatment of such root canal therapy will be covered as part of the initial treatment for the first 24 months. When the initial root canal therapy was performed by a non-participating provider, the retreatment of such root canal therapy by a Willamette Dental Group dentist will be subject to the applicable copays.
- The services provided by a dentist in a hospital setting are covered if: a hospital or similar setting is medically necessary; the services are authorized in writing by a Willamette Dental Group dentist; the services provided are the same services that would be provided in a dental office; and applicable copays are paid.
- The replacement of an existing denture, crown, inlay, onlay, or other prosthetic appliance is covered if the appliance is more than 5 years old and replacement is dentally necessary.

Life & AD&D Insurance SDIS

Standard Insurance Company
Special Districts Insurance Services
Group Policy #136382 (Option 1D)
Effective Date July 1, 2016

Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's, or his or her dependent's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by your employer.

Eligibility

Group Basic Life and Accidental Death and Dismemberment Insurance	This benefit is available to eligible employees. Contact your human resources representative or review your benefit certificate for specific eligibility requirements.

Benefits

Basic Life Coverage Amount	Your Basic Life coverage amount is $10,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
Life Age Reductions	Basic Life and AD&D insurance coverage amount reduces to 65 percent at age 70 and to 50 percent at age 75.
Basic Dependents Life Coverage Amount	The Basic Dependents Life coverage amount for your eligible spouse is $5,000. Your spouse is the person to whom you are legally married, or your domestic partner as recognized by law or by your employer's domestic partnership policy, if applicable. The Basic Dependents Life coverage amount for each of your eligible children is $5,000. Child means your child from live birth through age 25.

Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- Expanded AD&D Package
- Family Benefits Package
- Seat Belt and Air Bag Benefits

This information is only a brief description of the group Basic Life/AD&D and Basic Dependents Life insurance policy sponsored by Special Districts Insurance Services. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and Special Districts Insurance Services may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 13279-D-OR-136382-OP1D (5/22)
7079908-858919

Employee Assistance Program

EAP Summary of Services

A benefit for you and your family members provided by
Special District Insurance Services

The Employee Assistance Program (EAP) is a **FREE** and **CONFIDENTIAL** benefit that can assist you and your eligible family members with any personal problems, large or small.

Counseling with an EAP Professional
Three (3) counseling sessions face to face, over the phone, or virtually for concerns such as:

- **Relationship conflict**
- **Conflict at work**
- **Depression**
- **Stress management**
- **Family relationships**
- **Anxiety**
- **Alcohol or drug abuse**
- **Grieving a loss**
- **Professional development**

Resources for Life
Canopy will help locate resources and information related to childcare, eldercare, caregiving, and anything else you may need.

Legal Consultations / Mediation
Contact Canopy for a free thirty-minute office or telephone. A 25% discount from the attorney's/mediator's normal hourly rate is available thereafter.

Financial Coaching
Coaches will provide unlimited financial coaching to help develop better spending habits, reduce debt, improve credit, increase savings, and plan for retirement.

Identity Theft
Up to a 60-minute free consultation with a highly trained Fraud Resolution Specialist™ (FRS) who will conduct emergency response activities and assist with restoring their identity, good credit, and dispute fraudulent debts.

Home Ownership and Housing Support
Assistance and discounts for buying, selling, and refinancing. Resource retrieval for housing assistance.

Coaching
Access phone or video sessions with a Coach to support goal setting, healthy habits, and personal development.

Pet Parenting Resources
Free pet information and support, including pet insurance discounts, new pet parent resources and bereavement support.

Wellbeing Tools
- Fertility health support
- Online legal tools
- Will kit questionnaire
- Gym membership discounts

Member Site
Innovative educational tools, chat for support, take self-assessments, view videos and webinars, access courses, download documents and more. Access at **my.canopywell.com**, and register as a new user or log-in. Enter **SDIS** for company name when you register.

canopy

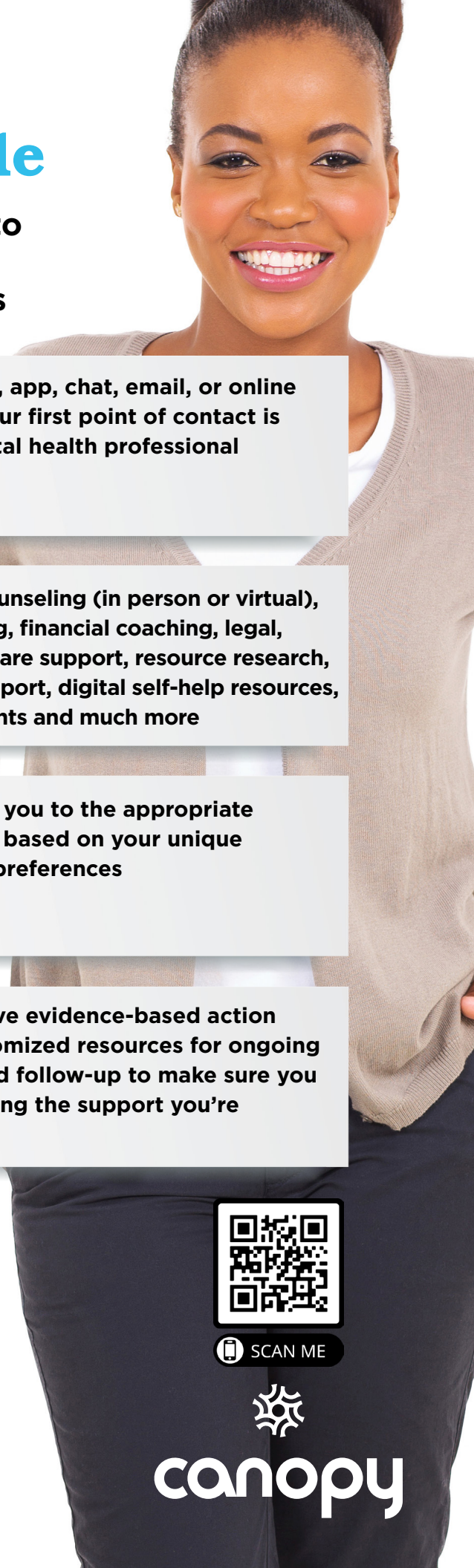
Crisis Counselors are available by phone 24/7/365

call: 800-433-2320 text: 503-850-7721 email: info@canopywell.com

Canopy is committed to creating a safe, inclusive, and equitable society for all.

Canopy Quick-Reference Guide

We make it easy for you and your family to access confidential coaching, counseling, work/life balance, and self-help resources



1 Convenient Connection

Phone, text, app, chat, email, or online support. Your first point of contact is with a mental health professional

2 Comprehensive Resources

We offer counseling (in person or virtual), life coaching, financial coaching, legal, child/eldercare support, resource research, housing support, digital self-help resources, gym discounts and much more

3 Personalized Care Plan

We'll guide you to the appropriate resource(s) based on your unique needs and preferences

4 Professional Guidance

You'll receive evidence-based action plans, customized resources for ongoing success, and follow-up to make sure you you're getting the support you're looking for

Access your member site

Get guided support to the services that best meet your needs. You can also browse all the free services available to you and your family.

Log in: Here

SCAN ME

canopy

Get started now:

800-433-2320 text: 503-850-7721 my.canopywell.com

Regence Extras

REGISTER TODAY FOR ONLINE RESOURCES

REGENCE.COM

Get everything you need to know about your plan

- ***Access your Explanation of Benefits***
- ***Download a copy of your insurance cards***
- ***Review information about your benefit coverage***
- ***Route to MDLIVE website***

Looking for a claim or a doctor? Want to compare treatment costs?
Visit regence.com for all that and more.

Your complete source of health and wellness information

You can find everything you need to know about your health plan and ways to take care of yourself all in one place: **regence.com**.

Consider health care decisions and explore treatment options to help you plan your budget:

- Compare cost and quality of hospitals, clinics and providers.
- Research treatment options and out-of-pocket cost estimates.
- Learn about medical conditions and medications.
- Explore health articles and videos.

Discover tools that help you track your coverage and make informed decisions about your health care:

- Review details about your coverage.
- Manage your claims online and eliminate paper Explanation of Benefits.
- Find a doctor or specialist and read patient reviews.

Healthy living has its own rewards, but Regence Rewards points can help:

- Earn points for completing a General Health Assessment.
- Receive points for healthy everyday activities—such as eating fruits and veggies and walking the dog, or joining an online wellness program.
- Redeem points for a $25 gift card.

To get started, just follow these steps:

1. Go to **regence.com** and click Register.
2. Complete the required Plan Information fields. The name, member ID and group numbers you enter must match your member card.
3. Complete the Account Information fields.
4. Create a user name and secure password.
5. Review your information, accept the User Agreement and click Approve.

You're automatically enrolled for Rewards after you register. You get Rewards points for the following:

Taking a confidential General Health Assessment. Learn how you've been managing your health to date, and get practical tips on how to improve your health and well-being.

Managing stress and getting into shape. Reach for a healthy lifestyle with wellness programs on weight loss, nutrition, stress relief, smoking cessation and more.

Active&Fit DIRECT™

One Membership. Thousands of Ways to Stay Active and Save Money.

- 12,200+ Gyms
- 9,300+ On-Demand Videos
- 1:1 Well-Being Coaching
- Enroll Your Spouse[1]

No annual fees or long-term contracts. Switch gyms anytime.

LA Fitness · Golds Gym · Crunch · the Y · Anytime Fitness · snap fitness 24/7 · CHUZE FITNESS · blink FITNESS · Curves · EOS FITNESS

STANDARD FITNESS MEMBERSHIP
$28/mo[2]
12,200+ FITNESS CENTERS
9,300+ WORKOUT VIDEOS
Active&Fit DIRECT™ TM

Plus: 5,700+ Premium Gym Options at exercise studios, outdoor experiences, and others with 20% – 70% discounts at most locations[3]

Get Started: Regence.com/Advantages

[1] Add a spouse/domestic partner to a primary membership for additional monthly fees. Spouses/domestic partners must be 18 years or older. Fees may vary based on fitness center selection.

[2] Plus an enrollment fee and applicable taxes.

[3] Costs for premium exercise studios exceed $28/mo. and an enrollment fee will apply for each premium location selected, plus applicable taxes. Fees vary based on premium fitness studios selected.

Regence

Prescription *Benefit Summary*

Home Delivery
Express Scripts® Pharmacy

Introducing Express Scripts® Pharmacy, your home delivery pharmacy

Home delivery through Express Scripts® Pharmacy is a safe, convenient, contactless way to get your long-term medicines delivered right to your door. It may even help you save money.

Savings and convenience

- Free standard delivery
- Refill reminder notices through your phone or email, whichever you prefer
- Optional automatic refill program for eligible prescriptions, so your medicine is processed and sent to you when you need it*
- Save time – no waiting in line at the pharmacy

Support and service

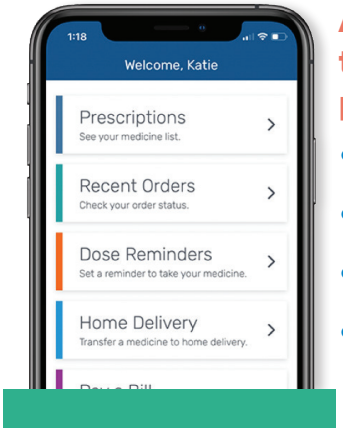
- 24/7 access to a team of knowledgeable pharmacists and support staff
- Multiple locations across the United States for fast processing and dispensing
- Pharmacists check each prescription multiple times before they send it to you

It's easy to get started

Create an online profile to manage your medicines

1. Go to express-scripts.com/rx
2. Register and create a profile
3. See your active medicines and/or send your refill order

If you haven't used home delivery yet, you can also call 1 (833) 599-0451 to get started.



A mobile app to manage your prescriptions

- Refill prescriptions
- Track your order
- Make payments
- Set reminders to take medicine and more

*Check to see if your health plan offers automatic refills and prescription renewal.

Regence

OREGON

Get the most from your pharmacy benefit

Have a prescription to fill? Wondering if you should switch to a generic or use our home delivery service? Here are some quick tips and programs you need to know about.

How to fill your prescription

Whether you have a new prescription or need to refill an existing one, our network of more than 65,000 participating pharmacies has you covered—across the country and around your corner.

Show your member ID card to your pharmacist so they can file your claim with us online and tell you how much you owe.

Programs to stretch your pharmacy dollar

Our programs are designed to put valuable medication and health support into your hands, while also saving you money.

Covered-drug list

When it comes to choosing medications, it's important to know how the list of covered drugs—or formulary—works.

The covered-drug list divides medications into multiple tiers, each with its own cost share. Before we add a medication to the list, our team of doctors and pharmacists carefully evaluate how safe and effective it is while assessing whether it will improve health.

To see if your medication is covered and how much it will cost, visit regence.com/pharmacy, sign in or select your type of coverage, and click on **Find a Drug**.

Generics

Generic and brand-name medications have the same strength, quality and purity. But, generics can cost up to 80% less. So, ask your doctor if there is a generic drug that will work for you.

Home delivery

You can get some medications—like the ones you take for a chronic condition—mailed to you at the location of your choice. That means fewer trips to the pharmacy, and it can even save you a copay or lower your out-of-pocket costs if you have coinsurance.

90-day fills

You can pick up 90-day supplies of most long-term medications at one of our Extended Supply Network (ESN) retail pharmacies or have our Home Delivery Program ship it to the location of your choice.

Visit regence.com/pharmacy, select your type of coverage or simply sign in, and click on **Find a Pharmacy** to locate an ESN retail pharmacy or register for home delivery.

Clinical programs

Our pharmacists work behind the scenes to help you get the medications you need when you need them. We also look out for safety concerns, such as potential drug interactions or duplicate prescriptions, that could affect you.

Specialty Pharmacy

We know that living with a complex health condition can be stressful and sometimes confusing. Our specialty pharmacy services are here to support you with the care and medications you need, every step of the way. In some cases, your plan may require that you use our Specialty Pharmacy.

If you're on a non-HSA plan and are prescribed certain specialty drugs, you may have the opportunity to reduce your out-of-pocket costs by enrolling in the FlexAcess program, which helps you identify manufacturer copay assistance coupon programs to make your medication(s) more affordable.

To assist you with the complexities of your condition and its treatment, our Specialty Pharmacy services will help you coordinate refills, monitor side effects and give you 24-hour access to clinical specialists. You'll even get injectable supplies for free—and everything can be delivered to your home or location of your choice.

Blood Glucose Meter Program

If you have diabetes, you're eligible to receive a new LifeScan OneTouch® glucose meter at no cost. Order your meter directly from LifeScan by calling 1 (855) 306-2278.

Understanding pre-authorization

To ensure you're getting an effective drug at an affordable price, we review prescriptions for some medications before we cover them. Drugs on the pre-authorization list include many for which equal or more effective and lower-cost options exist.

If your drug needs pre-authorization, you'll want to do one of two things:

Talk with your doctor to see if there's an alternative treatment that does not require pre-authorization.

OR

Have your doctor or pharmacist request pre-authorization for your medication. You may need to get that authorization before you can get your prescription filled.

Stay connected

Visit regence.com to find drug coverage, pricing, network pharmacies and more.

Questions? Call the Customer Service number on your member ID card.

Regence

Pharmacy and pharmacy services are provided by JourniRx, Inc. (a licensed pharmacy). JourniRx is a separate company that provides pharmacy and pharmacist services.

Regence 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, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-344-6347 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-344-6347 (TTY: 711).

Eye care made easy

Your eyes bring you the world. Keep them healthy with your Regence Exam-Plus-Allowance Vision plan. We make it simple with open access to eye doctors and preventive care that helps catch problems before they start.

Designed to meet your needs

Eye care is a cinch when convenience and flexibility are built right into your plan.

See the doctor who's right for you. Whether it's your neighborhood optometrist or someone at your favorite retail store, we've got you covered. Pick from nearly 96,000 providers across the country in the VSP Choice network for even greater savings.

Be priority no. 1. VSP doctors' personalized care focuses on keeping you and your eyes healthy year after year. Plus, when you see a VSP provider, you'll get the most out of your benefits and have lower out-of-pocket costs.

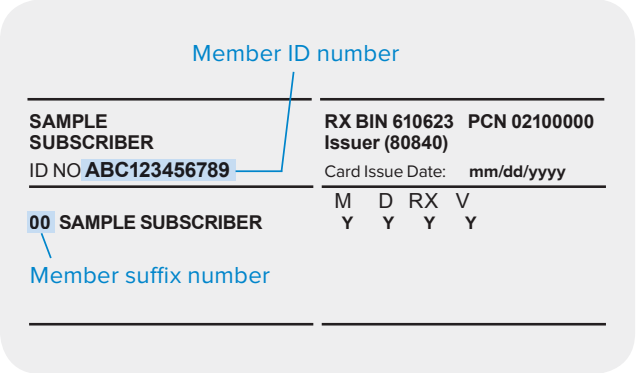
Have an annual exam. Get your VSP WellVision Exam®, included in your plan, and you could prevent health problems down the road. This screening helps your optometrist spot a range of vision troubles, like glaucoma and complications from diabetes, and signs of serious health conditions, like high blood pressure and cholesterol. Wear glasses or contacts? Your exam will ensure your prescription is up-to-date, too.

Pick the eyewear you like best. VSP doctors offer hundreds of frames to choose from, so if you need glasses, you can find the ones that most suit you.

Know before you go

Check your or your covered family members' benefits before your appointment for more details on your plan and what you can expect to pay. Sign in to regence.com and follow the link to vsp.com found in the vision benefits section. Family members covered by your health plan can see their benefits this way, too.

If you choose to go directly to vsp.com, have your Regence member ID card handy. You'll need your member ID number and member suffix number to create an account. Any dependents you have will also appear on your card with a unique suffix number. Use the member ID number and the dependent member suffix to set up a dependent account to view dependent coverage.



You can view your Summary of Benefits Coverage or Regence Exam-Plus-Allowance Vision booklet on regence.com for full details on your vision benefits.

Find an eye doctor

Here are three easy ways to find a VSP doctor and save:

1. Use the **Find a doctor** tool on regence.com.
2. Use the **Find a VSP doctor** tool on vsp.com.
3. Call VSP at 1 (844) 299-3041.

At your appointment, tell them you have VSP and show them your Regence member ID card.

Regence

Regence BlueCross BlueShield of Oregon
is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueCross BlueShield of Oregon
100 SW Market Street | Portland, OR 97201

REG-147902-19/04-OR

VSP is a separate and independent company that provides vision benefit services for Regence BlueCross BlueShield of Oregon members.

Regence 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, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-344-6347 (TTY: 711).
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-344-6347 (TTY: 711).

Regence

OREGON

REGENCE PREGNANCY PROGRAM

Get ready for baby with the Regence Pregnancy Program

We're here to help you get the information and support you need to prepare for delivery and care for your new baby. Download the Regence Pregnancy Program app (find it in the App Store or on Google Play) to track milestones and find answers to all your pregnancy and new-parent questions.

With the Regence Pregnancy Program, you'll receive:

Seasonal pregnancy newsletters

A maternity nurse care manager who'll be there to support you every step of the way

Help understanding and following your doctor's or midwife's advice

24/7 access to our toll-free maternity nurse advice line

Download the Regence Pregnancy Program app to get the information and support you need for your pregnancy and your new baby.

Get the Regence Pregnancy Program app and you can:

Read helpful articles and watch videos about pregnancy, caring for your baby and child development

See your weekly to-dos for each trimester

Write down questions to ask your doctor or midwife (and share those notes with loved ones)

Use helpful tools for pregnancy and after delivery, including feeding and growth trackers

Track your baby's development milestones from ages 0-2

Want more information? Email us at CaseManagement@regence.com or call 1 (888) JOY-BABY (1-888-569-2229).

Regence BlueCross BlueShield of Oregon
is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueCross BlueShield of Oregon
100 SW Market Street | Portland, OR 97201

REG-OR-924180-22/11-Member-Flyer

Regence | SDIS SPECIAL DISTRICTS INSURANCE SERVICES | omada

Access a health program built just for you

Omada® is a personalized program that helps members manage diabetes through one-on-one personal coaching, support from a specialist, and the tools needed to make long-lasting health changes.

*Included for eligible participants.

If you or your adult family members are living with diabetes and are enrolled in the Regence BlueCross BlueShield of Oregon health plan, SDIS will cover the Omada program. This may include a connected glucose meter with as many test strips as you need, and a digital scale—all yours to keep! Other eligibility requirements may apply.

Get started today:
omadahealth.com/sdis

Your personal Omada health coach will help you:

✓ **Lose weight and boost energy**
Learn how food, activity, sleep, and stress relate to diabetes.

✓ **Prevent blood sugar highs and lows**
Your certified specialist will help you keep blood sugar in check.

✓ **Track your health anytime, anywhere**
Chat with your health coach and track your progress with the Omada app.

✓ **Stay motivated and accountable**
Gain a team of supporters and online community to help you reach your health goals.

What do you get as a member?

- ✓ A personal health coach and a certified diabetes specialist
- ✓ A personalized care plan
- ✓ Weekly lessons
- ✓ Tools for managing stress
- ✓ Online peer group and communities

Plus, easier blood glucose monitoring with smart devices.† Yours to keep.

- ✓ 2 continuous glucose monitor sensors*
- ✓ Blood glucose meter and ongoing supply of test trips and lancets
- ✓ Smart scale (if clinically eligible)

“ Members love Omada

”This Omada program really works! I’m mindful of what I eat, buy, and prepare. I look for opportunities to keep moving, not excuses. I feel good about myself which has more positive effects. Life is good and I want to live it!”
- Vinny, Omada member

Testimonials are based on the member’s real experiences and individual results. Results may vary based on individual and demographic factors. We do not claim that these are typical results that members will generally achieve.

*CGMs are only available with the Omada for Diabetes program and only available to members within this program who receive a prescription and have a compatible smartphone. Eligible members will receive two (2) CGM sensors - one CGM is to wear upon enrollment, the other CGM is for a six-month follow-up.

†Included for eligible participants.

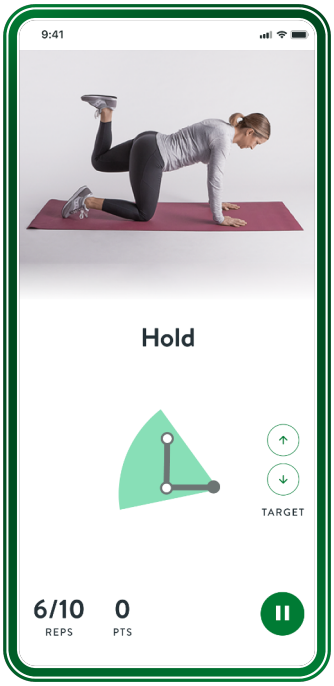
Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association.

Omada is a separate company that provides care and disease management services.

SDIS Special Districts Insurance Services | Hinge Health

Conquer back and joint pain without drugs or surgery

We provide all the tools you need to get moving again from the comfort of your home. You'll get exercise therapy tailored to your needs, technology for instant feedback in the app, personal coach and physical therapist. Best of all, **it's free** — 100% covered by Special Districts Insurance Services through Regence for you and eligible family members.



Sign up today for help with any of the following:

- **Conquer pain or limited movement**
- **Recover from a past injury**
- **Reduce stiffness in achy joints**

Join for your **back, knee, hip, neck, or shoulder**. On average, participants cut their pain as much as 68%*!

Scan the QR code to learn more or apply at
hinge.health/specialdistrictsinsurance
or call (855) 902-2777

Participants must be 18+ and enrolled in a Special Districts Insurance Services medical plan administered by Regence BlueCross BlueShield of Oregon. Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association. Hinge Health® is a separate and independent company that provides digital MSK services for Regence members.
*Participants with chronic knee and back pain after 12 weeks. Bailey, et al. Digital Care for Chronic Musculoskeletal Pain: 10,000 Participant Longitudinal Cohort Study. JMIR. (2020).

MDLIVE®

Virtual Care, Anywhere.

24/7/365 on-demand access to affordable, quality healthcare. Anytime, Anywhere.

With MDLIVE, you can visit with a doctor 24/7 from your home, office or on the go. Our network of Board Certified doctors is available by phone or secure video to assist with non-emergency medical conditions.

Who are our doctors?

MDLIVE has the nation's largest network of telehealth doctors. On average, our doctors have 15 years of experience practicing medicine and are licensed in the state where patients are located. Their specialties include primary care, pediatrics, emergency medicine and family medicine. Our doctors are committed to providing convenient, quality care and are always ready to take your call.

Are my children eligible?

Yes. MDLIVE has pediatricians on call 24/7/365. Please note, a parent or guardian must be present during any interactions involving minors.We ask parents to establish a child record under their account. Parents must be present on each call for children 18 or younger.

When should I use MDLIVE?

- Instead of going to the ER or an urgent care center for a non-emergency issue
- During or after normal business hours, nights, weekends and even holidays
- If your primary care doctor is not available
- To request prescription refills (when appropriate)
- If traveling and in need of medical care

How much does it cost?

Signing up is free, you only pay per visit. If you're receiving MDLIVE as part of a group benefit, you may not be required to pay at all.

Costs per consult do vary. Sign up to find out your consult fee.

Common Conditions We Treat

- Allergies
- Asthma
- Bronchitis
- Cold & Flu
- Diarrhea
- Ear Infections
- Fever
- Headache
- Infections
- Insect Bites
- Joint Aches
- Rashes
- Respiratory Infections
- Sinus Infections
- Skin Infections
- Sore Throat
- Urinary Tract Infections
- And More!

Behavioral Health

- Marital Problems
- Child Behavior & Learning Issues
- Financial Hardship
- Coping with Loss & Grief
- Parenting Counseling & Advice
- Problems at Work
- Stresses & Challenges of Everyday Life

MD Download the App

Doctor visits are easier and more convenient with the MDLIVE App. Be prepared. Download today.

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Virtual Care, Anywhere. | MDLIVE.com/regence-or | 1-888-725-3097

Resources

HEALTH INSURANCE TERMS YOU NEED TO KNOW

ACA – Affordable Care Act

Ambulatory Care – Health care services that do not require a hospital stay, such as those delivered in a doctor's office, clinic or day surgery center.

Assignment of Benefits – This means signing a document that allows your hospital or doctor to collect your health insurance benefits directly from your health carrier. Otherwise, you pay for treatment and the insurance company reimburses you.

Benefits – The amount of money payable by an insurance company to a claimant under the insurance policy.

Case Management – A technique that insurance companies use to ensure that individuals receive appropriate, timely and reasonable health care services.

Claim – A request by an individual (or his or her provider) for the insurance company to pay for services obtained.

Coinsurance – The money that an individual is required to pay for services, after a deductible has been paid. It is often a specified percentage of the charges. For example, the employee pays 20 percent of the charges while the health plan pays 80 percent.

Copayment – An arrangement where an individual pays a specified amount for various health care services and the health plan or insurance company pays the remainder. The individual must usually pay his or her share when services are rendered. The concept is similar to coinsurance, except that copayments are usually a set dollar amount (such as $20 per office visit), rather than a percentage of the charges.

Deductible – A set dollar amount that a person must pay before insurance coverage for medical expenses can begin. They are usually charged on an annual basis.

Denial of claim – Refusal by an insurance company to pay a submitted request for health care services obtained.

Employee Assistance Program (EAP) – Mental health counseling services that are sometimes offered by insurance companies or employers. Typically, individuals or employers do not have to pay directly for EAP services provided.

EOB (Explanation of Benefits) – is a statement sent by a health insurance company to covered individuals explaining what medical treatments and/or services were paid for on their behalf. The EOB should provide the date of service, total charges of the claim, non-covered charges, deductible, provider discounts, remaining covered charges, your copay, patient responsibility, total benefit paid by the carrier, and any comments.

Exclusions and Limitations – Specific conditions or circumstances for which an insurance policy or plan will not provide coverage (exclusions), or for which coverage is specifically limited (limitations).

HRA (Health Reimbursement Arrangement – is an employer-funded spending account that can be used to pay for qualified medical expenses. The HRA is 100% funded by your employer. The terms of these arrangements can provide first dollar medical coverage until the funds are exhausted or insurance coverage kicks in.

In-Network –Typically refers to physicians, hospitals or other health care providers who contract with the insurance plan (usually an HMO or PPO) to provide services to its members. Coverage for services received from in-network providers will typically be greater than for services received from out-of-network providers, depending on the plan.

Long-Term Care Insurance – Insurance policies that cover the costs of providing nursing care, home health care services, and custodial care for the aged and infirm.

Maximum Benefit – The maximum dollar amount that an insurance company will pay for claims, either for a specific service or procedure, or during a specified period of time.

Medically Necessary – A term used to describe the supplies and services needed to diagnose and treat a medical condition in accordance with the standards of good medical practice. Many health plans will only pay for treatment deemed medically necessary. For example, most plans will not cover elective cosmetic surgery.

MERP – MERP stands for Medical Expense Reimbursement Plan and is any plan or arrangement under which an employer reimburses an employee for out-of-pocket medical expenses incurred by employees and/or their dependents. Redmond Fire & Rescue currently reimburses their employees a portion of their deductible and out-of-pocket maximum that they incur during the plan year.

Out-of-Network – Typically refers to physicians, hospitals or other health care providers who do not contract with the insurance plan (usually an HMO or PPO) to provide services to its members. Depending upon the insurance plan, expenses incurred for services provided by out-of-network providers might not be covered, or coverage may be less than for in-network providers.

Out-of-Pocket Maximum – The total amount paid each year by the member for the deductible and coinsurance. After reaching the out-of-pocket maximum, the plan pays 100 percent of the allowable charges for covered services the rest of that calendar year.

Pre-Admission Certification – Also called "precertification" or "pre-admission review." Approval granted by a case manager or insurance company representative (usually a nurse) for a person to be admitted to a hospital or inpatient facility before admittance. The goal is to ensure that individuals are not exposed to inappropriate health care services, or services that are not medically necessary.

Pre-Existing Condition –Any medical condition that was diagnosed or treated within a specified period immediately before a health insurance policy became effective. These conditions may not be covered for a specified period of time under the new policy.

Preferred Provider Organization (PPO) – A type of managed care plan in which doctors and hospitals agree to provide discounted rates to plan members. Patients are typically reimbursed 80 to 100 percent for treatment received within the network, versus 50 to 70 percent outside the network.

Primary Care Physician (PCP) – A health care professional who is responsible for monitoring an individual's overall health care needs. Typically, a PCP serves as a gatekeeper for an individual's medical care, referring him or her to specialists and admitting him or her to hospitals when needed.

Reasonable and Customary Charges – The commonly charged or prevailing fees for health services within a geographic area. If charges are higher than what an insurance carrier considers reasonable and customary, the carrier will not pay the full amount and instead will pay what is deemed appropriate for the particular service. The remaining charges then are the responsibility of the patient.

Self-Insured – A health benefits plan in which the employer is responsible for the cost of its employees' health care. Typically, a third party provides administrative services for the plan to the employer group.

VEBA – "VEBA" stands for voluntary employees' beneficiary association. VEBAs are a type of trust instrument used to hold plan assets for the purpose of providing employee benefits. VEBAs are authorized by Internal Revenue Code § 501(c)(9). VEBA Trust offers a health reimbursement arrangement commonly known as the VEBA Plan

Waiting Period – A period of time in which your health plan does not provide coverage for a particular pre-existing condition.

Waiver – A rider or amendment to a policy that restricts benefits by excluding certain medical conditions from coverage.

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.