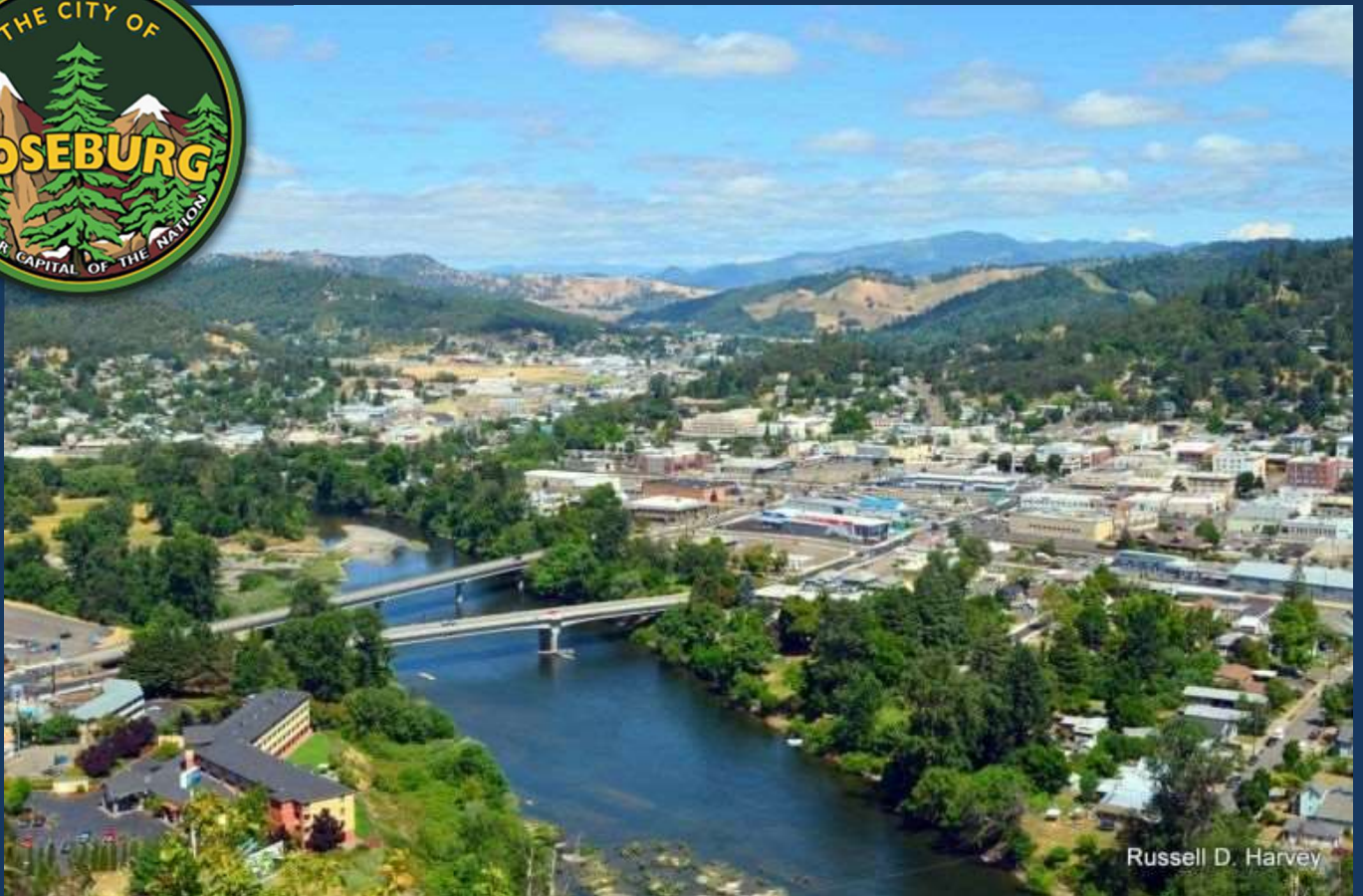
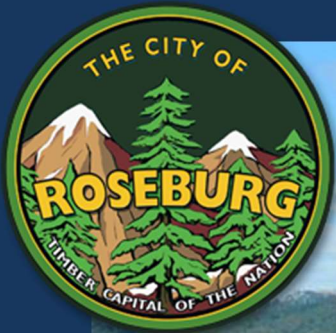


City of Roseburg – IBEW and Non-Represented Benefits Resource Guide



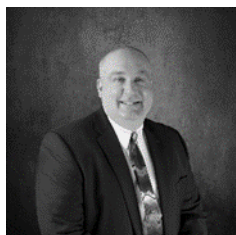


YOUR SERVICE TEAM

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



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



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

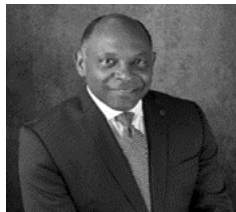
FULL TEAM



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



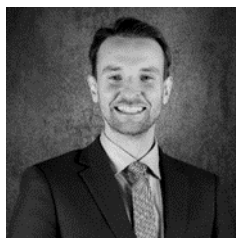
SAMANTHA BIANCO
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MARVIN REVOAL
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HOLLY BELL
ACCOUNT MANAGER
hbelle@whainsurance.com
DIRECT: (541) 632-8032



CAMERON REESE
ACCOUNT MANAGER
creese@whainsurance.com
DIRECT: (541) 632-8032

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.

HEALTH SAVINGS ACCOUNT _____ page 7

HSA Bank

(800) 357-6246

www.hsabnak.com

MEDICAL: _____ page 11

PacificSource Health Plans

(800) 624-6052

www.pacificsource.com

DENTAL: _____ page 31

Moda Health

(877) 277-7280

www.modahealth.com

HEALTH REIMBURSEMENT ARRANGEMENT (HRA): _____ page 37

HRA VEBA

(888) 659-8828

www.hraveba.org

FLEXIBLE SPENDING ACCOUNTS (FSA): _____ page 45

PacificSource Administrators

(800) 422-7038

www.psa.pacificsource.com

LIFE & ACCIDENTAL DEATH & DISMEMBERMENT: _____ page 51

The Hartford

(800) 523-2233

www.thehartford.com/employeebenefits

VOLUNTARY LIFE & ACCIDENTAL DEATH & DISMEMBERMENT _____ page 55

The Hartford

(800) 523-2233

www.thehartford.com/employeebenefits

LONG-TERM DISABILITY: _____ page 63

The Hartford

(800) 523-2233

www.thehartford.com/employeebenefits

EMPLOYEE ASSISTANCE PROGRAM (EAP): _____ page 71

Uprisehealth

(800) 395-1616

www.uprisehealth.com/members

MASA MEDICAL TRANSPORT: _____ page 75

AFLAC: _____ page 79

Eligibility Information

Who is Eligible and When:

All full-time employees working over 20 hours per week are eligible for medical benefits the first of the month following their date of employment.

Employee Pays:

The City of Roseburg pays a majority of the premium for your medical insurance, please see the chart below for your portion. Also, the City pays 100% of the cost of coverage for your dental, vision and base life coverage.

IBEW and Non-Represented	
Employee Contribution - \$500 Deductible Plan	
Employee Only	\$64.02
Employee +Child(ren)	\$106.26
Employee + Spouse	\$123.42
Full Family	\$140.34
Employee Contribution - HSA Plan	
Employee Only	\$0
Employee +Child(ren)	\$0
Employee + Spouse	\$0
Full Family	\$0

If you elect the HSA plan with Pacific Source, the City of Roseburg will deposit into your HSA account on your behalf.

Employee Only - \$750 annually

Employee + 1 or more dependents - \$1500 annually

For questions regarding your HSA account or to check your balance, please contact HSA Bank:

Customer Service: (800) 357-6246

Address: PO Box 939

Sheboygan, WI 53082-0939

www.hsabank.com

*Contributions subject to change based on IBEW contract negotiations.



City of Roseburg

Plan Options

July 1, 2024

INSURANCE		PacificSource			
	Voyager HSA 1600		Voyager 500		
Medical Benefits	In-Network		In-Network		
Individual Deductible	\$1,600		\$500		
Family Deductible	\$3,200		\$1,500		
Coinsurance	20%		20%		
Individual OOP Max	\$5,000		\$1,500		
Family OOP Max	\$6,850		\$3,500		
Preventative Office Visit	Covered in full		Covered in full		
Virtual Office Visits (vendor)	1st 3 visits \$0, then	20%	1st 3 visits \$5, then	\$0	
Primary Care Office/Virtual Visit		20%		\$20 Bundled copay	
Specialist Office Visit	20%		\$20 Bundled copay		
Urgent Care Office Visit	20%		\$20 Bundled copay		
Diagnostic Lab and X-Ray	20%		20%		
Advanced Imaging	20%		20%		
Emergency Room	20%		\$100 then 20%		
Pediatric Vision	Included		Included		
Pediatric Dental	Not Included		Not Included		
Prescription Drug Benefits					
Prescription Supply	30 Day	90 Day	30 Day	90 Day	
Deductible	Medical Deductible		None		
Tier 1	20%	20%	\$10	\$30	
Tier 2	20%	20%	\$20	\$60	
Tier 3	20%	20%	\$40	\$120	
Tier 4	20%	20%	Lesser of \$150 or 50%	na	
Vision					
Exam	\$10		\$10		
Hardware Allowance	\$300		\$300		
Frequency	Per calendar year		Per calendar year		
Alternative Care					
Office Visit	No Benefit		No Benefit		
Benefit Maximum					

This comparison is for illustrative purposes only. If a conflict arises, carrier information takes precedence.

Medical Voyager HSA 1600

City of Roseburg

Benefit Year: Calendar Year

Provider Network: Voyager

Deductible Per Benefit Year	In-network	Out-of-network
Individual/Family	\$1,600/\$3,200	\$3,200/\$6,400
Out-of-Pocket Limit Per Benefit Year	In-network	Out-of-network
Individual/Family	\$5,000/\$6,850	\$10,000/\$20,000
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.		

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		

Service/Supply	In-network Member Pays	Out-of-network Member Pays
Office and home visits	First three visits after deductible, 0%. Subsequent visits, after deductible, 20%*	After deductible, 50%
Naturopath office visits	After deductible, 20%	After deductible, 50%
Specialist office and home visits	After deductible, 20%	After deductible, 50%
Telehealth visits	First three visits after deductible, 0%. Subsequent 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%
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	First three visits after deductible, 0%. Subsequent 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	After deductible, 0%	After deductible, 50%

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

* First 3 visits per benefit year combined for Professional Services – Office and home visits, Telehealth visits, and Mental Health and Substance Use Disorder Services – Office visits.

** 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.

Additional information

What is the deductible?

Your plan's deductible is the amount of money that you pay first, before your plan starts to pay. You'll see that many services, especially preventive care, are covered by the plan without you needing to meet the deductible. The individual deductible applies if you enroll without dependents. If you and one or more dependents enroll, you and your dependents must satisfy the family deductible before benefits are paid.

Note that there is a separate category for in-network and out-of-network when it comes to meeting your deductible.

What is the out-of-pocket limit?

The out-of-pocket limit is the most you'll pay for covered services during the benefit year. Once the out-of-pocket limit has been met, the plan will pay 100 percent of allowed amounts for covered services for the rest of that benefit year. The individual out-of-pocket limit applies only if you enroll without dependents. If you and one or more dependents enroll, you and your dependents must satisfy the family out-of-pocket limit. Be sure to check your handbook, as there are some charges, such as non-essential health benefits, penalties, and balance billed amounts that do not count toward the out-of-pocket limit.

Note that there is a separate category for in-network and out-of-network when it comes to meeting your out-of-pocket limit.

Payments to providers

Payment to providers is based on the prevailing or allowable fee for covered services. In-network providers accept the allowable fee as payment in full. Services of out-of-network providers could result in out-of-pocket expense in addition to the percentage indicated.

Prior authorization

Coverage of certain medical services and surgical procedures requires a benefit determination by PacificSource before the services are performed. This process is called prior authorization. Prior authorization is necessary to determine if certain services and supplies are covered under this plan, and if you meet the plan's eligibility requirements. Prior authorization does not change your out-of-pocket expense for in-network and out-of-network providers. You can search for procedures and services that require prior authorization on our website, Authgrid.PacificSource.com (select Commercial for the line of business).

Discrimination is against the law

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

Benefit Year: Calendar Year

Formulary: Preferred Drug List (PDL)

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.

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
In-network Retail Pharmacy			
Up to a 90 day supply:	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%*
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, 20%	

Tier 1, Tier 2, and Tier 3 Member Pays

Specialty Drugs - In-network Specialty Pharmacy

Up to a 30 day supply:

After deductible, 20%

Specialty Drugs - Out-of-network Specialty Pharmacy

**30 day maximum fill, no more than three fills
allowed per year:**

After deductible, 20%

*Formulary prescription insulin will not be subject to a deductible and limited to \$85 copay 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.

MAC C - Regardless of the reason or medical necessity, if you receive a brand name drug or if your provider prescribes a brand name drug when a generic is available, you will be responsible for the brand name drug's copayment and/or coinsurance after the medical deductible is met. 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.

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 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) 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.

Medical Voyager 500

Benefit Year: Calendar Year

Provider Network: Voyager

Deductible Per Benefit Year	In-network and Out-of-network	
Individual/Family	\$500/\$1,500	
Out-of-Pocket Limit Per Benefit Year	In-network	Out-of-network
Individual/Family	\$1,500/\$3,500	\$6,500/Not applicable

Note: In-network out-of-pocket limit accumulates separately from the out-of-network 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.

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, 40%
Preventive physicals	No deductible, 0%	After deductible, 40%
Well woman visits	No deductible, 0%	After deductible, 40%
Preventive mammograms	No deductible, 0%	After deductible, 40%
Immunizations	No deductible, 0%	After 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	First three visits no deductible, \$5. Subsequent visits, no deductible, \$20*	After deductible, 40%

Service/Supply	In-network Member Pays	Out-of-network Member Pays
Naturopath office visits	No deductible, \$20	After deductible, 40%
Specialist office and home visits	No deductible, \$20	After deductible, 40%
Telehealth visits	First three visits no deductible, \$5. Subsequent visits, no deductible, \$20*	After deductible, 40%
Office procedures and supplies	No deductible, 0%	After deductible, 40%
Surgery	After deductible, 20%	After deductible, 40%
Outpatient rehabilitation and habilitation services	No deductible, \$20	After 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	After 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, \$20	After deductible, 40%
Emergency room visits – medical emergency	No deductible, \$100 plus 20%^	No deductible, \$100 plus 20%^
Emergency room visits – non-emergency	No deductible, \$100 plus 20%^	After deductible, \$100 plus 40%^
Ambulance, ground	After deductible, 20%	After deductible, 20%
Ambulance, air	After deductible, 20%	After deductible, 20%
Maternity Services**		
Physician/Provider services (global charge)	After deductible, 20%	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	First three visits no deductible, \$5. Subsequent visits, no deductible, \$20*	After deductible, 40%
Inpatient care	After deductible, 20%	After deductible, 40%
Residential programs	After deductible, 20%	After deductible, 40%
Other Covered Services		
Allergy injections	No deductible, \$5	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%

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

^ Copay waived if admitted into hospital.

* First 3 visits per benefit year combined for Professional Services – Office and home visits, Telehealth visits, and Mental Health and Substance Use Disorder Services – Office visits.

** 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.

Additional information

What is the deductible?

Your plan's deductible is the amount of money that you pay first, before your plan starts to pay. You'll see that many services, especially preventive care, are covered by the plan without you needing to meet the deductible. The individual deductible applies if you enroll without dependents. If you and one or more dependents enroll, the individual deductible applies for each member only until the family deductible has been met.

In-network expense and out-of-network expense apply together toward your deductible.

What is the out-of-pocket limit?

The out-of-pocket limit is the most you'll pay for covered services during the benefit year. Once the out-of-pocket limit has been met, the plan will pay 100 percent of allowed amounts for covered services for the rest of that benefit year. The individual out-of-pocket limit applies only if you enroll without dependents. If you and one or more dependents enroll, the individual out-of-pocket limit applies for each member only until the family out-of-pocket limit has been met. Be sure to check your handbook, as there are some charges, such as non-essential health benefits, penalties, and balance billed amounts that do not count toward the out-of-pocket limit.

Note that there is a separate category for in-network and out-of-network when it comes to meeting your out-of-pocket limit.

Payments to providers

Payment to providers is based on the prevailing or allowable fee for covered services. In-network providers accept the allowable fee as payment in full. Services of out-of-network providers could result in out-of-pocket expense in addition to the percentage indicated.

Prior authorization

Coverage of certain medical services and surgical procedures requires a benefit determination by PacificSource before the services are performed. This process is called prior authorization. Prior authorization is necessary to determine if certain services and supplies are covered under this plan, and if you meet the plan's eligibility requirements. Prior authorization does not change your out-of-pocket expense for in-network and out-of-network providers. You can search for procedures and services that require prior authorization on our website, Authgrid.PacificSource.com (select Commercial for the line of business).

Discrimination is against the law

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

Benefit Year: Calendar Year

Formulary: Preferred Drug List (PDL)

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
In-network Retail Pharmacy			
Up to a 34 day supply:	No deductible, \$10	No deductible, \$20*	No deductible, \$40*
35 - 60 day supply:	No deductible, \$20	No deductible, \$40	No deductible, \$80
61 - 90 day supply:	No deductible, \$30	No deductible, \$60	No deductible, \$120
In-network Mail Order Pharmacy			
Up to a 34 day supply:	No deductible, \$10	No deductible, \$20*	No deductible, \$40*
35 - 90 day supply:	No deductible, \$20	No deductible, \$40	No deductible, \$80
Compound Drugs**			
Up to a 34 day supply:		No deductible, \$40	
35 - 60 day supply:		No deductible, \$80	
61 - 90 day supply:		No deductible, \$120	

Service/ Supply	Tier 1 Member Pays	Tier 2 Member Pays	Tier 3 Member Pays
Out-of-network Pharmacy			
30 day maximum fill, no more than three fills allowed per year:	Same as retail		
Tier 1, Tier 2, and Tier 3 Member Pays			
Specialty Drugs - In-network Specialty Pharmacy			
Up to a 30 day supply:	No deductible, the lesser of \$150 or 50%		
Specialty Drugs - Out-of-network Specialty Pharmacy			
30 day maximum fill, no more than three fills allowed per year:	No deductible, the lesser of \$150 or 50%		

*Formulary prescription insulin will not be subject to a deductible and limited to \$85 copay 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.

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.

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 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) 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.

Dental

Moda - Delta Dental

2024 Delta Dental Premier Plan Benefit Summary



Delta Dental of Oregon & Alaska

City of Roseburg - IBEW

Group ID: 10001801

Calendar year costs	
Calendar year maximum, per member	\$1,500
Calendar year deductible, per member	\$0
Calendar year maximum deductible, per family	\$0
Preventive	
Periodic examinations / X-rays	100%
Prophylaxis (cleanings) / periodontal maintenance	100%
Sealants	100%
Space maintainers	100%
Topical application of fluoride	100%
Class 2	
Restorative fillings	80%
Oral surgery (extractions & certain minor surgical procedures)	80%
Endodontics (treatment of teeth with diseased or damaged nerves)	80%
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	80%
Class 3	
Implants	80%
Crowns and other cast restorations	80%
Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures)	80%

* 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 him or her 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.

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. A separate charge for general anesthesia and/or IV sedation is not covered when used for non-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 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 80%, 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 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.

2024 Delta Dental Plan Benefit Summary

City of Roseburg - Union

Group ID: 10001801



Delta Dental of Oregon & Alaska

Delta Dental Adult & Child Ortho AC2500.OR.24	
Lifetime maximum benefit	\$2,500
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 Association.

AC2500.OR.24



Delta Dental of Oregon & Alaska

HRA VEBA

Benefits You Receive:

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.

The City of Roseburg will make a monthly contribution based on the annual amount below:

Employee Only	\$700
Employee and one dependent	\$1000
Employee and two or more dependents	\$1300

Investment Options

You may invest your account using either one of two investment options. With Option A: Do-it-yourself, you can build your own portfolio using any combination of available funds. Option B: Choose a pre-mix allows you to select any one of four professionally designed pre-mixed allocation portfolios designed and monitored by investment professionals. You can change your investment selection(s) up to once per calendar month.

Qualified Healthcare Expenses:

Common qualified out-of-pocket expenses include:

- Copays
- Coinsurance
- Deductibles
- Dental and Orthodontia
- Vision Expenses
- Retiree insurance premiums

To File for Reimbursement: Visit www.hraveba.org and download the claim form and complete.

- Provide proof of each expense: Best document to submit Explanation of Benefits (EOB)
- Submit the claim along with the proof of expense (EOB) to:
 - Via email (preferred): claims@hraveba.org
 - Fax: (206)577-3020
 - Mail: HRA VEBA Plan, PO Box 80587, Seattle, WA 98108

Online Services:

Register for myHRA VEBA online at www.hravebaorg.

After logging in, you will be able to quickly and easily:

- View your account balance
- Track claims in progress
- View claims history
- Update your investment selection(s)
- Update your covered spouse and dependent information
- And more!



Medical Care Expenses

You can use your health reimbursement arrangement (HRA) to pay or reimburse hundreds of eligible medical, dental, or vision expenses and premiums. Your HRA covers you, your spouse, and dependents. IRS-qualified “medical care” expenses and premiums are outlined in Section 213(d) of the Internal Revenue Code. Examples include, but are not limited to, those listed below.

When you’re ready to file a claim, log in at **HRAveba.org** and click **Claims**, or use our handy mobile app, **HRAgo®**. We’ll process your claim in about five to seven business days.

With our free **Benefits Card**, you don’t have to file claims and wait to get reimbursed. Just swipe your card and save the explanation of benefits (EOB) or detailed invoice from your provider. We’ll let you know when we need a copy.

General Expenses

Acupuncture	Fertility treatments	Physicals (annual, DOL)
Alcoholism and drug treatment center costs	Gynecology/Obstetrics	Prescription medicines
Birth control (male and female)	Hearing aids and batteries	Preventive care
Blood pressure monitor	Immunizations	Psychiatric
Chiropractic	Lactation aids, consultation	Retirement home (medical care costs)
Christian Science office visits	Laser eye surgery	Stem cell therapy
Contact lenses	Massages*	Stop smoking programs
Copays	Medical supplies and equipment	Transportation
Coinsurance	Naturopathic office visits	Vaccines
COVID-19 tests	Organ transplants	Vasectomy
Deductibles	Orthodontia	Vision (exams, glasses, prescription sunglasses)
Dental	Orthotics	Wheelchair
Flu shots	Osteopathy	
	Physical therapy	

*Letter of medical necessity required.

Premiums

IRS-qualified premiums deducted from your paycheck after taxes are eligible, unless your employer offers a pre-tax option. Premiums deducted from your spouse’s paycheck after taxes may be eligible.

Medical*	Qualified long-term care	Medicare Supplement
Dental	Medicare Part B	
Vision	Medicare Part D	

*Includes marketplace exchange premiums that are not or will not be subsidized by the Premium Tax Credit.

The OneBridge Visa® Benefits Card is issued by The Bancorp Bank, Member FDIC, pursuant to a license from Visa U.S.A. Inc. and may be used for qualified expenses wherever Visa debit cards are accepted. See Cardholder Agreement for details.

Over-the-counter (OTC)

Medicines and Drugs*

Acne medications	Nicotine gum/patches
Allergy and sinus medicines	Pain relievers
Antacids	Sinus medications
Aspirin	Sleep aids
Cold medicines	Stomach remedies
Cough syrup	Supplements**
Eye drops	
First aid creams/liquids	
Nasal sprays or drops	

Miscellaneous Items

(no prescription required)

Bandages
Birth control products and devices
Contact lens solution
Crutches
Insulin
Diagnostic devices (blood sugar kits)
Menstrual products (starting 01/01/2020)

*Prescription or letter of medical necessity required if purchased before January 1, 2020. This requirement does not apply to purchases made on or after January 1, 2020. **Supplements require a prescription or letter of medical necessity.

Medicare

Copays	Hospice care	Medicare Supplement premiums
Coinsurance	Hospital stay	Outpatient hospital services
Deductibles	Medicare Part B premiums	Skilled nursing facility stay
Home health care	Medicare Part D premiums	

Military Retirees

Copays	Medicare Part D Premiums	TRICARE premiums
Deductibles	Miscellaneous medical, dental, and vision expenses	(medical and dental plans)
Medicare Part B Premiums		

Ineligible Expenses

Aromatherapy	Hair regrowth supplies and services	Massages*
Cosmetic products and procedures	Hair transplants	Protein drinks
Counseling (marriage, general wellbeing)	Health sharing premiums	Shampoo (including medicated)
Facelifts	Late fees	Tips
Food	Marijuana, marijuana-derived CBD products	Tooth brushes (including electronic)
Gym memberships*		Vitamins (most cases)
		Warranties, protection plans

*May be reimbursed with a letter of medical necessity.

More Information

HRAveba.org

Ask Questions

1-888-659-8828



Certain restrictions may apply. Read our **HRA VEBA Plan Summary** for details. To get a copy, log in online and click Resources. Expenses solely for cosmetic reasons are not qualified medical care expenses. Expenses for items or services intended to maintain good health and not treat a diagnosed medical condition are usually not eligible. Certain "dual-purpose" expenses, such as massages, may require a letter of medical necessity from your licensed healthcare provider. If you're covered by a healthcare flexible spending account (FSA), it must be used up before submitting claims to your HRA.

How to File a Claim

Your health reimbursement arrangement (HRA) is tax-free. The IRS requires us to verify that all reimbursement amounts are for qualified medical care expenses. This means we need you to submit proper supporting documentation for every expense listed on your claim. The below information will help you understand this process. You'll also learn how to submit "clean" claims for quick and hassle-free processing.

Can I submit my claim online?

Yes, most participants submit their claims and documentation online. Log in at **HRAveba.org** and click **Claims**. You can also use our handy mobile app, **HRAgo®**.

What if I would rather use a paper form?

You can download and print a paper **Claim Form** online. Go to **HRAveba.org** and click **Forms**. Submit your completed Claim Form and documentation to the mailing address shown on the form.

How long will it take to process my claim and get my reimbursement?

Standard claims processing time is **five to seven business days** from the day we receive your claim.

To get your money back faster, submit your claim online. Also, sign up for direct deposit. It's faster and more convenient than waiting to receive paper checks in the mail. If you're not signed up for direct deposit, remember to allow adequate mail delivery time for paper checks.

You can check the status of your claim online. Log in at **HRAveba.org** and click **Claims**.

What documentation do I need to include?

The documentation you submit should contain these five things:

1. **Name** (you, your spouse, or dependent);
2. **Date** service was received or item was purchased;
3. **Service provider** name (doctor, pharmacy, clinic, hospital, etc.)
4. **Description** of service received or item purchased; and
5. **Amount** of out-of-pocket expense.

You can help avoid the hassle of denied claims by making sure the documentation you submit clearly contains all five of the above. Missing, incomplete, or illegible forms of documentation are the most common reasons claims are denied.

What's the best kind of documentation?

The **explanation of benefits (EOB)** from your insurance company usually works best. If you don't have one of those, get an itemized statement or detailed receipt from your healthcare provider or merchant. Make sure it

To find out what types of medical care expenses are eligible for reimbursement and who is eligible for coverage, refer to your **HRA VEBA Plan Summary**. To get a current copy, log in at **HRAveba.org** and click **Resources**.



Add mobile access. Search and download our handy mobile app, **HRAgo®**, from the App Store or Google Play. Snap and submit pics of your documentation—even submit claims.

contains all five pieces of information listed earlier. Here are some more good examples:

1. **Itemized statement** of services from your doctor or other service provider;
2. **Stub or “bag tag”** from a prescription (not the cash register receipt); or
3. **Detailed receipt** for over-the-counter (OTC) medicines and drugs.

What common types of expenses require different or additional documentation?

Certain types of expenses require documentation that is a bit different from the basic requirements. Here are a few of the most common examples.

• Vitamins and supplements

Claims for vitamins and supplements require a prescription or letter of medical necessity from your doctor. Among other things, this documentation must show the product is being prescribed or recommended to treat a specific (diagnosed) medical condition.

Read our **What is a Letter of Medical Necessity?** handout for more information. To get a current copy, log in at **HRAveba.org** and click **Resources**.

• Orthodontia

We can usually reimburse full or partial pre-payment of orthodontia services if you submit proof of payment and a copy of the treatment plan with costs.

• Insurance premiums

Proof of qualified insurance premiums must include:

1. Policyholder name;
2. Premium amount;
3. Policy period (coverage months); and
4. Insurance provider name and address.

This information is typically contained on your premium billing notice, statement of insurance, open enrollment notice, pension benefit direct deposit stub, or similar form of documentation.

For long-term care insurance premiums, include a copy of the policy's Declarations page, which should contain proof that the policy is tax-qualified.

Can you reimburse my insurance premiums automatically?

Yes, automatic premium reimbursement is available. To set this up, log in at **HRAveba.org** and click **Claims**.

How will I know when my claim has been processed?

We'll send you an email or a paper **Claim Notice** as soon as we process your claim. If we can't fully reimburse your claim, log in at **HRAveba.org** or from **HRAgo®** and click **Claims** to find out why.

More Information

HRAveba.org

Ask Questions

1-888-659-8828

Flexible Spending Account

Benefits You Receive:

FSAs 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 City of Roseburg 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 \$3,200 in 2024. 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

Dependent Care FSA:

The Dependent Care FSA lets City of Roseburg 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 type of plan that allows you to receive certain benefits on a pretax basis. This means you will not have to pay Social Security/Medicare taxes or federal/state income taxes on the money. Think of it as a tax-free, interest-free loan to yourself.

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

Insurance Premium Component

- If your employer charges you to have yourself and/or any dependents enrolled on the employer-sponsored benefits, your cost will automatically be deducted from your paycheck on a pre-tax basis.

Health FSA Component – includes the following account(s)

Maximum Election \$266.67 per pay period, \$3,200.00 annual

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

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

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

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).
- You can use this plan for eligible expenses including dental, vision and preventive medical care expenses.

Dependent Care Assistance Plan (DCAP) Component

Maximum Election \$416.67 per pay period, \$5,000 annual (\$2,500 annual max if married filing separately)

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

Claims Reimbursement

Reimbursement Time Frame

- Dates of service must be between **July 1, 2024** and **June 30, 2025**.
- Reimbursements may be requested during the plan year or after it ends.
- The last date to submit claims is **September 30, 2025**

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:

1. Submit your claim online using our PSAConsumer portal: <https://psa.consumer.pacificsource.com>
2. Submit your claim via our Mobile App: myPacificSource Admin (PSA)
3. Mail or fax a Request for Reimbursement Form. You'll find the form at <https://pacificsource.com/media/32811>

Prepaid Benefit Card

When you enroll in the health FSA, you will automatically receive two benefits cards.

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

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

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

EasyPay

EasyPay is a great option that will automatically reimburse you for eligible PacificSource Health Plans claims on your behalf. You must be enrolled in your employer's PacificSource insurance plan to be eligible for and enroll in EasyPay. 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.

- To sign up, fill out and return the EasyPay Enrollment Form, available on our website.

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

Funds Remaining After the Plan Ends

If the plan year ends before you've used all of your Health FSA funds, you're allowed to have up to \$640 carry over to the next FSA plan year. If you have more than the \$640 remaining, you'll lose those additional funds, along with all other account balances. Carryover funds will be automatically rolled after the prior plan year ends.

What Happens if I Terminate Employment during the Plan Year?

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

Forms, Fliers and instructions

Available online. Examples include:

- [Request for Reimbursement Form](#)
- [Health FSA Eligible Expenses](#)
- [FSA Prepaid Benefits Card Flier](#)
- [Online Account Access for Participants](#)
- [FSA Participant Guide](#)
- [Direct Deposit Form](#)
- [PSA Mobile App](#)
- [Authorization to Disclose PHI](#)

Questions?

Our Customer Service Team is happy to help.

Phone

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

Email

psacustomerservice@
pacificsource.com

Life & AD&D

BASIC 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

CITY OF ROSEBURG

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	LIFE COVERAGE	AD&D COVERAGE
Employee	Benefit ² : \$25,000	AD&D: Included
Dependent(s)	Spouse Benefit: \$1,000 Child(ren) Benefit: \$1,000	AD&D: Not 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	COVERAGE
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot and Sight of One Eye	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%
Movement of Both Lower Limbs (Paraplegia)	75%
Movement of Three Limbs (Triplegia)	75%
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Movement of One Limb (Uniplegia)	25%
Thumb and Index Finger of Either Hand	25%

PREMIUMS

Your employer pays 100% of the premium for your and your dependents' coverage.³

²Your basic benefit will be reduced by 65% at age 65, 45% at age 70, 30% at age 75, 20% at age 80, 15% at age 85, and 10% at age 90. Reductions will be applied to the reduced amount.

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full time employee, police, management or fire management employee, excluding line firefighters and HAZMAT employees, who works at least 20 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 19 (or under age 26 if a full-time student).

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to "spouse" in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage - it is available without having to provide information about your family's health.

AD&D is available without having to provide information about your health.

WHEN CAN I ENROLL?

Your employer will automatically enroll you and your dependent(s) for this coverage. If you have not already done so, you must designate a beneficiary.

WHEN DOES THIS INSURANCE BEGIN?

This insurance will become effective for you and your dependents on the date you become eligible.

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), unless already insured with the prior carrier.

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, you are no longer actively working, you leave your employer, 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. Conversion and portability are not available for AD&D coverage.

¹LIMRA, 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.

³Rates 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 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

Voluntary Life & AD&D

VOLUNTARY 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

CITY OF ROSEBURG

The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer is a smart, affordable way to purchase the 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	LIFE COVERAGE	AD&D COVERAGE
Employee	Benefit ² : Increments of \$10,000 Maximum: \$300,000	AD&D: Included
Spouse	Benefit ² : Increments of \$10,000. Maximum: the lesser of 100% of your supplemental coverage or \$250,000	AD&D: Included
Child(ren)	Benefit: \$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	COVERAGE
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot and Sight of One Eye	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%
Movement of Both Lower Limbs (Paraplegia)	75%
Movement of Three Limbs (Triplegia)	75%
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Movement of One Limb (Uniplegia)	25%
Thumb and Index Finger of Either Hand	25%

³Your supplemental benefit will be reduced by 65% at age 65, 45% at age 70, 30% at age 75, 20% at age 80, 15% at age 85, and 10% at age 90. Reductions will be applied to the reduced amount.

PREMIUMS

See the Life Premium Worksheet.³

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full time employee who works at least 20 hours per week on a regularly scheduled basis.

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

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to "spouse" in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

AM I GUARANTEED COVERAGE?

If you are newly eligible and 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 were previously eligible and are electing coverage for the first time or electing to increase your current coverage, you will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.

If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of \$40,000, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you were previously eligible and are electing coverage for the first time or electing to increase your spouse's current coverage, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.

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

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

HOW DO I PAY FOR THIS INSURANCE?

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?

You may enroll during any scheduled enrollment period within 31 days of the date you have a change in family status, or within 31 days of the completion of any eligibility waiting period established by your employer.

WHEN DOES THIS INSURANCE BEGIN?

The initial effective date of this coverage is 7/1/2022. Subject to any eligibility waiting period established by your employer, if you enroll for coverage prior to this date, insurance will become effective on this date. If you enroll for coverage after this date, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

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), unless already insured with the prior carrier.

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.

¹LIMRA, 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.

³Rates 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.

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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 basic benefit will be reduced by 65% at age 65, 45% at age 70, 30% at age 75, 20% at age 80, 15% at age 85, and 10% at age 90. Reductions will be applied to the reduced amount.
- Your supplemental benefit will be reduced by 65% at age 65, 45% at age 70, 30% at age 75, 20% at age 80, 15% at age 85, and 10% at age 90. Reductions will be applied to the reduced 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 basic benefit will be reduced by 65% at age 65, 45% at age 70, 30% at age 75, 20% at age 80, 15% at age 85, and 10% at age 90. Reductions will be applied to the reduced amount.
- Your supplemental benefit will be reduced by 65% at age 65, 45% at age 70, 30% at age 75, 20% at age 80, 15% at age 85, and 10% at age 90. Reductions will be applied to the reduced amount.
- This insurance does not cover losses caused by:
 - Sickness; disease; or any treatment for either
 - Any infection, except certain ones caused by an accidental cut or wound
 - Intentionally self-inflicted injury, suicide or suicide attempt
 - War or act of war, whether declared or not
 - Injury sustained while in the armed forces of any country or international authority
 - Taking prescription or illegal drugs unless prescribed by or administered by a licensed physician
 - Injury sustained while committing or attempting to commit a felony
 - Injury sustained while driving while intoxicated
- 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 INSURANCE												
Monthly Premium Amount (Cost per Pay Period – 12/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+
\$10,000	\$0.90	\$0.85	\$0.97	\$1.10	\$1.92	\$2.97	\$4.72	\$7.40	\$10.38	\$16.81	\$33.35	\$68.67
\$20,000	\$1.80	\$1.70	\$1.94	\$2.20	\$3.84	\$5.94	\$9.44	\$14.80	\$20.76	\$33.62	\$66.70	\$137.34
\$30,000	\$2.70	\$2.55	\$2.91	\$3.30	\$5.76	\$8.91	\$14.16	\$22.20	\$31.14	\$50.43	\$100.05	\$206.01
\$40,000	\$3.60	\$3.40	\$3.88	\$4.40	\$7.68	\$11.88	\$18.88	\$29.60	\$41.52	\$67.24	\$133.40	\$274.68
\$50,000	\$4.50	\$4.25	\$4.85	\$5.50	\$9.60	\$14.85	\$23.60	\$37.00	\$51.90	\$84.05	\$166.75	\$343.35
\$60,000	\$5.40	\$5.10	\$5.82	\$6.60	\$11.52	\$17.82	\$28.32	\$44.40	\$62.28	\$100.86	\$200.10	\$412.02
\$70,000	\$6.30	\$5.95	\$6.79	\$7.70	\$13.44	\$20.79	\$33.04	\$51.80	\$72.66	\$117.67	\$233.45	\$480.69
\$80,000	\$7.20	\$6.80	\$7.76	\$8.80	\$15.36	\$23.76	\$37.76	\$59.20	\$83.04	\$134.48	\$266.80	\$549.36
\$90,000	\$8.10	\$7.65	\$8.73	\$9.90	\$17.28	\$26.73	\$42.48	\$66.60	\$93.42	\$151.29	\$300.15	\$618.03
\$100,000	\$9.00	\$8.50	\$9.70	\$11.00	\$19.20	\$29.70	\$47.20	\$74.00	\$103.80	\$168.10	\$333.50	\$686.70
\$110,000	\$9.90	\$9.35	\$10.67	\$12.10	\$21.12	\$32.67	\$51.92	\$81.40	\$114.18	\$184.91	\$366.85	\$755.37
\$120,000	\$10.80	\$10.20	\$11.64	\$13.20	\$23.04	\$35.64	\$56.64	\$88.80	\$124.56	\$201.72	\$400.20	\$824.04
\$130,000	\$11.70	\$11.05	\$12.61	\$14.30	\$24.96	\$38.61	\$61.36	\$96.20	\$134.94	\$218.53	\$433.55	\$892.71
\$140,000	\$12.60	\$11.90	\$13.58	\$15.40	\$26.88	\$41.58	\$66.08	\$103.60	\$145.32	\$235.34	\$466.90	\$961.38
\$150,000	\$13.50	\$12.75	\$14.55	\$16.50	\$28.80	\$44.55	\$70.80	\$111.00	\$155.70	\$252.15	\$500.25	\$1,030.05
\$160,000	\$14.40	\$13.60	\$15.52	\$17.60	\$30.72	\$47.52	\$75.52	\$118.40	\$166.08	\$268.96	\$533.60	\$1,098.72
\$170,000	\$15.30	\$14.45	\$16.49	\$18.70	\$32.64	\$50.49	\$80.24	\$125.80	\$176.46	\$285.77	\$566.95	\$1,167.39
\$180,000	\$16.20	\$15.30	\$17.46	\$19.80	\$34.56	\$53.46	\$84.96	\$133.20	\$186.84	\$302.58	\$600.30	\$1,236.06
\$190,000	\$17.10	\$16.15	\$18.43	\$20.90	\$36.48	\$56.43	\$89.68	\$140.60	\$197.22	\$319.39	\$633.65	\$1,304.73
\$200,000	\$18.00	\$17.00	\$19.40	\$22.00	\$38.40	\$59.40	\$94.40	\$148.00	\$207.60	\$336.20	\$667.00	\$1,373.40
\$210,000	\$18.90	\$17.85	\$20.37	\$23.10	\$40.32	\$62.37	\$99.12	\$155.40	\$217.98	\$353.01	\$700.35	\$1,442.07
\$220,000	\$19.80	\$18.70	\$21.34	\$24.20	\$42.24	\$65.34	\$103.84	\$162.80	\$228.36	\$369.82	\$733.70	\$1,510.74
\$230,000	\$20.70	\$19.55	\$22.31	\$25.30	\$44.16	\$68.31	\$108.56	\$170.20	\$238.74	\$386.63	\$767.05	\$1,579.41
\$240,000	\$21.60	\$20.40	\$23.28	\$26.40	\$46.08	\$71.28	\$113.28	\$177.60	\$249.12	\$403.44	\$800.40	\$1,648.08
\$250,000	\$22.50	\$21.25	\$24.25	\$27.50	\$48.00	\$74.25	\$118.00	\$185.00	\$259.50	\$420.25	\$833.75	\$1,716.75
\$260,000	\$23.40	\$22.10	\$25.22	\$28.60	\$49.92	\$77.22	\$122.72	\$192.40	\$269.88	\$437.06	\$867.10	\$1,785.42
\$270,000	\$24.30	\$22.95	\$26.19	\$29.70	\$51.84	\$80.19	\$127.44	\$199.80	\$280.26	\$453.87	\$900.45	\$1,854.09
\$280,000	\$25.20	\$23.80	\$27.16	\$30.80	\$53.76	\$83.16	\$132.16	\$207.20	\$290.64	\$470.68	\$933.80	\$1,922.76
\$290,000	\$26.10	\$24.65	\$28.13	\$31.90	\$55.68	\$86.13	\$136.88	\$214.60	\$301.02	\$487.49	\$967.15	\$1,991.43
\$300,000	\$27.00	\$25.50	\$29.10	\$33.00	\$57.60	\$89.10	\$141.60	\$222.00	\$311.40	\$504.30	\$1,000.50	\$2,060.10

SPOUSE/PARTNER SUPPLEMENTAL TERM LIFE INSURANCE												
Monthly Premium Amount (Cost per Pay Period – 12/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+
\$10,000	\$0.90	\$0.85	\$0.97	\$1.10	\$1.92	\$2.97	\$4.72	\$7.40	\$10.38	\$16.81	\$33.35	\$68.67
\$20,000	\$1.80	\$1.70	\$1.94	\$2.20	\$3.84	\$5.94	\$9.44	\$14.80	\$20.76	\$33.62	\$66.70	\$137.34
\$30,000	\$2.70	\$2.55	\$2.91	\$3.30	\$5.76	\$8.91	\$14.16	\$22.20	\$31.14	\$50.43	\$100.05	\$206.01
\$40,000	\$3.60	\$3.40	\$3.88	\$4.40	\$7.68	\$11.88	\$18.88	\$29.60	\$41.52	\$67.24	\$133.40	\$274.68
\$50,000	\$4.50	\$4.25	\$4.85	\$5.50	\$9.60	\$14.85	\$23.60	\$37.00	\$51.90	\$84.05	\$166.75	\$343.35
\$60,000	\$5.40	\$5.10	\$5.82	\$6.60	\$11.52	\$17.82	\$28.32	\$44.40	\$62.28	\$100.86	\$200.10	\$412.02
\$70,000	\$6.30	\$5.95	\$6.79	\$7.70	\$13.44	\$20.79	\$33.04	\$51.80	\$72.66	\$117.67	\$233.45	\$480.69
\$80,000	\$7.20	\$6.80	\$7.76	\$8.80	\$15.36	\$23.76	\$37.76	\$59.20	\$83.04	\$134.48	\$266.80	\$549.36
\$90,000	\$8.10	\$7.65	\$8.73	\$9.90	\$17.28	\$26.73	\$42.48	\$66.60	\$93.42	\$151.29	\$300.15	\$618.03

\$100,000	\$9.00	\$8.50	\$9.70	\$11.00	\$19.20	\$29.70	\$47.20	\$74.00	\$103.80	\$168.10	\$333.50	\$686.70
\$110,000	\$9.90	\$9.35	\$10.67	\$12.10	\$21.12	\$32.67	\$51.92	\$81.40	\$114.18	\$184.91	\$366.85	\$755.37
\$120,000	\$10.80	\$10.20	\$11.64	\$13.20	\$23.04	\$35.64	\$56.64	\$88.80	\$124.56	\$201.72	\$400.20	\$824.04
\$130,000	\$11.70	\$11.05	\$12.61	\$14.30	\$24.96	\$38.61	\$61.36	\$96.20	\$134.94	\$218.53	\$433.55	\$892.71
\$140,000	\$12.60	\$11.90	\$13.58	\$15.40	\$26.88	\$41.58	\$66.08	\$103.60	\$145.32	\$235.34	\$466.90	\$961.38
\$150,000	\$13.50	\$12.75	\$14.55	\$16.50	\$28.80	\$44.55	\$70.80	\$111.00	\$155.70	\$252.15	\$500.25	\$1,030.05
\$160,000	\$14.40	\$13.60	\$15.52	\$17.60	\$30.72	\$47.52	\$75.52	\$118.40	\$166.08	\$268.96	\$533.60	\$1,098.72
\$170,000	\$15.30	\$14.45	\$16.49	\$18.70	\$32.64	\$50.49	\$80.24	\$125.80	\$176.46	\$285.77	\$566.95	\$1,167.39
\$180,000	\$16.20	\$15.30	\$17.46	\$19.80	\$34.56	\$53.46	\$84.96	\$133.20	\$186.84	\$302.58	\$600.30	\$1,236.06
\$190,000	\$17.10	\$16.15	\$18.43	\$20.90	\$36.48	\$56.43	\$89.68	\$140.60	\$197.22	\$319.39	\$633.65	\$1,304.73
\$200,000	\$18.00	\$17.00	\$19.40	\$22.00	\$38.40	\$59.40	\$94.40	\$148.00	\$207.60	\$336.20	\$667.00	\$1,373.40
\$210,000	\$18.90	\$17.85	\$20.37	\$23.10	\$40.32	\$62.37	\$99.12	\$155.40	\$217.98	\$353.01	\$700.35	\$1,442.07
\$220,000	\$19.80	\$18.70	\$21.34	\$24.20	\$42.24	\$65.34	\$103.84	\$162.80	\$228.36	\$369.82	\$733.70	\$1,510.74
\$230,000	\$20.70	\$19.55	\$22.31	\$25.30	\$44.16	\$68.31	\$108.56	\$170.20	\$238.74	\$386.63	\$767.05	\$1,579.41
\$240,000	\$21.60	\$20.40	\$23.28	\$26.40	\$46.08	\$71.28	\$113.28	\$177.60	\$249.12	\$403.44	\$800.40	\$1,648.08
\$250,000	\$22.50	\$21.25	\$24.25	\$27.50	\$48.00	\$74.25	\$118.00	\$185.00	\$259.50	\$420.25	\$833.75	\$1,716.75

CHILD(REN) SUPPLEMENTAL TERM LIFE INSURANCE	
Monthly Premium Amount (Cost per Pay Period – 12/Year)	
Benefit Amount	Cost For All Children
\$10,000	\$1.60

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

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE							
Monthly Premium Amount (Cost per Pay Period – 12/Year)							
Benefit Amount	Premium Amount	Benefit Amount	Premium Amount	Benefit Amount	Premium Amount	Benefit Amount	Premium Amount
\$10,000	\$0.43	\$90,000	\$3.87	\$170,000	\$7.31	\$250,000	\$10.75
\$20,000	\$0.86	\$100,000	\$4.30	\$180,000	\$7.74	\$260,000	\$11.18
\$30,000	\$1.29	\$110,000	\$4.73	\$190,000	\$8.17	\$270,000	\$11.61
\$40,000	\$1.72	\$120,000	\$5.16	\$200,000	\$8.60	\$280,000	\$12.04
\$50,000	\$2.15	\$130,000	\$5.59	\$210,000	\$9.03	\$290,000	\$12.47
\$60,000	\$2.58	\$140,000	\$6.02	\$220,000	\$9.46	\$300,000	\$12.90
\$70,000	\$3.01	\$150,000	\$6.45	\$230,000	\$9.89		
\$80,000	\$3.44	\$160,000	\$6.88	\$240,000	\$10.32		

SPOUSE/PARTNER VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE							
Monthly Premium Amount (Cost per Pay Period – 12/Year)							
Benefit Amount	Premium Amount	Benefit Amount	Premium Amount	Benefit Amount	Premium Amount	Benefit Amount	Premium Amount
\$10,000	\$0.43	\$80,000	\$3.44	\$150,000	\$6.45	\$220,000	\$9.46
\$20,000	\$0.86	\$90,000	\$3.87	\$160,000	\$6.88	\$230,000	\$9.89
\$30,000	\$1.29	\$100,000	\$4.30	\$170,000	\$7.31	\$240,000	\$10.32
\$40,000	\$1.72	\$110,000	\$4.73	\$180,000	\$7.74	\$250,000	\$10.75
\$50,000	\$2.15	\$120,000	\$5.16	\$190,000	\$8.17		
\$60,000	\$2.58	\$130,000	\$5.59	\$200,000	\$8.60		
\$70,000	\$3.01	\$140,000	\$6.02	\$210,000	\$9.03		

CHILD(REN) VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE	
Monthly Premium Amount (Cost per Pay Period – 12/Year)	
Benefit Amount	Cost For All Children
\$10,000	\$0.60

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

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

CITY OF ROSEBURG

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%	\$5,000	The greater of \$100 or 10% of the benefit	After 90 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, police, management or fire management employee, excluding line firefighters and HAZMAT employees, who works at least 20 hours per week on a regularly scheduled basis.

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.

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.

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 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.

TRAVEL ASSISTANCE AND IDENTITY THEFT SUPPORT SERVICES

WHAT DO I DO FIRST?

In the event of a life-threatening emergency, call the local emergency authorities first to receive immediate assistance and then contact **International Medical Group (IMG)**.

WHAT TO HAVE READY

- Your employer's name
- Phone number where you can be reached

EVEN THE BEST PLANNED TRIPS CAN BE FULL OF SURPRISES

The best laid travel plans can go wrong, leaving travelers vulnerable and potentially unable to find the right help. When the unexpected happens far from home, it's important to know whom to call for assistance. If you're covered under a group policy with The Hartford, you and your family may have access to travel assistance and identity theft support services provided by International Medical Group (IMG).¹

Since 1990, IMG has provided global travel assistance services to millions of customers worldwide. IMG has extensive experience handling complex and remote medical transport situations, as well as providing support for travel concerns when they arise. Their team of international, multilingual specialists are accustomed to working across time zones and with different languages and currencies. Utilizing IMG's extensive global network of medical care providers, the on-site 24/7/365 U.S.-based call center is available day or night to arrange high-quality care you can depend on.

Additionally, IMG stands ready to provide identity theft support services that include assistance on the steps to take once a theft has occurred.

TRAVEL EMERGENCY TRANSPORT SERVICES

IMG will provide payment for transportation expenses associated with the following services up to a \$1 million combined single limit per person. For services to be paid for by IMG, they must be contacted to approve and arrange all services in advance.²

- **Medical evacuation and repatriation:** IMG will arrange a medically necessary transportation to a medical facility capable of providing adequate treatment.
- **Repatriation of mortal remains:** IMG will arrange and coordinate the preparation and transportation of mortal remains to the deceased's place of residence or to the place of burial.
- **Return of dependent children:** IMG can arrange the transport of dependent children home or to the residence of a family member in the event the parent is hospitalized due to an unforeseen medical situation and the children are left unattended.
- **Return of travel companion:** If someone is hospitalized due to an unforeseen medical situation, IMG can arrange for a travel companion to accompany them on their medical evacuation or repatriation back home.
- **Visit by a family member or friend:** If someone is traveling alone and hospitalized due to an unforeseen medical situation and an emergency evacuation or repatriation is not imminent, IMG can arrange to bring a chosen family member or friend to their location.

(Please cut here and keep in your wallet.) ✂

INTERNATIONAL MEDICAL GROUP (IMG) CONTACT INFORMATION

U.S. and Canada: 800-243-6108 (toll-free)

Outside U.S.: 202-828-5885

assist@imglobal.com





Travel assistance and identity theft support services through IMG are available to eligible employees who are covered under certain group insurance policies from The Hartford. The services are also available to eligible employees' spouses and dependent children up to age 26. Identity Theft Support and Pre-Trip Services are available 24/7/365. The services listed for Travel Emergency Transport Services and Travel Medical Assistance are only available when traveling more than 100 miles from home (or while in a foreign country) and while traveling for 90 consecutive days or less.

TRAVEL MEDICAL ASSISTANCE

IMG will provide assistance services only for the following items:

- **Medical and dental referrals:** IMG provides referrals within their global medical network that includes physicians, clinics, hospitals and other healthcare providers worldwide.
- **Medical monitoring:** IMG will continually monitor the medical situation until the traveler is either healthy or transferred to their home hospital. IMG medical staff review and analyze each situation to ensure quality of care.
- **Pre-transport patient assessments:** Prior to coordination of a medical transport such as an emergency evacuation, IMG provides an assessment to determine fitness to travel and identify any risks associated with the transfer.
- **Arrange or facilitate filling prescriptions:** If a traveler requires an emergency prescription, IMG can arrange for or facilitate filling prescriptions locally.
- **Replacement of medical devices and corrective lenses:** IMG will arrange for the replacement of corrective lenses or medical devices if they are lost, stolen or broken during travel.
- **Emergency medical payments:** Upon securing payment or a guarantee to reimburse from the travelers' insurance provider, IMG will coordinate payment to the treating facility.

ADDITIONAL TRAVEL ASSISTANCE SERVICES

IMG will provide assistance services only for the following items:

- **Pre-trip and cultural information:** IMG can provide certain country-specific information such as travel advisories, passport and visa information, general info on local customs and more.
- **Lost luggage assistance:** If luggage is lost, IMG can communicate with commercial flight carriers to coordinate the return of lost luggage and file the requisite reports.
- **Lost document assistance:** When a passport, visa, or other crucial document is lost during travel, IMG can provide support on the next steps to obtain emergency replacements.
- **Legal referrals:** IMG can provide the contact information for local attorneys.

- **Emergency cash:** If a traveler's money is lost or stolen, this service provides for the coordination of a cash advance through Western Union.
- **Pet and vehicle return:** IMG will assist with returning a pet home or returning a rented vehicle in the event of an emergency while traveling.

IDENTITY THEFT SUPPORT SERVICES

IMG will provide assistance services only for the following items:

- **Education:** Assistance to help prevent theft and support on the steps to take following theft.
- **Credit bureau notification:** Assistance notifying all three major credit reporting agencies to obtain a copy of your credit report and place an alert on your records.
- **Credit information review:** Assistance to review your credit information and history over the phone to determine if fraud or theft has occurred.
- **Identity theft affidavit:** Assistance with completing an identity theft affidavit and direction on who to send it to.
- **Card replacement:** Assistance replacing credit, debit and membership cards.
- **Translation services:** Assistance when you're overseas and need help communicating with the local police to file a report of an identity theft incident.

(Please cut here and keep in your wallet.) ✂

The Hartford Financial Services Group, Inc., (NYSE: HIG) operates through its subsidiaries, including Hartford Life and Accident Insurance Company, under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at www.TheHartford.com. © 2022 The Hartford

Travel Assistance and Identity Theft Support Services are provided by International Medical Group (IMG). IMG is not affiliated with The Hartford. None of the services provided by IMG as a part of the Travel Assistance and Identity Theft Support services are insurance.



This card is not proof of insurance.



Business Insurance
Employee Benefits
Auto
Home

If travel assistance is needed, please contact IMG at **800-243-6108** (U.S. only) or 202-828-5885 (Outside U.S.) or assist@imglobal.com.

The Hartford Financial Services Group, Inc., (NYSE: HIG) operates through its subsidiaries, including Hartford Life and Accident Insurance Company, under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at www.TheHartford.com. © 2022 The Hartford

¹ Travel Assistance and Identity Theft Support Services are provided by International Medical Group (IMG). IMG is not affiliated with The Hartford. None of the services provided by IMG as a part of the Travel Assistance and Identity Theft Support services are insurance. Services may vary and may not be available in all states. Conditions may exist that render services difficult or impossible to provide. The Hartford is not responsible and assumes no liability for the goods and services described in this material and reserves the right to discontinue any of these services at any time.

² IMG will provide payment for third-party transport expenses related to a qualified medical evacuation or repatriation, return of dependent children, return of travel companion, return of mortal remains, or visit of a family member or friend. Payment will be limited to \$1,000,000 combined single limit per person; however, any non-transport related expenses, such as medical expenses, related to these services is the responsibility of the traveler. IMG will not provide evacuation services if the transport is not medically advisable or necessary or if the injury or illness can be treated locally. All emergency medical transport services must be arranged by IMG-designated personnel to be eligible for services under this program. No payment for reimbursement of services not approved by IMG in advance will be accepted.

GETTING SUPPORT SHOULD BE EASY

EXTRAS THAT SUPPORT AND ASSIST

For access over the phone,
simply call toll-free

800-96-HELPS
(800-964-3577)

Visit guidanceresources.com
to access hundreds of personal
health topics and resources for
child care, elder care, attorneys
or financial planners.

If you're a first-time user, click
on the **Register** tab.

1. In the Organization Web ID
field, enter: **HLF902**
2. In the Company Name field
at the bottom of
personalization page enter:
ABILI
3. After selecting "**Ability
Assist program**", create
your own confidential user
name and password.



Snap a photo with a mobile device
to capture information above.

For employees covered under a fully insured Group policy or Leave Management services with The Hartford.

Life presents complex challenges. If the unexpected happens, you should have simple solutions to help cope with the stress and life changes that may result. That's why The Hartford Ability Assist® Counseling Services, offered by ComPsych®,¹ can play such an important role. Our straightforward approach takes the complexity out of benefits when life throws you a curve.

COMPASSIONATE SOLUTIONS FOR COMMON CHALLENGES

From everyday issues like job pressures, relationships and retirement planning to highly impactful issues like grief, loss, or a disability, Ability Assist is your resource for professional support.

You and your family, including spouse and dependents can access Ability Assist at any time, as long as you are covered under a fully insured Group policy or Leave Management Services with The Hartford.

SERVICE FEATURES

The service includes up to three face-to-face emotional counseling sessions per occurrence per year. This means you and your family members won't have to share visits. You can each get counseling help for your own unique needs. Work-life services and counseling for your legal, financial, medical and benefit-related concerns are also available by phone.

ABILITY ASSIST COUNSELING SERVICES

Emotional or Work-Life Counseling

Helps address stress, relationship or other personal issues you or your dependents may face. It is staffed by GuidanceExpertsSM – highly trained master's-level clinicians – who listen to concerns and quickly make referrals to in-person counseling or other valuable resources. Situations may include:

- Job pressures
- Relationship/marital conflicts
- Stress, anxiety and depression
- Work/school disagreements
- Substance abuse
- Child and elder care referral services

Financial Information and Resources

Provides unlimited telephonic support for the complicated financial decisions you or your dependents may face. Speak by phone with a Certified Public Accountant and Certified Financial Planners on a wide range of financial issues. Topics may include:

- Managing a budget
- Retirement
- Getting out of debt
- Tax questions
- Saving for college

Legal Support and Resources

Offers unlimited telephonic assistance if legal uncertainties arise. Talk to an attorney by phone about the issues that are important to you or your dependents. If you require representation, you'll be referred to a qualified attorney in your area with a 25% reduction in customary legal fees thereafter. Topics may include:

- Debt and bankruptcy
- Guardianship
- Buying a home
- Power of attorney
- Divorce

Health and Benefit Services

HealthChampionSM is a service that supports you through all aspects of your health care issues.² HealthChampion is staffed by both administrative and clinical experts who understand the nuances of any given health care concern. Situations may include:

- One-on-one review of your health concerns
- Preparation for upcoming doctor's visits/lab work/tests/surgeries
- Answers regarding diagnosis and treatment options
- Coordination with appropriate health care plan provider(s)
- An easy-to-understand explanation of your benefits—what's covered and what's not
- Cost estimation for covered/non-covered treatment
- Guidance on claims and billing issues
- Fee/payment plan negotiation

Check with your benefits manager for more information
on **Ability Assist Counseling Services**



Business Insurance
Employee Benefits
Auto
Home

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¹ Ability Assist® and HealthChampion® are offered through The Hartford by ComPsych® Corporation. 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 vary and may not be available in all states. Visit TheHartford.com/employee-benefits/value-added-services for more information.

² 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.

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Employee Assistance Program

Digitally Enabled EAP with Self-Guided Mental Health & Work-Life Services

Life presents us with challenges at work and at home on a daily basis. You do not have to face these challenges alone, even if you're far away.

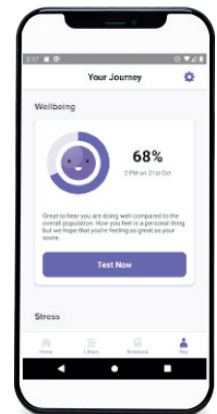
We Are Here to Help

EAP benefits are available to all employees and their families at NO COST to you. The EAP offers confidential advice, support, and practical solutions to real-life issues. You can access these confidential services by calling the toll-free number and speaking with our care team, or accessing online.

Digitally Enabled Employee Assistance Program (EAP)

Our program is designed to help reduce stress and keep you healthy.

- Bite-sized training is available from your desktop or mobile app.
- Access is confidential. Take the assessment and check your wellbeing score.
- Get your own personalized recommendations for self-guided CBT.
- Skills training to develop your resilience, stress management, and mental fitness.
- Visit uprisehealth.com/members to get started.
- Create an account with your email and the access code:



Services for Employees & Families

Confidential Counseling

Up to face-to-face, video or telephonic counseling sessions for relationship and family issues, stress, anxiety, and other common challenges.

24-hour Crisis Help

Toll-free access for you or a family member experiencing a crisis.

Online Peer Support Groups

Online support groups for addiction recovery, anxiety, depression, frontline workers, grief and loss, parenting, and more.

Tess, AI Chat-bot

24/7 chatbot for emotional support and check-ins to boost wellness.

Your EAP provides a wide range of work-life services to help you manage a variety of challenges

Financial Help

30-days of access with a personal money coach who will work with the member toward financial wellness by identifying financial goals, assessing current financial situation, and providing a suggested detailed action plan.

Legal Services

One 30-minute legal consultation per each separate legal matter at no cost, 25% reduction from the normal hourly rate if member retains attorney or mediator.

Online Legal Forms

Create, save, print, and revise online legal forms including wills, contracts, leases, and many more.

Child & Parenting Services

Get information and support on parenting, school issues, adoption, daycare, and other important issues for parents.

Adult & Eldercare Services

Get assistance in finding quality information and services including transportation, meals, activities, daytime care, housing, and more.

Webinars & Trainings

Industry experts will present monthly work-life webinars on a variety of topics.

EAP Services & Support for Supervisors

Managing people can be challenging. All supervisors have fast access to phone consultations and trainings about the EAP and management topics:

- Critical incidents
- Drug-free workplace
- Making employee referrals
- Organizational development
- Education and training
- Conflicts in the workplace

We Are Here to Help

Phone:

Website: uprisehealth.com/members

Access Code:

MASA



EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home.

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they DO NOT!

Even after insurance payments for emergency transportation, you could receive a bill up to \$5,000 for ground ambulance and as high as \$70,000 for air ambulance. The financial burdens for medical transportation costs are very real.



HOW MASA IS DIFFERENT

Across the US there are thousands of ground ambulance providers and hundreds of air ambulance carriers. ONLY MASA offers comprehensive coverage since MASA is a PAYER and not a PROVIDER!

ONLY MASA provides over 1.6 million members with coverage for **BOTH ground ambulance and air ambulance transport, REGARDLESS of which provider transports them.**

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

Additionally, MASA provides a repatriation benefit: if a member is hospitalized more than 100 miles from home, MASA can arrange and pay to have them transported to a hospital closer to their place of residence.



**Any Ground. Any Air.
Anywhere.™**

OUR BENEFITS

Benefit *	Platinum \$39/Month	Emergent Plus \$14/Month	Emergent Ground \$9/Month
Emergent Ground Transportation	U.S./Canada	U.S./Canada	U.S./Canada
Emergent Air Transportation	U.S./Canada	U.S./Canada	
Non-Emergent Air Transportation	Worldwide	U.S./Canada	
Repatriation	Worldwide	U.S./Canada	
Escort Transportation	Worldwide		
Mortal Remains Transportation	Worldwide		
Visitor Transportation	BCA*		
Minor Children/ Grandchildren Return	BCA*		
Vehicle Return	BCA*		
Pet Return	BCA*		
Organ Retrieval	U.S./Canada		
Organ Recipient Transportation	U.S./Canada		

* Please refer to the MSA for a detailed explanation of benefits and eligibility.

** Basic Coverage Area (BCA) includes U.S., Canada, Mexico, and Caribbean (excluding Cuba).



A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the entire family
- NO deductibles
- NO health questions
- Easy claim process

**For more information, please contact
Rich Allm, WHA Insurance**

541.284.5853 | rallm@whainsurance.com

EVERY FAMILY DESERVES A MASA MEMBERSHIP



Any Ground, Any Air, Anywhere.

- Eligibility is now available to you and your employees
- One comprehensive membership
- Coverage in U.S. and Canada
- Covers out-of-pocket costs for ANY emergency medical air and ground transportation
- Covers repatriation/recuperation. If a member is hospitalized while away from home, MASA Emergent Plus will fly them home to recuperate in familiar surroundings
- Coverage regardless of company providing emergency medical transport
- Peace-of-mind coverage for employees their spouses/domestic partners and dependents up to age 26
- No health questions, age limits, claim forms or deductibles
- For as low as \$14 a month



Emergencies can happen to anyone, any time, and anywhere. Are you prepared?

RICH ALLM • **WHA INSURANCE**
541.284.5853 • **rallm@whainsurance.com**

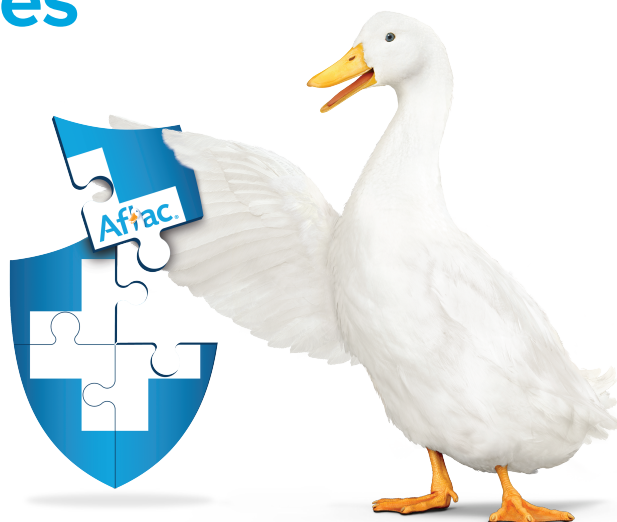
AFLAC



Get help with expenses health insurance doesn't cover

Aflac for City of Roseburg

Who hasn't been blindsided by an unexpected medical bill? That's why there's Aflac. We can help take care of the expenses health insurance doesn't cover, so you can take care of everything else.



Aflac supplemental insurance

Our product portfolio is as broad as your needs, with individual insurance policies that help cover the expected – and unexpected – that's sure to come life's way.



Accident: Accidents happen. When a covered accident happens to you, our accident insurance policy pays you cash benefits, unless assigned otherwise, to help with the unexpected medical and everyday expenses that begin to add up almost immediately.



Short-Term Disability: How would you pay your bills if you're disabled and can't work? An Aflac short-term disability insurance policy can help provide you with a source of income while you concentrate on getting better.



Cancer/Specified-Disease: Aflac's cancer/specified-disease insurance policy can help you and your family better cope financially if a positive diagnosis of cancer occurs.



Hospital Confinement Indemnity: Hospital stays are expensive. An Aflac hospital confinement indemnity insurance policy can help ease the financial burden of hospital stays by providing cash benefits.



Critical Illness (Specified Health Event): An Aflac specified health event insurance policy is designed to help with the costs of treatment if you experience a covered health event.

To learn more, contact your Aflac agents:

Carol Kenyon
carol_kenyon@us.aflac.com
541-580-5002

Marci Otis
marci_otis@us.aflac.com
541-817-9448



This is a brief product overview only. Coverage may not be available in all states, including but not limited to ID, NJ, NM, NY or VA. Benefits/premium rates may vary based on plan selected. Optional riders may be available at an additional cost. Policies/riders have limitations and exclusions that may affect benefits payable. Refer to the specified policy/rider form(s) for complete details, benefits, limitations and exclusions. For availability and costs, please contact your local Aflac agent.

Coverage is underwritten by Aflac. In New York, coverage is underwritten by Aflac New York.
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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.