WHA INSURANCE

# West Slope Water District

## Benefits Resource Guide

West Slope Water District

PLAN YEAR | 2023

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# YOUR SERVICE TEAM

## BENEFITS

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

### PRIMARY CONTACTS

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### FULL TEAM

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## CONTACT

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

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

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# Eligibility Information

**Who is Eligible and When:**
Employees are eligible for benefits as full-time employees or as permanent part-time employees who work 30 hours per week. Benefits begin on the date of hire.

**Employer Pays:**
West Slope Water District pays 100% of the Medical, Vision and Dental premiums for employees and their qualified dependents and domestic partners. The district also provides employer sponsored Life and AD&D and Long-Term Disability benefits to their employees.

# Contact Information

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

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# Medical Insurance Providence

# Your Benefit Summary
## Total Enhanced 250 Platinum

Providence Health Plan

| Providence Signature Network | In-Network | Out-of-Network |
|---|---|---|
| Individual Calendar Year Deductible (family amount is 2 times individual) | $250 Common | |
| Individual Out-of-Pocket Maximum (family amount is 2 times individual)<br>This amount includes the Deductible. | $3,500 Common | |

## Important information about your plan

This summary provides only highlights of your benefits. To view your plan details, register and login at myProvidence.com.

- In-Network and Out-of-Network Services accumulate toward your common Deductible and common Out-of-Pocket Maximum.
- Some Services and penalties do not apply to the Out-of-Pocket Maximum.
- Prior Authorization is required for some Services.
- View a list of In-Network Providers and pharmacies at ProvidenceHealthPlan.com/findaprovider.
- To get the most out of your benefits, use the providers within the Providence Signature network.
- If you choose to go outside the network, you may be subject to billing for charges that are above Usual, Customary and Reasonable charges (UCR). Benefits for Out-of-Network services are based on these UCR charges.
- Limitations and exclusions apply. See your handbook for details.
- Medicare Part D creditable.
- Find important information about how to use your plan at ProvidenceHealthPlan.com/usingyourplan.
- Learn more about PHP's covered preventive services rated “A” or “B” by the U.S. Preventive Services Task Force at ProvidenceHealthPlan.com/PreventiveCare.

| ✓ **Deductible does not apply** | Below is the amount you pay after you have met your calendar year Deductible<br>In-Network | Out-of-Network |
|---|---|---|
| On-Demand Visits | | |
| Providence ExpressCare Virtual | Covered in full ✓ | Not covered |
| Providence ExpressCare Retail Health Clinic visits | Covered in full ✓ | Not applicable |
| Preventive Care | | |
| Periodic health exams and well-baby care | Covered in full ✓ | 30% ✓ |
| Routine immunizations and shots | Covered in full ✓ | 30% ✓ |
| Colonoscopy (preventive, age 45+) | Covered in full ✓ | 30% |
| Gynecological exams (1 per calendar year), breast exams and Pap tests | Covered in full ✓ | 30% |
| Mammograms | Covered in full ✓ | 30% |
| Nutritional Counseling | Covered in full ✓ | 30% |
| Tobacco cessation, counseling/classes and deterrent medications | Covered in full ✓ | Not covered |
| Physician/Professional Services | | |
| Office visits to a Primary Care Provider | | 30% ✓ |
| In-Person | $10 ✓ | |
| Virtually | $10 ✓ | |
| Office visits to an Alternative Care Provider (In-Person or Virtually) (such as naturopath)<br>(Chiropractic manipulation and acupuncture services are covered separately from the office visit at the levels listed for those benefits.) | $10 ✓ | 30% ✓ |
| Office visits to specialists (In-Person or Virtually) | $25 ✓ | 30% ✓ |
| Inpatient Hospital visits | 10% | 30% |
| Allergy shots and allergy serums, injectable and infused medications | 10% | 30% |
| Surgery and anesthesia in an office or facility | 10% | 30% |
| Diagnostic Services | | |
| X-ray, lab and testing services (includes ultrasound) | 10% ✓ | 30% |
| High-tech imaging Services (such as PET, CT or MRI) | 10% | 30% |

| ✓ Deductible does not apply | Below is the amount you pay after you have met your calendar year Deductible<br>In-Network | Out-of-Network |
|---|---|---|
| **Diagnostic Services** | | |
| Sleep studies | 10% ✓ | 30% |
| **Emergency Care and Urgent Care Services** | | |
| Emergency Services<br>(For Emergency Medical Conditions only. If admitted to the Hospital, all Services subject to inpatient benefits.) | $250 then 10% ✓ | $250 then 10% ✓ |
| Emergency medical transportation (air and/or ground)<br>(Emergency transportation is covered under your In-Network benefit, regardless of whether or not the provider is an In-Network Provider.) | 10% | 10% |
| Urgent Care visits (for non-life threatening illness/minor injury) | $25 ✓ | 30% ✓ |
| **Hospital Services** | | |
| Inpatient/Observation care | 10% | 30% |
| Skilled Nursing Facility (limited to 60 days per calendar year) | 10% | 30% |
| Inpatient rehabilitative care<br>(Limited to 30 days per calendar year; 60 days for head/spinal injuries. Limits do not apply to Mental Health Services.) | 10% | 30% |
| Inpatient habilitative care<br>(Limited to 30 days per calendar year; 60 days for head/spinal injuries. Limits do not apply to Mental Health Services.) | 10% | 30% |
| **Outpatient Services** | | |
| Outpatient surgery at an Ambulatory Surgery Center | 5% | 30% |
| Outpatient surgery at a Hospital-based facility | 10% | 30% |
| Colonoscopy (non-preventive) at an Ambulatory Surgery Center | 5% | 30% |
| Colonoscopy (non-preventive) at a Hospital-based facility | 10% | 30% |
| Outpatient dialysis, infusion, chemotherapy and radiation therapy | 10% | 30% |
| Cardiac Rehabilitation (post-surgery) | First 16 visits Covered in full ✓ then 10% after deductible | 30% |
| Outpatient rehabilitative services: physical, occupational or speech therapy<br>(Limited to 30 visits per calendar year; up to 30 additional visits per specified condition. Limits do not apply to Mental Health Services.) | | |
| Physical Therapy | 10% ✓ | 30% |
| Occupational or Speech Therapy | 10% ✓ | 30% |
| Outpatient habilitative services: physical, occupational or speech therapy<br>(Limited to 30 visits per calendar year; up to 30 additional visits per specified condition. Limits do not apply to Mental Health Services.) | 10% ✓ | 30% |
| Vision Therapy (convergence insufficiency)<br>(Limited to 12 visits per lifetime) | 10% | 30% |
| **Maternity Services** | | |
| Prenatal visits | Covered in full ✓ | 30% |
| Delivery and postnatal physician/provider visits | 10% | 30% |
| Inpatient Hospital/facility services | 10% | 30% |
| Routine newborn nursery care | 10% | 30% |
| **Medical Equipment, Supplies and Devices** | | |
| Medical equipment, appliances, prosthetics/orthotics and supplies | 10% | 30% |
| Diabetes supplies (such as lancets, test strips, needles and glucose monitors) | 10% ✓ | 30% |
| Hearing aids (Limited to one aid per ear every 3 calendar years) | 10% | 30% |
| Removable custom shoe orthotics<br>(Limited to $200 per calendar year) | 10% ✓ | 30% ✓ |
| **Mental Health and Substance Use Disorder**<br>(Services, except outpatient provider office visits, may require prior authorization.) | | |
| Inpatient and residential services | 10% | 30% |

| ✓ Deductible does not apply | Below is the amount you pay after you have met your calendar year Deductible<br>In-Network | Out-of-Network |
|---|---|---|
| Mental Health and Substance Use Disorder<br>(Services, except outpatient provider office visits, may require prior authorization.) | | |
| Day treatment, intensive outpatient, and partial hospitalization services | 10% | 30% |
| Outpatient provider visits | | 30% ✓ |
| In-Person | $10 ✓ | |
| Virtually | $10 ✓ | |
| Applied Behavior Analysis | 10% | 30% |
| Home Health and Hospice | | |
| Home health care | 10% | 30% |
| Hospice care | Covered in full ✓ | Covered in full ✓ |
| Respite care (limited to Members receiving Hospice care; limited to 5 consecutive days, up to 30 days per lifetime) | 10% | 30% |
| Biofeedback | | |
| Biofeedback for specified diagnosis (limited to 10 visits per lifetime) | 10% | 30% |
| Chiropractic Manipulation and Acupuncture<br>(Massage therapy not covered) | | |
| Chiropractic manipulations (limited to 20 visits per calendar year) | $25 ✓ | 50% ✓ |
| Acupuncture (limited to 12 visits per calendar year) | $25 ✓ | 50% ✓ |

## Prescription Drugs

Formulary P

| ✓ Deductible does not apply | Below is the amount you pay after you have met your calendar year Deductible |
|---|---|
| Up to a 30-Day Supply<br>(From a participating retail, preferred or specialty pharmacy) | |
| Tier 1 | Covered in full ✓ |
| Tier 2 | $10 ✓ |
| Tier 3 | $25 ✓ |
| Tier 4 | 30% ✓ |
| Tier 5 | 50% ✓ with $200 per script cap |
| Tier 6 | 50% ✓ |
| 90-Day Supply<br>(From a participating preferred retail pharmacy) | |
| Tier 1 | Covered in full ✓ |
| Tier 2 | $30 ✓ |
| Tier 3 | $75 ✓ |
| Tier 4 | 30% ✓ |
| 90-Day Supply<br>(From a participating mail order pharmacy) | |
| Tier 1 | Covered in full ✓ |
| Tier 2 | $20 ✓ |
| Tier 3 | $50 ✓ |
| Tier 4 | 25% ✓ |

**Pharmacies**

Your prescription drug benefit requires that you fill your prescriptions at a Participating Pharmacy. There are four types of participating pharmacies:

- Retail: a Participating Pharmacy that allows up to a 30-day supply as outlined in your handbook of short-term and maintenance prescriptions.
- Preferred Retail: a Participating Pharmacy that allows up to a 90-day supply of maintenance prescriptions and access to up to a 30-day supply of short-term prescriptions.
- Specialty: a Participating Pharmacy that allows up to a 30-day supply of specialty and self-administered chemotherapy prescriptions. These prescriptions require special delivery, handling, administration and monitoring by your pharmacist.
- Mail Order: a Participating Pharmacy that allows up to a 90-day supply of maintenance prescriptions and specializes in direct delivery to your home. To order prescriptions by mail, your provider may call in the prescription or you can mail your prescription along with your Member identification number to one of our participating mail-order pharmacies.
- View a list of our participating pharmacies ProvidenceHealthPlan.com/planpharmacies.

**Using your prescription drug benefit**

- To find if a drug is covered under your plan check online at ProvidenceHealthPlan.com/pharmacy. Note that your plan's formulary includes ACA Preventive drugs which are medications that are covered at no cost when received from participating pharmacies as required by the Patient Protection and Affordable Care Act.
- FDA-approved women's contraceptives, as listed on your formulary, are covered at no cost for up to a 12-month supply, after a 3-month initial fill, at any Participating Pharmacy.
- You may purchase up to a 90-day supply of maintenance drugs using a participating mail-service or preferred retail pharmacy. Not all drugs are considered maintenance prescriptions, including compounded drugs and drugs obtained from specialty pharmacies.
- If you or your provider request or prescribe a brand-name drug when a generic is available, regardless of reason, you will be responsible for the cost difference between the brand-name and generic drug in addition to the Tier 4 or Tier 6 copayment or coinsurance indicated on the benefit summary. Your total cost, however, will never exceed the actual cost of the drug.
- Approved non-formulary non-specialty drugs will be covered at the Tier 4 cost sharing tier. Approved non-formulary specialty drugs will be covered at the Tier 6 cost sharing tier.
- Compounded medications are prescriptions that are custom prepared by your pharmacist. They must contain at least one FDA-approved drug to be eligible for coverage under your plan. Compounded medications are covered for up to a 30-day supply at a 50% after the deductible. Claims are subject to clinical review for medical necessity and are not guaranteed for payment.

- Specialty drugs, which can be found in Tier 5 and Tier 6, are prescriptions that require special delivery, handling, administration and monitoring by your pharmacist.
- Most specialty and chemotherapy drugs are only available at our designated specialty pharmacies.
- Certain drugs, devices, and supplies obtained from your pharmacy may apply towards your medical benefit.
- Diabetes supplies may be obtained at your participating pharmacy, and are subject to your group's medical supplies and devices' benefit limitations, and Coinsurance. See your Member Handbook for details.
- Insulin cost share capped at $80 for a 30-day supply, $240 for a 90-day supply. Deductible does not apply.
- Some prescription drugs require Prior Authorization for medical necessity, place of therapy, length of therapy, step therapy, or number of doses. If a drug to treat your covered medical condition is not in the formulary, please contact us.
- Self-administered chemotherapy is covered under the Prescription Drug Benefit unless the Outpatient Chemotherapy coverage results in a lower out-of-pocket expense to you. Please refer to your Handbook for more information.
- Self-injectable medications are only covered when they are being self-administered and labeled by the FDA for self-administration; in some cases, a Prior Authorization may be required for the drug. Documentation of self-administration may also be required. Drugs labeled for self-administration that are being administered by a provider will fall to the Member's medical benefit.
- Be sure you present your current Providence Health Plan Member identification card.

## Routine Vision Services
**Provided by VSP**

| **VSP Choice Network (For Customer Service call 800-877-7195)**<br>**✓ Deductible does not apply** | Below is the amount you pay after you have met your calendar year Deductible<br>In-Network | Out-of-Network |
|---|---|---|
| Pediatric Vision Services (under age 19) | | |
| Routine eye exam (limited to 1 exam per calendar year) | Covered in full ✓ | Covered up to $45 ✓ |
| Lenses (limited to 1 pair per calendar year) | | |
| Single vision | Covered in full ✓ | Covered up to $30 ✓ |
| Lined bifocal | Covered in full ✓ | Covered up to $50 ✓ |
| Lined trifocal | Covered in full ✓ | Covered up to $70 ✓ |
| Lenticular lenses | Covered in full ✓ | Covered up to $100 ✓ |
| Frames (limited to 1 pair per calendar year; select from VSP's Otis & Piper ™ Eyewear Collection) | Covered in full ✓ | Covered up to $70 ✓ |
| Contact lens services and materials in place of glasses<br>Standard: 1 pair per calendar year (1 contact lens per eye)<br>Monthly: 6 month supply per calendar year (6 lenses per eye)<br>Bi-weekly: 3 month supply per calendar year (6 lenses per eye)<br>Dailies: 3 month supply per calendar year (90 lenses per eye) | Covered in full ✓ | Covered up to $105 ✓ |
| Adult Vision Services<br>(Copayments do not apply to your Out-of-Pocket Maximum) | | |
| Routine eye exam (limited to 1 exam per calendar year) | $30 ✓ | Covered up to $45 ✓ |
| Lenses (limited to 1 pair per calendar year) | | |
| Single vision | Covered in full ✓ | Covered up to $30 ✓ |
| Lined bifocal | Covered in full ✓ | Covered up to $50 ✓ |
| Lined trifocal | Covered in full ✓ | Covered up to $70 ✓ |
| Lenticular lenses | Covered in full ✓ | Covered up to $100 ✓ |
| Progressive lenses | $50 ✓ | Covered up to $50 ✓ |
| Frames (limited to 1 pair per calendar year) | Covered up to $130 ✓ | Covered up to $70 ✓ |
| Contact lens services and materials in place of glasses (limited to every calendar year) | Covered up to $130 ✓ | Covered up to $105 ✓ |

## **Pediatric Dental Service** (under age 19)

| **For Customer Service, including dental Prior Authorizations and claims, call 800-878-4445.**<br>**✓ Deductible does not apply** | Below is the amount you pay after you have met your calendar year Deductible<br>In-Network | Out-of-Network<br>If you choose to go outside the dental network, you may be subject to billing for charges that are above the Maximum Allowable Charge (MAC). |
|---|---|---|
| Preventive | | |
| Routine Exams<br>Two per every 12 months | Covered in full ✓ | 30% ✓ |
| Bitewing X-rays<br>Four per every 6 months | Covered in full ✓ | 30% ✓ |
| Cleanings<br>One per every 6 months | Covered in full ✓ | 30% ✓ |
| Topical Fluoride<br>One per every 6 months | Covered in full ✓ | 30% ✓ |
| Fissure sealants<br>One service per tooth (molar) per every 60 months | Covered in full ✓ | 30% ✓ |
| Space Maintainers | Covered in full ✓ | 30% ✓ |
| Basic | | |
| Restorative fillings | 50% | 70% |
| Major | | |
| Oral surgery (extractions and other minor surgical procedures) | 50% | 70% |
| Endodontics and Periodontics | 50% | 70% |
| Stainless Steel Crowns/Anterior Primary or Posterior Primary/Permanent<br>One service per tooth in a 7-year period | 50% | 70% |
| Porcelain Crowns<br>One service per tooth in a 7-year period for children ages 16 and older (limited to tooth numbers 6-11, 22 and 27 only) | 50% | 70% |
| Denture and bridge work (construction or repair of fixed bridges, partials and complete dentures)<br>Limited to 1 every 10 years for complete dentures and 1 every 10 years for partials for Members ages 16 and older | 50% | 70% |

## Explanation of terms and phrases

**ACA Preventive Drugs** - ACA Preventive drugs are medications, including contraceptives, which are listed in our formulary, and are covered at no cost when received from Participating Pharmacies as required by the Patient Protection and Affordable Care Act (ACA). Over the counter preventive drugs received from Participating Pharmacies cannot be covered in full without a written prescription from your Qualified Practitioner.

**Brand-name drugs** - Brand-name drugs are protected by U.S. patent laws and only a single manufacturer has the rights to produce and sell them.

**Coinsurance** - The percentage of the cost that you may need to pay for Covered Service.

**Copay** - The fixed dollar amount you pay to a healthcare provider for a Covered Service at the time care is provided.

**Deductible** - The dollar amount that an individual or family pays for Covered Service before the plan pays any benefits within a Calendar Year. The following expenses do not apply to the individual or family deductible: Services not covered by the plan; fees that exceed Usual, Customary and Reasonable (UCR) charges as established by the plan; penalties incurred if you do not follow the plan's Prior Authorization requirements; copays and Coinsurance for Services that do not apply to the deductible.

NOTE: No Member will ever pay more than an Individual Deductible before the Plan begins paying for covered services for that Member.

**Formulary** - A formulary is a list of FDA-approved prescription drugs developed by physicians and pharmacists, designed to offer effective drug treatment choices for covered medical conditions. The Providence Health Plan formulary includes both brand-name and generic medications.

**Generic drugs** - Generic drugs have the same active-ingredient formula as the brand-name drug. Generic drugs are usually available after the brand-name patent expires.

**In-Network** - Refers to Services received from an extensive network of highly qualified physicians, health care providers and facilities contracted by Providence Health Plan for your specific plan. Generally, your Out-of-Pocket costs will be less when you receive Covered Service from In-Network Providers.

**Limitations and Exclusions** - All Covered Services are subject to the limitations and exclusions specified for your plan. Refer to your Member handbook or contract for a complete list.

**Maintenance Prescriptions** - Medications that are typically prescribed to treat long-term or chronic conditions, such as diabetes, high blood pressure and high cholesterol. Maintenance drugs are those that you have received under our plan for at least 30 days and that you anticipate continuing to use in the future. Compounded and specialty medications are excluded from this definition; and are limited to a 30 day supply.

**Maximum Allowable Charge (MAC)** - A limitation on the billed charges as determined by Providence Health Plan or its authorizing agent by geographic area where the expenses are incurred and may not be less than the negotiated fee for the same Service when provided by a Network Dental Provider. MAC charges do not include sales taxes, handling fees and similar surcharges, and such taxes, fees and surcharges are not covered expenses.

**Medicare Part D creditable**

***Medicare Part D creditable*** - Coverage is creditable when the plan payout for prescription drugs is, on average for all plan participants, as much as the average payout under the standard Medicare Part D benefit.

***Not Medicare Part D creditable*** - Coverage is non-creditable when the plan payout for prescription drugs is, on average for all plan participants, less than what standard Medicare Part D prescription drug coverage would be expected to pay.

**Non-Formulary Medication** - An FDA-approved drug, generic or brand-name, that is not included in the list of approved formulary medications. These prescriptions require a Prior Authorization by the health plan and, if approved, will pay at either the highest non-specialty or specialty cost sharing tier.

**Office Visits Virtually** - Scheduled visits with the member's PCP or Specialist using a teleconferencing application such as Zoom.

**Out-of-Network** - Refers to Services you receive from providers not in your plan's network. Your Out-of-Pocket costs are generally higher when you receive Covered Services outside of your plan's network. An Out-of-Network Provider does not have contracted rates with Providence Health Plan and so balance billing may apply. To find an In-Network Provider, go to ProvidenceHealthPlan.com/findaprovider.

**Out-of-Pocket Maximum** - The limit on the dollar amount that an individual or family pays for specified Covered Services in a Calendar Year. Some Services and expenses do not apply to the individual or family Out-of-Pocket Maximum. See your Member handbook or contract for details.

NOTE: Once any Member meets the Individual Out-of-Pocket Maximum, the Plan will begin to pay 100% for Covered Services for that Member.

**Primary Care Provider** - A qualified physician or practitioner that can provide most of your care and, when necessary, will coordinate care with other providers in a convenient and cost-effective manner.

**Prescription drug Prior Authorization** - The process used to request an exception to the Providence Health Plan drug formulary. A Prior Authorization can be requested by the prescriber, member or pharmacy. Some drugs require Prior Authorization for Medical Necessity, place of therapy, length of therapy, step therapy or number of doses. Visit us online for additional information at ProvidenceHealthPlan.com.

**Prescription drug Tier** - The prescription drug tier number correlates to a drug's placement on the formulary. Tier 1 and Tier 2 consists of mainly generic drugs while Tier 3 and Tier 4 contains both generic and brand-name drugs. Specialty drugs are listed in Tier 5 and Tier 6.

**Prior Authorization** - Some Services must be pre-approved. In-Network, your provider will request Prior Authorization. Out-of-Network, you are responsible for obtaining Prior Authorization.

**Providence ExpressCare Virtual** - Services for common conditions (such as sore throat, cough, or fever, etc.) using Providence's web-bases platform through a tablet, smartphone, or computer for same day appointments.

**Providence ExpressCare Retail Health Clinic** - A walk-in health clinic, other than an office, Urgent Care facility, pharmacy or independent clinic that is located within a retail operation. A Retail Health Clinic provides same-day visits for basic illness and injuries or preventive services.

## Explanation of terms and phrases

**Specialty Drugs** - Specialty drugs are injectable, infused, oral, topical, or inhaled therapies that often require specialized delivery, handling, monitoring and administration and are generally high cost. These drugs must be purchased through our designated specialty pharmacy. Due to the nature of these medications, specialty drugs are limited to a 30-day supply. Your benefits include specialty drugs listed on our formulary in Tier 5 and Tier 6. Generally your out-of-pocket costs will be less for Tier 5 drugs.

**Usual, Customary & Reasonable (UCR)** - Describes your plan's allowed charges for Services that you receive from an Out-of-Network Provider. When the cost of Out-of-Network Services exceeds UCR amounts, you are responsible for paying the provider any differences. These amounts do not apply to your Out-of-Pocket Maximums.

## Contact us

Portland Metro Area: 503-574-7500
All other areas: 800-878-4445
TTY:711

ProvidenceHealthPlan.com/contactus

## Non-Discrimination Statement

Providence Health Plan and Providence Health Assurance comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Providence Health Plan and Providence Health Assurance do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Providence Health Plan and Providence Health Assurance:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Written information in other languages

If you are a Medicare member who needs these services, call 503-574-8000 or 1-800-603-2340. All other members can call 503-574-7500 or 1-800-878-4445. Hearing impaired members may call our TTY line at 711.

If you believe that Providence Health Plan or Providence Health Assurance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Non-discrimination Coordinator by mail:

Providence Health Plan and Providence Health Assurance
Attn: Non-discrimination Coordinator
PO Box 4158
Portland, OR 97208-4158

If you need help filing a grievance, and you are a Medicare member call 503-574-8000 or 1-800-603-2340. All other members can call 503-574-7500 or 1-800-878-4445. (TTY line at 711) for assistance. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW - Room 509F HHH Building
Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TTY)

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

## Language Access Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-878-4445 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-878-4445 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-878-4445 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-878-4445 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-878-4445 (телетайп: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-878-4445 (TTY: 711) 번으로 전화해 주십시오

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-878-4445 (телетайп: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-878-4445 (TTY: 711) まで、お電話にてご連絡ください。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-878-4445 (رقم هاتف الصم والبكم: (TTY: 711).

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-878-4445 (TTY: 711).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-878-4445 (TTY: 711)។

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-878-4445 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-878-4445 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می‌کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می‌باشد. با 1-800-878-4445 (TTY: 711) تماس بگیرید.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-878-4445 (ATS : 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-878-4445 (TTY: 711)

# Dental Insurance
# Moda
# Willamette Dental

# 2023 Dental plan benefit table

Delta Dental of Oregon & Alaska

| Delta Dental Premier, PF, 1500, 100*/80/50, 50 | Age 0-18, employees pay | Age 19+, employees pay |
|---|---|---|
| Calendar year costs | | |
| Deductible | $50 per person/ $150 family | |
| Out-of-pocket maximum (under age 19) | $375 for one member / $750 for two or more members (in-network only) | |
| Annual maximum (age 19+) | $1,500 | |
| Minimum number of subscribers | N/A | |
| Class 1* | | |
| Exams and X-rays | 10% | 0% |
| Cleanings | 10% | 0% |
| Sealants | 10% | 0% |
| Topical fluoride | 10% | 0% |
| Space maintainers | 10% | Not covered |
| Class 2 | | |
| Restorative fillings | 30% after deductible | 20% after deductible |
| Oral Surgery | 40% after deductible | 20% after deductible |
| Endodontics | 40% after deductible | 20% after deductible |
| Periodontics | 40% after deductible | 20% after deductible |
| Anesthesia | 40% after deductible | 20% after deductible |
| Class 3 | | |
| Restorative crowns | 50% after deductible | 50% after deductible |
| Partial and complete dentures | 50% after deductible | 50% after deductible |
| Implants & bridges | Not covered | 50% after deductible |
| Orthodontia | 50% after deductible[1] | Not covered |
| Features | | |
| Provider Network | Delta Dental Premier Network | |
| Balance bill | Participating dentists: No<br>Nonparticipating dentists: Yes | |
| Direct Option plan match | Direct Option 1J-JK | |

* *Deductible waived for Class I services*

**1** *Only medically necessary orthodontia to treat cleft palate is covered.*

**Limitations**

Class 1

- Bitewing X-rays once in a 12-month period
- Exam once in a six-month period
- Fluoride once in a six-month period under age 19 and once every 12 months if there is recent history of periodontal surgery or high risk of decay due to medical disease or chemotherapy or similar type of treatment for age 19 and over
- Full-mouth or panoramic X-rays once in a five-year period
- Interim caries arresting medicament application is covered twice per tooth per year. Many restorations are not covered within 2 months of interim caries arresting medicament application.
- 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 two additional periodontal maintenances per year.
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a five-year period except for evidence of clinical failure

Class 2 and Class 3

- Athletic mouth guard covered at 50%, once in any 12-month period for members age 15 and under and once in any 2-year period age 16 and over
- Bridges once in a seven-year period age 19 and over
- Crowns and other cast restorations once in a seven-year period
- Crown-over-implant once per lifetime per tooth space
- Dentures once in a seven-year period age 16 and over
- IV sedation or general anesthesia only with surgical procedures
- Night guard (occlusal guard) covered at 100% once in a five year period, up to $150 maximum
- Oral anesthesia medication permitted for members under age 19 when used during an in-office procedure
- Periodontal surgical procedures by the same dentist at the same site are covered once in a 3 year period for members 19 and over
- Porcelain crowns on back teeth are limited to the amount for a full metal crown
- Scaling and root planing once in a two-year period

**Exclusions**

- Anesthetics, analgesics, hypnosis and medications, including nitrous oxide for adults
- Bridges not covered under age 19
- Charges above the maximum plan allowance
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations
- Cosmetic services
- Duplication and interpretation of X-rays or records
- Experimental or investigational treatment
- Hospital costs or other fees for facility or home care except for emergency care for members under age 19
- Implants under age 19
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Orthodontia (exception for treatment of cleft palate under age 19)
- Over-the-counter athletic mouth guards and night guards are excluded
- Precision attachments
- Rebuilding or maintaining chewing surfaces (misalignment or malocclusion) or stabilizing teeth
- Self treatment
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Temporomandibular joint syndrome (TMJ)
- Translation or sign language services are not covered as separate charges
- Treatment before coverage begins or after coverage ends
- Treatment not dentally necessary

These benefits and Delta Dental of Oregon policies are subject to change in order to be compliant with state and federal guidelines. This document provides summaries of various dental plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control. Dental plans in Oregon provided by Delta Dental of Oregon. Delta Dental is a trademark of Delta Dental Plans Association.

DELTA DENTAL

Delta Dental of Oregon & Alaska

Willamette Dental Group

# 2023 Dental plan benefit summary

## Direct Option 3J and 3JK – Willamette Dental Group

| Benefit | Under age 19, members pay | Ages 19+, members pay |
|---|---|---|
| Annual maximum | No annual maximum | No annual maximum |
| Deductible | No deductible | No deductible |
| Annual out of pocket limit | $375 – 1 child<br>$750 – 2 or more children | Not applicable |
| General office visit | $15 per visit | $15 per visit |
| **Diagnostic and preventive services** | | |
| Routine and emergency exams | Covered with the Office Visit Copay | Covered with the Office Visit Copay |
| Routine X-rays | Covered with the Office Visit Copay | Covered with the Office Visit Copay |
| Teeth cleaning | Covered with the Office Visit Copay | Covered with the Office Visit Copay |
| Fluoride treatment | Covered with the Office Visit Copay | Covered with the Office Visit Copay |
| Sealants (per tooth) | Covered with the Office Visit Copay | Covered with the Office Visit Copay |
| Head and neck cancer screening | Covered with the Office Visit Copay | Covered with the Office Visit Copay |
| Oral hygiene instruction | Covered with the Office Visit Copay | Covered with the Office Visit Copay |
| Periodontal charting | Covered with the Office Visit Copay | Covered with the Office Visit Copay |
| Periodontal evaluation | Covered with the Office Visit Copay | Covered with the Office Visit Copay |
| **Restorative dentistry and prosthodontics** | | |
| Fillings | $20 | $20 |
| Porcelain-metal crown | $150 | $150 |
| Complete upper or lower denture | $150 | $150 |
| Bridge (per tooth) | $150 | $150 |
| Dental implant surgery | You pay charges in excess of $1,500* | You pay charges in excess of $1,500* |
| **Endodontics and periodontics** | | |
| Root canal therapy – anterior | $125 | $125 |
| Root canal therapy – bicuspid | $175 | $175 |
| Root canal therapy – molar | $225 | $225 |
| Osseous surgery (per quadrant) | $150 | $150 |
| Root planing (per quadrant) | $120 | $120 |
| **Oral surgery** | | |
| Routine extraction (single tooth) | $20 | $20 |
| Surgical extraction | $120 | $120 |
| **Orthodontia treatment** | | |
| Pre-orthodontia services | $150** | $150** |
| Comprehensive orthodontic services | $2,800*** | $2,800 |
| **Miscellaneous** | | |
| Local anesthesia | Covered with the Office Visit Copay | Covered with the Office Visit Copay |
| Dental lab fees | Covered with the Office Visit Copay | Covered with the Office Visit Copay |
| Nitrous oxide | $40 | $40 |
| Specialty office visit | $30 | $30 |
| Out of area emergency care reimbursement | You pay charges in excess of $100 | You pay charges in excess of $100 |

**Limited to one dental implant surgery per calendar year.*
***Copayment credited towards the Comprehensive Orthodontic Service copayment if patient accepts treatment plan.*
****Copayment for Comprehensive Orthodontic Services provided for treatment of cleft palate with or without cleft lip is $350 for members under age 19. Orthodontic Services for all other purposes are not included in the Annual Out of Pocket Limit.*

## Can I sign up for the Direct Option Plan and still go to my own dentist?

To receive the excellent benefits of your Direct Option Plan you must receive care from a Willamette Dental Group dentist or specialist. Your coverage also extends if you are referred to an outside dentist or specialist by your Willamette Dental Group dentist. If referred to an outside dentist or specialist, your copayments remain the same as shown in your Summary of Benefits.

## How do I schedule an appointment?

To schedule an appointment that meets your scheduling needs, please call the Willamette Dental Group Appointment Center:

Toll Free..... 1-855-4DENTAL (433-6825)

Appointment Center Hours:

Monday – Friday 7 a.m. to 6 p.m. PT
Saturday 7 a.m. to 4 p.m. PT

## How long does it generally take to get an appointment?

The length of wait-time for an appointment may vary based on your choice of provider, dental office location, appointment type and your desired day or time of appointment. Willamette Dental Group's goal is to get you in within days or weeks to fit your lifestyle.

All of Willamette Dental Group's office locations practice the Simple Scheduling method. Through this model, more appointment types are offered everyday so you can be seen when it fits your schedule and needs.

## What can I expect at my first visit?

During your first visit to a Willamette Dental Group office, you will receive a thorough dental examination that includes X-rays and comprehensive risk assessments. Your dentist will develop a Proactive Dental Care Plan based upon your immediate needs, current dental health and long-term oral health goals. This individual plan will include recommendations for cleanings, restorations and preventive treatments. Most patients will receive a cleaning at their first visit, based on the assessment and recommendation from your dentist.

## Is orthodontia available at every office?

Specialty services, including orthodontia are generally available on a regional basis. To find out where specialty services are available in your area, simply contact the Willamette Dental Group Appointment Center toll free at (855) 433-6825.

## What if I have a dental emergency?

Willamette Dental Group provides emergency dental care during regular office hours. If you have a dental emergency, you should call the Appointment Center toll free at (855) 433-6825. If necessary, you will be scheduled to see a dentist within approximately 24 hours. After-hours, a dentist is available for dental emergency consultation over the telephone, at no cost.

## What if I have a dental emergency while I'm out of town?

If you are traveling 50 miles or more from a Willamette Dental Group office, you may obtain emergency treatment from any licensed dentist. Emergency dental treatment may be eligible for reimbursement up to the amount stated in your Member Handbook. Upon returning home, contact Willamette Dental Group's Member Services Department for reimbursement.

## What kind of training and experience do Willamette Dental Group dentists have?

All Willamette Dental Group dentists meet high standards for professional qualifications, licenses, endorsements, and certifications. Most have years of experience, and every dentist participates in the Willamette Dental Group Quality Assurance Program that includes regular peer reviews to ensure optimal care. Willamette Dental Group actively promotes professional development to continually enhance the capabilities of all Willamette Dental Group providers. Credentialing and information for all Willamette Dental Group providers, including patient ratings and comments, is available at willamettedental.com.

## Can I get major work done right away?

The practice philosophy at Willamette Dental Group is to first diagnose and treat urgent conditions that pose an immediate threat to your oral health. The next priority is prevention; controlling the disease process. It is important that you be an active partner in maintaining good oral health to ensure the long-term success of the major restorative work you receive. Major restorative work is performed when your Willamette Dental Group dentist determines your teeth and supporting structures are stabilized, and when you have demonstrated a commitment to maintaining your oral health. This is the best way to ensure the long- term success of whatever major restorative work that you may need.

## How do I change an appointment?

If you need to reschedule or cancel an appointment, please call the Willamette Dental Group Appointment Center at (855) 433- 6825 as soon as possible. Your provider may charge a missed appointment fee for any appointment that you miss without a minimum of 24 hours prior notice.

## Who do I call for more information?

Please direct questions about your dental plan or service to the Willamette Dental Group Member Services Department:

Monday – Friday.....8 a.m. to 5 p.m. PST
Phone ..... 1-855-4DENTAL (433-6825)
Email.....memberservices@willamettedental.com

*Please refer to your Member Handbook for limitations and exclusions.*

Underwritten by Delta Dental Plan of Oregon
Dental Services provided by Willamette Dental Group, P.C.
REV2-0606 (9/22)

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# Life & AD&D Insurance Lincoln Financial Group

## ELIGIBLE CLASS

Class **1** All Full-Time Employees

The amount of an Insured Person's insurance is determined from the following table. The initial amount of coverage is the amount which applies to an Insured Person's Class on the date his or her coverage takes effect. An Insured Person may become eligible for increases in the amount of insurance in accord with the table. Any such increase will take effect on the latest of:

(1) the first day of the Insurance Month coinciding with or next following the date on which the Insured Person becomes eligible for the increase; if Actively at Work on that day;
(2) the day the Insured Person resumes Active Work, if not Actively at Work on the day the increase would otherwise take effect; or
(3) the day any required evidence of insurability is approved by the Company.

Any decrease will take effect on the day of the change; whether or not the Insured Person is Actively at Work.

The amount of an Insured Person's Life Insurance shall be reduced by the amount of any Life Insurance in effect as a result of exercising the rights under the Conversion Privilege section of this Policy.

The following chart applies to the Extension of Death Benefit provision when benefits end upon attainment of the Social Security Normal Retirement Age:

| Year of Birth | Normal Retirement Age |
|---|---|
| 1937 and prior | 65 |
| 1938 | 65 and 2 months |
| 1939 | 65 and 4 months |
| 1940 | 65 and 6 months |
| 1941 | 65 and 8 months |
| 1942 | 65 and 10 months |
| 1943 - 54 | 66 |
| 1955 | 66 and 2 months |
| 1956 | 66 and 4 months |
| 1957 | 66 and 6 months |
| 1958 | 66 and 8 months |
| 1959 | 66 and 10 months |
| 1960 and later | 67 |

Note: Persons born on January 1 of any year should refer to the Normal Retirement Age for the previous year.

**West Slope Water District**
**000940162445**
**SCHEDULE OF INSURANCE**
**For**
**Class 1 - All Full-Time Employees**

MINIMUM HOURS: 30 hours per week

WAITING PERIOD: (For date insurance begins, refer to "Effective Date" section)
None

CONTRIBUTIONS: Insured Persons are not required to make contributions for Personal Life & AD&D Insurance and Dependent Life Insurance.

**Basic Annual Earnings** means the Insured Person's annual base salary or annualized hourly pay from the Group Policyholder before taxes on the Determination Date. The **"Determination Date"** is the last day worked just prior to the loss.
It also includes:

1. paid commissions averaged over the 12 months just prior to the Determination Date; or over the actual period of employment with the Group Policyholder just prior to that date, if shorter.

It does **not** include bonuses, overtime pay, or any other extra compensation. It does **not** include income from a source other than the Group Policyholder. It will not exceed the amount shown in the Group Policyholder's financial records or the amount for which premium has been paid; whichever is less.

## LIFE AND AD&D INSURANCE

| | Benefit Amount |
|---|---|
| Personal Life Insurance | One and one-half times Basic Annual Earnings, rounded to the next higher $1,000; subject to a maximum of $170,000. |
| AD&D Insurance Principal Sum | One and one-half times Basic Annual Earnings, rounded to the next higher $1,000; subject to a maximum of $170,000. |

Personal Life and AD&D Insurance will be reduced as follows:
- At age 65, benefits will reduce by 35% of the original amount;
- At age 70, benefits will reduce an additional 25% of the original amount;
- At age 75, benefits will reduce an additional 15% of the original amount.

Benefits will terminate when the Insured Person retires.

If the Insured Person first enrolls for Personal Life and AD&D Insurance at age 65 or older, the above age reductions will apply to:
- Any Guarantee Issue Amount available without evidence of insurability; and
- The maximum amount of insurance for which he or she is eligible.

Evidence of Insurability must be submitted to and approved by the Company when:

1. Personal Life and AD&D Insurance amounts exceed the guarantee issue amount of $115,000 at initial enrollment;
2. the amount of Personal Life and AD&D Insurance in excess of the guarantee issue amount, increases after the initial enrollment by more than $25,000 due to salary or benefit increases over a 12-month period based on the month of the policy anniversary;
3. an increased amount of Personal Life and AD&D Insurance coverage is requested and any am?unt of coverage has been previously withdrawn or declined or is pending underwriting review; or
4. initial coverage is elected more than 31 days after first becoming eligible.

Refer to the Evidence of Insurability section for any additional requirements.

If any evidence of insurability is required, it will be provided at the Person's own expense.

**West Slope Water District**
**000940162445**
**SCHEDULE OF INSURANCE**
**For**
**Class 1**
**LIFE AND AD&D INSURANCE (CONTINUED)**

**DEPENDENTS INSURANCE**

| Dependent Life Insurance | Benefit Amount |
|---|---|
| Spouse | $5,000 |
| Dependent Child (age 14 days to 6 months) | $1,000 |
| Dependent Child (age 6 months to 19 years, 23 years if a full-time student) | $2,000 |

Spouse Life Insurance will terminate when the Spouse attains age 70

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# Long Term Disability Insurance
# Lincoln Financial Group

**West Slope Water District**
**000940162446**
**SCHEDULE OF BENEFITS**
**For**
**Class 1 - All Full-Time Employees**

MINIMUM HOURS: 30 hours per week

WAITING PERIOD: (For date insurance begins, refer to "Effective Date" section)
None

CONTRIBUTIONS: Insured employees are not required to contribute to the cost of the Long-Term Disability coverage.

## LONG-TERM DISABILITY BENEFITS

BENEFIT PERCENTAGE: 66 2/3%

MAXIMUM MONTHLY BENEFIT: $5,000

MINIMUM MONTHLY BENEFIT: $100 or 10% of the Insured Employee's Monthly Benefit, whichever is greater

Long-Term Disability Benefits for PRE-EXISTING CONDITIONS will be subject to the Pre-Existing Condition Exclusion on the Exclusion page.

The Maximum Monthly Benefit will not exceed the Benefit Percentage times Basic Monthly Earnings.

ELIMINATION PERIOD: 90 calendar days of Disability caused by the same or a related Sickness or Injury, which must be accumulated within a 180 calendar day period.

MAXIMUM BENEFIT PERIOD: (For Sickness, Injury or Pre-Existing Conditions): The Insured Employee's Social Security Normal Retirement Age, or the Maximum Benefit Period shown below (whichever is later).

| Age at Disability | Maximum Benefit Period |
|---|---|
| Less than Age 60 | To Age 65 |
| 60 | 60 months |
| 61 | 48 months |
| 62 | 42 months |
| 63 | 36 months |
| 64 | 30 months |
| 65 | 24 months |
| 66 | 21 months |
| 67 | 18 months |
| 68 | 15 months |
| 69 and Over | 12 months |

REGULAR OCCUPATION PERIOD means a period beginning at the end of the Elimination Period and ending 36 months later for Insured Employees.

# Employee Assistance Program Providence

Providence Health Plan

# Providence Employee Assistance Program (EAP) Benefit Overview — for Providence Health Plan members covered by a small group employer plan

## Your guide to confidential employee assistance

The Providence Employee Assistance Program (EAP) makes it easy for you to get the help you need to deal with life's challenges. Your employer offers the EAP benefit as a confidential, easy-to-use resource that focuses on your well-being. Professional assistance is available free of charge, 24 hours a day, 365 days a year. The EAP is available to **ALL employees** and their dependents, *regardless of enrollment in medical benefits.*

**Here's how to access the following services:**

1. Call **1-800-255-5255** and provide the code: PHPSMG
2. Let our intake specialist know which resources you want to access. You can make an appointment with a counselor or ask to have a counselor call you to discuss your concerns.
3. The EAP counselor will assist in evaluating the problem, provide short-term counseling and, as needed, offer referrals for any professional help which is beyond the scope of the EAP.

At your first session, you should be prepared to give the counselor some background information to assist in formulating an action plan. Many people find it helpful to prepare a list of things they wish to discuss at each session.

## Face-to-face counseling services and assessments

Need to discuss confidential personal issues? Schedule up to three sessions per issue to address a variety of your concerns. Providence EAP counselors are experienced in helping individuals, couples and families work through everyday challenges. Get help with:

- Personal and work pressures
- Relationship conflicts
- Career changes
- Stress
- Parenting
- Alcohol and drug problems
- Life crises related to death, divorce, illness and other major events

## Telephonic services

Your life is busy and in-person counseling sessions don't always meet your needs. That's why we now offer telephonic counseling sessions. This works well for participants who are uncomfortable meeting with an EAP provider face-to-face, or for those with limitations which make in-person counseling inconvenient.

## Legal and financial services

As a Providence EAP member, you can receive a free 30-minute consultation with an attorney in your area. Once you've completed your initial consultation, you can receive a 25 percent discount off the attorney's normal rate, should you wish to retain his or her services.

Need financial guidance? As a Providence EAP member, you're eligible for a free phone consultation. Typical matters include credit counseling, debt and budgeting assistance and tax planning. Local referrals are available for more complex financial planning issues. **Please note:** You are responsible for any costs incurred since this is not a covered EAP benefit.

## Elder and child care consultation and referral services

Information and referrals are available for a broad range of elder and child care services. Via the web or phone request you can access: exhaustive searches, customized matches, referrals (minimum of three) verified every time, and detailed profiles. Referrals and education packets are emailed within 12 business hours or mailed within 24 hours of request; emergency referrals and education packets are emailed within six business hours or mailed overnight.

## Work/Life Resources on the web

Our comprehensive website (also available in Spanish) provides you with interactive tools, calculators and current information about wellness, education, eldercare, and everyday life issues. Each month, the website's main pages are updated with feature articles that follow a topical theme. New articles and resource links are added every month. Go to **ProvidenceHealthPlan.com/EAP** and click on the Work/Life Resources link.

## Privacy is a priority

Providence EAP upholds strict confidentiality standards. Your personal information is kept confidential in accordance with federal and state laws. No one will be provided any information about you without your written consent.

## Learn more

Visit us on the web at **ProvidenceHealthPlan.com/EAP** or call **1-800-255-5255** and provide the code: PHPSMG

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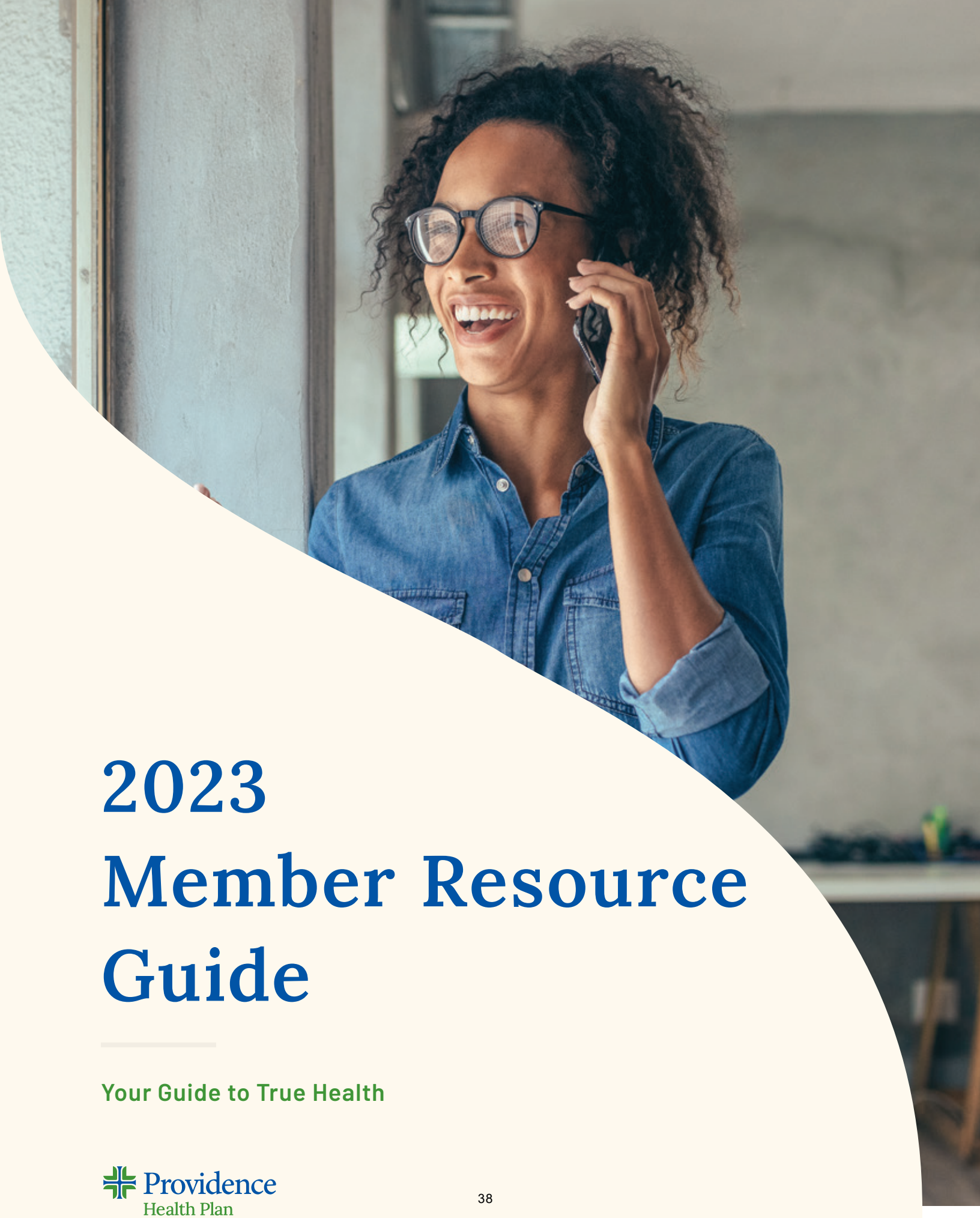
# Providence Extras



# 2023 Member Resource Guide

Your Guide to True Health

Providence Health Plan

# myProvidence.com

## First things first...

Sign up for a **myProvidence.com** account to access your member portal. Register today to securely access and manage your health benefits right from our website on any smart device.

- Find in-network providers
- Print a replacement ID card
- Estimate costs for services
- View claims and explanations of benefits
- View progress towards your deductible and out-of-pocket maximum
- Take a personal health assessment so we can help serve you better
- Communicate with Customer Service via secure email and chat
- Access exclusive member discounts on fitness memberships, travel and more

**To register:**

Visit **myProvidence.com** or call the myProvidence help desk at **877-569-7768** 8 a.m. to 5 p.m. (Pacific Time), Monday through Friday.

# Care Options

**Knowing all of your available care options means you'll get the care you need when you need it.**

## Primary care

Visit your primary care provider (PCP) to build a relationship and establish a personalized health history. If you need a primary care provider, visit **myProvidence.com** and select "Find a Provider" after logging in. Then choose Primary Care Providers.

## Telehealth (phone or video appointment)*

Arrange a phone appointment to talk with your provider from wherever you are. Schedule a visit with your PCP or specialist using a video conferencing platform such as Zoom.

## 24/7 nurse advice line (ProvRN)

Speak with a registered nurse anytime, any day. Call when you have a health concern and are looking for advice. Have your member number available and call **800-700-0481**.

## ExpressCare

On-demand virtual care with Providence ExpressCare Virtual. Connect to care in minutes from anywhere using your tablet, smartphone or computer. Conditions treated by this service include things like common colds, fever, heartburn, sore throat, pink eye, UTIs, allergies, dry skin and more.

To get started, visit **Providence.org/services/expresscare-virtual**.

## ExpressCare clinics

Find a same-day in-person appointment or walk-in where available. Treat common conditions like a cold, sore throat or allergies. Most clinics are open from either 7 a.m. to 7 p.m. or 8 a.m. to 8 p.m. To find a location and schedule an appointment, visit **Providence.org/expresscare**.

## Urgent care

Urgent care is where you turn when you can't wait for a Primary Care appointment for minor injuries like cuts, burns and pains. To find an urgent care clinic, login to **myProvidence.com** and select "Find a Provider." Then choose Find A Service or Place; Urgent Care Clinic.

## Emergency care

Use emergency care for symptoms like suspected heart attack, severe abdominal pain, poisoning or loss of consciousness.

**For more information, visit**

**ProvidenceHealthPlan.com/Care-Options**



*Subject to availability, call your provider's office to ask if this is an option.

# Provider Directory

We built the provider directory with you in mind. The many search options help you find the right fit. Important identifiers include:

- Race and ethnicity
- Personal identity
- Cultural competency
- LGBTQ+
- Location
- Provider type
- Specialty
- Languages spoken

**Check out the updated Provider Directory today**

**ProvidenceHealthPlan.com/FindAProvider**

# Alternative Care

**We want to help you be your best and achieve both physical and mental well-being. That's why we offer coverage for alternative care therapies that can help alleviate pain and positively impact your overall health.**

## Chiropractic care

Chiropractic care promotes health through improving your quality of life and alleviating pain. Chiropractors use clinical expertise and the best available evidence to diagnose and treat conditions that affect your body's movement without medication or surgery. Some of the most common reasons for getting chiropractic care are:

- Back pain
- Neck pain
- Headaches
- Allergy relief
- Numbness, tingling or weakness

## Acupuncture

Acupuncture therapy involves licensed professionals inserting small needles to stimulate specific parts of the body and its neural network. Studies show that acupuncture can help manage chronic pain, headaches and migraine, with little risk of side effects. Conditions that may benefit from acupuncture include the following:

- Arthritis
- Low back pain
- Neck pain
- Migraines
- Anxiety, depression or insomnia

## Finding a provider is easy

- Log in to **myProvidence.com** and select Find a Provider
  Or, visit **ProvidenceHealthPlan.com/ProviderDirectory** and search using your ID number from your member ID card
- Select "Alternative Care"
- Adjust filters to find the right provider: zip code, specialty, language, gender, race and ethnicity, personal identity and more

# Providence Care Management

**Care Management services are open to all Providence Health Plan members and available at no cost.**

The registered nurses, social workers, clinical support coordinators and technicians who make up the Providence Care Management team are ready to walk with you step-by-step until your needs are met. Whether you need help with understanding a new diagnosis or assistance navigating options for a diagnosis that has been affecting you for a long time, Providence Care Management is here to help.

## Care Management includes:

- Support for conditions like asthma, heart failure, diabetes and more
- Assistance finding health care services in your area
- Personalized health education about your medical concern, including new innovations, medication therapy and symptom management
- Coordination with your provider and other members of your care team, as needed
- Ongoing one-on-one telephone support
- An individualized plan developed with you to help you reach your health goals
- Advice on general health and lifestyle choices to help reduce risks, including nutrition and exercise
- Encouragement and support to help through the easy, and not so easy, times
- Support with prior authorizations or provider referrals

**To get started or for more information, visit**

**ProvidenceHealthPlan.com/CareManagement**

# Behavioral Health Resources

**As a Providence member, you have options when it comes to behavioral health care:**

## Behavioral Health Network

We value whole self-care for all members. Our expansive network of providers offers care close to home or while you're away. And to simplify whole self-care, we've established a direct access line to a 24/7 dedicated support team, trained in crisis care.

- Covered services include diagnostic evaluation, individual and group therapy, and more
- Medications prescribed by providers as needed
- Virtual and in-person appointments to help with whole self-care

### Finding a provider is easy

- Log in to **myProvidence.com** and select Find a Provider
  Or, visit **ProvidenceHealthPlan.com/ProviderDirectory** and search using your ID number from your member ID card
- Select "Mental Health/Substance Use Disorder"
- Adjust filters to find the right provider: zip code, specialty, language, gender, race and ethnicity, personal identity and more

## What is behavioral health?

Behavioral health includes the emotions and behaviors affecting your overall well-being and is treated by caring for your mental health or challenges with substance use. Covered services include things like counseling, addiction support programs and psychotherapy treatment

**For more information, visit**

**ProvidenceHealthPlan.com/BehavioralHealth or call Providence Customer Service at 800-878-4445**

## Talkspace

As a Providence Health Plan member, you also have access to virtual therapy through Talkspace. Get personal behavioral health and emotional wellness support through online counseling and therapy from one of the thousands of licensed and verified counselors in the Talkspace clinical network.

- Connect with a counselor on a private, secure and HIPAA-compliant digital platform
- Choose how and when you communicate with a counselor through text, voice, or video that can be sent anytime, anywhere
- Access self-guided exercises, such as journaling and meditation
- Speak to a Talkspace counselor in your preferred language with a U.S. network that supports 32 different languages

## Behavioral Health Concierge

Members in Oregon, Washington, California, Idaho, Montana and Texas can access virtual and confidential appointments at no cost.

Call **877-744-9355** from 7 a.m. to 8 p.m. (Pacific Time), seven days a week. Visit **Providence.org/bhc** to request an appointment online.

- Appointments with licensed providers can be made on the same day or next day
- Get help with common issues like stress, anxiety, depression, burnout, navigating the mental health system and more
- Visits include a brief overview of the service, clarification of the challenge you are experiencing and a personalized treatment plan
- Call to speak with a liaison and schedule a same or next-day virtual appointment

## Learn to Live

For comprehensive whole-health support, we provide a virtual self-directed program called Learn to Live. Take advantage of interactive resources that are confidential and accessible from anywhere.

- Learn to Live offers 5 highly effective programs based on the proven principles of Cognitive Behavioral Therapy (CBT).
- Programs: Social Anxiety; Depression; Stress, Anxiety & Worry; Insomnia; Substance Use; Panic; Resilience
- CBT is a treatment approach that helps you recognize negative or unhelpful thought and behavior patterns.
- Identify the problem, understand how your mind works and learn ways to deal with the problem. Then practice, repeat and live well.

# Member Perks

**Explore additional benefits and programs available to cover every aspect of your life.**

## Active&Fit Direct

Ready to kick-start a routine or looking to take it to the next level? Access thousands of participating fitness centers and online workout videos.

## LifeBalance

LifeBalance gives you and your family discounts on the things you love to do, like seeing a movie or taking a vacation. Stay active, reduce stress and save on thousands of recreational, cultural, well-being and travel related purchases.

## ChooseHealthy®

With the ChooseHealthy® Program you can save big on your road to better health. Get exclusive deals on fitness and wellness products, chiropractic care, acupuncture and massage therapy, and enjoy access to free and self-guided online health classes based on up-to-date clinical information.

## Travel Assistance®

We've partnered with Assist America Travel Assistance® to provide logistical support for your emergency medical needs when you're hundreds of miles or more from your home. Get help with prompt admission to a qualified hospital or replacing prescriptions that have been left behind, and much more.

## ID Protection

Assist America protects you from the theft of your personal data, and helps restore its integrity if it is used fraudulently. Store important information in a safe location, and if it's lost or stolen, take advantage of a fast and simple resolution process.

**To access these services and for more information, visit**

**ProvidenceHealthPlan.com/Member-Perks**

# Health Coaching

**Whether you'd like to increase your activity level, reduce stress, improve your eating habits, lose weight, quit tobacco or just feel better every day, teaming up with a Providence health coach can help.**

## The Providence standard health coaching program

- One-on-one health coaching sessions
- Personalized goal setting with manageable steps
- A program designed to empower you to achieve health goals
- Guidance to help you take action toward healthier lifestyle
- Educational materials
- Other resources to support your success in the program

**To get started or for more information, visit**
**ProvidenceHealthPlan.com/Coaching**

## Help to quit smoking

Your Providence Health Plan benefits give you free comprehensive support to quit tobacco. Connect with a coach over the phone or use live chat to create a personalized plan and get support every step of the way. You'll also get access to resources to help you manage your triggers and overcome your cravings. All Providence members are eligible.

Call Quit for Life at **1-866-QUIT-4-LIFE (1-866-784-8454)** to opt in or out of the program.

Providence
Health Plan

# We all deserve True Health

**We believe everyone should have access to quality healthcare. Healthcare is a human right. And we're dedicated to the health and care of every member of the community because everyone's well-being matters. When you're healthy, you can feel inspired to do great things for the community and the world at large.**

## Have questions?

We're here to help

Customer Service is available 8 a.m. to 5 p.m. (Pacific Time), Monday through Friday.

Give us a call at **503-574-7500** or **800-878-4445 (TTY: 711)**.

**ProvidenceHealthPlan.com**


**Prioritize your mental well-being as part of your overall care with Talkspace, an all-new, secure app through Providence Health Plan.**

Talkspace is a virtual therapy service that provides personal behavioral health and emotional wellness support through online counseling and therapy from one of the thousands of licensed and verified counselors in the Talkspace clinical network.

**Connect with a counselor on a private, secure and HIPAA-compliant digital platform**

**Choose how and when you communicate with a counselor through text, voice, or video messages that can be sent anytime, anywhere**

**Access self-guided exercises, such as journaling and meditation**

**Work with a dedicated, licensed provider for one-to-one counseling and therapy (ages 13+)**

**Speak to a Talkspace counselor in your preferred language with a network that supports 32 different languages***



*U.S. network

# Get Connected in Four Steps

## 1 Register

Members can begin registration by visiting Providence's unique Talkspace webpage: Talkspace.com/ProvidenceHealthPlan*

## 2 Intake Assessment

Members provide information about their needs and preferences through a matching questionnaire, which can be completed in a matter of minutes.

## 3 Personalized Matching

Talkspace's matching algorithm suggests three available providers. About 90% of people stay with their first selection, but it's easy to switch counselors if needed.

## 4 Dedicated Care

Easily access care through text, voice, or video message. Counselors respond daily during their business hours, which often include weekends. Members can also book live sessions for real-time conversations.

## Use Talkspace for help with:

- Stress
- Anxiety
- Depression
- Eating disorders
- Substance use
- Sleep
- Personal identity issues
- Chronic issues
- Trauma & grief
- Relationships
- Healthy living
- And more...

Providence Health Plan

To get started, visit
**Talkspace.com/ProvidenceHealthPlan**

*A temporary $10 hold will be placed on your credit card while payment information and insurance is verified.

Resources for Improved Well-Being | Self-Management and Mindfulness Tools | **Telehealth/ Virtual** | Broad Clinical Network | Crisis Care

**Talkspace is a telehealth/virtual service that makes up our larger suite of behavioral health offerings. To explore all of the options available to you and see what best fits your need, visit**
**ProvidenceHealthPlan.com/BehavioralHealth**

# Resources

# HEALTH INSURANCE TERMS YOU NEED TO KNOW

**ACA** – Affordable Care Act

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# Notes

# Notes

*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.*