

2021-22

BENEFITS GUIDE

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SPECIAL DISTRICTS
INSURANCE SERVICES



OREGON FIRE CHIEFS ASSOCIATION

“SERVING THOSE WHO LEAD”





About Oregon Fire Chiefs Association

The Oregon Fire Chiefs Association (OFCA) is made up of fire service personnel at all levels, and provides opportunities for its membership to attend training and conferences throughout Oregon. The Association encourages and supports its membership through their involvement with many committees and task forces, such as Legislative, Wildland, and Fallen Firefighter Memorial.

Our Mission

The OFCA's mission is to help Lieutenants, Captains, Safety Officers, and Chiefs at all levels be the best they can be through continuing education, meaningful connections, and positive involvement with an array of work groups. Departments all across Oregon represent the face of OFCA; we strive to combine the knowledge, skills, and resources of these departments, to better the fire service as a whole. OFCA provides administrative support, advertises and staffs trainings, plans and runs conferences, offers legislative guidance and action, and provides meaningful connections and relationships with other members and relevant agencies.



Medical Plan 1

Effective July 1, 2021 through June 30, 2022

Cost Share Details		In-Network	Out-of-Network
Annual Deductible	The total deductible you pay per calendar year	\$500 Individual \$1,500 Family	\$500 Individual \$1,500 Family
Annual Out-of-Pocket Maximum	The combined total for your deductible, coinsurance and copays per calendar year	\$2,500 Individual \$5,000 Family	\$4,000 Individual \$8,000 Family

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

Medical Benefits (unless stated otherwise, a deductible applies)		What You Pay	
Primary Care Visits (for Illness or Injury)		\$20, deductible waived	40%
Specialist Visits		\$20, deductible waived	40%
Urgent Care Visits		\$20, deductible waived	40%
Other Professional Services		20%	40%
Preventive Care/Immunizations	<ul style="list-style-type: none"> Preventive services and immunizations are covered according to guidelines set forth by the United States Preventive Services Task Force (USPSTF), Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) 	0%, deductible waived	40%
Acupuncture and Spinal Manipulations	<ul style="list-style-type: none"> Chiropractic spinal manipulations and acupuncture services from any licensed provider \$2,000 limit per calendar year 	\$20, deductible waived	\$20, deductible waived
Ambulance Services	<ul style="list-style-type: none"> 6 visits per calendar year 	20%	20%
Biofeedback	<ul style="list-style-type: none"> 10 visits per lifetime 	\$20, deductible waived	40%
Durable Medical Equipment & Prosthetics		20%	40%
Emergency Room (Including Professional Charges)		\$100 copay per visit, deductible waived	\$100 copay per visit, deductible waived
Hearing Aids & Evaluations	<ul style="list-style-type: none"> One hearing aid per ear every 36 months for members under age 26 	20%	40%
Hospice Care	<ul style="list-style-type: none"> 30 days of respite care per lifetime 	20%	40%
Hospital Care		20%	40%
Maternity Care		20%	40%
Mental Health/Substance Use Disorder - Inpatient		20%	40%
Mental Health/Substance Use Disorder - Outpatient		\$20 copay per outpatient office/psychotherapy visit, deductible waived	40%
Neurodevelopmental Therapy - Outpatient	<ul style="list-style-type: none"> 30 visits per calendar year Children under the age of 18 	\$20, deductible waived	40%
Newborn Home Visits	<ul style="list-style-type: none"> Within 6 months of age, at least one visit during first 3 months, with up to 3 more available 	0%, deductible waived	Not covered
Nutritional Counseling	<ul style="list-style-type: none"> 5 visits per lifetime 	20%	40%
Palliative Care	<ul style="list-style-type: none"> 30 visits per calendar year 	20%	40%
Radiology and Laboratory - Outpatient		20%, deductible waived	40%
Advanced Imaging	<ul style="list-style-type: none"> CT, PET, MRA, SPECT, Bone Density, MRI 	20%	40%
Rehabilitation Services - Inpatient	<ul style="list-style-type: none"> 30 days per calendar year 	20%	40%
Rehabilitation Services - Outpatient	<ul style="list-style-type: none"> 30 visits per calendar year 	\$20, deductible waived	40%
Skilled Nursing Facility (SNF) Care	<ul style="list-style-type: none"> 60 days per calendar year 	20%	40%
Telehealth		\$0 copay per session, deductible waived	40%
Therapeutic Injections		20%	40%



Medical Plan 2

Effective July 1, 2021 through June 30, 2022

Cost Share Details		In-Network	Out-of-Network
Annual Deductible	The total deductible you pay per calendar year	\$1,000 Individual \$3,000 Family	\$1,000 Individual \$3,000 Family
Annual Out-of-Pocket Maximum	The combined total for your deductible, coinsurance and copays per calendar year	\$4,000 Individual \$8,000 Family	\$6,000 Individual \$12,000 Family

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

Medical Benefits (unless stated otherwise, a deductible applies)		What You Pay	
Primary Care Visits (for Illness or Injury)		\$20, deductible waived	40%
Specialist Visits		\$20, deductible waived	40%
Urgent Care Visits		\$20, deductible waived	40%
Other Professional Services		20%	40%
Preventive Care/Immunizations	<ul style="list-style-type: none"> Preventive services and immunizations are covered according to guidelines set forth by the United States Preventive Services Task Force (USPSTF), Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) 	0%, deductible waived	40%
Ambulance Services	<ul style="list-style-type: none"> 6 visits per calendar year 	20%	20%
Acupuncture and Spinal Manipulations	<ul style="list-style-type: none"> Chiropractic spinal manipulations and acupuncture services from any licensed provider \$2,000 limit per calendar year 	\$20, deductible waived	\$20, deductible waived
Biofeedback	<ul style="list-style-type: none"> 10 visits per lifetime 	\$20, deductible waived	40%
Durable Medical Equipment & Prosthetics		20%	40%
Emergency Room (Including Professional Charges)		\$100 copay per visit, deductible waived	\$100 copay per visit, deductible waived
Hearing Aids & Evaluations	<ul style="list-style-type: none"> One hearing aid per ear every 36 months for members under age 26 	20%	40%
Hospice Care	<ul style="list-style-type: none"> 30 days of respite care per lifetime 	20%	40%
Hospital Care		20%	40%
Maternity Care		20%	40%
Mental Health/Substance Use Disorder - Inpatient		20%	40%
Mental Health/Substance Use Disorder - Outpatient		\$20 copay per outpatient office/psychotherapy visit, deductible waived	40%
Neurodevelopmental Therapy - Outpatient	<ul style="list-style-type: none"> 30 visits per calendar year Children under the age of 18 	\$20, deductible waived	40%
Newborn Home Visits	<ul style="list-style-type: none"> Within 6 months of age, at least one visit during first 3 months, with up to 3 more available 	0%, deductible waived	Not covered
Nutritional Counseling	<ul style="list-style-type: none"> 5 visits per lifetime 	20%	40%
Palliative Care	<ul style="list-style-type: none"> 30 visits per calendar year 	20%	40%
Radiology and Laboratory - Outpatient		20%, deductible waived	40%
Advanced Imaging	<ul style="list-style-type: none"> CT, PET, MRA, SPECT, Bone Density, MRI 	20%	40%
Rehabilitation Services - Inpatient	<ul style="list-style-type: none"> 30 days per calendar year 	20%	40%
Rehabilitation Services - Outpatient	<ul style="list-style-type: none"> 30 visits per calendar year 	\$20, deductible waived	40%
Skilled Nursing Facility (SNF) Care	<ul style="list-style-type: none"> 60 days per calendar year 	20%	40%
Telehealth		\$0 copay per session, deductible waived	40%
Therapeutic Injections		20%	40%



Medical Plan 3

Effective July 1, 2021 through June 30, 2022

Cost Share Details		In-Network	Out-of-Network
Annual Deductible	The total deductible you pay per calendar year	\$2,000 Individual \$6,000 Family	\$2,000 Individual \$6,000 Family
Annual Out-of-Pocket Maximum	The combined total for your deductible, coinsurance and copays per calendar year	\$6,000 Individual \$12,000 Family	\$6,000 Individual \$12,000 Family

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

Medical Benefits (unless stated otherwise, a deductible applies)		What You Pay	
Primary Care Visits (for Illness or Injury)		\$25, deductible waived	40%
Specialist Visits		\$25, deductible waived	40%
Urgent Care Visits		\$25, deductible waived	40%
Other Professional Services		20%	40%
Preventive Care/Immunizations	<ul style="list-style-type: none"> Preventive services and immunizations are covered according to guidelines set forth by the United States Preventive Services Task Force (USPSTF), Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) 	0%, deductible waived	40%
Acupuncture and Spinal Manipulations	<ul style="list-style-type: none"> Chiropractic spinal manipulations and acupuncture services from any licensed provider \$2,000 limit per calendar year 	\$25, deductible waived	\$25, deductible waived
Ambulance Services	<ul style="list-style-type: none"> 6 visits per calendar year 	20%	20%
Biofeedback	<ul style="list-style-type: none"> 10 visits per lifetime 	\$25, deductible waived	40%
Durable Medical Equipment & Prosthetics		20%	40%
Emergency Room (Including Professional Charges)		\$100 copay per visit, deductible waived	\$100 copay per visit, deductible waived
Hearing Aids & Evaluations	<ul style="list-style-type: none"> One hearing aid per ear every 36 months for members under age 26 	20%	40%
Hospice Care	<ul style="list-style-type: none"> 30 days of respite care per lifetime 	20%	40%
Hospital Care		20%	40%
Maternity Care		20%	40%
Mental Health/Substance Use Disorder - Inpatient		20%	40%
Mental Health/Substance Use Disorder - Outpatient		\$25 copay per outpatient office/psychotherapy visit, deductible waived	40%
Neurodevelopmental Therapy - Outpatient	<ul style="list-style-type: none"> 30 visits per calendar year Children under the age of 18 	\$25, deductible waived	40%
Newborn Home Visits	<ul style="list-style-type: none"> Within 6 months of age, at least one visit during first 3 months, with up to 3 more available 	0%, deductible waived	Not covered
Nutritional Counseling	<ul style="list-style-type: none"> 5 visits per lifetime 	20%	40%
Palliative Care	<ul style="list-style-type: none"> 30 visits per calendar year 	20%	40%
Radiology and Laboratory - Outpatient		20%, deductible waived	40%
Advanced Imaging	<ul style="list-style-type: none"> CT, PET, MRA, SPECT, Bone Density, MRI 	20%	40%
Rehabilitation Services - Inpatient	<ul style="list-style-type: none"> 30 days per calendar year 	20%	40%
Rehabilitation Services - Outpatient	<ul style="list-style-type: none"> 30 visits per calendar year 	\$25, deductible waived	40%
Skilled Nursing Facility (SNF) Care	<ul style="list-style-type: none"> 60 days per calendar year 	20%	40%
Telehealth		\$0 copay per session, deductible waived	40%
Therapeutic Injections		20%	40%



Medical Plan 4

Effective July 1, 2021 through June 30, 2022

Cost Share Details		In-Network	Out-of-Network
Annual Deductible	The total deductible you pay per calendar year	\$1,500 Individual \$4,500 Family	\$1,500 Individual \$4,500 Family
Annual Out-of-Pocket Maximum	The combined total for your deductible, coinsurance and copays per calendar year	\$4,500 Individual \$9,000 Family	\$5,000 Individual \$10,000 Family

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

Medical Benefits (unless stated otherwise, a deductible applies)		What You Pay	
Primary Care Visits (for Illness or Injury)		\$25, deductible waived	40%
Specialist Visits		\$25, deductible waived	40%
Urgent Care Visits		\$25, deductible waived	40%
Other Professional Services		20%	40%
Preventive Care/Immunizations	<ul style="list-style-type: none"> Preventive services and immunizations are covered according to guidelines set forth by the United States Preventive Services Task Force (USPSTF), Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) 	0%, deductible waived	40%
Acupuncture and Spinal Manipulations	<ul style="list-style-type: none"> Chiropractic spinal manipulations and acupuncture services from any licensed provider \$2,000 limit per calendar year 	\$25, deductible waived	\$25, deductible waived
Ambulance Services	<ul style="list-style-type: none"> 6 visits per calendar year 	20%	20%
Biofeedback	<ul style="list-style-type: none"> 10 visits per lifetime 	\$25, deductible waived	40%
Durable Medical Equipment & Prosthetics		20%	40%
Emergency Room (Including Professional Charges)		\$100 copay per visit, deductible waived	\$100 copay per visit, deductible waived
Hearing Aids & Evaluations	<ul style="list-style-type: none"> One hearing aid per ear every 36 months for members under age 26 	20%	40%
Hospice Care	<ul style="list-style-type: none"> 30 days of respite care per lifetime 	20%	40%
Hospital Care		20%	40%
Maternity Care		20%	40%
Mental Health/Substance Use Disorder - Inpatient		20%	40%
Mental Health/Substance Use Disorder - Outpatient		\$25 copay per outpatient office/psychotherapy visit, deductible waived	40%
Neurodevelopmental Therapy - Outpatient	<ul style="list-style-type: none"> 30 visits per calendar year Children under the age of 18 	\$25, deductible waived	40%
Newborn Home Visits	<ul style="list-style-type: none"> Within 6 months of age, at least one visit during first 3 months, with up to 3 more available 	0%, deductible waived	Not covered
Nutritional Counseling	<ul style="list-style-type: none"> 5 visits per lifetime 	20%	40%
Palliative Care	<ul style="list-style-type: none"> 30 visits per calendar year 	20%	40%
Radiology and Laboratory - Outpatient		20%, deductible waived	40%
Advanced Imaging	<ul style="list-style-type: none"> CT, PET, MRA, SPECT, Bone Density, MRI 	20%	40%
Rehabilitation Services - Inpatient	<ul style="list-style-type: none"> 30 days per calendar year 	20%	40%
Rehabilitation Services - Outpatient	<ul style="list-style-type: none"> 30 visits per calendar year 	\$25, deductible waived	40%
Skilled Nursing Facility (SNF) Care	<ul style="list-style-type: none"> 60 days per calendar year 	20%	40%
Telehealth		\$0 copay per session, deductible waived	40%
Therapeutic Injections		20%	40%



Medical Plan 5

Effective July 1, 2021 through June 30, 2022

Cost Share Details		In-Network	Out-of-Network
Annual Deductible	The total deductible you pay per calendar year	\$2,500 Individual \$5,000 Family	\$2,500 Individual \$5,000 Family
Annual Out-of-Pocket Maximum	The combined total for your deductible, coinsurance and copays per calendar year	\$5,000 Individual \$10,000 Family	\$9,000 Individual \$18,000 Family

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

Medical Benefits (unless stated otherwise, a deductible applies)		What You Pay	
Primary Care Visits (for Illness or Injury)		\$30, deductible waived	40%
Specialist Visits		\$30, deductible waived	40%
Urgent Care Visits		\$30, deductible waived	40%
Other Professional Services		20%	40%
Preventive Care/Immunizations	<ul style="list-style-type: none"> Preventive services and immunizations are covered according to guidelines set forth by the United States Preventive Services Task Force (USPSTF), Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) 	0%, deductible waived	40%
Acupuncture and Spinal Manipulations	<ul style="list-style-type: none"> Chiropractic spinal manipulations and acupuncture services from any licensed provider \$2,000 limit per calendar year 	\$30, deductible waived	\$30, deductible waived
Ambulance Services	<ul style="list-style-type: none"> 6 visits per calendar year 	20%	20%
Biofeedback	<ul style="list-style-type: none"> 10 visits per lifetime 	\$30, deductible waived	40%
Durable Medical Equipment & Prosthetics		20%	40%
Emergency Room (Including Professional Charges)		\$100 copay per visit, deductible waived	\$100 copay per visit, deductible waived
Hearing Aids & Evaluations	<ul style="list-style-type: none"> One hearing aid per ear every 36 months for members under age 26 	20%	40%
Hospice Care	<ul style="list-style-type: none"> 30 days of respite care per lifetime 	20%	40%
Hospital Care		20%	40%
Maternity Care		20%	40%
Mental Health/Substance Use Disorder - Inpatient		20%	40%
Mental Health/Substance Use Disorder - Outpatient		\$30 copay per outpatient office/psychotherapy visit, deductible waived	40%
Neurodevelopmental Therapy - Outpatient	<ul style="list-style-type: none"> 30 visits per calendar year Children under the age of 18 	\$30, deductible waived	40%
Newborn Home Visits	<ul style="list-style-type: none"> Within 6 months of age, at least one visit during first 3 months, with up to 3 more available 	0%, deductible waived	Not covered
Nutritional Counseling	<ul style="list-style-type: none"> 5 visits per lifetime 	20%	40%
Palliative Care	<ul style="list-style-type: none"> 30 visits per calendar year 	20%	40%
Radiology and Laboratory - Outpatient		20%, deductible waived	40%
Advanced Imaging	<ul style="list-style-type: none"> CT, PET, MRA, SPECT, Bone Density, MRI 	20%	40%
Rehabilitation Services - Inpatient	<ul style="list-style-type: none"> 30 days per calendar year 	20%	40%
Rehabilitation Services - Outpatient	<ul style="list-style-type: none"> 30 visits per calendar year 	\$30, deductible waived	40%
Skilled Nursing Facility (SNF) Care	<ul style="list-style-type: none"> 60 days per calendar year 	20%	40%
Telehealth		\$0 copay per session, deductible waived	40%
Therapeutic Injections		20%	40%



Effective July 1, 2021 through June 30, 2022

Cost Share Details		In-Network	Out-of-Network
Annual Deductible	The total deductible you pay per calendar year	\$5,000 Individual \$10,000 Family	\$5,000 Individual \$10,000 Family
Annual Out-of-Pocket Maximum	The combined total for your deductible, coinsurance and copays per calendar year	\$6,850 Individual \$13,700 Family	\$10,000 Individual \$20,000 Family

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

Medical Benefits (unless stated otherwise, a deductible applies)		What You Pay	
Primary Care Visits (for Illness or Injury)		\$30, deductible waived	40%
Specialist Visits		\$30, deductible waived	40%
Urgent Care Visits		\$30, deductible waived	40%
Other Professional Services		20%	40%
Preventive Care/Immunizations	<ul style="list-style-type: none"> Preventive services and immunizations are covered according to guidelines set forth by the United States Preventive Services Task Force (USPSTF), Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) 	0%, deductible waived	40%
Acupuncture and Spinal Manipulations	<ul style="list-style-type: none"> Chiropractic spinal manipulations and acupuncture services from any licensed provider \$2,000 limit per calendar year 	\$30, deductible waived	\$30, deductible waived
Ambulance Services	<ul style="list-style-type: none"> 6 visits per calendar year 	20%	20%
Biofeedback	<ul style="list-style-type: none"> 10 visits per lifetime 	\$30, deductible waived	40%
Durable Medical Equipment & Prosthetics		20%	40%
Emergency Room (Including Professional Charges)		\$100 copay per visit, deductible waived	\$100 copay per visit, deductible waived
Hearing Aids & Evaluations	<ul style="list-style-type: none"> One hearing aid per ear every 36 months for members under age 26 	20%	40%
Hospice Care	<ul style="list-style-type: none"> 30 days of respite care per lifetime 	20%	40%
Hospital Care		20%	40%
Maternity Care		20%	40%
Mental Health/Substance Use Disorder - Inpatient		20%	40%
Mental Health/Substance Use Disorder - Outpatient		\$30 copay per outpatient office/psychotherapy visit, deductible waived	40%
Neurodevelopmental Therapy - Outpatient	<ul style="list-style-type: none"> 30 visits per calendar year Children under the age of 18 	\$30, deductible waived	40%
Newborn Home Visits	<ul style="list-style-type: none"> Within 6 months of age, at least one visit during first 3 months, with up to 3 more available 	0%, deductible waived	Not covered
Nutritional Counseling	<ul style="list-style-type: none"> 5 visits per lifetime 	20%	40%
Palliative Care	<ul style="list-style-type: none"> 30 visits per calendar year 	20%	40%
Radiology and Laboratory - Outpatient		20%, deductible waived	40%
Advanced Imaging	<ul style="list-style-type: none"> CT, PET, MRA, SPECT, Bone Density, MRI 	20%	40%
Rehabilitation Services - Inpatient	<ul style="list-style-type: none"> 30 days per calendar year 	20%	40%
Rehabilitation Services - Outpatient	<ul style="list-style-type: none"> 30 visits per calendar year 	\$30, deductible waived	40%
Skilled Nursing Facility (SNF) Care	<ul style="list-style-type: none"> 60 days per calendar year 	20%	40%
Telehealth		\$0 copay per session, deductible waived	40%
Therapeutic Injections		20%	40%

Prescription *Benefit Summary*

Get the most from your pharmacy benefit

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

How to fill your prescription

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

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

Programs to stretch your pharmacy dollar

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

Covered-drug list

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

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

What does this mean for you? By knowing whether your benefit covers your medication as well as which tier it falls under, you'll know how much you owe.

Generics

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

Home delivery

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

Clinical programs

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

Specialty Pharmacy

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

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

Blood Glucose Meter Program

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

Understanding pre-authorization

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

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

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

OR

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

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

1-844-765-2897

www.regence.com





Regence

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



Oregon Fire Chiefs Association

Pharmacy Plans

Effective July 1, 2021 through June 30, 2022

Option 1

Prescription Medication Benefits		What You Pay
Annual Deductible	The total deductible you pay per calendar year	\$0
Annual Out-of-Pocket Maximum	The combined total for your deductible, coinsurance and copays per calendar year	Shared with medical
Preferred Generic	90-day supply for retail or mail order	\$2 retail prescription* / \$3 mail order prescription / \$10 for each self-administrable Cancer Chemotherapy medication
Generic	90-day supply for retail or mail order	\$10 retail prescription* / \$15 mail order prescription / \$10 for each self-administrable Cancer Chemotherapy medication
Preferred Brand [^]	90-day supply for retail or mail order	\$20 retail prescription* / \$30 mail order prescription / \$50 for each self-administrable Cancer Chemotherapy medication
Brand	90-day supply for retail or mail order	\$50 retail prescription* / \$75 mail order prescription / \$50 for each self-administrable Cancer Chemotherapy medication
Preferred Specialty	30-day supply for retail	\$50 participating pharmacy retail prescription / \$100 for each self-administrable Cancer Chemotherapy medication
Specialty	30-day supply for retail	\$50 participating pharmacy retail prescription / \$100 for each self-administrable Cancer Chemotherapy medication

*1 copay per 30 day supply

[^]\$100 cap on member cost share per 30 day retail supply insulin, deductible waived

[^]\$300 cap on member cost share for up to 90 day supply of mail order insulin, deductible waived

More information about prescription drug coverage is available at <https://regence.com/go/2021/OR/6tierLG>

Option 2

Prescription Medication Benefits		What You Pay
Annual Deductible	The total deductible you pay per calendar year	\$0
Annual Out-of-Pocket Maximum	The combined total for your deductible, coinsurance and copays per calendar year	Shared with medical
Preferred Generic	90-day supply for retail or mail order	\$2 retail prescription* / \$3 mail order prescription / \$10 for each self-administrable Cancer Chemotherapy medication
Generic	90-day supply for retail or mail order	\$10 retail prescription* / \$15 mail order prescription / \$10 for each self-administrable Cancer Chemotherapy medication
Preferred Brand [^]	90-day supply for retail or mail order	\$30 retail prescription* / \$45 mail order prescription / \$50 for each self-administrable Cancer Chemotherapy medication
Brand	90-day supply for retail or mail order	\$50 retail prescription* / \$75 mail order prescription / \$50 for each self-administrable Cancer Chemotherapy medication
Preferred Specialty	30-day supply for retail	\$50 participating pharmacy retail prescription / \$100 for each self-administrable Cancer Chemotherapy medication
Specialty	30-day supply for retail	\$50 participating pharmacy retail prescription / \$100 for each self-administrable Cancer Chemotherapy medication

*1 copay per 30 day supply

[^]\$100 cap on member cost share per 30 day retail supply insulin, deductible waived

[^]\$300 cap on member cost share for up to 90 day supply of mail order insulin, deductible waived

More information about prescription drug coverage is available at <https://regence.com/go/2021/OR/6tierLG>

Option 3

Prescription Medication Benefits		What You Pay
Annual Deductible	The total deductible you pay per calendar year	\$0
Annual Out-of-Pocket Maximum	The combined total for your deductible, coinsurance and copays per calendar year	Shared with medical
Preferred Generic	90-day supply for retail or mail order	\$2 retail prescription* / \$3 mail order prescription / \$10 for each self-administrable Cancer Chemotherapy medication
Generic	90-day supply for retail or mail order	\$10 retail prescription* / \$15 mail order prescription / \$10 for each self-administrable Cancer Chemotherapy medication
Preferred Brand [^]	90-day supply for retail or mail order	\$40 retail prescription* / \$60 mail order prescription / \$50 for each self-administrable Cancer Chemotherapy medication
Brand	90-day supply for retail or mail order	\$60 retail prescription* / \$90 mail order prescription / \$50 for each self-administrable Cancer Chemotherapy medication
Preferred Specialty	30-day supply for retail	\$50 participating pharmacy retail prescription / \$100 for each self-administrable Cancer Chemotherapy medication
Specialty	30-day supply for retail	\$50 participating pharmacy retail prescription / \$100 for each self-administrable Cancer Chemotherapy medication

Home Delivery Express Scripts[®] Pharmacy



Introducing Express Scripts[®] Pharmacy, your home delivery pharmacy

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

Savings and convenience

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

Support and service

- 24/7 access to a team of knowledgeable pharmacists and support staff
- Multiple locations across the United States for fast processing and dispensing

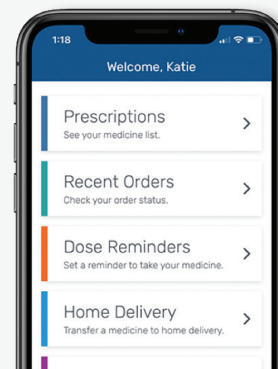
- Pharmacists check each prescription multiple times before they send it to you

It's easy to get started

Create an online profile to manage your medicines

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

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



A mobile app to manage your prescriptions

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

Regence Advantages

Save money and feel great!

As a Regence member, you can enjoy savings on the following health-related products and services. This discount program is offered to all Regence members at no additional cost (although some discounted programs offered by vendors may carry separate fees). Regence Advantages is not insurance but is offered in addition to your medical and/or dental plan(s) to help you stay healthy and live better.

The Active&Fit Direct™ Program: Choose from 9,000+ fitness centers nationwide for \$25/month (plus a \$25 enrollment fee and applicable taxes).

CHP CAMaffinity Program: You're eligible for the CHP CAMaffinity Program, which provides a 20% discount on complementary and alternative medicine (CAM) services offered through The CHP Group's network of chiropractors, acupuncturists, naturopathic physicians and massage therapists.

EyeMed Vision Care®: Save 35% on a complete pair of glasses (frames and lenses). Save 15% on non-disposable contacts and \$10 on contact fittings. Discounts are available at leading retailers and many private practice locations.

QualSight®: QualSight makes LASIK easy for members. You can save 40–50% on the national average price of Traditional LASIK or receive savings on procedures such as Custom Bladeless (all laser) LASIK. Find out if you are a potential candidate for this life-changing procedure today.

Zenni Optical: Get high-quality, affordable and stylish prescription eyeglasses direct from the factory. You receive 5% off Zenni's already low prices, with complete prescription eyewear starting at \$6.95. Zenni's online store offers over 3,000 frame styles. Turn any pair of Zenni eyeglasses into sunglasses with a wide selection of tinted lenses.

TruHearing®*: Save up to 60% on hearing aids with TruHearing. Choose from a wide selection of the most advanced hearing aids, including small, virtually invisible models and models you can

control from your smartphone. Your purchase also includes three follow-up visits with a provider, 45-day trial, three-year warranty, and 48 free batteries per aid.

Beltone Hearing Care™*: Members receive set retail prices as low as \$995 for Beltone hearing aids, plus free hearing screening, three-year manufacturer's warranty, loss and damage coverage, and a three-year supply of batteries.

Amplifon Hearing Health Care*: Save 40% on diagnostic services, including hearing exams, and get savings on hearing aids. You'll enjoy a 60-day no-risk trial; one-year follow-up care; a three-year warranty, including coverage for loss and damage; and two years of free batteries (160 per hearing aid) with a lowest-price guarantee.

Epic® Dental: Save 25% on smile-protecting supplies, including mouthwash, gums, mints and toothpaste. All contain xylitol, a natural ingredient that fights cavities.

Loloz by HealthyGrid (Dental Optimizer): Stop cavities and decay with all-natural lollipops from Dental Optimizer. They eliminate cavity-causing bacteria, while leaving healthy bacteria intact. Save 25% on lollipops and other products.

National Allergy: Save 15% or more on products for non-drug allergy relief, including pillow and mattress encasings, air filtration, asthma management tools, green cleaning products and personal care products. Enjoy discount prices, outstanding service and a 60-day unconditional return policy with no restocking fees.



Regence is completely independent from the companies that provide these products and services. Regence does not endorse or guarantee the products and services offered or their effectiveness. Regence reserves the right to change the program at any time without prior notice.

CHP Active and Healthy: This discount program gets you up, moving and saving money! With discounts on thousands of vendors (e.g., health clubs, ski resorts, sporting events, museums) for a small annual fee, it's your source for deals on healthy and fun activities.

GreatCall: Save up to \$45 on innovative, easy-to-use mobile products designed to help you or your loved ones lead more active and independent lives. Products include the big-button Jitterbug Flip, the large-screen Jitterbug Smart, and the one-button Lively Alert urgent response device.

OPTAVIA Independent Certified Health Coach, Tonja Noretto: Save \$95 on your first month's order and earn an additional \$25 toward your second! This safe weight management and health program uses scientifically designed OPTAVIA Fuelings, a personal health coach for one-on-one guidance and free OPTAVIA 30 for community support. Lose weight and manage disease through nutritional intervention, free access to health care professionals, educational materials and the "Habits of Health" system. This is a lifestyle change, not a diet. There are no hidden costs or start-up fees.

Jenny Craig®: A weight loss consultant will work with you to help you reach your goal. Together, you'll create a customized weight loss plan that fits your needs and lifestyle. Choose from a free three-month program plus \$120 in food savings* (purchase required) or save 50% off premium programs (food cost separate).††

Safe Beginnings®: Save 15% on Safe Beginnings products, including safety gates, cabinet locks, outlet covers, window guards, and many other baby-proofing products.

Everest Funeral Planning and Concierge Service: Save \$50 on the enrollment fee for Everest's funeral-planning services. Advisors are there 24 hours a day to help you make informed decisions about funeral-related issues.

Banfield Pet Hospital®: You receive a waived enrollment fee for Banfield Pet Hospital's Optimum Wellness Plans® (a savings of \$38.95 – \$45.95 depending on location), packages of preventive care that include annual blood work, vaccinations, de-worming, unlimited office visits, plus more. Banfield is the largest veterinary hospital in the world with more than 950 locations nationwide.

Mom's Meals NourishCare: Mom's Meals is a leading provider of nutrition solutions delivered to any home nationwide. The delicious fresh-made meals are dietitian-designed and chef-prepared, and they include menus for health conditions. Choose from 70 fully prepared nutritious meal choices.

WINFertility: For 15 years, WINFertility has been a trusted resource, linking those dealing with infertility with a network of accessible, affordable and proven fertility specialists. WINFertility offers you lower-than-market-rate treatment bundles consisting of the medical services and medications required to help you have a baby.

*Discounts through Amplifon Hearing Health Care (also includes extended family), TruHearing and Beltone are available to members and their parents and grandparents.

†Valid for 3-month trial membership. Weekly full menu cost of \$156 min. (before discount) and any shipping costs are not included. Food cost subject to change. Discount to be used in \$10 increments, weekly over 12 consecutive weeks. Full menu adherence required for food discount. Active program enrollment and eligibility status required, which includes meeting with a consultant weekly and adhering to the full Jenny Craig meal plan. Offer valid at participating centers and Jenny Craig Anywhere. Not valid at jennycraig.com. New members only. No cash value. Not valid with any other offers or discounts. One offer per person. Restrictions apply.

††50% discount on enrollment and/or membership fees for eligible premium programs. Weekly full menu cost of \$156 min. (before any discount) and any shipping cost are not included. Food cost subject to change. Active program enrollment and eligibility status required, which includes meeting with a consultant weekly and adhering to the full Jenny Craig meal plan. No cash value. Not valid with any other offer or discounts. Only available at participating locations and Jenny Craig Anywhere. Not valid at jennycraig.com.

Want to learn more?

Access member discounts at [regence.com/advantages](https://www.regence.com/advantages)



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

100 SW Market Street | Portland, OR 97201

REG-128866-19/01-OR
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Diabetes Management, Simplified

A simple, advanced blood glucose meter, and as many strips and lancets as you need, 100% paid for by your Regence health plan.



It's all in the meter and on the house.



Personalized tips with each blood glucose check



Real-time support when you're out of range



Strip reordering, right from your meter



Optional family alerts keep everyone in the loop



Send a health summary report directly from your meter



Automatic uploads mean no more paper logbooks



Get strips and lancets.
Covered by your health plan.

Join today at join.livongo.com/OR-REG-HP/register or call (800) 945-4355

Use registration code: **OR-REG-HP**

PM02867.A

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

Livongo is a separate and independent company that does not provide Blue Cross and Blue Shield products or services, and is solely responsible for their products or services.

Livongo is not insurance, but it is offered in addition to your medical plan to help you get information and support when you need it.

Getting Started with Livongo is Easy



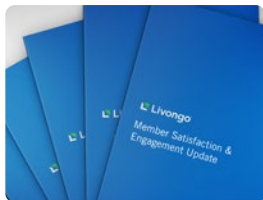
SIMPLE CONTRACTING WITH PREFERRED PRICING

When you select Livongo through Regence BlueCross BlueShield of Oregon, you receive preferred pricing and there's no need to sign a contract since monthly member costs are processed through Regence BlueCross BlueShield of Oregon. Livongo operates as an "opt-in" model and claims are only generated for individuals that enroll in Livongo.



SEAMLESS MEMBER EXPERIENCE

Regence and Livongo have aligned on customer service and care management to ensure a seamless experience for members.



COMPREHENSIVE REPORTING

Livongo provides reporting to clients on member enrollment, engagement, and clinical outcomes. In addition, Regence BlueCross BlueShield of Oregon coordinates return on investment analysis.



EASY IMPLEMENTATION

Livongo has successfully launched over 600 clients. Regence BlueCross BlueShield of Oregon and Livongo collaborate to identify the population with diabetes. Livongo then markets the program using a turnkey member communication plan that includes emails, direct mail, and other communications. Getting started with Livongo can take as little as six weeks and requires minimal effort from clients.

Learn More Today:

Contact your Regence BlueCross BlueShield of Oregon account management team to learn more or get referrals.



Preventive Services: Covered Tobacco Cessation Products

Are you ready to kick the habit?

We recognize it is hard to quit, but studies from the United States Preventive Services Task Force (USPSTF) show that a combination of interventions, including brief behavioral counseling sessions (less than 10 minutes) along with medication or nicotine replacement treatment are effective in increasing the success rate of people trying to quit and remain tobacco-free for one year.

Treatment

Combination therapy with counseling and medications is more effective at increasing success rates than either component alone. There are many different forms of medication treatment approved by the US Food and Drug Administration (FDA) that are effective for treating tobacco dependence in non-pregnant adults. As part of the Preventive Care Prescription Benefit, several FDA-approved tobacco cessation medications are covered at no cost to you. Treatments that are not FDA-approved medications are not covered under the prescription benefit (such as “e-cigarettes”). For information on coverage of tobacco cessation services under the Medical Benefit, please visit your health plan’s web page.

Covered Prescription Medications

Available at a Pharmacy at no cost to you with a valid prescription from your doctor:

- Bupropion (tobacco cessation formulation)
- Chantix® (varenicline)
- Nicotrol® nasal spray/oral inhaler+*



Regence BabyWiseSM

Get ready for baby

Take the first step in caring for yourself and your baby with Regence BabyWiseSM.

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

With Regence BabyWise, you'll receive:

- Seasonal pregnancy newsletters
- A maternity nurse care manager who'll be there to support you every step of the way
- Help understanding and following your doctor's or midwife's advice
- 24/7 access to our toll-free maternity nurse advice line



Download the Regence BabyWise app to get the information and support you need for your pregnancy and your new baby. Text "Baby" to **(503) 444-8721** to download now.

Get the Regence BabyWise app and you can:

- Read helpful articles and watch videos about pregnancy, caring for your baby and child development
- See your weekly to-dos for each trimester
- Write down questions to ask your doctor or midwife (and share those notes with loved ones)
- Use tools just for mom and baby, including feeding and growth trackers
- Track your baby's development milestones from ages 0-2
- Quickly access your Regence support team and information about your benefits

For more information, email us at CaseManagement@regence.com or call **1 (888) JOY-BABY (1-888-569-2229)**.







Regence Vision Plan Benefit Summary Oregon Fire Chiefs Association Vision Plan (Adult and Child)

This summary is for quoting purposes only

Vision Benefits: Regence

		What You Pay
Routine Eye Exam	1 per calendar year	\$20 copay, deductible waived
Hardware		No charge up to \$300 maximum per year

Limitations and exclusions

Noncovered, excluded services are the member's responsibility and do not apply toward the calendar year benefit maximum. Such services include:

- Special procedures such as orthoptics and vision training
- Separate charges for fittings will not be covered under the Plan
- Services and supplies provided to you by a member of your immediate family
- Nonprescription lenses
- Medical or surgical treatment of the eyes
- Services and supplies that are payable under a workers' compensation or occupational disease law
- Any expense a member did not have to pay due to discounts received or other promotions



Using your OFCA physical examination benefit

As your health plan provider, SDIS is proud to administer cost-effective, work-related physical examinations. The OFCA physical exam benefit* is based on age as follows:

Physical Exam Benefit	
Age	Frequency
Under 30	Every three years
30-39	Every two years
40 and over	Once per year

* The benefit reimburses 100 percent of worked-related physical examination costs up to \$300. Eligibility is determined by your district.

EASY STEP-BY-STEP REIMBURSEMENT GUIDE

1. Schedule the work-related physical examination with a provider of your choice. The provider will bill your district directly and your district will make payment to the provider.
2. Save a copy of the itemized invoice reflecting services rendered and amounts charged for each employee who obtains the work-related physical examination. This should include procedure and diagnosis codes along with dates of service.
3. Please submit a copy of the invoice to WHA Insurance Agency and a list of employees who received the work-related physical. You can send the information directly to Kim Nichol森 and Rachel Hinckley; they will review the documentation before forwarding the information to SDIS to process the reimbursement payment.
4. Please note, if an employee obtains their work-related physical during an individual appointment, please instruct the employee to have their physician fill out the attached form and return the form to the district for authorization before the district submits the completed form to WHA Insurance Agency.

Download the reimbursement form in the benefits section of the SDIS website or at:
www.sdao.com/files/7cb402483/OFCA-reimbursement.pdf

Questions? Contact Kim Nichol森 or Rachel Hinckley with WHA Insurance at 1-800-852-6140.



MDLIVE[®]

Virtual Care, Anywhere.

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

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

There is a \$0 Copay for MDLIVE. SDIS covers all cost of your MDLIVE telehealth visit.

Who are our doctors?

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

Are my children eligible?

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

Common Conditions We Treat

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

When should I use MDLIVE?

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

How much does it cost?

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

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



MD Download the App

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



Behavioral Health

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

Virtual Care,
Anywhere.

MDLIVE.com/regence-or

1-888-725-3097

Disclaimers: MDLIVE is an Internet-based service allowing individuals to select and interact with independent healthcare professionals. MDLIVE does not provide healthcare or behavioral health services. MDLIVE is not an insurance product or a prescription fulfillment warehouse. MDLIVE is not intended to replace a personal relationship with a medical or behavioral healthcare provider. No statement is intended to imply that any person should seek services or treatment or that MDLIVE should be used in place of treatment recommended by a healthcare professional. MDLIVE operates subject to state and federal regulation and all or some of its products or services may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA controlled substances, non-therapeutic drugs, drugs of concern and certain other drugs which may be harmful because of their potential for abuse. MDLIVE makes no representations, warranties, or guarantees about the efficacy, appropriateness, or suitability of any products, procedures, prescriptions, treatments, services, advice, opinions, healthcare professionals or any other information contained on or available through MDLIVE. MDLIVE reserve the right in its sole discretion to deny access for potential misuse of services or any other misconduct. MDLIVE phone consultations are available 24/7/365, while video consultations are available during the hours of 7 am to 9 pm ET 7 days a week or by scheduled availability. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission. For complete terms of use visit www.mdlive.com/pages/terms.html 010113.



DENTAL BENEFITS



Delta Dental Premier Plan Benefit Summary Oregon Fire Chiefs Association Dental Option 1

This summary is for quoting purposes only

Calendar year costs	
Calendar year maximum, per member (age +19)	\$1,500
Calendar year deductible, per member	\$0
Calendar year out-of-pocket maximum, one member (under age 19)	\$350
Calendar year out-of-pocket maximum, two or more members (under age 19)	\$700
Class 1* (Services do not apply to the calendar year max)	
Periodic examinations / x-rays	
Prophylaxis (cleanings) / periodontal maintenance	**1st year - 70%
Sealants	2nd year - 80%
Space maintainers	3rd year - 90%
Topical application of fluoride	4th year - 100%
Class 2***	
Restorative fillings	**1st year - 70%
Oral surgery (extractions & certain minor surgical procedures)	2nd year - 80%
Endodontics (treatment of teeth with diseased or damaged nerves)	3rd year - 90%
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	4th year - 100%
Class 3***	
Implants	50%
Crowns and other cast restorations	50%
Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures)	50%

* Class I services are covered at 100% maximum allowance for members under age 19. Please see dental handbook for pediatric benefits.

** Under this plan, payments increase by 10% each calendar year provided the individual has visited the dentist at least once during the year. Failure to do so will cause a 10% reduction in payment the following year, although payment will never fall below 70%.

*** Class 2 and 3 services apply to the calendar year maximum.

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

Delta Dental Premier Plan Benefit Summary Oregon Fire Chiefs Association Dental Option 2

This summary is for quoting purposes only

DENTAL BENEFITS

Calendar year costs	
Calendar year maximum, per member (age +19)	\$1,500
Calendar year deductible, per member	\$25
Calendar year maximum deductible, per family	\$75
Calendar year out-of-pocket maximum, one member (under age 19)	\$350
Calendar year out-of-pocket maximum, two or more members (under age 19)	\$700
Class 1* (Services do not apply to the calendar year max)	
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	50%
Crowns and other cast restorations	50%
Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures)	50%
* Deductible waived for preventive services.	
** Class 2 and 3 services apply to the calendar year maximum.	
This is a benefit summary only. For a more detailed description of benefits, refer to your member handbook.	

Delta Dental Orthodontia Rider Oregon Fire Chiefs Association Orthodontia

This summary is for quoting purposes only

Adult & Child Ortho 1500	
Lifetime maximum	\$1,500
What members pay	
Members age 19+	50%
Members under age 19	50%



Life Insurance Options from Standard Insurance Company (The Standard)

Group Program

Coverage	Option I	Option II	Option III	Option IV
Life Insurance amount per employee	\$10,000	\$20,000	\$50,000	100% of salary up to \$300k maximum
Accidental Death and Dismemberment per employee	\$10,000	\$20,000	\$50,000	100% of salary up to \$300k maximum
Convertible upon leaving employment	Yes	Yes	Yes	Yes
Automatic issue	Yes	Yes	Yes	Yes
Optional Dependent Life each dependent	\$5,000	\$5,000	\$5,000	\$5,000

Individual Supplemental Life

Availability	By individual employee	
Life Insurance amount per employee	\$30,000 to \$300,000 in increments of \$10,000	
Proof of insurability required	Yes	
Rates	Age group as of Jan. 1	Monthly cost per \$10,000 of insurance
	0-29	\$1.00
	30-39	\$1.10
	40-44	\$2.20
	45-49	\$3.90
	50-54	\$6.40
	55-59	\$9.90
	60-64	\$14.80
	65-69	\$22.30
	70+	Available upon request

Individual supplemental life insurance is subject to underwriting approval (based on health statements) by the provider. Do not cancel any existing insurance prior to notification of acceptance.

Employee Assistance Program from the Standard Insurance Company (The Standard)

Employee Assistance Program (EAP) is included for members covered by the Long Term Disability plan. Services range from WorkLife services to legal and financial counseling, with up to three face-to-face assessment and counseling sessions.

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

*Long Term Disability quotes will be provided based on current payroll data.

Travel Assistance from The Standard

Travel Assistance is an additional Life Insurance feature offered by The Standard. This service provides you and your dependents with access to appropriate medical care and other emergency services when traveling at least 100 miles from home or in foreign countries for up to 180 days. Travel Assistance also offers a range of professional, 24-hour medical, legal and trip assistance information and coordination services to help your travel go smoothly.



The Life Services Toolkit from The Standard

For employees, online services include estate planning and state-specific will preparation, identity theft prevention, financial calculators, wellness resources and more. For beneficiaries, the Life Services Toolkit offers grief and loss support by phone, online and face-to-face. They can also take advantage of access to financial counselors, legal consultation and other support services. For more information, visit www.standard.com/eforms/17526.pdf.

Short Term Disability from The Standard

Coverage	Option I	Option II	Option III	Option IV	Option V	Option VI
Benefit amount	Flat \$100 per week	Flat \$100 per week	Flat \$200 per week	Flat \$200 per week	60% of earnings to a \$900 weekly maximum	60% of earnings to a \$900 weekly maximum
Benefits begin:						
For an accident	1st day	1st day	1st day	1st day	1st day	1st day
For an illness	8th day	8th day	8th day	8th day	8th day	8th day
Benefits last for:	90 days	180 days	90 days	180 days	90 days	180 days
Automatic issue	Yes	Yes	Yes	Yes	Yes	Yes

Long Term Disability from The Standard

Coverage	Option I	Option II
Benefit begin after	90 days of disability	180 days of disability
Maximum monthly benefit	60% of earnings to a maximum of \$5,000 in monthly benefit	60% of earnings to a maximum of \$5,000 in monthly benefit
Disability definitions:		
Unable to perform duties of own occupation	24 months	24 months
Unable to perform duties of any occupation for which the employee is suitably trained	After 24 months	After 24 months
Partial disability definition	Unable to work 1 day per week	Unable to work 1 day per week
Return to work incentive	Included	Included
Alcohol and drugs restrictions	None	None
Survivor's benefit	3 times monthly benefit	3 times monthly benefit
Benefits offset by	Social Security and PERS	Social Security and PERS

REGISTER TODAY FOR ONLINE RESOURCES

REGENCE.COM

Get everything you need to know about your plan

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



Looking for a claim or a doctor? Want to compare treatment costs?
Visit [regence.com](https://www.regence.com) for all that and more.

Your complete source of health and wellness information

You can find everything you need to know about your health plan and ways to take care of yourself all in one place: [regence.com](https://www.regence.com).

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

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

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

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

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

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

To get started, just follow these steps:

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

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

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

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



ANY GROUND, ANY AIR,
ANYWHERE.



All members of OFCA and their families are now covered.

- One comprehensive membership
- Coverage in U.S. and Canada
- Covers out-of-pocket costs for ANY emergency medical air and ground transportation
- Covers Non-Emergent Air Transport
- 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 the employee, spouse & legal dependent children up to age 26
- No health questions, age limits, claim forms or deductibles

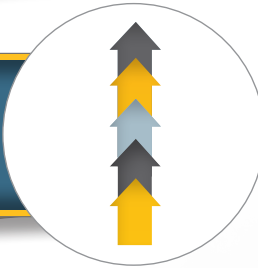
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The Public Safety EAP serves all career firefighters in the state at **no charge**. Districts can also add their volunteers and administrative staff to the program.

Utilization of the program has trended upward since its inception from **3.4%** to **8.4%**. Usage of the program is above industry average. The average utilization of an EAP is **5.2%**.



There has been a **100% increase** in the number of activities/points-of-contact with the EAP since the end of 2019.

The issues that generated the majority of counseling have been: partner/relationship, depression/anxiety, stress/workplace stress and individual/behavioral.



The Public Safety EAP has also been accessed for assistance with legal, financial, and other issues.

The cost for adding volunteers and administrative staff to the program for 2020-21 (household family members included in cost):

- **Tier One** (6 visits/issue): **\$18.72** per person, per year
- **Tier Two** (3 visits/issue): **\$14.63** per person, per year



1-888-327-1060
PublicSafetyEAP.com

Public Safety EAP is a confidential counseling and support service staffed by trained professionals 24 hours a day to assist public safety personnel **and their families**. This program serves thousands of sworn police officers, firefighters, state troopers, EMS personnel, corrections officers, civilian staff and their families. Public Safety EAP is one of the most experienced in the country and nearly 99% of those who use the EAP are satisfied with the experience. You protect the public, but where can you turn for support? Contact SDAO to learn more about this program and how it can help employees at your district. Call us at 1-800-285-5461 or email us at sdao@sdao.com.

Free Confidential Assistance 24/7



Financial Coaching • Relationship Issues
Stress • Loss & Grief • Elder Care & Child Care
Legal Concerns • Health & Wellness
Training & Personal Development
Substance Abuse

Your EAP can help. Call any time:

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