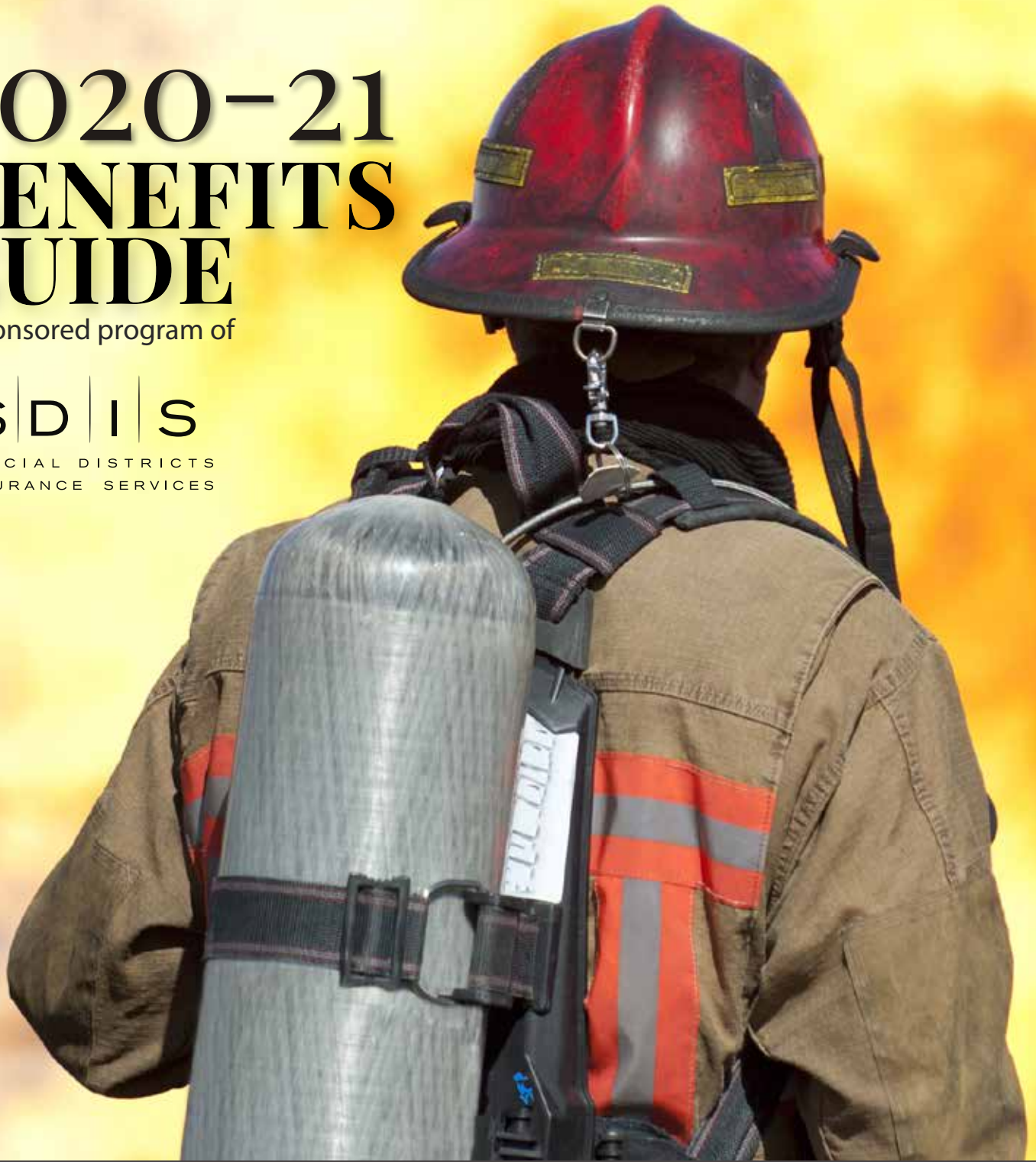


# 2020-21 BENEFITS GUIDE

A sponsored program of

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SPECIAL DISTRICTS  
INSURANCE SERVICES



OREGON FIRE CHIEFS ASSOCIATION

“SERVING THOSE WHO LEAD”







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# 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, 2020 through June 30, 2021

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"> <li>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)</li> <li>Childhood Immunizations covered at no cost</li> </ul>	0%, deductible waived	40%
Acupuncture and Chiropractic Spinal Manipulations	<ul style="list-style-type: none"> <li>Chiropractic spinal manipulations and acupuncture services from any licensed provider</li> <li>\$2,000 limit per calendar year</li> </ul>	\$20, deductible waived	\$20, deductible waived
Ambulance Services	<ul style="list-style-type: none"> <li>6 visits per calendar year</li> </ul>	20%	20%
Biofeedback	<ul style="list-style-type: none"> <li>10 visits per lifetime</li> </ul>	\$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"> <li>One hearing aid per ear every 36 months for members under age 26</li> </ul>	20%	40%
Hospice Care	<ul style="list-style-type: none"> <li>30 days of respite care per lifetime</li> </ul>	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"> <li>30 visits per calendar year</li> <li>Children under the age of 18</li> </ul>	\$20, deductible waived	40%
Nutritional Counseling	<ul style="list-style-type: none"> <li>5 visits per lifetime</li> </ul>	20%	40%
Palliative Care	<ul style="list-style-type: none"> <li>30 visits per calendar year</li> </ul>	20%	40%
Radiology and Laboratory - Outpatient		20%, deductible waived	40%
Advanced Imaging	<ul style="list-style-type: none"> <li>CT, PET, MRA, SPECT, Bone Density, MRI</li> </ul>	20%	40%
Rehabilitation Services - Inpatient	<ul style="list-style-type: none"> <li>30 days per calendar year</li> </ul>	20%	40%
Rehabilitation Services - Outpatient	<ul style="list-style-type: none"> <li>30 visits per calendar year</li> </ul>	\$20, deductible waived	40%
Skilled Nursing Facility (SNF) Care	<ul style="list-style-type: none"> <li>60 days per calendar year</li> </ul>	20%	40%
Telehealth		\$0 copay per session, deductible waived	40%
Therapeutic Injections		20%	40%



## Medical Plan 2

Effective July 1, 2020 through June 30, 2021

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"> <li>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)</li> <li>Childhood Immunizations covered at no cost</li> </ul>	0%, deductible waived	40%
Ambulance Services	<ul style="list-style-type: none"> <li>6 visits per calendar year</li> </ul>	20%	20%
Acupuncture and Chiropractic Spinal Manipulations	<ul style="list-style-type: none"> <li>Chiropractic spinal manipulations and acupuncture services from any licensed provider</li> <li>\$2,000 limit per calendar year</li> </ul>	\$20, deductible waived	\$20, deductible waived
Biofeedback	<ul style="list-style-type: none"> <li>10 visits per lifetime</li> </ul>	\$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"> <li>One hearing aid per ear every 36 months for members under age 26</li> </ul>	20%	40%
Hospice Care	<ul style="list-style-type: none"> <li>30 days of respite care per lifetime</li> </ul>	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"> <li>30 visits per calendar year</li> <li>Children under the age of 18</li> </ul>	\$20, deductible waived	40%
Nutritional Counseling	<ul style="list-style-type: none"> <li>5 visits per lifetime</li> </ul>	20%	40%
Palliative Care	<ul style="list-style-type: none"> <li>30 visits per calendar year</li> </ul>	20%	40%
Radiology and Laboratory - Outpatient		20%, deductible waived	40%
Advanced Imaging	<ul style="list-style-type: none"> <li>CT, PET, MRA, SPECT, Bone Density, MRI</li> </ul>	20%	40%
Rehabilitation Services - Inpatient	<ul style="list-style-type: none"> <li>30 days per calendar year</li> </ul>	20%	40%
Rehabilitation Services - Outpatient	<ul style="list-style-type: none"> <li>30 visits per calendar year</li> </ul>	\$20, deductible waived	40%
Skilled Nursing Facility (SNF) Care	<ul style="list-style-type: none"> <li>60 days per calendar year</li> </ul>	20%	40%
Telehealth		\$0 copay per session, deductible waived	40%
Therapeutic Injections		20%	40%



## Medical Plan 3

Effective July 1, 2020 through June 30, 2021

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"> <li>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)</li> <li>Childhood Immunizations covered at no cost</li> </ul>	0%, deductible waived	40%
Acupuncture and Chiropractic Spinal Manipulations	<ul style="list-style-type: none"> <li>Chiropractic spinal manipulations and acupuncture services from any licensed provider</li> <li>\$2,000 limit per calendar year</li> </ul>	\$25, deductible waived	\$25, deductible waived
Ambulance Services	<ul style="list-style-type: none"> <li>6 visits per calendar year</li> </ul>	20%	20%
Biofeedback	<ul style="list-style-type: none"> <li>10 visits per lifetime</li> </ul>	\$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"> <li>One hearing aid per ear every 36 months for members under age 26</li> </ul>	20%	40%
Hospice Care	<ul style="list-style-type: none"> <li>30 days of respite care per lifetime</li> </ul>	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"> <li>30 visits per calendar year</li> <li>Children under the age of 18</li> </ul>	\$25, deductible waived	40%
Nutritional Counseling	<ul style="list-style-type: none"> <li>5 visits per lifetime</li> </ul>	20%	40%
Palliative Care	<ul style="list-style-type: none"> <li>30 visits per calendar year</li> </ul>	20%	40%
Radiology and Laboratory - Outpatient		20%, deductible waived	40%
Advanced Imaging	<ul style="list-style-type: none"> <li>CT, PET, MRA, SPECT, Bone Density, MRI</li> </ul>	20%	40%
Rehabilitation Services - Inpatient	<ul style="list-style-type: none"> <li>30 days per calendar year</li> </ul>	20%	40%
Rehabilitation Services - Outpatient	<ul style="list-style-type: none"> <li>30 visits per calendar year</li> </ul>	\$25, deductible waived	40%
Skilled Nursing Facility (SNF) Care	<ul style="list-style-type: none"> <li>60 days per calendar year</li> </ul>	20%	40%
Telehealth		\$0 copay per session, deductible waived	40%
Therapeutic Injections		20%	40%

**Medical Plan 4****Effective July 1, 2020 through June 30, 2021**

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"> <li>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)</li> <li>Childhood Immunizations covered at no cost</li> </ul>	0%, deductible waived	40%
Acupuncture and Chiropractic Spinal Manipulations	<ul style="list-style-type: none"> <li>Chiropractic spinal manipulations and acupuncture services from any licensed provider</li> <li>\$2,000 limit per calendar year</li> </ul>	\$25, deductible waived	\$25, deductible waived
Ambulance Services	<ul style="list-style-type: none"> <li>6 visits per calendar year</li> </ul>	20%	20%
Biofeedback	<ul style="list-style-type: none"> <li>10 visits per lifetime</li> </ul>	\$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"> <li>One hearing aid per ear every 36 months for members under age 26</li> </ul>	20%	40%
Hospice Care	<ul style="list-style-type: none"> <li>30 days of respite care per lifetime</li> </ul>	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"> <li>30 visits per calendar year</li> <li>Children under the age of 18</li> </ul>	\$25, deductible waived	40%
Nutritional Counseling	<ul style="list-style-type: none"> <li>5 visits per lifetime</li> </ul>	20%	40%
Palliative Care	<ul style="list-style-type: none"> <li>30 visits per calendar year</li> </ul>	20%	40%
Radiology and Laboratory - Outpatient		20%, deductible waived	40%
Advanced Imaging	<ul style="list-style-type: none"> <li>CT, PET, MRA, SPECT, Bone Density, MRI</li> </ul>	20%	40%
Rehabilitation Services - Inpatient	<ul style="list-style-type: none"> <li>30 days per calendar year</li> </ul>	20%	40%
Rehabilitation Services - Outpatient	<ul style="list-style-type: none"> <li>30 visits per calendar year</li> </ul>	\$25, deductible waived	40%
Skilled Nursing Facility (SNF) Care	<ul style="list-style-type: none"> <li>60 days per calendar year</li> </ul>	20%	40%
Telehealth		\$0 copay per session, deductible waived	40%
Therapeutic Injections		20%	40%



## Medical Plan 5

Effective July 1, 2020 through June 30, 2021

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"> <li>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)</li> <li>Childhood Immunizations covered at no cost</li> </ul>	0%, deductible waived	40%
Acupuncture and Chiropractic Spinal Manipulations	<ul style="list-style-type: none"> <li>Chiropractic spinal manipulations and acupuncture services from any licensed provider</li> <li>\$2,000 limit per calendar year</li> </ul>	\$30, deductible waived	\$30, deductible waived
Ambulance Services	<ul style="list-style-type: none"> <li>6 visits per calendar year</li> </ul>	20%	20%
Biofeedback	<ul style="list-style-type: none"> <li>10 visits per lifetime</li> </ul>	\$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"> <li>One hearing aid per ear every 36 months for members under age 26</li> </ul>	20%	40%
Hospice Care	<ul style="list-style-type: none"> <li>30 days of respite care per lifetime</li> </ul>	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"> <li>30 visits per calendar year</li> <li>Children under the age of 18</li> </ul>	\$30, deductible waived	40%
Nutritional Counseling	<ul style="list-style-type: none"> <li>5 visits per lifetime</li> </ul>	20%	40%
Palliative Care	<ul style="list-style-type: none"> <li>30 visits per calendar year</li> </ul>	20%	40%
Radiology and Laboratory - Outpatient		20%, deductible waived	40%
Advanced Imaging	<ul style="list-style-type: none"> <li>CT, PET, MRA, SPECT, Bone Density, MRI</li> </ul>	20%	40%
Rehabilitation Services - Inpatient	<ul style="list-style-type: none"> <li>30 days per calendar year</li> </ul>	20%	40%
Rehabilitation Services - Outpatient	<ul style="list-style-type: none"> <li>30 visits per calendar year</li> </ul>	\$30, deductible waived	40%
Skilled Nursing Facility (SNF) Care	<ul style="list-style-type: none"> <li>60 days per calendar year</li> </ul>	20%	40%
Telehealth		\$0 copay per session, deductible waived	40%
Therapeutic Injections		20%	40%





Medical Plan 6

Effective July 1, 2020 through June 30, 2021

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"> <li>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)</li> <li>Childhood Immunizations covered at no cost</li> </ul>	0%, deductible waived	40%
Acupuncture and Chiropractic Spinal Manipulations	<ul style="list-style-type: none"> <li>Chiropractic spinal manipulations and acupuncture services from any licensed provider</li> <li>\$2,000 limit per calendar year</li> </ul>	\$30, deductible waived	\$30, deductible waived
Ambulance Services	<ul style="list-style-type: none"> <li>6 visits per calendar year</li> </ul>	20%	20%
Biofeedback	<ul style="list-style-type: none"> <li>10 visits per lifetime</li> </ul>	\$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"> <li>One hearing aid per ear every 36 months for members under age 26</li> </ul>	20%	40%
Hospice Care	<ul style="list-style-type: none"> <li>30 days of respite care per lifetime</li> </ul>	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"> <li>30 visits per calendar year</li> <li>Children under the age of 18</li> </ul>	\$30, deductible waived	40%
Nutritional Counseling	<ul style="list-style-type: none"> <li>5 visits per lifetime</li> </ul>	20%	40%
Palliative Care	<ul style="list-style-type: none"> <li>30 visits per calendar year</li> </ul>	20%	40%
Radiology and Laboratory - Outpatient		20%, deductible waived	40%
Advanced Imaging	<ul style="list-style-type: none"> <li>CT, PET, MRA, SPECT, Bone Density, MRI</li> </ul>	20%	40%
Rehabilitation Services - Inpatient	<ul style="list-style-type: none"> <li>30 days per calendar year</li> </ul>	20%	40%
Rehabilitation Services - Outpatient	<ul style="list-style-type: none"> <li>30 visits per calendar year</li> </ul>	\$30, deductible waived	40%
Skilled Nursing Facility (SNF) Care	<ul style="list-style-type: none"> <li>60 days per calendar year</li> </ul>	20%	40%
Telehealth		\$0 copay per session, deductible waived	40%
Therapeutic Injections		20%	40%

# 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).<sup>††</sup>

**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  
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and Blue Shield Association

100 SW Market Street | Portland, OR 97201

REG-128866-19/01-OR  
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# Diabetes Monitoring Program



Special Districts Insurance Services, has selected the LivingConnected program from CCS Medical as our diabetes monitoring program. Diabetes supplies are provided to eligible members at 100% coverage with no out-of-pocket costs. Enrollment in the LivingConnected program is automatic. Supplies and a glucose meter are shipped to free of charge.

CCS Medical is a leading national home delivery provider that provides high-quality products and personalized service to guarantee satisfaction. Members save time and money with fast, easy, and convenient home delivery of diabetes testing supplies, including:

- State-of-the-art cellular and Bluetooth glucose meters
- Diabetes supplies: test strips, lancing device, lancets, etc.
- Assistance and support:
  - o Free home delivery of supplies as needed with no out-of-pocket expense
  - o Alerts and coaching from a CCS nurse when readings are out of range
  - o Live, ongoing personalized health coaching from Certified Diabetes Educators
  - o Online portal and smartphone application where members can access and share your results
  - o 24/7/365 toll-free access to live nursing support

CCS Medical is committed to helping you manage your diabetes on your terms, in a way that fits your lifestyle.

If you have any questions, please contact the CCS Medical customer support team at 1.800.966.2046, from 8 a.m. to 7 p.m. EST, Monday – Friday.





# BabyWise<sup>SM</sup>

## Get a healthy start to your pregnancy

When you're expecting a bundle of joy, you want to do everything you can to ensure your baby is healthy. That's why we offer BabyWise. It can give you information, support and comfort during these nine life-changing months. BabyWise is not insurance but is offered in addition to your medical plan to help you get information and support when you need it.

## Expert guidance day or night

As a mom-to-be, you're filled with anticipation...and questions. Sometimes you may even need answers in the middle of the night. With BabyWise, you'll have 24/7 access to our nurse line. Getting answers and reassurance right away can take a load off your mind.

You'll also have access to our Due Date Plus for Regence app, which you can download for free from the iTunes Store or Google Play. The app helps you track milestones, identify health symptoms or issues you may be having, learn about BabyWise, and stay healthy by setting up reminders and using helpful tools right on your phone, including a weight gain calculator. Search for Due Date Plus for Regence in your app store.

## Supporting your doctor's care

Getting regular prenatal care from a medical professional is the most important thing you can do for yourself and your baby. BabyWise is not a substitute for seeing your doctor. Instead, it reinforces your doctor's care. Whether you're experiencing a normal or high-risk pregnancy, you'll benefit from BabyWise. Here's what to expect:

- \* Regular contact from an assigned program nurse (if high-risk)
- \* Guidance through the health care system
- \* Reinforcement of your doctor's care guidelines
- \* 24/7 access to a toll-free nurse line

If you're pregnant or would like more information about the program, call 1 (888) JOY-BABY (1-888-569-2229).





# PRESCRIPTION BENEFITS

## Pharmacy Plan 1: CVS/Caremark

	<b>1-30 Day Supply Retail</b>	<b>90 Day Supply Retail*</b>	<b>90 Day Supply Mail</b>	<b>1-30 Day Supply Specialty Medications</b>
Value Generic Medications	\$2	\$6	\$3	N/A
Generic Medications	\$10	\$30	\$15	\$50
Preferred Brand Medications	\$20	\$60	\$30	\$50
Non-Preferred Brand Medications	\$50	\$150	\$75	\$50

## Pharmacy Plan 2: CVS/Caremark

	<b>1-30 Day Supply Retail</b>	<b>90 Day Supply Retail*</b>	<b>90 Day Supply Mail</b>	<b>1-30 Day Supply Specialty Medications</b>
Value Generic Medications	\$2	\$6	\$3	N/A
Generic Medications	\$10	\$30	\$15	\$50
Preferred Brand Medications	\$30	\$90	\$45	\$50
Non-Preferred Brand Medications	\$50	\$150	\$75	\$50

## Pharmacy Plan 3: CVS/Caremark

	<b>1-30 Day Supply Retail</b>	<b>90 Day Supply Retail*</b>	<b>90 Day Supply Mail</b>	<b>1-30 Day Supply Specialty Medications</b>
Value Generic Medications	\$2	\$6	\$3	N/A
Generic Medications	\$10	\$30	\$15	\$50
Preferred Brand Medications	\$40	\$120	\$60	\$50
Non-Preferred Brand Medications	\$60	\$180	\$90	\$50

This document is provided for informational purposes only and is not considered a Summary of Benefits and Coverage (SBC). If you have any questions about your prescription benefits please contact Member Services at 1-800-334-8134 or RxHelp@rxbenefits.com.

## PRESCRIPTION BENEFITS



**Value Medication:** Medication that includes commonly prescribed products used to treat chronic medical conditions and preserve health.

**Generic Medication:** Medication that represent the most cost-effective option within their therapeutic category. This category may include certain brand medication that have been identified as favorable from a clinical and cost-effective perspective.

**Preferred Medication:** Medication including specialty preferred medication have been reviewed by CVS/ Caremark and found to be clinically effective at a favorable cost when compared to other medication in the same therapeutic class and/or category.

**Brand Medication:** Medication sold under a trademark and protected name.

**Non-Preferred Medication:** These are brand-name drugs that are not included on the plan's formulary (list of preferred prescription drugs). Non-preferred brand-name drugs have a higher copay than preferred brand-name drugs. You pay more if you use non-preferred drugs than if you opt for generics and preferred brand-name drugs.

**Generic Policy:** If you choose to buy the Brand name drug when a Generic equivalent is available, you will be required to pay the Brand copay plus the difference in cost between the Generic and Brand name drug.

**Specialty medications** must be ordered through Caremark Specialty Pharmacy at 1-800-237-2767.









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

*This summary is for quoting purposes only*

<b>Vision Benefits: Regence</b>		
		<b>What You Pay</b>
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 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 Nicholsen and Samantha Buchheit; 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](http://www.sdao.com/files/7cb402483/OFCA-reimbursement.pdf)**







# MDLIVE<sup>®</sup>

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.



Virtual Care,  
Anywhere.

[MDLIVE.com/regence-or](https://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](http://www.mdlive.com/pages/terms.html) 010113.



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**.

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

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

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

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

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

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

### To get started, just follow these steps:

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

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

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

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



Delta Dental of Oregon & Alaska

# DENTAL BENEFITS



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

*This summary is for quoting purposes only*

Premier Option A0_PF	
<b>Calendar year costs</b>	
Calendar year maximum, per member (Class 2 and Class 3)	\$1,500
Calendar year deductible, per member	\$0
Calendar year maximum deductible, per family	\$0
<b>Class 1 (Services do not apply to the calendar year max)</b>	
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%
<b>Class 2</b>	
Restorative fillings	
Oral surgery (extractions & certain minor surgical procedures)	*1st year - 70%
Endodontics (treatment of teeth with diseased or damaged nerves)	2nd year - 80%
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	3rd year - 90%
	4th year - 100%
<b>Class 3</b>	
Implants	50%
Crowns and other cast restorations	50%
Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures)	50%

\*Under this plan, payments increase by 10% each eligibility 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%.

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



Delta Dental of Oregon & Alaska



# DENTAL BENEFITS

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

*This summary is for quoting purposes only*

Premier Option B3X25_PF	
<b>Calendar year costs</b>	
Calendar year maximum, per member (Class 2 and Class 3)	\$1,500
Calendar year deductible, per member	\$25
Calendar year maximum deductible, per family	\$75
<b>Class 1* (Services do not apply to the calendar year max)</b>	
Periodic examinations / X-rays	100%
Prophylaxis (cleanings) / periodontal maintenance	100%
Sealants	100%
Space maintainers	100%
Topical application of fluoride	100%
<b>Class 2</b>	
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%
<b>Class 3</b>	
Implants	50%
Crowns and other cast restorations	50%
Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures)	50%

## 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](http://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
<b>Benefit amount</b>	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
<b>Benefits begin:</b>						
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
<b>Benefits last for:</b>	90 days	180 days	90 days	180 days	90 days	180 days
<b>Automatic issue</b>	Yes	Yes	Yes	Yes	Yes	Yes

## Long Term Disability from The Standard

Coverage	Option I	Option II
<b>Benefit begin after</b>	90 days of disability	180 days of disability
<b>Maximum monthly benefit</b>	60% of earnings to a maximum of \$5,000 in monthly benefit	60% of earnings to a maximum of \$5,000 in monthly benefit
<b>Disability definitions:</b>		
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
<b>Partial disability definition</b>	Unable to work 1 day per week	Unable to work 1 day per week
<b>Return to work incentive</b>	Included	Included
<b>Alcohol and drugs restrictions</b>	None	None
<b>Survivor's benefit</b>	3 times monthly benefit	3 times monthly benefit
<b>Benefits offset by</b>	Social Security and PERS	Social Security and PERS



# OREGON FIRE CHIEFS ASSOCIATION

## BENEFITS GUIDE

A sponsored program of

**SD | I | S**  
SPECIAL DISTRICTS  
INSURANCE SERVICES

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Phone: (503) 371-8667 | Toll-free: 1 (800) 285-5461  
Fax: (503) 371-4781 | Email: [sbarker@sdao.com](mailto:sbarker@sdao.com)  
P.O. Box 12613 Salem, OR 97309