



ARCHDIOCESE
OF PORTLAND IN
OREGON

2023-24

EMPLOYEE BENEFITS

GUIDE

benefitspdx.org



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The following benefits

are available to all benefits eligible employees:

- Medical Plans
- Dental Plans
- Vision Plan
- Flexible Spending Accounts: Health & Dependent Care
- Basic Life and AD&D Insurance
- Supplemental Life and AD&D
- Short-Term Disability
- Long-Term Disability
- Employee Assistance Program



BENEFITS ELIGIBILITY

The Archdiocese of Portland in Oregon believes in providing affordable, quality healthcare and an overall competitive benefits package. Employee health and well-being is top priority, and we hope this communication will help you understand the valuable benefits programs available to you and your family.

Full and part-time lay employees are eligible for benefits if they meet any of the following criteria:

- Regularly scheduled employees working at least 20 hours a week, 52 weeks a year, or 12 months
- Regularly scheduled employees working at least 26 hours a week, 39 weeks a year, or 10 months
- Licensed or waived elementary or secondary classroom teachers scheduled to work at least 20 hours a week with an employment agreement for longer than 6 months

Temporary employees are eligible for benefits if the temporary assignment is expected to exceed six months and the employee is scheduled to work at least 20 hours or more per week.

IMPORTANT DATES

MAY 11	Open Enrollment Begins
MAY 31	Open Enrollment Ends
JULY 1	New Benefits Take Effect
SEPT 30	FSA Reimbursement Submission Deadline
JAN 1	Deductible Reset

WHAT'S NEW FOR 2023-24

Consolidation of Blue Shield Plans

- Due to low participation and other comparable options available, the Blue Shield of CA \$750 plan (5120) will no longer be offered. If enrolled with the Blue Shield of CA \$750 plan, and no action is taken, coverage will default to the Blue Shield of CA \$1,000 plan. A new ID card will be issued, but the ID number will remain the same.

New Kaiser EPO Plan Design

- If enrolled with the Kaiser EPO plan, and no action is taken, coverage will default to the new Kaiser EPO plan design. A new ID card will be issued with a new ID number. See chart for the main differences:

Plan Design	Current Kaiser EPO	New Kaiser EPO
PCP Visit (in-network)	\$15 copay	\$25 copay
Specialist Visit (in-network)	\$15 copay	\$25 copay
Outpatient Surgery	\$15 copay	\$25 copay
Retail Pharmacy (up to 30-day supply)	\$10 generic, \$20 brand	\$10 generic, \$30 brand
Mail Order Pharmacy (up to 90-day supply)	\$20 generic, \$40 brand	\$20 generic, \$60 brand

Access to MyCatholicDoctor

- Members enrolled with our medical plans through Blue Shield of CA and Kaiser now have access to MyCatholicDoctor (MCD), a nationwide Catholic faith-based medical group with over 100 providers that primarily offer virtual telehealth appointments. They practice evidence-based medicine with a Catholic perspective that integrates Catholic spirituality into their care.





Must Know Information

As a new hire, if you do not take action, you will automatically be enrolled with the default coverage that includes all Core Benefits, and the Employee Only Blue Shield \$1,000 HDHP, Delta Dental and 44-day Short-Term Disability (STD).

If you have coverage elsewhere and wish to decline medical, you have that option. However, you must take action to select “waive medical.” During open enrollment, if you are currently declining medical and do not change your election, you will remain with the waived medical option.

You may not waive dental or vision coverage. You do have three dental plans to choose from.

You must submit verification for all dependents added to your plan. You do not need to resubmit verification for dependents currently enrolled. If you do not submit verification within 60 days, your dependents will not be added to your plan.

If you wish to enroll with a Flexible Spending Account (FSA) – either the Healthcare FSA or the Dependent Care FSA – the IRS requires that you take action to enroll. If you were previously enrolled, you must re-elect to continue participation.

Following New Hire Enrollment or Open Enrollment, you may not change benefits until the next plan year unless you experience a qualifying life event (QLE).

ENROLLMENT OPPORTUNITIES

When Can I Enroll?

Current Employees

2023–24 Open Enrollment will begin on Thursday, May 11, 2023 and will end on Wednesday, May 31, 2023. Changes cannot be made outside of this window unless you experience a qualifying life event.

New Hires and Newly Eligible Employees

New hires and newly eligible employees have 30 days from their date of hire to enroll.



Who Can I Enroll?

Many of the plan options allow you to enroll eligible dependents, including:

- Spouse
- Child or Stepchild under age 26
- Disabled Dependent
- Adopted Child/or Child placed for adoption
- Legal Guardianship/Foster Child

REMEMBER! All dependents must be verified within 60 days of enrollment.

What if I don't know my username and log in, or am a new employee?

Whether you are enrolling for the first time, or are a returning user, you can obtain your user ID and password by visiting RetaTrust.org and following the steps below:

- Click the "Log In" button in the top right corner of the page.
- On the next screen, click the "Forgot User Name or Password" link or the "First Time Users" button.
- You will be presented with two buttons on the next screen: **Username** and **Password**
- To get your Username, click the Username button and enter the email address you have verified in RETA Enroll.
 - If you have more than one verified email address, you will be able to choose where you would like your username to be sent. Be prepared to enter the full email address matching the address you would like to use.
- If you don't know your verified email address, click the "I don't know the email address linked to my account" link.
 - You will be asked to enter your full Social Security Number, date of birth and zip code.
 - You will be asked to click the "I'm not a robot" box next to the reCAPTCHA icon.
- Click "Submit" and your Username will be sent to your verified email address.
- If no email address is found in your account, you will be prompted to add one. Enter the address in both boxes provided & click "Submit".
 - A box will open on your screen titled **Verify Email**.
 - You will receive an email with a verification code. Enter the code in the space provided in the Verify Email box, then click "Submit", then click "Close" on the confirmation window.
- Your Username will be sent to your email address.
- Once you have your Username, you can repeat the first two steps above to obtain your password.

How Do I Enroll?

All enrollment is done online at RetaTrust.org

The enrollment site is available 24/7 during your New Hire Enrollment Window and the Open Enrollment period. Select the "Enroll" button and follow the step-by-step process. Make sure to review and confirm your elections and then print and/or save your Benefits Statement. You may go back and make changes as many times as you'd like during the enrollment windows.

REMEMBER! Outside of New Hire Enrollment or Open Enrollment, you will not be allowed to make changes to your benefits selection unless you experience a qualifying life event (QLE).

What is a Qualifying Life Event (QLE)? How do I Change My Benefits?

A qualifying life event (QLE) is a major life event that allows you to make changes to your benefits outside of Open Enrollment. You have 30 days from the date of the event to complete your "Life Event Change" request through RetaTrust.org.

Examples of QLE's include:

- Marriage
- New Dependent (birth, adoption, placement for adoption)
- Gain or Loss of Other Coverage
- Election to terminate plan during spouse's Open Enrollment
- Medicare, Medicaid, or CHIP coverage change
- Divorce, Annulment
- Deceased Spouse
- Child Reaching Age 26 (Covered through the end of month in which they turn 26)

When adding dependents due to a QLE, you must submit verification. Please note that not all plans may change with a QLE and that the above list is not conclusive.



Monthly Employee Benefits Cost for 2023-24

MEDICAL PLANS

The Archdiocese offers five medical plans through Blue Shield and Kaiser. **Note:** Kaiser is not available in all locations. Medical plan enrollment is required unless you have other medical coverage.

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Kaiser DEPO 500-1-st-CO	No cost	\$255	\$142	\$390
Kaiser EPO	\$33	\$364	\$232	\$539
Blue Shield 1,000-2 (5124)	No cost	\$251	\$144	\$400
Blue Shield 500-2 (5114)	\$37	\$360	\$236	\$539

DENTAL / VISION

Required

Reta Delta Dental	\$3	\$26	\$14	\$48
Willamette Dental	No cost	\$10	\$5	\$26
Kaiser Permanente Dental	\$15	\$41	\$31	\$68

VSP Vision Vision is bundled with dental plans at no added cost.

EMPLOYEE ASSISTANCE PROGRAM

Canopy EAP Included with core benefits. No cost. Covers dependents living in the house.

LONG-TERM DISABILITY

50% of wages Included

60% of wages \$6.09

66 2/3% of wages \$8.97

SHORT-TERM DISABILITY

44-day elimination period \$3.02

30-day elimination period \$5.19

14-day elimination period \$7.34



Benefits Overview 2023-24 Health Plans

Kaiser EPO **Blue Shield 1,000-2** **Blue Shield 500-2**
Kaiser DEPO-500 **Waive Medical**

CORE BENEFITS (cannot be waived)



Dental

Delta Dental
Willamette
Kaiser



Basic Life Insurance
AD&D \$25K



Vision

VSP



Long-Term Disability (LTD) 50%



Employee Assistance Program (EAP)

VOLUNTARY BENEFITS

Additional Life Insurance, AD&D

Short-Term Disability (STD)

Long-Term Disability (LTD) buy-up

Healthcare Flexible Spending (HFSA)

Dependent Care Flexible Spending Account (DCFSA)

Blue Shield

Kaiser

PLAN DESIGNS

Blue Shield PPO1,000-1

Blue Shield PPO 500-2

Kaiser EPO Legacy

Kaiser DEPO-500

In-network

Out-of-network

In-network

Out-of-network

In-network

In-network

Annual Out-of-Pocket Maximum (Includes deductibles, copayments, and coinsurance)

Calendar Year Deductible

\$1,000 Individual/
\$2,000 Family

\$500 Individual/
\$1,000 Family

None

\$500 Individual/
\$1,000 Family

For any one Member in the same Family Unit

\$5,000 \$10,000

\$2,500 \$5,000

\$1,500

\$3,000

For an entire Family Unit of two or more Members

\$10,000 \$20,000

\$5,000 \$10,000

\$3,000

\$6,000

Professional Services

Office Visit Copayments & Coinsurance

\$25 copay, deductible waived 40%

\$25 copay, deductible waived 40%

\$25

\$20

Well Child Care (birth to age 7)

— 40%

— 40%

No charge

No charge

Adult routine exams and preventive services (mammograms, pap smears, & prostate cancer screenings)

— 40%

— 40%

No charge

No charge

Chiropractic Care (up to 24 visits in calendar year)

\$40 copay, deductible waived 40%

\$40 copay, deductible waived 40%

\$15 copay, Unlimited per calendar year

\$15 copay, Unlimited per calendar year

Outpatient Services

Outpatient surgery

20% 40%

20% 40%

\$25 copay

10% after deductible

X-rays & lab tests

20% 40%

20% 40%

No charge

\$10 copay

MRI, CT, and PET

20% 40%

20% 40%

No charge

\$10 copay

Inpatient Services

Room and board, surgery, anesthesia, x-rays, lab tests, and drugs

20% 40%

20% 40%

\$250 per admission

10% after deductible

Emergency Health Coverage

ER visits (copay waived if admitted)

\$200 copay, then 20%

\$200 copay, then 20%

\$100 copay (Copay waived if admitted)

10% after deductible

Urgent Care

\$75 copay

\$50 copay

\$100 copay (Copay waived if admitted)

10% after deductible

Prescription Drug Coverage (Provided through CVS Caremark)

(Provided through Kaiser)

Retail (up to 30-day supply)

Generic/Formulary/Non-Formulary

\$10/\$30/\$50

\$10/\$20/\$40

Generic/Formulary

\$10/\$30

\$10/\$30

Mail order (up to 90-day supply)

\$20/\$60/\$100

\$20/\$40/\$80

\$20/\$60

\$20/\$60

FSA Claims

Employees enrolled with the Healthcare FSA are able to take advantage of the \$550 carryover option, if needed. This means you can carryover up to \$550 into the subsequent year.

For the 7/1/2023–6/30/2024 plan year, participants have until 6/30/2024 to incur claims and until 9/30/2024 to submit claims. **Note:** if you separate employment, you can only use your FSA funds for claims incurred through the month in which your benefits end but would still have until 9/30/2024 to submit claims.



IMPORTANT NOTE!

FSAs are a use-it-or-lose-it rule as defined by the IRS. If you do not use the funds, you lose them.

With an FSA, you can set aside pre-tax dollars to pay for qualified medical expenses.

The IRS sets annual limits for both the healthcare and dependent care FSAs. If you are married, be sure to coordinate with your spouse to ensure you do not exceed the family maximum.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars (not subject to federal income or Social Security tax) from your paycheck to use for qualified expenses. The funds that you contribute are deducted from your earnings before taxes, lowering your taxable income. As such, regular contributions to an FSA can reduce your annual tax liability. Two types of FSAs are offered – a Healthcare FSA and a Dependent Care FSA.



Healthcare Flexible Spending Accounts (HFSA)

allow you to set aside a portion of your salary, before-tax, to reimburse certain amounts expended for **healthcare**. Annual contribution may not exceed \$3,050.

What expenses can I submit for reimbursement?

- Deductibles and copayments
- Prescription costs
- Health services, supplies, or expenses not covered by your insurance
- Dental and vision expenses
- Certain over-the-counter drugs and medicine (note: supplements and vitamins are not considered over-the-counter drugs unless there is a medical need documented by a physician.)
- Verified dependents costs for the above reasons
- For a list of qualified expenses, refer to Publication 502 at [irs.gov](https://www.irs.gov).

How much can I put in my HFSA?

Up to \$3,050, which is \$254.16 per monthly paycheck.

Dependent Care Flexible Spending Accounts (DCFSA)

allow you to set aside a portion of your salary, before-tax to reimburse certain amounts spent for eligible **dependent care expenses**. Under federal tax law, maximum annual contribution may be up to \$5,000 (\$2,500 maximum if you are married and filing separate income tax returns).



Dental

Please note that Willamette and Kaiser are Exclusive Provider Networks (EPO), and Reta Delta Dental is a Preferred Provider Network (PPO).

SERVICE MAP: for [Kaiser](#) and [Willamette](#)

Vision

VSP provides routine vision care benefits for all eligible employees and dependents. While vision benefits are automatic with your dental coverage, VSP is entirely separate from your dental plan. You will be automatically enrolled in vision as it is bundled with your dental coverage.

Dental Plan Designs

IN-NETWORK/ OUT-OF-NETWORK	RETA DELTA DENTAL	KAISER OPTION	WDG OPTION Remove 4 th Year Incentive w/Co-Pay Changes
Annual Deductible (Individual)	\$50/\$75	None	None
Annual Deductible (Family)	\$150/\$225	None	None
Calendar Year Maximum	\$2,000	None	None
Preventive Services	100% ded. waived	\$100% \$5 office visit copay	\$10 office visits
Basic Services	90% / 80%	100%	Fillings not covered w/ office visit—now \$10 copay
Major Services (Kaiser only perio/endodontics)	60% / 50%	80%	Copay scale
Prosthetics and Removable Prosthetics	Covered in Major Services	60%	Covered in Major Services
Orthodontia	Yes	Yes	Yes
Orthodontia Coverage	50%	50%	Pre- treatment is a \$150 copay
Orthodontia Maximum Lifetime	\$1,500	\$1,500	\$2,000

See page 5 for cost information

Vision Plan Design

BENEFIT & DESCRIPTION	COPAY
WellVision Exam	\$10
<ul style="list-style-type: none"> · Focuses on your eyes and overall wellness · Every 12 months 	
Prescription Glasses	\$25
<p>Frames Included in Prescription Glasses</p> <ul style="list-style-type: none"> · \$150 allowance for a wide selection of frames · \$170 allowance for featured frame brands · 20% savings on the amount over your allowance · \$80 Costco® frame allowance · Offered every 24 months 	
<p>Lenses Included in Prescription Glasses</p> <ul style="list-style-type: none"> · Single vision, lined bifocal, and lined trifocal lenses · Polycarbonate lenses for dependent children · Offered every 12 months 	
<p>Lenses Enhancements</p> <ul style="list-style-type: none"> · Standard progressive lenses \$40 · Premium progressive lenses \$40 · Custom progressive lenses \$40 · Anti-reflective coating \$20 · Average savings of 20-25% on other lens enhancements · Offered every 12 months 	
Contacts (instead of glasses)	Up to \$60
<ul style="list-style-type: none"> · \$150 allowance for contacts; copay does not apply · Contact lens exam (fitting and evaluation) · Every 12 months 	



EMPLOYEE ASSISTANCE PROGRAM (EAP)

When life is overwhelming, our Employee Assistance Program (EAP) can help. This is a valuable resource that is free, confidential, and available to you and your family members 24/7. The EAP provides support with a wide array of personal issues, crises, and everyday concerns including, but not limited to:

- Counseling Sessions (4 free)
- Financial Coaching
- Legal Consultation
- Identity Theft Assistance
- Child and Elder Care Services
- Concierge (resource retrieval and information)
- Home Ownership Program

To access these services, simply call the number below. You will be connected to the appropriate resource to meet your needs.

CONTACT INFO

Canopy

- (503) 639-3009
- Toll-free (800) 433-2320
- info@canopywell.com
- my.canopywell.com
- Mobile App: getcanopy.com/our-mobile-apps

To register, enter Archdiocese of Portland as the Company Name.



Voluntary Life Insurance Monthly Rates

Age on January 1	Employee (per \$10,000 in coverage)	Spouse (per \$5,000 in coverage)
Under age 25	\$0.96	\$0.60
25-29	\$0.96	\$0.60
30-34	\$1.07	\$0.66
35-39	\$1.27	\$0.77
40-44	\$1.88	\$1.12
45-49	\$3.10	\$1.83
50-54	\$5.07	\$2.93
55-59	\$8.10	\$4.51
60-64	\$10.48	\$6.97
65-69*	\$18.09	\$12.10
70-74**	\$ 39.69	\$23.41
75 and over**	\$39.69	\$45.54

Child Life Insurance \$0.30 per \$1,000 in coverage

\$6,000	=	\$1.80
\$8,000	=	\$2.40
\$10,000	=	\$3.00

IMPORTANT NOTE!

STD, LTD and Life Insurance Claims must be submitted to Unum directly and are not approved by your administrator or the Archdiocese.

LIFE INSURANCE & AD&D

Basic Life/Accidental Death and Dismemberment (AD&D)

All employees are provided \$25,000 of Basic Life Insurance and AD&D at no cost to the employee. Coverage amount reduces at ages 65 and 70.

Voluntary Life and AD&D

Employees can elect Voluntary Life and/or AD&D Insurance coverage up to \$500,000 or 5x your annual wages, whichever is less. For your spouse, you can elect up to 100% of the coverage you elect for yourself. For children, you can elect up to \$10,000 in coverage, not to exceed 100% of the employee coverage election.



Evidence of Insurability (EOI)

You have the option to elect supplemental life insurance when initially eligible as a new hire or if you change from a non-benefits eligible status to a benefits eligible status. Any life insurance coverage over the Guarantee Issue Amount(s) will be subject to a Statement of Health/Evidence of Insurability (EOI). If you do not apply when initially eligible, the next opportunity would be during the annual Open Enrollment or if you were to experience a qualifying life event.

Note: If you enroll within 31 days of your eligibility date, you may apply for any amount of life insurance up to \$150,000 for yourself and any amount of coverage up to \$25,000 for your spouse. Any amount over the Guarantee Issue Amount(s) will be subject to the EOI process.



DISABILITY INSURANCE

Unum disability insurance coverage is intended to provide partial income replacement for an extended period of time upon loss of work due to a disability.

Long-Term Disability (LTD)

LTD is intended to replace a portion of your income for an extended period when you are unable to work due to a disability. LTD benefits begin after 90 days of missed work. A coverage level of 50% of monthly salary (not taxable) up to \$4,000 per month is included at no cost for all employees. Benefit levels and costs are described below.

	50%	60%	66 ² / ₃ %
Monthly Cost	No cost	\$6.09	\$8.97
Waiting Period	90 days		
Income Replacement Level	50% of basic monthly earnings up to \$4,000	60% of basic monthly earnings up to \$6,000	66.66% of basic monthly earnings up to \$6,000
Benefit Duration	Dependent on age upon disability		

Short-Term Disability (STD)

STD is intended to replace a portion of your income for a short duration prior to LTD. Benefit levels and costs are described below.

	STD 44 day	STD 30 days	STD 14 days
Monthly Cost	\$3.02	\$5.19	\$7.34
Waiting Period	Day 44	Day 30	Day 14
Disability Benefit Duration	7 weeks	9 weeks	11 weeks
Income Replacement Level	60% of your basic weekly earnings to a maximum of \$500		

Important Information

- **You must contact the vendor(s)** of your choice to enroll, then notify your location administrator of your selection by completing the [TSA Election Form](#).
- **Employees may contribute to a TSA** immediately upon eligible. You do not need to wait for your employer contributions to begin. Employer contributions begin on the first of the month following six months of employment.
- **Employee TSA contributions can be changed** at any time. You may also change vendors at any time.
- **Employer contributions cannot be waived.** If you do not select a vendor, you will be enrolled in the default plan.
- **Your employer will contribute their portion** of your TSA whether or not you contribute. It is not a match.
- **All questions should be directed** to the retirement plan vendors and/or financial advisors. Location administrators and the Archdiocese cannot give financial advice.
- **Members of religious orders are not eligible for TSA accounts.** Retirement contributions for religious staff members are added to the compensation paid to their religious order each month.

IMPORTANT NOTE!

You **do not** need to update your 403(b) during Open Enrollment!



RETIREMENT PROGRAM

Tax Sheltered Annuity (TSA) 403(b) Plan

The Archdiocese participates in a 403(b) Church Plan known as a Tax Sheltered Annuity (TSA) to contribute to the retirement needs of employees. Contributions by the Parish for benefits eligible employees are as follows.

Length of Service	Employer Contributions
6 months up to 6 years	3% of eligible pay
6 years up to 10 years	5% of eligible pay
10+ years	7% of eligible pay



You may choose one or more of the following vendors:

- Corebridge (formerly VALIC/AIG Financial Advisors)
- Equitable (Illuminate Financial Group)
- Voya Financial Advisors
- TIAA Financial Services (not available at all locations)

BENEFITS CONTACTS

MEDICAL / PHARMACY PLANS

Reta Blue Shield Plan

Group ID #: W0072385

(888) 772-1076 • blueshieldca.com

CVS Caremark for Blue Shield Plan

Bin: 004336

PCN: ADV

Group: RX21AE

Customer Care: 800-844-0719

Pharmacy Help Desk: 800-364-6331

Caremark.com

Reta Kaiser Medical & Pharmacy Plan

Group ID #: 19969

(800) 570-5183 • kp.org

DENTAL / VISION PLANS

Willamette Dental

Group ID #: OR10

(855) 433-6825 • willamettedental.com

Delta Dental of California

Group ID #: 17706

(800) 765-6003 • deltadentalins.com

Kaiser Permanente Dental

Group ID #: 03766

(800) 813-2000 • kaiserpermanentedentalnw.org

VSP Vision

Group ID #: 30032427

(800) 877-7195 • vsp.com

If you would like to read more about a specific benefit, log in to the Reta Benefits Center at RetaTrust.org.

The Reta Benefits Center is available to you 24 hours a day, 7 days a week.

If you need assistance or you have forgotten your User ID and/or Password, please contact MyEnroll Services at (877) 303-7382 or Service@RetaEnroll.Org.

UNUM SHORT-TERM & LONG-TERM DISABILITY, ADDITIONAL LIFE INSURANCE & AD&D

Basic Life / AD&D

Group ID #: 105259

(866) 679-3054 • unum.com

Additional Life

Group ID #: 393809

(866) 679-3054 • unum.com

Short-Term & Long-Term Disability (STD & LTD)

Group ID #: 105259

(877) 851-7637 • unum.com

EMPLOYEE SERVICES

Healthcare FSA and Dependent Care FSA

(877) 303-7382 • service@retaenroll.org

Canopy (EAP)

(503) 639-3009 • Toll-free (800) 433-2320

info@canopywell.com

my.canopywell.com

To register, enter Archdiocese of Portland as the Company Name.

Archdiocese of Portland

Joelle Aulson, Benefits Manager

P: (503) 233-8317

E: jaulson@archdpdx.org

Greta Burton, HR Generalist

P: (503) 233-8343

E: gburton@archdpdx.org

Benefits Website

benefitspdx.org



INSURANCE TERM GLOSSARY

Accidental Death & Dismemberment

(AD&D): a policy that pays benefits if the cause of death/injury is an accident. Benefit amounts vary based on qualifying injury and plan.

Benefit: the healthcare item(s) or service(s) covered under a health insurance plan.

Coordination of Benefits (COB): a process to figure out which insurance plan pays first when 2 or more health insurance plans are responsible for paying the same medical claim. If you have double coverage, you will need to file a Coordination of Benefits with both plans.

Coinsurance: the percentage of costs of a covered healthcare service you pay after you've paid your deductible.

Copayment (copays): a fixed amount you pay for a covered service before receiving the service.

Covered Services: services, drugs, supplies, and equipment that are covered under a healthcare plan.

Deductible: the amount you pay for healthcare services before your insurance starts to pay. Deductibles reset on a calendar year basis.

Exclusive Provider Organization (EPO): a health insurance plan where providers must be seen within a predetermined network. Out-of-network care is not covered. Kaiser and Willamette are EPO plans.

- **DEPO:** EPO with a deductible

Explanation of Benefits (EOB): a statement by a health insurance company explaining what they paid when services were sought.

Evidence of Insurability (EOI): a process in which you provide information regarding your health or your dependent's health in order to be considered for certain amounts of coverage. Also known as a Statement of Health.

Flexible Spending Account (FSA): an account where you can set aside pre-tax dollars to pay for qualified expenses. The annual limits are determined by the IRS.

- **Healthcare Flexible Spending Account (HFSA):** allows you to set aside a portion of your salary, before-tax, to reimburse certain healthcare expenses.
- **Dependent Care Flexible Spending Account (DCFSA):** allows you to set aside a portion of your salary, before tax, to reimburse eligible dependent care expenses.

In-Network Providers/Services: providers who are a part of a network set up by the health plan, with which it has negotiated a discount. Services completed by in-network providers usually cost less because the services are provided to the insurance company at a lower cost.

Lifetime Maximum: a cap on the total lifetime benefits you may get from the insurance company. Once this limit is reached the insurance plan will no longer pay for services that were previously covered. This cap could be set in a dollar limit (for example, \$1 million lifetime cap) or on specific benefits (for example, a \$200,000 cap on organ transplants, or one gastric bypass per lifetime) or a combination of the two.

Out-of-Network Providers/Services: providers who do not participate in an insurer's provider network. Since the insurance company has not negotiated a contract with these providers, the services they complete may be only partially covered or not covered at all.

Out-of-Pocket Maximum: the most you will have to pay for covered services in a year. Once you reach the maximum the insurance company will pay 100% of the cost of covered benefits. This does not include monthly premiums or non-covered services.

Open Enrollment: annual period during which employees can make changes to their benefits.



INSURANCE TERM GLOSSARY CONT.

Preferred Provider Organization (PPO) Plans:

a type of plan that contracts with medical providers to create a network of participating providers. Providers outside of the network will have additional costs if used. Blue Shield and Delta Dental are Preferred Provider Organizations.

Prescription Drug Tiers:

- **Generic Drugs:** a drug sold by a company, other than the brand name one, under a different name but still has the same ingredients as the brand name drug.
- **Preferred Brand (formulary):** brand-name drugs for which generic equivalents are not available. Insurance companies have a list of these drugs that they prefer because they are safe and effective alternatives to more expensive brands.
- **Non-Preferred Brand (non-formulary):** brand-name drugs that are higher priced than preferred drugs. These drugs are not on the insurance plan's list.
- **Specialty Drugs:** medications used to treat complex, chronic conditions (such as cancer, multiple sclerosis, or rheumatoid arthritis) that usually come at a high cost.

Provider: health professionals and/or organizations who provide healthcare services. Some examples are hospitals, nurse practitioners, chiropractors, physical therapists, and of course physicians.

Qualifying Life Event (QLE): a defined change in your situation that makes you eligible for a special or additional enrollment period. A few examples of Qualifying Life Events are getting married, having children, or losing healthcare coverage.

**DIDN'T FIND THE TERM YOU WERE
LOOKING FOR?**

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