



Welcome to Western Oregon University! This packet will provide you with basic information about the benefits offered at WOU. A more complete document containing specific information about the benefits offered through PEBB is available at: <https://www.oregon.gov/oha/PEBB/Documents/Open-Enrollment-Guide.pdf>

ENROLLMENT

As an eligible unclassified or classified employee, you must enroll within 30 days from the date you became eligible. For new employees, this is the date you were hired. Your plan year runs from January 1 to December 31. You may change your elections only during Open Enrollment in October, to be effective January 1 of the following year, unless you have a qualified midyear change.

CORE BENEFITS

You are eligible to enroll in a combination of core benefits which include medical, dental, and vision insurance for yourself and your eligible dependents (coverage of domestic partners and their children may have tax implications). If you enroll in the lowest cost plan in your county, you pay 3% of the core monthly premium cost, otherwise you pay 5% of the core monthly premiums and WOU pays the other 97%/95% of the core monthly premium cost. Classified employees who make a gross monthly salary of less than \$3,076 will receive a \$40 monthly subsidy to offset the cost of their premium share. You are automatically enrolled in \$5,000 basic life insurance for yourself. You may also elect to opt out of medical or decline your benefits entirely. If you elect to opt out you will automatically be enrolled in \$5,000 of life insurance and will receive cash back in the amount of \$233 per month. If you opt out of a medical plan you may still choose to enroll in a dental and/or vision plan, you only pay 5% of the monthly premium cost. If you decline benefits entirely you will not receive any cash back.

Our benefit premiums are paid one month in advance, so depending on the timing of your first paycheck you may have benefits taken out twice. If you receive your pay over 9 months, your benefits will be tripled on your May paycheck to pay for June, August and September benefit coverage. Additionally, if you don't receive pay in September, your October paycheck will have benefits taken twice to pay for October and November benefit coverage.

COST CONTAINMENT & HEALTH IMPROVEMENT PROGRAMS (tied to enrollment in a medical plan)

If you participate in a medical plan you will pay an additional \$25 per month if you or your spouse/domestic partner currently uses tobacco (\$25 per person if you both use tobacco). You will also pay an additional \$50 per month if your spouse/domestic partner's employer offers them insurance, but they opt out of it to enroll in your plan.

New employees aren't eligible to participate in the HEM program, but you may elect to do so during Open Enrollment, to be effective for the following plan year. If you select to participate in the HEM program, you must participate in a health survey on your providers' website, and participate in at least two healthy activities each year. For participating you receive a \$17.50 monthly incentive. If you do not participate you have a \$100 higher deductible on your medical plan.

OPTIONAL INSURANCE BENEFITS

You are also eligible for a number of optional benefits, including additional life insurance, short and long term disability insurance, long term care insurance, accidental death & dismemberment insurance, and a flexible spending account program. If you opt out of medical insurance you may still choose to participate in these optional insurance plans. For each of the optional benefits you enroll in, you pay the entire monthly premium cost. If you decline benefits entirely you may not enroll in any of the optional benefit plans.

For links to the providers, and other information please visit our website at <http://www.wou.edu/hr/benefits>

Please do not hesitate to contact the Human Resources Office if you have any questions.

Michelle Sides | Interim Benefits Coordinator

2019 Plan Year

Benefits/ Retirement Guide



Index

Core Benefits

- Medical, Vision, Dental
- \$5,000 Employee Life
- HEM Program (sign up available only during open enrollment)

Optional Benefits

- Optional Life Insurance
- Short/Long Term Disability Insurance
- Accidental Death & Dismemberment
- Medical & Dependent Flexible Spending Accounts
- Long Term Care Insurance
- Weight Watchers
- Healthy Team, Healthy U
- Quit for Life
- Employee Assistance Program
- Reduced Tuition Benefit
- TRI Child Development Center

Retirement

- Defined Benefit/Pension Plans
- Voluntary Retirement Savings

Forms You May Need

- For the most current version of benefit forms visit: www.wou.edu/hr/forms

Core Benefits

- Medical, Vision, Dental
- \$5,000 Employee Life
- HEM Program (sign up available only during open enrollment)

Kaiser Permanente NW Deductible

<https://my.kp.org/pebb/>

Service Area: Benton, Clackamas, Columbia, Hood River, Linn, Marion, Multnomah, Polk, Washington and Yamhill; Clark, Cowlitz, Lewis, Skamania & Wahkiakum WA

	Full Time	Part Time
Standard Deductible	\$250/individual, \$750/family	\$250/individual, \$750/family
Additional non-HEM participant deductible applies to all services unless otherwise noted	\$100/individual, \$300/family	\$100/individual, \$300/family
Out-of-pocket max (some deductibles, copays, services don't apply)	\$1500/individual, \$4500/family	\$1500/individual, \$4500/family
Primary care visit	\$5, deductible waived	\$30, deductible waived
Chronic care visit	\$5, deductible waived	\$30, deductible waived
Specialty care visit	\$5 w/referral, deductible waived	\$30 w/referral, deductible waived
Outpatient mental health care	\$5, deductible waived	\$30, deductible waived
Substance abuse treatment	\$0, deductible waived	\$0, deductible waived
Maternity Services Prenatal	\$0, deductible waived	\$0, deductible waived
Maternity Services professional delivery and postnatal services	Inpatient delivery subject to inpatient hospital charges	Inpatient delivery subject to inpatient hospital charges
Delivery facility charges	Same as above	Same as above
Preventative	\$0, deductible waived	\$0, deductible waived
Lab & X-Ray	\$15, deductible waived	\$20, deductible waived
Inpatient hospital per admission	\$50/day up to \$250 max	\$500
Outpatient surgery in a hospital setting	15%	20%
Urgent care	\$25, deductible waived	\$50
Emergency department	\$75	\$100
Durable medical equipment	15%, deductible waived	50%, deductible waived
Insulin, diabetic supplies	\$0, deductible waived	\$0, deductible waived
Addition Cost Tier (\$100 copay/\$500 copay-applies to all except Kaiser	\$100, deductible waived	\$100, deductible waived
Alternative care provider visits	\$10, deductible waived	\$30, with physician's authorization referral, deductible waived
Spinal manipulation acupuncture services	\$10, deductible waived	\$30, with physician's authorization referral, deductible waived
Routine vision exam	\$5	\$30
Vision hardware allowance	\$200	N/A
Prescription drugs	<ul style="list-style-type: none"> No deductible Copays accumulate to out-of-pocket maximum \$5 generic \$25 brand 50% up to \$100 max non-formulary brand \$50 specialty Mail order (31-90 day), \$5 generic, \$25 formula ry brand, 50% up to \$100 max non- formulary brand 	<ul style="list-style-type: none"> No deductible Copays accumulate to out-of-pocket max \$10 generic \$25 brand \$50 specialty Mail order 2 copays for up to 90-day supply

Kaiser Permanente NW HMO

<https://my.kp.org/pebb/>

Service Area: Benton, Clackamas, Columbia, Hood River, Linn, Marion, Multnomah, Polk, Washington and Yamhill; Clark, Cowlitz, Lewis, Skamania & Wahkiakum WA

	Full Time	Part Time
Standard Deductible	\$0	\$0
Additional non-HEM participant deductible applies to all services unless otherwise noted	\$100/individual, \$300/family	\$100/individual, \$300 family
Out-of-pocket max (some deductibles, copays, services don't apply)	\$600/individual, \$1200/family	\$1500/individual, \$3000/family
Primary care visit	\$5	\$30
Chronic care visit	\$5	\$30
Specialty care visit	\$5, with referral	\$30, with referral
Outpatient mental health care	\$5	\$30
Substance abuse treatment	\$0	\$0
Maternity Services Prenatal	\$0	\$0
Maternity Services Professional delivery and postnatal services	Inpatient delivery subject to inpatient hospital charges	Inpatient delivery subject to inpatient hospital charges
Delivery facility charges	Same as above.	Same as above.
Preventative	\$0	\$0
Lab & X-Ray	\$0	\$10
Inpatient hospital per admission	\$50/day, up to \$250 max	\$500
Outpatient surgery in a hospital setting	\$5	\$30
Urgent care	\$5	\$30
Emergency department	\$75	\$100
Durable medical equipment	\$0	50%
Insulin, diabetic supplies	\$0	\$0
Addition Cost Tier (\$100 copay/\$500 copay-applies to all except Kaiser	\$100	\$100
Alternative care provider visits	\$10	\$30, with physician's authorization referral
Spinal manipulation acupuncture services	\$10	\$30, with physician's authorization referral
Routine vision exam	\$5	\$30
Vision hardware allowance	\$200	N/A
Prescription drugs	<ul style="list-style-type: none"> No deductible Copays accumulate to out-of-pocket maximum \$1 generic \$15 brand \$50 specialty Mail order (31-90 day) \$1 generic, \$15 brand 	<ul style="list-style-type: none"> No deductible Copays accumulate to out-of-pocket maximum \$10 generic \$25 brand \$50 specialty Mail order 2 copays for up to 90-day supply

**Moda Synergy,
Summit**
Modahealth.com/pebb

Synergy Service Area: Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Hood River, Jackson, Jefferson, Josephine, Klamath, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Wasco, Washington, Yamhill, and Clark in Washington

Summit Service Area: Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler

	Full Time		Part Time	
	Care Home	Out of Network	Care Home	Out of Network
Standard Deductible	\$250/individual, \$750/family	\$500/individual, \$1500/family	\$500/individual, \$1500/family	\$1000/individual, \$3000/family
Additional non-HEM participant deductible applies to all services unless otherwise noted	\$100/individual, \$300/family		\$100/individual, \$300/family	
Out-of-pocket max (some deductibles, copays, services don't apply)	\$1500/individual \$4500/family	\$4000/individual, \$12000/family	\$2500/individual, \$7500/family	\$6000/individual, \$18000/family
Primary care visit	\$10, first four visits deductible waived	30%	\$40, first four visits deductible waived	50%
Chronic care visit	\$0, deductible waived	30%	\$0, deductible waived	50%
Specialty care visit	\$10	30%	\$40	50%
Outpatient mental health care	\$10, deductible waived	30%	\$40, deductible waived	50%
Substance abuse treatment	\$0, deductible waived	30%	\$0, deductible waived	50%
Maternity Services Prenatal	\$0, deductible waived	30%	\$0, deductible waived	50%
Maternity Services Professional delivery and postnatal services	Inpatient delivery subject to inpatient hospital charges		Inpatient delivery subject to inpatient hospital charges	
Delivery facility charges	Same as above		Same as above	
Preventative	\$0, deductible waived	30%	\$0, deductible waived	50%
Lab & X-Ray	\$0, deductible waived	30%	Quest labs - \$0, other providers 20%	50%
Inpatient hospital per admission	\$50/day to \$250 max	\$500 + 40%	\$500	\$500 + 50%
Outpatient surgery in a hospital setting	\$10	\$100 + 40%	\$40/visit	\$100 + 50%
Urgent care	\$25	\$25	\$30	30%
Emergency department	\$150	\$150	\$150	\$150
Durable medical equipment	15%	30%	20%	50%
Insulin, diabetic supplies	\$0, deductible waived		\$0, deductible waived	\$0, deductible waived
Addition Cost Tier (\$100 copay/\$500 copay-applies to all except Kaiser	\$100/\$500	\$100 + 30% / \$500 + 30%	\$100/\$500	\$100 + 50% / \$500 + 50%
Alternative care provider visits	\$10	30%	\$40	50%

Spinal manipulation acupuncture services	\$10 up to \$1000/yr max combined. Not applied to out-of- pocket max	30% up to \$1000/yr max combined. Not applied to out-of- pocket max.	\$40 up to \$1000/yr max combined. Not applied to out-of-pocket max	50% up to \$1000/yr max combined. Not applied to out-of- pocket max.
Routine vision exam	N/A	N/A	N/A	N/A
Vision hardware allowance	N/A	N/A	N/A	N/A
Prescription drugs	<ul style="list-style-type: none"> • \$50/individual, \$150/family deductible • \$1000/individual, \$3000/family out-of-pocket maximum • \$0 value, not subject to deductible • \$10 generic • \$30 preferred brand • Copay x 2.5 for 90-day • \$100 specialty 	<ul style="list-style-type: none"> • In network deductible, out-of-pocket max. apply • \$0 value, not subject to deductible • \$10 generic • \$30 preferred brand • \$100 specialty • Copay x 2.5 for 90-day • Member pays difference between in network rate and billed amount 	<ul style="list-style-type: none"> • \$50/individual, \$150/family deductible • \$1000/individual, \$3000/family out-of-pocket maximum • \$0 value, not subject to deductible • \$20 generic • \$50 preferred brand • Copay x 2.5 for 90-day • \$100 specialty 	<ul style="list-style-type: none"> • In network deductible, out-of-pocket max apply • \$0 value, not subject to deductible • \$20 generic • \$50 preferred brand • \$100 specialty • Copay x 2.5 for 90-day • Member pays difference between in network rate and billed amount

Medical plans

PEBB statewide

<http://Providencehealthplan.com/PEBB>

Service Area: Statewide and Nationwide

	Full Time		Part Time	
	In Network	Out of Network	In Network	Out of Network
Standard Deductible	\$250/individual, \$750/family	\$500/individual, \$1500/family	\$500/individual, \$1500/family	\$1000/individual, \$3000/family
Additional non-HEM participant deductible applies to all services unless otherwise noted	\$100/individual, \$300/family		\$100/individual, \$300/family	
Out-of-pocket max (some deductibles, copays, services don't apply)	\$1900/individual, \$5700/family	\$4800/individual, \$14,400/family	\$3200/individual, \$9600/family	\$7500/individual, \$22500/family
Primary care visit	15% or 10% first four visits, deductible waived	30%	20% or 15% first four visits, deductible waived	50%
Chronic care visit	0%, deductible waived	30%	0%, deductible waived	50%
Specialty care visit	15%	30%	20%	50%

Outpatient mental health care	15%, deductible waived	30%	20%, deductible waived	50%
Substance abuse treatment	0%, deductible waived	30%	0%, deductible waived	50%
Maternity Services Prenatal	0%, deductible waived	30%	0%, deductible waived	50%
Maternity Services Professional delivery and postnatal services	15%	30%	20%	50%
Delivery facility charges	Inpatient delivery subject to inpatient hospital charges	Inpatient delivery subject to inpatient hospital charges	Inpatient delivery subject to inpatient hospital charges	Inpatient delivery subject to inpatient hospital charges
Preventative	0%, deductible waived	30%	0%, deductible waived	50%
Lab & X-Ray	15%	30%	20%	50%
Inpatient hospital per admission	15%	\$500 + 40%	20%	\$500 + 50%
Outpatient surgery in a hospital setting	15%	\$100 + 40%	20%	\$100 + 50%
Urgent care	15%	15%	20%	20%
Emergency department	\$150 + 15%	\$150 + 15%	\$150 + 20%	\$150 + 20%
Durable medical equipment	15%	30%	20%	50%
Insulin, diabetic supplies	0%, deductible waived	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
Addition Cost Tier (\$100 copay/\$500 copay-applies to all except Kaiser	\$100 + 15% \$500 + 15%	\$100 + 30% \$500 + 30%	\$100 + 20% \$500 + 20%	\$100 + 50% \$500 + 50%
Alternative care provider visits	15%	30%	20%	50%
Spinal manipulation acupuncture services	15%, up to 60 services/yr. max. combined. Not applied to out-of-pocket max.	30%, up to 60 services/yr. max. combined. Not applied to out-of-pocket max.	20%, up to 60 services/yr. max. combined. Not applied to out-of-pocket max.	50%, up to 60 services/yr. max. combined. Not applied to out-of-pocket max.
Routine vision exam	N/A	N/A	N/A	N/A
Vision hardware allowance	N/A	N/A	N/A	N/A
Prescription drugs	<ul style="list-style-type: none"> • \$50/individual, \$150/family deductible • \$1000 out-of-pocket max • \$0 value, not subject to deductible • \$10 generic • \$30 brand • Copay x 2.5 for 90-day • \$100 specialty 	<ul style="list-style-type: none"> • Urgent, emergent and out-of-country • In network deductible, out-of-pocket max. apply • Reimbursed as if filled in network; member pays difference between network rate & billed amount 	<ul style="list-style-type: none"> • \$50/individual, \$150/family deductible • \$1000 out-of-pocket max • \$0 value, not subject to deductible • \$20 generic • 40% preferred brand • Copay x 2.5 for 90-day • \$100 specialty 	<ul style="list-style-type: none"> • Urgent, emergent and out-of-country • In network deductible out-of-pocket max. apply • Reimbursed as if filled in network; member pays difference between network rate & billed amount

Providence Choice

<http://Providencehealthplan.com/PEBB>

Service Area: Baker, Benton, Clackamas, Clatsop, Coos, Crook, Curry, Deschutes, Douglas, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Multnomah, Polk, Tillamook, Umatilla, Union, Wallowa, Wasco, Wheeler, Yamhill; Clark and Walla Walla, WA; Payette, ID

	Full Time		Part Time	
	Medical Home	Out of Network	Medical Home	Out of Network
Standard Deductible	\$250/individual, \$750/family	\$500/individual, \$1500/family	\$500/individual, \$1500/family	\$1000/individual, 3000/family
Additional non-HEM participant deductible applies to all services unless otherwise noted	\$100/individual, \$300/family		\$100/individual, \$300/family	
Out-of-pocket max (some deductibles, copays, services don't apply)	\$1500/individual, \$4500/family	\$4000/individual, \$12000/family	\$2500/individual, \$7500/family	\$6000/individual, 18000/family
Primary care visit	\$10, first four visits deductible waived	30%	\$40, first four visits deductible waived	50%
Chronic care visit	\$0, deductible waived	30%	\$0, deductible waived	50%
Specialty care visit	\$10, with referral	30%	\$40, with referral	50%
Outpatient mental health care	\$10, deductible waived	30%	\$40, deductible waived	50%
Substance abuse treatment	\$0, deductible waived	30%	\$0, deductible waived	50%
Maternity Services Prenatal	\$0, deductible waived	30%	\$0, deductible waived	50%
Maternity Services Professional delivery and postnatal services	\$0, deductible waived	30%	\$0, deductible waived	50%
Delivery facility charges	Inpatient delivery subject to inpatient hospital charges	Inpatient delivery subject to inpatient hospital charges	Inpatient delivery subject to inpatient hospital charges	Inpatient delivery subject to inpatient hospital charges
Preventative	\$0, deductible waived	30%	\$0, deductible waived	50%
Lab & X-Ray	\$0, deductible waived	30%	20%, deductible waived	50%
Inpatient hospital per admission	\$50/day to \$250 max	\$500 + 40%	\$500	\$500 + 50%
Outpatient surgery in a hospital setting	\$10	\$100 + 40%	\$40/visit	\$100 + 50%
Urgent care	\$25	\$25	\$40	\$40
Emergency department	\$150	\$150	\$150	\$150
Durable medical equipment	15%	30%	20%	50%
Insulin, diabetic supplies	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
Addition Cost Tier (\$100 copay/\$500 copay-applies to all except Kaiser	\$100/\$500	\$100 + 30% \$500 + 30%	\$100/\$500	\$100 + 50% \$500 + 50%
Alternative care provider visits	\$10	30%	\$40	50%
Spinal manipulation acupuncture services	\$10/visit, up to \$1000/yr max. combined. Not applied to out-of-pocket max	30%, up to \$1000/yr. max. combined. Not applied to out-of-pocket max.	\$40/visit, up to \$1000/yr. max. combined. Not applied to out-of-pocket max.	50% up to \$1000/yr. max. combined Not applied to out-of-pocket max.
Routine vision exam	N/A	N/A	N/A	N/A

Vision hardware allowance	N/A	N/A	N/A	N/A
Prescription drugs	<ul style="list-style-type: none"> • \$50/individual, \$150/family deductible • \$1000 out-of-pocket max • \$0 value, not subject to deductible • \$10 generic • \$30 brand • Copay x 2.5 for 90-day • \$100 specialty 	<ul style="list-style-type: none"> • Urgent, emergent and out-of-country • In network deductible, out-of-pocket max apply • Reimbursed as if filled in network; member pays difference between in network rate and billed amount 	<ul style="list-style-type: none"> • \$50/individual, \$150/family deductible • \$1000 out-of-pocket max • \$0 value, not subject to deductible • \$20 generic • \$50 preferred brand • Copay x 2.5 for 90-day • \$100 specialty 	<ul style="list-style-type: none"> • Urgent, emergent and out-of-country • In network deductible, out-of-pocket max apply • Reimbursed as if filled in network; member pays difference between in network rate and billed amount

Medical plans

Health plans by Oregon county — low cost plan for university employees

This table shows the higher-cost and lower-cost plans available in each county. A part-time version of each of these plans with an employer subsidy is available to part-time employees. Full-time employees cannot enroll in part-time plans.

County	Lower-cost plan	Higher-cost plan
Baker	Providence Choice	Moda Summit, PEBB Statewide
Benton	Providence Choice	Kaiser Deductible, Moda Synergy, Kaiser HMO, PEBB
Clackamas	Providence Choice	Kaiser Deductible, Moda Synergy, Kaiser HMO, PEBB Statewide
Clatsop	Providence Choice	Moda Synergy, PEBB Statewide
Columbia	Moda Synergy	Kaiser Deductible, Kaiser HMO, PEBB Statewide
Coos	Providence Choice	Moda Synergy, PEBB Statewide
Crook	Providence Choice	Moda Synergy, PEBB Statewide
Curry	Providence Choice	Moda Synergy, PEBB Statewide
Deschutes	Providence Choice	Moda Synergy, PEBB Statewide
Douglas	Providence Choice	Moda Synergy, PEBB Statewide
Gilliam	Moda Summit	PEBB Statewide
Grant	Providence Choice	PEBB Statewide
Harney	Providence Choice	Moda Summit, PEBB Statewide
Hood River	Providence Choice	Moda Synergy, PEBB Statewide
Jackson	Providence Choice	Moda Synergy, PEBB Statewide
Jefferson	Providence Choice	Moda Synergy, PEBB Statewide
Josephine	Providence Choice	Moda Synergy, PEBB Statewide
Klamath	Providence Choice	Moda Synergy, PEBB Statewide
Lake	Moda Summit	PEBB Statewide
Lane	Providence Choice, Kaiser Deductible ¹	Moda Synergy, PEBB Statewide, Kaiser HMO ¹
Lincoln	Providence Choice	Moda Synergy, PEBB Statewide
Linn	Providence Choice	Kaiser Deductible, Moda Synergy, Kaiser HMO, PEBB Statewide
Malheur	Providence Choice	Moda Summit, PEBB Statewide
Marion	Providence Choice	Kaiser Deductible, Moda Synergy, Kaiser HMO, PEBB Statewide
Morrow	Providence Choice	Moda Summit, PEBB Statewide
Multnomah	Providence Choice	Kaiser Deductible, Moda Synergy, Kaiser HMO, PEBB Statewide
Polk	Providence Choice	Kaiser Deductible, Moda Synergy, Kaiser HMO, PEBB Statewide
Sherman	Moda Summit	PEBB Statewide
Tillamook	Providence Choice	Moda Synergy, PEBB Statewide
Umatilla	Providence Choice	Moda Summit, PEBB Statewide
Union	Providence Choice	Moda Summit, PEBB Statewide
Wallowa	Providence Choice	Moda Summit, PEBB Statewide
Wasco	Providence Choice	Moda Synergy, PEBB Statewide
Washington	Providence Choice	Kaiser Deductible, Moda Synergy, Kaiser HMO, PEBB Statewide
Wheeler	Providence Choice	Moda Summit, PEBB Statewide
Yamhill	Providence Choice	Kaiser Deductible, Moda Synergy, Kaiser HMO, PEBB Statewide

¹ Access to Eugene and Springfield

Your VSP Vision Benefits Summary

VSP Coverage Effective Date: 01/01/2019

STATE OF OREGON and VSP provide you with a choice of affordable vision plans – choose the plan that's right for you.

Basic VSP Provider Network: VSP Signature

Benefit	Description	Copay
Your Coverage with a VSP Provider		
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10
Prescription Glasses		
Frame	<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 Every calendar year 	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements Every calendar year 	\$0 \$80 - \$90 \$120 - \$160
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$200 allowance for contacts (in lieu of frames and lenses) Contact lens exam (fitting & evaluation) 15% off of contact lens exam services Every calendar year 	Up to \$60
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20

Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit vsp.com for plan details.

Exam up to \$50 Progressive Lenses up to \$75
 Single Vision Lenses up to \$50 Contacts up to \$105
 Lined Bifocal Lenses up to \$75 Frame up to \$70
 Lined Trifocal Lenses up to \$100

Plus VSP Provider Network: VSP Signature

Benefit	Description	Copay
Your Coverage with a VSP Provider		
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10
Prescription Glasses		
Frame	<ul style="list-style-type: none"> \$225 allowance for a wide selection of frames \$245 allowance for featured frame brands 20% savings on the amount over your allowance \$125 Costco® frame allowance Every calendar year 	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Anti-reflective coating Average savings of 35-40% on other lens enhancements Every calendar year 	\$0 \$20 \$20 \$20
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$200 allowance for contacts (in lieu of frames and lenses) Contact lens exam (fitting & evaluation) 15% off of contact lens exam services Every calendar year 	Up to \$60
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20

Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit vsp.com for plan details.

Exam up to \$50 Progressive Lenses up to \$75
 Single Vision Lenses up to \$50 Contacts up to \$105
 Lined Bifocal Lenses up to \$75 Frame up to \$70
 Lined Trifocal Lenses up to \$100

Glasses and Sunglasses

- Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details.
- 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.

Extra Savings

Retinal Screening

- No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

1. Brands/Promotion subject to change.

2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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Dental plans

You are not required to enroll in a dental plan, but to enroll in a dental plan you must be enrolled in a medical plan choice (Opt Out is a medical plan choice). You may enroll yourself, your spouse/domestic partner, and your dependents individually or in any combination. Full-time plans are available to both full-time and part-time employees. Part-time plans are available only to part-time employees. If you enroll in Opt Out and choose to enroll in a dental plan, your premium share is 5%. See details in the plan's member handbook.

Delta Dental (Moda) plans Modahealth.com/pebb

- When you enroll in the PPO plan, your coinsurance amount drops by 10% per year down to 0% at year three if you see your in network dentist at least once per year.
- Individuals who enroll for coverage in a Delta Dental (Moda) plan during an open enrollment period after they were initially eligible may have a 12-month waiting period for basic and major services and a 24-month waiting period for orthodontia. See the Delta Dental (Moda) plans member handbooks for details.
- Preventive charges do not accrue toward the annual maximum.

Willamette Dental Group plan www.willamettedental.com/pebb

- Services are provided only by Willamette Dental Group providers and only in Willamette Dental Group facilities.
- A \$5 office visit copayment is due at each visit, including visits for orthodontia.
- The copayment varies for visits related to implants.
- The plan has a \$2,500 comprehensive copayment for orthodontia.

Kaiser Plans My.kp.org/pebb

- Kaiser offers both medical and dental plans. You do not need to enroll in a Kaiser medical plan to be able to enroll in a Kaiser dental plan, and vice versa.
- You can enroll in a Kaiser dental plan if you live or work in the Kaiser service area.
- Services are provided only by Kaiser providers only in Kaiser facilities.

Dental Plan Rates

The following table shows monthly premium costs for full-time and part-time dental plans. For both full-time and part-time employees, your premium contribution is at the same percentage rate as medical coverage percentage. If you enroll in Opt Out and choose to enroll in a dental plan, your contribution share is 5% of the premium.

2018 Employee Dental Plan Monthly Premium Rates

	Employee	Employee & Spouse/ Partner	Employee & Children	Employee & Family
Kaiser Permanente ¹	\$63.75	\$127.50	\$108.39	\$172.14
Delta Dental (Moda) Premiere ²	\$55.52	\$111.05	\$94.39	\$149.91
Delta Dental (Moda) PPO ³	\$51.31	\$102.61	\$87.21	\$138.52
Willamette Dental Group ²	\$52.50	\$105.01	\$89.28	\$141.77
Delta Dental (Moda) Part-time ⁵	\$39.96	\$79.91	\$67.93	\$107.89
Kaiser Permanente Part-time ⁶	\$47.55	\$95.09	\$80.83	\$128.39

¹ Available to PEBB-eligible full-time and part-time employees in plan service area.

² Available to PEBB-eligible full-time and part-time employees.

³ Available to PEBB-eligible full-time and part-time employees.

⁵ Available to eligible part-time employees; in plan facilities.

⁶ Available to eligible part-time employees; in plan service area.

This is a summary only. See the plan documents for details. In the case of a discrepancy, the plan document will apply.

2019 PEBB Dental Plans Summary Comparison

Plan Provider Status	Kaiser Dental	Delta Dental (Moda) PPO		Delta Dental Premier	Delta Dental Premier Part Time (Part-Time Employees Only)	Kaiser Dental (Part-Time Employees Only)	Willamette Dental Group
Benefit Plans	Kaiser Network	In Network	Out of Network	Participating Providers	Participating Providers	Kaiser Network	Willamette Dental Group Dentists
Deductible: Individual/Family	None	\$50/\$150	\$50/\$150	\$50/\$150	\$50	None	None. Office visit copay \$10 per visit
Annual Maximum Coverage	\$1,750	\$1,750	\$1,750	\$1,750	\$1,250	\$1,250	No Annual Maximum
Diagnostic and Preventative Services	\$0 Not subject to or counted toward Annual Maximum	0%, no deductible	10%, no deductible	0%, no deductible	0%	\$0 Not subject to or counted toward Annual Maximum	Covered with office visit copay
Basic and Maintenance Services	\$5 copay + 20%	20%-Year 1 10%-Year 2 0%-Year 3	30%	20%	50%	\$5 copay + 50%	\$20 copay for fillings, other basic services covered with office visit copay
Crowns	\$5 copay + 25%	50%	50%	50%	50%	\$5 copay + 50%	\$250 copay
Implants	\$5 copay + 50%	50%	50%	50%	Not covered	Not covered	Varies
Dentures	\$5 copay + 50%	50%	50%	50%	50%	\$5 copay + 50%	\$290 copay
Orthodontia	\$5 copay + 50%, up to \$1500 lifetime	50%, up to \$1500 lifetime	50%, up to \$1500 lifetime	50%, up to \$1500 lifetime	Not covered	Not covered	\$2500 copay

How to calculate the premium share for your Core Benefits in 2019?

Dental Plans

Code	Provider	Employee Only	Emp. & Spouse/Part.	Employee & Children	Employee & Family
PDP	ODS (MODA) PPO	\$51.31	\$102.61	\$87.21	\$138.52
PDT	ODS (MODA) Premier	\$55.52	\$111.05	\$94.39	\$149.91
PDW	Willamette Dental Group	\$52.50	\$105.01	\$89.28	\$141.77
PDK	Kaiser Permanente	\$63.75	\$127.50	\$108.39	\$172.14
PDL	ODS (MODA) Part-Time	\$39.96	\$79.91	\$67.93	\$107.89
PDJ	Kasier Permanente Part-Time	\$47.55	\$95.09	\$80.83	\$128.39

Note: Part-Time Plans for eligible Classified (↓.5 FTE) employees are caculated differently, contact HR for help caculating your cost.

Medical Plans

Code	Provider	Employee Only	Emp. & Spouse/Part.	Emp. & Children	Emp. & Family
PMV	PEBB Statewide PPO Plan	\$786.53	\$1,573.09	\$1,337.12	\$2,123.66
PMT	Providence Choice HMO Plan	\$682.07	\$1,364.12	\$1,159.51	\$1,841.57
PMK	Kaiser HMO Plan	\$767.75	\$1,535.51	\$1,305.16	\$2,072.92
PME	Kaiser Deductible Plan	\$701.30	\$1,402.62	\$1,192.23	\$1,893.54
PMA	Moda Synergy / Moda Summit	\$698.37	\$1,396.75	\$1,187.23	\$1,885.62
PMW	PEBB Statewide Plan Part-Time	\$638.95	\$1,277.90	\$1,086.23	\$1,725.17
PMU	Providence Choice Plan Part-Time	\$552.73	\$1,105.45	\$939.63	\$1,492.35
PML	Kaiser HMO Part-Time	\$649.94	\$1,299.88	\$1,104.87	\$1,754.82
PMF	Kaiser Deductible Part-Time	\$569.99	\$1,139.99	\$968.98	\$1,538.98
PMD	Moda Part-Time	\$568.57	1,137.14	\$966.57	\$1,535.15

If you opt-out you will receive \$233 per month minus the cost of basic life insurance, as cash back.

Vision Plans (Kaiser Medical plans automatically have Kaiser vision.)

Code	Provider	Employee Only	Emp. & Spouse/Partne	Emp. & Children	Emp. & Family
PVP	VSP Vision	\$8.91	\$17.82	\$15.15	\$24.06
PVU	VSP Vision Plus	\$4.47	\$8.91	\$7.58	\$12.04
	Kaiser Vision	Rate is included in Medical Plan cost.			

1. Enter amount of Dental Plan coverage tier

2. Enter amount of Medical Plan coverage tier (if you choose to enroll)

3. Select your Vision Plan and coverage tier amount (if you enroll with VSP).

4. Add \$.90 for \$5K Basic Life Insurance

\$0.90

5. Add 1-4 (total cost of core benefit premiums).

6. Multiply line 5 by .05 (or .03 if you enroll in the lowest cost plan for your zipcode.)

7. If you are in the family coverage tier, subtract \$10.31

8. If you have selected additional vision coverage, enter the amount for the VSP Vision Plus plan

Total Cost you pay for Core Benefits:

9. If you are a Classified employee with gross mo. salary ↓ \$3076, subtract \$40 from your total.

10. If you are an HEM participant subtract \$17.50 (not open to new hires).

11. Enter \$25 if you or a spouse uses tobacco (enter \$50 if you both use tobacco.)

12. Enter \$50 if you have a spouse who has other group coverage available and waives it.

Total out of pocket cost to you:



The Standard®
Positively different.

Benefits at a Glance for the State of Oregon

Group Policy # 606814

Effective Date January 1, 2012

Group Basic Life Insurance

Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible employee's covered death.

The cost of this insurance is paid by your agency or university.

Eligibility

Eligible Employee

To be eligible for Basic Life insurance, you must be an active employee of the State of Oregon who is regularly scheduled to work and who meets the terms of eligibility outlined in the PEBB Administrative Rules.

Class Definition

Class 1 All active employees of the Judicial Management Service

Class 2 All other active eligible employees

Waiting Period Before Becoming Eligible for Insurance

You are eligible on the date you become an eligible employee. However, if you are an elected and appointed official you are eligible on the first day of the month following the month in which you take the oath of office.

Benefits

Employee Coverage Amount

Classes 1: The Basic Life coverage amount is equal to 1 times your annual earnings, rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000.

Class 2: The Basic Life coverage amount is \$5,000.

Other Life Features & Services

- Right to Convert Provision
- Portability of Insurance Provision
- Waiver of Premium
- Repatriation benefit
- Accelerated benefit
- Travel Assistance

This information is only a brief description of the group Basic Life insurance policy sponsored by the State of Oregon, by and through its Public Employees' Benefit Board (PEBB). The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, exclusions and when The Standard and the employer 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 employees who become insured according to its terms. For costs and more complete details of coverage, please consult your summary plan description available through the PEBB website at <http://www.oregon.gov/DAS/PEBB/docs/SPD/SPDsection4.pdf>, or contact your agency or university representative.

Enroll in your 2019 benefits

What to have at-hand to register or recall password:

- ID number of your choice from the following:
 - PEBB benefit number - P followed by 8 digits: You'll receive a letter with your P number separately (also on your dental card if you're enrolled in Delta Dental -Moda)
 - Oregon employee ID number (begins with OR) for state employees
 - University ID number for university employees
- Password of your choice (must be at least 8 characters and include at least one capital letter but no special characters such as @ ~ % = ^ & * + = () or ends in a "1" or "y")
- Answers to two security questions you select

What to have at-hand to log in and enroll:

- ID and password for https://pebbbenefits.oha.oregon.gov/bms_web!/pb.main
- Birth dates of eligible dependents
- Plan choices for medical, vision and dental coverage (Use the tools at www.oregon.gov/oha/pebb.)
- Plan choices for optional benefits – life, AD&D, disability and long-term care insurance
- Annual amount choices for FSAs

Follow these steps to enroll in 2019 PEBB benefits:

Each screen in the process gives guidance on enrolling and many include links to details.

1. **Log in at https://pebbbenefits.oha.oregon.gov/bms_web!/pb.main**
(Click "Forgot user name or password" if you have forgotten your user name or password.)
 - Turn off your browser's pop-up blocker.
 - Read the steps to enroll during Open Enrollment.
 - Verify your Authorization and Certification.
 - Review your personal information. Contact your agency to correct name, gender or birth date. Add or correct mail, phone or email information.
2. **Elect to participate or not to participate in the 2019 Health Engagement Model (HEM).**
To participate in 2019, you must complete your health assessment on your current (2018) health plan website Sept. 1-Oct. 31, 2018 and enroll in HEM and a health plan during Open Enrollment.
3. **Add eligible dependents to coverage and provide their contact information.**
If these individuals gain eligibility by affidavit, you must provide any required forms and documentation to your agency by Nov. 4, 2018, for coverage for newly added individuals to go into effect Jan. 1, 2019.
www.oregon.gov/oha/pebb/pages/forms.aspx
4. **Provide information on Medicare eligibility, ethnicity and race.**
This information helps to identify healthcare disparities in our population. It will not affect your enrollment as an active employee.

5. Enroll yourself and eligible dependents in core benefits.

When you enroll in 2019 benefits, you can keep your 2018 medical, dental and vision plans, drop a dental or vision plan, or select new plans. Opt Out is a choice of medical plan. To decline is to decline participation in any aspect of the benefit program, including the employer premium share. To decline, you must submit a paper form to your agency. You cannot decline online.

6. Select your status in Health Improvement and Cost Containment programs.

Select your current tobacco use status and that of your spouse or domestic partner.

Select your status on spouse or domestic partner waiving other employer group coverage.

7. Review, enroll, increase, reduce or change optional life insurance.

Select status on use of tobacco in the prior 12 months for you and your enrolled spouse or domestic partner. Remember to submit medical history to Standard for enrollments and increases that require approval before they go into effect. Medical history statements must be submitted to Standard by December 15, 2018.

8. Review, enroll or change disability insurance.

9. Review, enroll or change long-term care insurance.

Remember to submit medical history to Unum for enrollments and increases that require approval before they go into effect. Members must go through Unum to make any changes at <http://unuminfo.com/pebb/index.aspx>.

10. Enroll in a health care or dependent care flexible account if you want one in 2019.

FSAs are annual accounts. If you want an FSA for 2019, you must enroll by Oct. 31, 2018.

11. Change designation of beneficiaries, only if you want to.

12. Review your Benefit Statement. Print it for your records.

13. Log out.

You can log in to change your elections as many times as you like during Open Enrollment. You must complete the enrollment process each time to implement your latest elections. Print your benefit summary each time you re-enroll.

Optional Benefits

- Optional Life Insurance
- Short/Long Term Disability Insurance
- Accidental Death & Dismemberment
- Medical & Dependent Flex Spending Accounts
- Long Term Care Insurance
- Health & Wellness Center
- Weight Watchers
- Healthy Team, Healthy U
- Quit for Life
- Employee Assistance Program
- Reduced Tuition Benefit
- Public Service Loan Forgiveness
- TRI Childcare



Standard Insurance Company
Optional Life Coverage Highlights
State of Oregon

Optional Life Insurance

Life insurance coverage can help your family meet daily expenses, maintain their standard of living, pay off debt, secure your children's education, and more in the event of your passing. Standard Insurance Company (The Standard) has developed this document to provide you with information about the elective coverage you may select through the State of Oregon.

Eligibility Requirements

Employee

- Active employees must be insured for Basic Life through The Standard. Retirees are not required to be insured for Basic Life through The Standard.
- You must be:
 - an active employee of State of Oregon regularly scheduled to work who meets the terms of eligibility for insurance outlined in the Public Employees' Benefit Board Administrative Rules; or
 - a retiree who retired under State of Oregon's retirement plan
- Full-time members of the armed forces are not eligible
- You can be insured as both an employee and a dependent

Dependent

- Retirees are not eligible for Basic or Optional Dependents Life insurance
- If you are an active employee, you may elect Basic Dependents Life insurance for your spouse and/or children.
- If you are an active employee, you may elect Optional Dependents Life insurance for your spouse
- Spouse means a person to whom you are legally married or your domestic partner as recognized by law
- Child means any child who meets the terms of eligibility outlined in the Public Employees' Benefit Board Administrative Rules. A child of a Domestic Partner is entitled to the same benefits as a child of an employee or an employee's spouse.
- Your child can be insured by more than one employee
- Your spouse or children must not be full-time member(s) of the armed forces

Premium

- You pay 100 percent of the premium for this coverage through easy payroll deduction

Coverage Amount Guidelines

Within the coverage amount guidelines shown below, you select the amount of Optional Life and Basic/Optional Dependents Life insurance for which you are interested in applying.

	Minimum	Incremental Unit	Guarantee Issue Amount	Maximum
Active Employee	\$20,000	\$20,000	\$100,000	\$600,000
Retiree	\$2,500	\$2,500	\$100,000	\$200,000*
Optional Spouse	\$20,000	\$20,000	\$20,000	\$400,000
Basic Spouse	\$5,000	n/a	\$5,000	\$5,000
Basic Child	\$5,000	n/a	\$5,000	\$5,000

* May not exceed 50% of the combined Basic and Optional Life insurance in effect on the day before retirement.

Coverage Amount Guidelines - Continued

Note:

- Amounts of coverage elected above the Guarantee Issue amount are subject to medical underwriting approval. To submit a medical history statement online, visit:
https://www3.standard.com/w/PA_AmuBridgeWeb/MuServlet/?id=eb55d8045567ae8f97ac856035453031
- All late applications (applying 30 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior life insurance plan are also subject to medical underwriting approval.

Coverage Amount Needed

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Optional Life insurance you may need to protect your loved ones, The Standard has created a Life Insurance Needs Calculator found at: https://www.standard.com/mybenefits/pebb/needs_life.html

Employee Coverage Effective Date

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period if you are an elected or appointed official, receive medical underwriting approval (if applicable), agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance including Dependents Life insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your agency or university representative for more information regarding these requirements that must be satisfied for your insurance to become effective.

Life Age Reductions

Under this plan:

- If you are an active employee, your coverage amount will not be reduced because of your age.
- If you are a retiree, your coverage amount reduces by your age as follows: by 35 percent at age 65, by 50 percent at age 70, and by 65 percent at age 75. If you are age 65 or over, ask your agency or university representative for the amount of coverage available.

Life Insurance Exclusions

This plan contains an exclusion for death resulting from suicide or other intentionally self-inflicted injury. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death. This is subject to state variations.

Life Insurance Features and Benefits

Please see your agency or university representative for additional information about the features and benefits below.

Waiver of Premium	For active employees only, if you become totally disabled while insured under this plan and under age 60, and complete a waiting period of 180 days, your Optional Life insurance may continue without premium payment provided you give us satisfactory proof that you remain totally disabled.
Accelerated Benefit	For active employees only, if you or your spouse become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Optional Life benefit to a maximum of \$450,000.
Portability	If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage.
Conversion	If your insurance ends or reduces, you may be eligible to convert your life insurance to an individual life insurance policy without submitting proof of good health.

When Insurance Ends

Coverage ends automatically on the earliest of the following:

- The last date the last period ends for which a premium was paid
- The last day of the calendar month in which your employment terminates unless you are covered as a retiree*
- The last day of the calendar month in which you cease to meet the eligibility requirements (coverage may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy

In addition to the above requirements, your Dependents Life coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when insurance ends, contact your agency or university representative.

*If premium payment for the next calendar month is made prior to the date your employment terminates or prior to the date you cease to meet eligibility requirements, insurance will end on the last day of the calendar month following the month in which your employment terminates or you cease to be a member.

Group Insurance Certificate

If coverage becomes effective, and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

Employee Rates

If you elect Optional Life insurance, your monthly rate for this plan is indicated in the tables below. If you are an active employee, premiums for this coverage will be deducted directly from your paycheck.

Active Employees:

Employee's Age (as of January 1)	Rate (Per \$1000 of Total Coverage)	
	Non-Tobacco	Tobacco
<25	\$0.042	\$0.067
25-29	\$0.050	\$0.078
30-34	\$0.065	\$0.101
35-39	\$0.072	\$0.111
40-44	\$0.079	\$0.122
45-49	\$0.124	\$0.187
50-54	\$0.183	\$0.275
55-59	\$0.347	\$0.504
60-64	\$0.539	\$0.777
65-69	\$1.045	\$1.460
70-74	\$1.712	\$2.300
75+	\$1.722	\$2.300

To calculate your premium:

1. Amount Elected: Write this amount on the Additional Life requested amount line on your Enrollment and Change Form. Line 1: _____
2. Line 1 divided by \$1,000 = Line 2. Line 2: _____
3. Select your rate from the rate table and enter on Line 3. Line 3: _____
4. Line 2 multiplied by Line 3 = Your monthly cost. Line 4: _____

Retirees:

Retiree's Age (as of January 1)	Rate (Per \$1000 of Total Coverage)
<50	\$0.270
50-54	\$0.405
55-59	\$0.495
60-64	\$0.675
65-69	\$1.350
70-74	\$2.250
75-79	\$3.375
80-84	\$5.130
85+	\$7.380

To calculate your premium:

1. Amount Elected: Write this amount on the Additional Life requested amount line on your Enrollment and Change Form. Line 1: _____
2. Line 1 divided by \$1,000 = Line 2. Line 2: _____
3. Select your rate from the rate table and enter on Line 3. Line 3: _____
4. Line 2 multiplied by Line 3 = Your monthly cost. Line 4: _____

Dependent Rates

If you elect Dependents Life insurance for your eligible spouse and/or child(ren), your monthly rate for this coverage is \$1.29 regardless of the number of eligible dependents covered. Premiums for this coverage will be deducted directly from your paycheck.

If you elect Optional Dependents Life insurance for your spouse, your monthly rate for this coverage is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Spouse's Age (as of January 1)	Rate (Per \$1000 of Total Coverage)	
	Non-Tobacco	Tobacco
<25	\$0.042	\$0.067
25-29	\$0.050	\$0.078
30-34	\$0.065	\$0.101
35-39	\$0.072	\$0.111
40-44	\$0.079	\$0.122
45-49	\$0.124	\$0.187
50-54	\$0.183	\$0.275
55-59	\$0.347	\$0.504
60-64	\$0.539	\$0.777
65-69	\$1.045	\$1.460
70-74	\$1.712	\$2.300
75+	\$1.722	\$2.300

To calculate your premium:

1. Amount Elected: Write this amount on the Additional Life requested amount line on your Enrollment and Change Form. Line 1: _____
2. Line 1 divided by \$1,000 = Line 2. Line 2: _____
3. Select your rate from the rate table and enter on Line 3. Line 3: _____
4. Line 2 multiplied by Line 3 = Your monthly cost. Line 4: _____

Employee/Spouse/Domestic Partner **Non-Tobacco** Rates effective 1/1/19

Employee/Spouse/DP Optional Life Insurance Monthly Premium Rates (Non-Tobacco)												
Age >	Thru 24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 & up
Rate Per \$10,000 >	\$0.42	\$0.50	\$0.65	\$0.72	\$0.79	\$1.24	\$1.83	\$3.47	\$5.39	\$10.45	\$17.12	\$17.22
AMOUNT												
\$20,000	\$0.84	\$1.00	\$1.30	\$1.44	\$1.58	\$2.48	\$3.66	\$6.94	\$10.78	\$20.90	\$34.24	\$34.44
\$40,000	\$1.68	\$2.00	\$2.60	\$2.88	\$3.16	\$4.96	\$7.32	\$13.88	\$21.56	\$41.80	\$68.48	\$68.88
\$60,000	\$2.52	\$3.00	\$3.90	\$4.32	\$4.74	\$7.44	\$10.98	\$20.82	\$32.34	\$62.70	\$102.72	\$103.32
\$80,000	\$3.36	\$4.00	\$5.20	\$5.76	\$6.32	\$9.92	\$14.64	\$27.76	\$43.12	\$83.60	\$136.96	\$137.76
\$100,000	\$4.20	\$5.00	\$6.50	\$7.20	\$7.90	\$12.40	\$18.30	\$34.70	\$53.90	\$104.50	\$171.20	\$172.20
\$120,000	\$5.04	\$6.00	\$7.80	\$8.64	\$9.48	\$14.88	\$21.96	\$41.64	\$64.68	\$125.40	\$205.44	\$206.64
\$140,000	\$5.88	\$7.00	\$9.10	\$10.08	\$11.06	\$17.36	\$25.62	\$48.58	\$75.46	\$146.30	\$239.68	\$241.08
\$160,000	\$6.72	\$8.00	\$10.40	\$11.52	\$12.64	\$19.84	\$29.28	\$55.52	\$86.24	\$167.20	\$273.92	\$275.52
\$180,000	\$7.56	\$9.00	\$11.70	\$12.96	\$14.22	\$22.32	\$32.94	\$62.46	\$97.02	\$188.10	\$308.16	\$309.96
\$200,000	\$8.40	\$10.00	\$13.00	\$14.40	\$15.80	\$24.80	\$36.60	\$69.40	\$107.80	\$209.00	\$342.40	\$344.40
\$220,000	\$9.24	\$11.00	\$14.30	\$15.84	\$17.38	\$27.28	\$40.26	\$76.34	\$118.58	\$229.90	\$376.64	\$378.84
\$240,000	\$10.08	\$12.00	\$15.60	\$17.28	\$18.96	\$29.76	\$43.92	\$83.28	\$129.36	\$250.80	\$410.88	\$413.28
\$260,000	\$10.92	\$13.00	\$16.90	\$18.72	\$20.54	\$32.24	\$47.58	\$90.22	\$140.14	\$271.70	\$445.12	\$447.72
\$280,000	\$11.76	\$14.00	\$18.20	\$20.16	\$22.12	\$34.72	\$51.24	\$97.16	\$150.92	\$292.60	\$479.36	\$482.16
\$300,000	\$12.60	\$15.00	\$19.50	\$21.60	\$23.70	\$37.20	\$54.90	\$104.10	\$161.70	\$313.50	\$513.60	\$516.60
\$320,000	\$13.44	\$16.00	\$20.80	\$23.04	\$25.28	\$39.68	\$58.56	\$111.04	\$172.48	\$334.40	\$547.84	\$551.04
\$340,000	\$14.28	\$17.00	\$22.10	\$24.48	\$26.86	\$42.16	\$62.22	\$117.98	\$183.26	\$355.30	\$582.08	\$585.48
\$360,000	\$15.12	\$18.00	\$23.40	\$25.92	\$28.44	\$44.64	\$65.88	\$124.92	\$194.04	\$376.20	\$616.32	\$619.92
\$380,000	\$15.96	\$19.00	\$24.70	\$27.36	\$30.02	\$47.12	\$69.54	\$131.86	\$204.82	\$397.10	\$650.56	\$654.36
\$400,000	\$16.80	\$20.00	\$26.00	\$28.80	\$31.60	\$49.60	\$73.20	\$138.80	\$215.60	\$418.00	\$684.80	\$688.80
\$420,000	\$17.64	\$21.00	\$27.30	\$30.24	\$33.18	\$52.08	\$76.86	\$145.74	\$226.38	\$438.90	\$719.04	\$723.24
\$440,000	\$18.48	\$22.00	\$28.60	\$31.68	\$34.76	\$54.56	\$80.52	\$152.68	\$237.16	\$459.80	\$753.28	\$757.68
\$460,000	\$19.32	\$23.00	\$29.90	\$33.12	\$36.34	\$57.04	\$84.18	\$159.62	\$247.94	\$480.70	\$787.52	\$792.12
\$480,000	\$20.16	\$24.00	\$31.20	\$34.56	\$37.92	\$59.52	\$87.84	\$166.56	\$258.72	\$501.60	\$821.76	\$826.56
\$500,000	\$21.00	\$25.00	\$32.50	\$36.00	\$39.50	\$62.00	\$91.50	\$173.50	\$269.50	\$522.50	\$856.00	\$861.00
\$520,000	\$21.84	\$26.00	\$33.80	\$37.44	\$41.08	\$64.48	\$95.16	\$180.44	\$280.28	\$543.40	\$890.24	\$895.44
\$540,000	\$22.68	\$27.00	\$35.10	\$38.88	\$42.66	\$66.96	\$98.82	\$187.38	\$291.06	\$564.30	\$924.48	\$929.88
\$560,000	\$23.52	\$28.00	\$36.40	\$40.32	\$44.24	\$69.44	\$102.48	\$194.32	\$301.84	\$585.20	\$958.72	\$964.32
\$580,000	\$24.36	\$29.00	\$37.70	\$41.76	\$45.82	\$71.92	\$106.14	\$201.26	\$312.62	\$606.10	\$992.96	\$998.76
\$600,000	\$25.20	\$30.00	\$39.00	\$43.20	\$47.40	\$74.40	\$109.80	\$208.20	\$323.40	\$627.00	\$1027.20	\$1033.20

Employee/Spouse/DP Optional Life Insurance Monthly Premium Rates (Tobacco)

Age >	Thru 24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 & up
Rate Per \$10,000 >	\$0.67	\$0.78	\$1.01	\$1.11	\$1.22	\$1.87	\$2.75	\$5.04	\$7.77	\$14.60	\$23.00	\$23.00
AMOUNT												
\$20,000	\$1.34	\$1.56	\$2.02	\$2.22	\$2.44	\$3.74	\$5.50	\$10.08	\$15.54	\$29.20	\$46.00	\$46.00
\$40,000	\$2.68	\$3.12	\$4.04	\$4.44	\$4.88	\$7.48	\$11.00	\$20.16	\$31.08	\$58.40	\$92.00	\$92.00
\$60,000	\$4.02	\$4.68	\$6.06	\$6.66	\$7.32	\$11.22	\$16.50	\$30.24	\$46.62	\$87.60	\$138.00	\$138.00
\$80,000	\$5.36	\$6.24	\$8.08	\$8.88	\$9.76	\$14.96	\$22.00	\$40.32	\$62.16	\$116.80	\$184.00	\$184.00
\$100,000	\$6.70	\$7.80	\$10.10	\$11.10	\$12.20	\$18.70	\$27.50	\$50.40	\$77.70	\$146.00	\$230.00	\$230.00
\$120,000	\$8.04	\$9.36	\$12.12	\$13.32	\$14.64	\$22.44	\$33.00	\$60.48	\$93.24	\$175.20	\$276.00	\$276.00
\$140,000	\$9.38	\$10.92	\$14.14	\$15.54	\$17.08	\$26.18	\$38.50	\$70.56	\$108.78	\$204.40	\$322.00	\$322.00
\$160,000	\$10.72	\$12.48	\$16.16	\$17.76	\$19.52	\$29.92	\$44.00	\$80.64	\$124.32	\$233.60	\$368.00	\$368.00
\$180,000	\$12.06	\$14.04	\$18.18	\$19.98	\$21.96	\$33.66	\$49.50	\$90.72	\$139.86	\$262.80	\$414.00	\$414.00
\$200,000	\$13.40	\$15.60	\$20.20	\$22.20	\$24.40	\$37.40	\$55.00	\$100.80	\$155.40	\$292.00	\$460.00	\$460.00
\$220,000	\$14.74	\$17.16	\$22.22	\$24.42	\$26.84	\$41.14	\$60.50	\$110.88	\$170.94	\$321.20	\$506.00	\$506.00
\$240,000	\$16.08	\$18.72	\$24.24	\$26.64	\$29.28	\$44.88	\$66.00	\$120.96	\$186.48	\$350.40	\$552.00	\$552.00
\$260,000	\$17.42	\$20.28	\$26.26	\$28.86	\$31.72	\$48.62	\$71.50	\$131.04	\$202.02	\$379.60	\$598.00	\$598.00
\$280,000	\$18.76	\$21.84	\$28.28	\$31.08	\$34.16	\$52.36	\$77.00	\$141.12	\$217.56	\$408.80	\$644.00	\$644.00
\$300,000	\$20.10	\$23.40	\$30.30	\$33.30	\$36.60	\$56.10	\$82.50	\$151.20	\$233.10	\$438.00	\$690.00	\$690.00
\$320,000	\$21.44	\$24.96	\$32.32	\$35.52	\$39.04	\$59.84	\$88.00	\$161.28	\$248.64	\$467.20	\$736.00	\$736.00
\$340,000	\$22.78	\$26.52	\$34.34	\$37.74	\$41.48	\$63.58	\$93.50	\$171.36	\$264.18	\$496.40	\$782.00	\$782.00
\$360,000	\$24.12	\$28.08	\$36.36	\$39.96	\$43.92	\$67.32	\$99.00	\$181.44	\$279.72	\$525.60	\$828.00	\$828.00
\$380,000	\$25.46	\$29.64	\$38.38	\$42.18	\$46.36	\$71.06	\$104.50	\$191.52	\$295.26	\$554.80	\$874.00	\$874.00
\$400,000	\$26.80	\$31.20	\$40.40	\$44.40	\$48.80	\$74.80	\$110.00	\$201.60	\$310.80	\$584.00	\$920.00	\$920.00
\$420,000	\$28.14	\$32.76	\$42.42	\$46.62	\$51.24	\$78.54	\$115.50	\$211.68	\$326.34	\$613.20	\$966.00	\$966.00
\$440,000	\$29.48	\$34.32	\$44.44	\$48.84	\$53.68	\$82.28	\$121.00	\$221.76	\$341.88	\$642.40	\$1012.00	\$1012.00
\$460,000	\$30.82	\$35.88	\$46.46	\$51.06	\$56.12	\$86.02	\$126.50	\$231.84	\$357.42	\$671.60	\$1058.00	\$1058.00
\$480,000	\$32.16	\$37.44	\$48.48	\$53.28	\$58.56	\$89.76	\$132.00	\$241.92	\$372.96	\$700.80	\$1104.00	\$1104.00
\$500,000	\$33.50	\$39.00	\$50.50	\$55.50	\$61.00	\$93.50	\$137.50	\$252.00	\$388.50	\$730.00	\$1150.00	\$1150.00
\$520,000	\$34.84	\$40.56	\$52.52	\$57.72	\$63.44	\$97.24	\$143.00	\$262.08	\$404.04	\$759.20	\$1196.00	\$1196.00
\$540,000	\$36.18	\$42.12	\$54.54	\$59.94	\$65.88	\$100.98	\$148.50	\$272.16	\$419.58	\$788.40	\$1242.00	\$1242.00
\$560,000	\$37.52	\$43.68	\$56.56	\$62.16	\$68.32	\$104.72	\$154.00	\$282.24	\$435.12	\$817.60	\$1288.00	\$1288.00
\$580,000	\$38.86	\$45.24	\$58.58	\$64.38	\$70.76	\$108.46	\$159.50	\$292.32	\$450.66	\$846.80	\$1334.00	\$1334.00
\$600,000	\$40.20	\$46.80	\$60.60	\$66.60	\$73.20	\$112.20	\$165.00	\$302.40	\$466.20	\$876.00	\$1380.00	\$1380.00



Standard Insurance Company
Voluntary Short Term Disability Coverage Highlights
State of Oregon

Voluntary Short Term Disability (STD) Insurance

Short Term Disability insurance pays a weekly benefit in the event you cannot work because of a covered illness or injury. An STD benefit replaces a portion of your weekly income, providing funds directly to you to help pay your bills and living expenses. Standard Insurance Company (The Standard) has developed this document to provide you with information about the optional coverage you may select through the State of Oregon.

Eligibility Requirements

- | | |
|-----------------|---|
| Employee | <ul style="list-style-type: none">• You must be a regular employee of The State of Oregon by and through its Public Employees' Benefit Board who is Actively At Work and meet the terms of eligibility for insurance under the group policy outlined in the PEBB Administrative Rules• Seasonal/intermittent employees, employees scheduled to work less than 90 days, temporary, and full-time members of the armed forces are not eligible |
| Premium | <ul style="list-style-type: none">• You pay 100 percent of the premium for this coverage through easy payroll deduction |

Benefit Amount and Duration

- | | |
|------------------------------------|---|
| Benefit Percentage | Your weekly STD benefit is 60 percent of the first \$2,770 of your weekly insured predisability earnings, reduced by deductible income |
| Plan Maximum Weekly Benefit | \$1,662 |
| Plan Minimum Weekly Benefit | \$25 |
| Maximum Benefit Period | 4 weeks if preexisting condition limitation applies; or 13 weeks if preexisting condition limitation does not apply. However, STD Benefits will end on the date Long Term Disability benefits become payable to you under a group plan provided by your employer, even if that occurs before the end of the Maximum Benefit Period. |

Employee Coverage Effective Date

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period if you are an elected or appointed official, receive medical underwriting approval (if applicable), and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance. If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your agency or university representative for more information regarding the requirements that must be satisfied for your insurance to become effective.

Understanding Your Plan Design

- | | | | | | |
|--|--|-------------------|--------------|--|--------------|
| Benefit Waiting Period | <p>If your claim for STD Benefits is approved by The Standard, benefits become payable after you have served continuously the applicable days noted below for your disability and you remain disabled. Benefits are not payable during the benefit waiting period.</p> <table border="0"><tr><td>Accidental Injury</td><td>After 0 days</td></tr><tr><td>Physical disease, pregnancy or mental disorder</td><td>After 7 days</td></tr></table> | Accidental Injury | After 0 days | Physical disease, pregnancy or mental disorder | After 7 days |
| Accidental Injury | After 0 days | | | | |
| Physical disease, pregnancy or mental disorder | After 7 days | | | | |
| Definition of Disability | <p>You will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:</p> <ul style="list-style-type: none">• You are unable to perform with reasonable continuity the material duties of your own occupation, and | | | | |

	<ul style="list-style-type: none"> You suffer a loss of at least 20 percent in your predisability earnings when working in your own occupation <p>You are not disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.</p>
Deductible Income	<p>Deductible income is income you receive or are eligible to receive while STD benefits are payable. Deductible income includes, but is not limited to:</p> <ul style="list-style-type: none"> Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) Earnings from work activity while you are disabled, plus the earnings you could receive if you worked as much as your disability allows Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

Additional Feature

Please see your agency or university representative for additional information about the feature and benefit below.

**Reasonable
Accommodation
Expense Benefit**

If your employer makes an approved work-site modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a pre-approved amount for some or all of the cost of the modification.

Exclusions

You are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification

Preexisting Condition Limitation

A preexisting condition is a mental or physical condition whether or not diagnosed or misdiagnosed:

- For which you have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications
- Which, as a result of any medical examination, including routine examination, was discovered or suspected

Preexisting Condition Period The 90-day period just before your insurance becomes effective

Exclusion Period 12 months

Limitations

STD benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty as determined by The Standard
- Confined for any reason in a penal or correctional institution
- Eligible to receive benefits for your disability under a workers' compensation law or similar law

When Benefits End

STD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date you begin working for an employer other than State of Oregon, or become self-employed

- The date benefits become payable under any other disability insurance plan under which you become insured through employment during a period of temporary recovery
- The date you fail to provide proof of continued disability and entitlement to benefits
- The date long term disability benefits become payable to you under a long term disability plan

When Insurance Ends

Insurance ends automatically on the earliest of the following:

- The date the last period ends for which a premium was paid
- The last day of the calendar month in which your employment terminates*
- The date the group policy terminates
- The date you cease to meet the eligibility requirements* (insurance may continue for limited periods under certain circumstances)

*If premium payment for the next calendar month is made prior to the date your employment terminates or prior to the date you cease to meet the eligibility requirements, insurance will end on the last day of the calendar month following the month in which your employment terminates or you cease to be a member.

Group Insurance Certificate

If coverage becomes effective, and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

Rates

If you have questions regarding how to determine your earnings, please contact your agency or university representative. Premiums for this coverage will be deducted directly from your paycheck.

<u>Coverage</u>	<u>Percent of Insured Earnings</u>
Short Term Disability	0.69

To calculate your monthly payroll deduction, use the formula indicated below:

1. Enter your average monthly earnings, not to exceed \$12,002, on Line 1. Line 1: _____
2. Select your rate from the rate table and divide this by 100. Line 2: 0.0069
3. Multiply Line 1 by the amount shown on Line 2. Line 3: _____

The amount shown on Line 3 is your estimated monthly payroll deduction.



Standard Insurance Company
Voluntary Long Term Disability Coverage Highlights
State of Oregon

Voluntary Long Term Disability (LTD) Insurance

Long Term Disability insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need. Standard Insurance Company (The Standard) has developed this document to provide you with information about the optional coverage you may select through State of Oregon.

Eligibility Requirements

- | | |
|-----------------|--|
| Employee | <ul style="list-style-type: none">• You must be a regular employee of the Employer who is Actively At Work and who meets the terms of eligibility for insurance under the group policy outlined in the PEBB Administrative Rules• Seasonal/intermittent employees, employees scheduled to work less than 90 days, temporary employees, and full-time members of the armed forces are not eligible |
| Premium | <ul style="list-style-type: none">• You pay 100 percent of the premium for this coverage through easy payroll deduction |

Benefit Amount

When you apply for coverage, you may elect Plan 1, 2, 3 or 4. A later change in your plan selection may be subject to a new preexisting condition exclusion with respect to coverage under the newly elected Plan.

Benefit Percentage	Plans 1 and 2: Your monthly benefit is 60 percent of the first \$12,000 of your insured predisability earnings reduced by deductible income Plans 3 and 4: Your monthly benefit is 66 2/3 percent of the first \$12,000 of your insured predisability earnings reduced by deductible income
Plan Maximum Monthly Benefit	Plans 1 and 2: \$7,200 Plans 3 and 4: \$8,000
Plan Minimum Monthly Benefit	\$50

Disability Needs Calculator

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Disability insurance you may need if you become unable to work, The Standard has created a Disability Needs Calculator found at: https://www.standard.com/mybenefits/pebb/needs_ltd.html

Employee Coverage Effective Date

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period if you an elected or appointed official, receive medical underwriting approval (if applicable), and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance. If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your agency or university representative for more information regarding the requirements that must be satisfied for your insurance to become effective.

Understanding Your Plan Design

Benefit Waiting Period	If your claim for LTD benefits is approved by The Standard, benefits become payable after you have been continuously disabled for the applicable period shown below, and remain disabled. Benefits are not payable during the benefit waiting period. Plans 1 and 3: 90 days Plans 2 and 4: 180 days
-------------------------------	--

Understanding Your Plan Design, continued
**Own Occupation
Definition of
Disability**

For the benefit waiting period and the first 24 months for which LTD benefits are paid, you are considered disabled when you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of your own occupation **AND** are suffering a loss of at least 20 percent of your indexed predisability earnings when working in your own occupation. You are not disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

**Any Occupation
Definition of
Disability**

After the own occupation period of disability, you will be considered disabled if you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of any occupation.

**Maximum Benefit
Period**

If you become disabled before age 62, LTD benefits may continue during disability until you reach age 65. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

<u>Age</u>	<u>Maximum Benefit Period</u>
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

Deductible Income

Deductible income is income you receive or are eligible to receive while LTD benefits are payable. Deductible income includes, but is not limited to:

- Sick pay, annual or personal leave pay, severance pay or other forms of salary contribution (including donated amounts) paid
- Benefits under any workers' compensation law or similar law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Disability benefits from any other group insurance
- Disability or retirement benefits under your employer's retirement plan, including PERS
- Benefits under any state disability income benefit law or similar law
- Earnings from work activity while you are disabled, plus the earnings you could receive if you work as much as your disability allows
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above
- If you are employed by the Oregon University System, any benefits under any employer-sponsored individual disability insurance arranged for individuals in a common group.

Benefit Calculation**Example**

The LTD benefit amount is determined by multiplying your insured predisability earnings by the specified benefit percentage. This amount is then reduced by deductible income. In the example below, the LTD benefit amount is 60 percent of insured predisability earnings. If your monthly earnings before becoming disabled were \$4,500, and you now receive a monthly Social Security disability benefit of \$1,200 and a monthly retirement benefit of \$900, your monthly LTD benefit would be calculated as follows:

Insured predisability earnings	\$4,500
LTD benefit percentage	X 60%
	<u>\$2,700</u>
Less Social Security disability benefit	-\$1,200
Less retirement benefit	-\$900
Amount of LTD benefit	\$600

Additional Features

Please see your agency or university representative for additional information about the features and benefits below.

24 Hour Coverage

24-hour LTD plans provide coverage for disabilities occurring on or off the job.

Rehabilitation Plan

If you are participating in an approved Rehabilitation Plan, The Standard may include payment of some of the expenses you incur in connection with the plan including but not limited to; training and education expenses, family (child and elder) care expenses, job related expenses and job search expenses.

**Reasonable
Accommodation
Expense Benefit**

If your employer makes an approved work-site modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a pre-approved amount for some or all of the cost of the modification.

Survivors Benefit

If you die while LTD benefits are payable, a survivors benefit equal to three times your unreduced LTD benefit may be payable (any survivors benefit payable will first be applied to any overpayment of your claim due to The Standard).

**Family Care Expense
Benefit**

Applies when a disabled employee has returned to work and continues to receive LTD benefits. For 24 months, a portion of expenses (up to \$250 per dependent or \$500 per family, per month) is deducted from the amount of your work earnings.

**Assisted Living
Benefit**

Your benefit will be increased by the percent of your predisability earnings shown below when you are unable to perform two or more Activities of Daily Living or suffering severe cognitive impairment. The maximum benefit amount cannot exceed \$5,000 in addition to the LTD benefit.

Plans 1 and 2: 20%

Plans 3 and 4: 13 1/3%

Exclusions

With regard to the Assisted Living Benefit, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- A preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for a specified period of time, and you have been actively at work for at least one full day after the end of the exclusion period

With regard to the LTD Benefit, you are not covered for a disability caused or contributed to by any of the following:

- An intentionally self-inflicted injury, while sane or insane
- A preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for a specified period of time, and you have been actively at work for at least one full day after the end of the exclusion period

Preexisting Condition Provision

A preexisting condition is a mental or physical condition whether or not diagnosed or misdiagnosed:

- For which you have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications
- Which, as a result of any medical examination, including routine examination, was discovered or suspected

Preexisting Condition Period For the Assisted Living Benefit: The 3-month period just before your Assisted Living Benefit coverage becomes effective

Exclusion Period For the LTD Benefit: The 90-day period just before your insurance becomes effective
12 months

Limitations

LTD benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty as determined by The Standard
- Confined for any reason in a penal or correctional institution

In addition, payment of LTD benefits is limited in duration if your disability is caused or contributed to by mental disorders

When Benefits End

LTD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date benefits become payable under any other LTD disability insurance plan under which you become insured through employment during a period of temporary recovery
- The date you fail to provide proof of continued disability and entitlement to benefits

When Insurance Ends

Insurance ends automatically on the earliest of the following:

- The last day of the last period for which you make a premium contribution (except if premiums are waived while disabled)
- The last day of the calendar month in which your employment terminates*
- The date the group policy terminates
- The date you cease to be a member* (insurance may continue for limited periods under certain circumstances)

*If premium contribution for the next calendar month is made prior to the date your employment terminates or prior to the date you cease to be a member, insurance will end on the last day of the calendar month following the month in which your employment terminates or you cease to be a member.

Group Insurance Certificate

If coverage becomes effective, and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

Rates

If you have questions regarding how to determine your earnings, please contact your agency or university representative. Premiums for this coverage will be deducted directly from your paycheck.

	<u>Percent of Insured Earnings</u>
Plan 1 – 60% Benefit 90-day BWP	0.54
Plan 2 – 60% Benefit 180-day BWP	0.19
Plan 3 – 66 2/3 Benefit 90-day BWP	1.12
Plan 4 – 66 2/3 Benefit 180-day BWP	0.28

To calculate your monthly payroll deduction, use the formula indicated below:

1. Enter your average monthly earnings, not to exceed \$12,000, on Line 1. Line 1: _____
2. Select your rate from the rate table and divide this by 100. Line 2: _____
3. Multiply Line 1 by the amount shown on Line 2. Line 3: _____

The amount shown on Line 3 is your estimated monthly payroll deduction.

Disability Premium Rates

Short Term Disability

Plan	Rate	Waiting Period	Coverage	Coverage Maximum/Minimum
	\$0.0064	7 days, unless accidental injury	60% of first \$2,770 weekly earnings minus deductible income	\$1,662 before reduction by deductible income/\$25

Long Term Disability

This insurance may replace a part of your monthly income should you become disabled. You must self pay for this coverage; the state does not provide a benefit amount for this benefit.

Plan	Rate	Waiting Period	Coverage	Coverage Maximum/Minimum
1	\$0.0051	90 days	60% of first \$12,000 monthly earnings minus deductible income	\$7,200 before reduction by deductible income/\$50
2	\$0.0018	180 days	60% of first \$12,000 monthly earnings minus deductible income	\$7,200 before reduction by deductible income/\$50
3	\$0.0106	90 days	66 2/3% of first \$12,000 monthly earnings minus deductible income	\$8,000 before reduction by deductible income/\$50
4	\$0.0027	180 days	66 2/3% of first \$12,000 monthly earnings minus deductible income	\$8,000 before reduction by deductible income/\$50



Standard Insurance Company
Voluntary AD&D Coverage Highlights
State of Oregon

Voluntary Accidental Death and Dismemberment (AD&D) Insurance

Accidents can happen to anyone, anywhere. Voluntary AD&D insurance can provide extra protection in the event an accident happens to you. Standard Insurance Company (The Standard) has developed this document to provide you with information about the elective coverage you may select through the State of Oregon.

Eligibility Requirements

Employee

- You must be active employee of the Employer who is regularly scheduled to work and who meets the terms of eligibility for insurance under the group policy outlined in the PEBB Administrative Rules

Dependent

- Employees scheduled to work less than 90 days, temporary employees, and full-time members of the armed forces are not eligible
- You must elect Voluntary AD&D insurance for yourself in order to elect Dependents AD&D insurance
- Spouse means a person to whom you are legally married or your domestic partner as recognized by law
- Child means any child who meets the terms of eligibility outlined in the PEBB Administrative Rules. The child of a domestic partner is entitled to the same benefits as the child of an employee or the employee's spouse
- Your spouse or children must not be full-time member(s) of the armed forces

Premium

- You pay 100 percent of the premium for this coverage through easy payroll deduction

Coverage Amount Guidelines

Within the coverage amount guidelines shown below, you select the amount of Voluntary AD&D for which you are interested in applying.

	Minimum	Incremental Unit	Maximum
Employee	\$50,000	\$50,000	\$500,000

You may also elect Voluntary AD&D coverage for your family. The coverage amount for each dependent is as follows:

Spouse only	50% of your AD&D coverage amount
Child(ren) only	15% of your AD&D coverage amount for each child
Spouse and Child(ren)	40% of your AD&D coverage amount 15% of your AD&D coverage amount for each child

Employee Coverage Effective Date

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period if you are an elected or appointed official, agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, including Dependents AD&D insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your agency or university representative for more information regarding these requirements that must be satisfied for your insurance to become effective.

Voluntary AD&D Age Reductions

Under this plan, your insurance will not be reduced because of your age.

Voluntary AD&D Insurance Benefit Schedule

The amount of your or your dependents AD&D benefit for losses covered under this plan is a percentage of the amount of your or your dependents AD&D insurance in effect on the date of the covered accident as shown below.

Loss:	Percentage Payable:
Loss of Life ¹	100%
One hand or one foot ²	50%
Sight in one eye, speech, or hearing in both ears	50%
Two or more of the losses listed above	100%
Thumb and index finger of the same hand ³	25%
Quadriplegia	100%
Hemiplegia	50%
Paraplegia	50%

¹ Including loss of life by accidental exposure to adverse weather conditions or disappearance if the disappearance is caused by an accident that could have reasonably resulted in your death.

² Even if the severed part is surgically re-attached. This benefit is not payable if a Voluntary AD&D benefit is payable for Quadriplegia, Hemiplegia, or Paraplegia involving the same hand or foot.

³ This benefit is not payable if a Voluntary AD&D benefit is payable for the loss of the entire hand.

The loss must be caused solely and directly by an accident and occurs independently of all other causes, within 365 days after the accident. Loss of life must be evidenced by a certified copy of the death certificate. All other losses must be certified by a physician in the appropriate specialty as determined by The Standard. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

Voluntary AD&D Insurance Exclusions

Subject to state variations, AD&D benefits are not payable for death or dismemberment caused or contributed to by:

- War or act of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature
- Suicide or other intentionally self-inflicted injury
- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Voluntary use or consumption of any poison, chemical compound or drug, unless used or consumed according to the directions of a physician
- Sickness or pregnancy existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above
- Travel or flight in or descent from any kind of aircraft, as a pilot or crew member, except in a State of Oregon owned, leased or operated aircraft while on state business

Voluntary AD&D Insurance Features

The following are brief descriptions of features included in this plan. These features offer additional benefits when an AD&D benefit is payable

Family Benefits Package	Eligible family members may be entitled to receive additional financial help for child care, college or career training in the event of your death. Included are the Child Care Benefit, Higher Education Benefit and Career Adjustment Benefit.
Line of Duty Benefit	This provides an additional benefit for public safety officers who suffer death or dismemberment in an accident while acting in the line of duty.
Occupational Assault Benefit	This provision provides an additional benefit if you suffer death or dismemberment as a result of an act of workplace physical violence that is punishable by law.
Paralysis Benefit⁴	This provides a portion of your AD&D benefit if you suffer an accident that results in quadriplegia, hemiplegia, or paraplegia.

Public Transportation Benefit⁴

This provides an additional benefit in the event of death as a result of an accident that occurs while you are riding as a fare-paying passenger on public transportation.

Seat Belt Benefit⁴

This provides an additional benefit if you [or your dependent] die as a result of a covered automobile accident while properly using a seat belt system.

⁴ This benefit is also available to your dependents.

When Insurance Ends

Coverage ends automatically on the earliest of the following:

- The last date the last period ends for which a premium was paid
- The last day of the month in which your employment terminates*
- The date you cease to meet the eligibility requirements* (coverage may continue for limited periods under certain circumstances)
- The date the group policy terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy

* If premium payment for the next calendar month is made prior to the date your employment terminates or prior to the date you cease to meet eligibility requirements, insurance will end on the last day of the calendar month following the month in which your employment terminates or you cease to be a member.

In addition to the above requirements, your Dependents AD&D coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when insurance ends, contact your agency or university representative.

Group Insurance Certificate

If coverage becomes effective, and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

Voluntary AD&D Rates

	<u>Cost per \$1,000 of Coverage</u>
Employee Only	\$0.020
Family	\$0.034

To calculate Voluntary AD&D premium for you:

$$\frac{\text{Your Amount Elected}}{\div \$1,000} = \text{_____} \times \$0.020 = \text{_____}$$

Your monthly cost

To calculate Voluntary AD&D premium for your family:

$$\frac{\text{Your Amount Elected}}{\div \$1,000} = \text{_____} \times \$0.034 = \text{_____}$$

Your monthly cost

Premiums for this coverage will be deducted directly from your paycheck.

Accidental Death and Dismemberment Premium Rates

Rate	Employee	w/ Dependents
\$50,000	\$1.00	\$1.70
\$100,000	\$2.00	\$3.40
\$150,000	\$3.00	\$5.10
\$200,000	\$4.00	\$6.80
\$250,000	\$5.00	\$8.50
\$300,000	\$6.00	\$10.20
\$350,000	\$7.00	\$11.90
\$400,000	\$8.00	\$13.60
\$450,000	\$9.00	\$15.30
\$500,000	\$10.00	\$17.00



HEALTHCARE & DEPENDENT CARE FSA SUMMARY

What is a Flexible Spending Account (FSA)?

A Flexible Spending Account is a year-to-year tax-free account that allows you to save money to pay for your out-of-pocket healthcare expenses, including prescription drug costs, over-the-counter health care products, medical, dental, vision and hearing expenses and/or your work-related child or dependent care expenses, including day care, baby sitting, in-home care for older dependents and before & after school care expenses.

When you enroll in an FSA, you decide how much to contribute to each account for each year. For the Healthcare FSA you can set aside up to \$2,650, **but remember that the amount elected must be for expenses incurred during the plan year - January 1, 2019 - December 31, 2019.** For the Dependent Care FSA the calendar year maximum is \$5,000 (\$2,500 if you are a married individual and file a separate tax return from your spouse) per household. The money is deducted from your paycheck pre-tax (before Federal & State income taxes and FICA taxes are deducted) in equal amounts, over the course of the plan year. After you incur expenses that qualify for reimbursement, you submit claims (reimbursement requests) to ASIFlex to request tax-free withdrawals from your FSA to reimburse yourself for these expenses.

What healthcare expenses can I use my Healthcare FSA for?

Partial list of qualified medical expenses:

- ✓ Deductibles & copayments
- ✓ Doctor's fees, Chiropractor's fees
- ✓ Dental expenses, orthodontia (see specific requirements)
- ✓ LASIK surgery, eyeglasses, contact lenses, lens cleaning solutions
- ✓ Prescription drugs & insulin
- ✓ Over-the-counter health care products (see the FSA Store link on www.asiflex.com)

Your FSA cannot be used for:

- ✓ Insurance premiums
- ✓ Cosmetic procedures (such as face lifts, teeth whitening, veneers, hair replacement, etc.)
- ✓ Clip-on or nonprescription sunglasses
- ✓ Toiletries
- ✓ Long-term care expenses
- ✓ Drugs, herbs, or vitamins for general health
- ✓ Warranties

Check out www.asiflex.com for more eligible expenses

How do I determine how much to contribute?

Estimate your expected or routine healthcare expenses that will not be reimbursed by your medical, vision or dental plans during the 2016 Plan Year (January 1 - December 31, 2019). Be sure to consider over-the-counter health care products like Band-aids, Sunscreen, wrist braces, pill holders, etc. **Remember that expenses for your tax dependents qualify for reimbursement through your Healthcare FSA program, even if they are not covered on your medical/vision/dental insurance through your employer.**

Runout Period – Deadline to Submit Claims

While claims have to be incurred during the plan year (January 1 – December 31, 2019), you have until March 31 the following year to file for reimbursement. This 90-day deadline is called the "Runout Period". If you miss this claim filing deadline, the IRS rules require that unused dollars in your account be forfeited.

Healthcare FSA – Carryover Up to \$500!

At the end of the Runout Period, **participants are allowed to carryover up to \$500 of unused contributions into the following plan year!** This means you have more flexibility in estimating the amount to contribute to your account because you no longer forfeit all of what you don't use – you can carry over up to \$500 to the next year. The carryover amount will not reduce your new plan year election. For example, since the annual contribution limit is \$2,550, you can carry over up to \$500 of unused funds for a total of \$3,050. For unused contributions over \$500, the IRS still requires that those dollars be forfeited.

Dependent Care FSA

Dependent Care FSAs create a tax break for work-related dependent care expenses for children under the age of 13 or older dependents who are not capable of self-care (typically child care or day care expenses) that enable you to work. If you are married, your spouse must be working, looking for work or be a full-time student. **If you have a stay-at-home spouse, you should not enroll in the Dependent Care FSA.** The IRS allows no more than \$5,000 per household (\$2,500 if you are married and file a separate tax return) to be set-aside in the Dependent Care FSA in a calendar year.

(over)

FSA-1

Dependent Care FSA (cont'd)

Please note that IRS regulations disallow reimbursement for services that have not yet been provided, so even if you pay in advance for your expenses, you can only claim service periods that have already occurred. **Eligible expenses** include day care, baby-sitting, & general purpose day camps. **Ineligible expenses** include overnight camps, care provided by a dependent, your spouse or your child under the age of 19 & care provided while you are not at work.

Dependent Care "Use It Or Lose It"

The carryover provision does not apply to the Dependent Care FSA. Claims incurred for the Dependent Care FSA must be incurred during the plan year (January 1 – December 31, 2019) **AND** be submitted to ASIFlex no later than March 31 each year following the close of the plan year. If you miss this claim filing deadline, the IRS requires that the unused dollars remaining in your account be forfeited.

How do I enroll?

Employees must enroll online during open enrollment. Paper enrollment forms are not accepted.

Remember you must re-enroll in the Healthcare and Dependent Care FSA programs each year (even if you don't want the deduction amount to change).

When can I start requesting reimbursement?

You can start submitting requests as soon as services are provided, but eligible expenses can only be incurred on, or after, January 1, 2019. For the Healthcare FSA, the full annual contribution amount is available on the date your enrollment begins. For the Dependent Care FSA, you can only be reimbursed up to the amount you have had deducted from your paycheck at that point, but requests in excess of this amount will be pending and reimbursed as additional deductions are taken from your paycheck. You may submit reimbursement requests for either account as frequently, or infrequently, as you prefer. You can file claims in several ways:

ASIFlex Mobile App – You can file claims on-the-go and review your account statement. Just snap a picture of your documentation and submit the claim. The app is free and available at asiflex.com, at Google play, or through the App Store.

ASIFlex Online – You can submit claims online through the secure website at www.asiflex.com. You'll need your ASIFlex PIN to complete the request.

Fax or Mail – Obtain a claim form at asiflex.com, complete and send with appropriate documentation by toll-free fax or mail to ASIFlex.

Toll-free fax: 1-877-879-9038

or

Mail to:

ASIFlex

P.O. Box 6044

Columbia, MO 65205-6044

How will I receive reimbursement?

The default reimbursement method for ASIFlex will be to mail you a check. However, you also have the option to sign up to receive reimbursements by direct deposit to a checking or savings account. You can find this form online at www.asiflex.com. ASIFlex will issue your reimbursement within one to three business days of receipt of your claim, as long as acceptable documentation is also provided. You may change your bank account for reimbursement or request to receive reimbursement by check at any time by completing the Direct Deposit/E-mail Form that is available on www.asiflex.com. Your direct deposit information will stay the same until you tell ASIFlex you would prefer deposits to a different bank.

When is the last day I can file a claim?

Claims with dates of service between January 1, 2019 – December 31, 2019 must be submitted to ASIFlex no later than March 31, 2020.

Whom do I contact if I have questions?

ASIFlex Customer Service

1-800-659-3035

Monday – Friday, 5 a.m. – 5 p.m. Pacific Time

Saturday, 7 a.m. – 11 a.m. Pacific Time

E-mail

asi@asiflex.com

ASIFlex's Web site

www.asiflex.com





HEALTH CARE EXPENSE PLANNING WORKSHEET

This worksheet will help you determine the dollar amount you will spend for medical, dental, vision and hearing expenses during the upcoming plan year. **Don't forget that expenses for any of your tax dependents are eligible for your employer's FSA program, even if they aren't on your employer's medical insurance programs.** An expense calculator is also available at www.asiflex.com, and a detailed list of eligible expenses is available on the reverse side of this worksheet and at www.asiflex.com.

Annual Estimate

Medical Expenses not covered by Insurance

Deductibles, co-pays, coinsurance

Physician visits/routine exams

Prescription drugs

Over-the-Counter health care products

Diabetic supplies

Annual physicals

Chiropractic treatments

Mileage Expenses

Other: _____

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Subtotal Medical Expenses

\$ _____

Dental Expenses not covered by Insurance

Checkups/cleanings

Fillings

Root canals

Crowns/Bridges/Dentures

Oral surgery

Orthodontia

Mileage Expenses

Other: _____

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Subtotal Dental Expenses

\$ _____

Vision/Hearing Expenses not covered by Insurance

Exams

Eyeglasses

Over-the-Counter reading glasses

Prescription sunglasses

Contact lenses & cleaning solutions

Corrective eye surgery (LASIK, cataract, etc.)

Hearing exams and hearing aids (and batteries)

Mileage Expenses

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Subtotal Vision/Hearing

\$ _____

Total Health Care Expenses

\$ _____

Eligible Expenses

- ✓ Acupuncture
- ✓ Alcoholism treatment
- ✓ Ambulance
- ✓ Artificial teeth
- ✓ Birth control pills
- ✓ Braille books and magazines
- ✓ Breast pumps
- ✓ Chiropractors
- ✓ Coinsurance amounts and deductibles
- ✓ Contact Lenses, solutions and cleaners
- ✓ Crutches
- ✓ Dental treatment*
- ✓ Dermatologist visits*
- ✓ Eyeglasses (prescription); vision exams
- ✓ Guide dog or other animal aide
- ✓ Hearing devices and batteries
- ✓ Hospital services
- ✓ Immunizations (including flu shots)
- ✓ Infertility treatments
- ✓ Insulin
- ✓ Laboratory/diagnostic fees
- ✓ Language training for child with dyslexia or disabled child
- ✓ Laser eye surgery
- ✓ Learning disability
- ✓ Massage therapy (medical necessity)*
- ✓ Mileage you incur to seek medical care (rate is subject change and without notice from IRS)
- ✓ Norplant insertion or removal
- ✓ Nursing services (medically necessary)
- ✓ Nutritionist's expenses (medical necessity)
- ✓ Occlusal guards to prevent teeth grinding
- ✓ Orthodontia
- ✓ Over-the-counter drugs (require a prescription)*
- ✓ Over-the-counter health care items
- ✓ Oxygen
- ✓ Pap smears
- ✓ Physical therapy
- ✓ Prescription drugs
- ✓ Prosthesis
- ✓ Psychiatric care
- ✓ Psychologist
- ✓ Radial keratotomy
- ✓ Reading glasses
- ✓ Smoking cessation programs
- ✓ Sterilization
- ✓ TMJ related treatments
- ✓ Transplants
- ✓ Travel expenses related to medical care only
- ✓ Wheelchair
- ✓ Wigs (medical reasons only)
- ✓ X-ray fees

Ineligible Expenses

- ✓ Burial expenses
- ✓ Cosmetic procedures (unless necessary to improve a deformity arising from congenital abnormality, personal injury from an accident or trauma, or a disfiguring disease)
- ✓ Dancing lessons
- ✓ Diapers or diaper service
- ✓ Ear piercing
- ✓ Electrolysis (see cosmetic procedures)
- ✓ Exercise equipment, unless prescribed for a specific medical condition
- ✓ Face lifts (see cosmetic procedures)
- ✓ Fitness programs for general health
- ✓ Funeral expenses
- ✓ Hair transplant (see cosmetic procedures)
- ✓ Health club dues
- ✓ Holistic or natural remedies
- ✓ Illegal operations and treatments
- ✓ Items paid or payable by insurance
- ✓ Items you intend to claim as a credit for income tax purposes
- ✓ Marriage counseling
- ✓ Maternity clothes
- ✓ Non-prescription sunglasses (sunchips)
- ✓ Nursing care for a normal, healthy baby
- ✓ Nutritional supplements (general good health)
- ✓ Overnight camp (Dependent Care)
- ✓ Premiums for group health coverage maintained through spouse's employer or individual insurance premiums
- ✓ Rogaine (see cosmetic procedures)
- ✓ Safety glasses (unless prescription)
- ✓ Swimming lessons
- ✓ Tanning salons and equipment
- ✓ Teeth whitening or bleaching (even if as a result of a congenital defect)
- ✓ Vision discount programs or warranty charges
- ✓ Vitamins (over-the-counter)
- ✓ Warranties for eyeglasses and/or hearing aids
- ✓ Weight loss programs and drugs (unless a medical necessity exists for a specific medical condition)

* Items are eligible for reimbursement through a Health Care FSA if they are treating a current or imminent medical condition. Some items may require additional documentation such as a letter of medical necessity or a prescription (for over-the-counter medications) from your medical provider. Please visit www.asiflex.com for a comprehensive list of eligible expenses.

Get the coverage you need.

Won't my other insurance pay for long term care?

Unfortunately, no.

- Medical insurance and Medicare are designed to pay for specific care for acute conditions — not for long term help with daily living.
- Medicaid only helps with long term care expenses after you have depleted virtually all of your assets. The exact amount varies by state but usually leaves just a few thousand dollars in total assets.

Only long term care insurance may cover those costs and allow you to maintain as much of your assets as possible.

Do I need to be in a nursing home to use my LTC insurance?

All Unum plans include a home health option. This allows you to use your benefit to pay for an aide to come to your home, so you can remain in your residence as long as possible. For an extra premium, some plans allow you to pay a family member or friend to take care of you.

Why buy now?

People often buy long term care insurance at an early age, because the younger you are, the more affordable the rates.

In fact, 63% of the people who buy group LTC insurance are under age 55.⁵

Why buy coverage at work?

1. You may get more affordable rates when you buy this coverage through your employer and you may extend your coverage to your parents and spouse.
2. Depending on your plan, you may be able to pay your premiums through convenient payroll deduction.
3. Your employer has selected coverage from Unum, the leading provider of group LTC insurance for employees in the U.S.⁶

Additional help for caregivers

Even if you don't need long term care in the immediate future, you may be a caregiver for someone you love. Your plan includes LTC Connect® service, which gives you access to counselors who can help you find long term care providers in your area, a support group, or other assistance you may need. This service also provides discounts for medical equipment such as walkers, hearing aids, wheelchairs, and other related needs.

1,2,3 U.S. Department of Health and Human Services, "National Clearinghouse for Long-Term Care Information," updated October 2008. Available at: http://www.longtermcare.gov/LTC/Main_Site/Understanding_Long_Term_Care/Basics/Basics.aspx, cited November 17, 2009.

4 Genworth Financial, "2009 Cost of Care Study," April 2009.

5 American Association for Long Term Care Insurance, "2008 LTCI Sourcebook," February 2008.

6 LIMRA, 2008 Group LTC Report, 2009. Based on inforce cases. Excluding federal and California-specific Group LTC plans, Unum also ranks first in number of employees enrolled.

Nursing home care based on 24-hour care for one year.
Assisted living based on 12 months care. Home care based on five hours of care per day, five days per week for Non-Medicaid Certified home health aide services.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form GLTC04 or contact your Unum representative.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

unum.com

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The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent or insurance company.

Who controls your future?

Be prepared with long term care insurance from Unum.

Your life, your choice

There are plenty of decisions to make for retirement...

- Fishing or golf?
- Motor home or long-awaited cruise?
- A house at the beach — or close to the grandchildren?



Long term care insurance may help you avoid a far more difficult decision: whether to exhaust your savings or liquidate your assets to pay for a period of long term care. This policy may help you be prepared for the financial realities and help you maintain control of some important decisions, such as:

- Who would take care of me?
- Where can I choose to receive care?
- Would I be a burden on my children if my savings couldn't cover my care?

What is long term care?

Whether it's due to a motorcycle accident or a serious illness, it is the type of care you may need if you couldn't independently perform the basic activities of daily living: bathing, dressing, using the toilet, transferring from one location to another, continence and eating, or if you suffered severe cognitive impairment from a condition such as Alzheimer's disease.

Who's at risk?

Long term care insurance is not just for the elderly.

- 40% of people currently receiving long term care are working-age adults 18 to 64 years old.¹
- About 70% of individuals over age 65 will require some type of long term care services during their lifetime.²
- By 2020, 12 million people are projected to need long term care.³

How does this coverage help?

Here are some examples of how you may use a long term care benefit of \$3,000 per month, based on the national averages for care:⁴



Home health:

• Long term care annual benefit	\$36,000
• Home health aide (\$18.50/hour)	- \$24,050/year*
• Left over for out-of-pocket expenses	= \$11,950

Assisted living:

• Long term care annual benefit	\$36,000
• Assisted living (\$2,825.25/month)	- \$33,903/year
• Left over for out-of-pocket expenses	= \$2,097

Private nursing home:

• Long term care annual benefit	\$36,000
• Private nursing home (\$203.31/day)	- \$74,208.15/year
• The cost of care that you will pay out of pocket	= -\$38,208.15

*Based on receiving care five hours a day/five days a week at \$18.50/hour. For illustrative purposes only.

How to apply

As an active employee or qualifying family member, you may be eligible for this valuable insurance coverage. To obtain more information, please visit your company's infosite at:

www.unuminfo.com/pebb

This infosite contains all necessary enrollment materials for you to enroll in Long Term Care coverage. If you prefer your enrollment materials to be printed and shipped to your home address, please call: 1-800-227-4165.



Long Term Care Rates

You may choose from \$1,000 - \$6,000 in Facility monthly Benefit. Your monthly Premium will equal the monthly rate for the plan you choose times the facility monthly benefit amount per thousand. Rates below are for a \$1,000 Monthly Facility Benefit .

	Plan 1 Coverage			Plan 2 Coverage			Plan 3 Coverage			Plan 4 Coverage		
	Long Term Care Facility Professional Home Care			Long Term Care Facility Professional Home Care Total Home Care			Long Term Care Facility Professional Home Care Simple Inflation Uncapped			Long Term Care Facility Professional Home Care Total Home Care Simple Inflation Uncapped		
	Benefit Duration			Benefit Duration			Benefit Duration			Benefit Duration		
AGE	3 YR	6 YR	Unlimited	3 YR	6 YR	Unlimited	3 YR	6 YR	Unlimited	3 YR	6 YR	Unlimited
18-30	3.7	4.7	6.7	5.6	7.4	10.7	6.1	8	11.3	9.1	12.1	17.4
31	3.7	5	6.7	5.6	7.7	10.8	6.4	8.3	11.6	9.4	12.5	17.9
32	3.7	5.2	6.96	5.6	7.9	11	6.4	8.7	11.9	9.4	13.1	18.4
33	3.8	5.3	7	5.8	8	11.2	6.8	9.2	12.1	9.9	13.5	18.8
34	3.9	5.3	7.1	5.9	8.2	11.3	7	9.3	12.4	10.2	13.9	19.2
35	4.2	5.5	7.4	6.2	8.4	11.8	7.3	9.6	13.2	10.6	14.5	20.4
36	4.2	5.6	7.6	6.3	8.5	12.1	7.5	10	13.6	10.9	14.9	20.9
37	4.3	6	7.9	6.5	9	12.6	7.8	10.7	14.1	11.3	15.7	21.7
38	4.6	6.2	8.2	6.9	9.4	13	8.4	11	14.7	12.1	16.2	22.4
39	4.9	6.4	8.6	7.3	9.6	13.5	8.8	11.3	15.2	12.6	16.6	23.3
40	5	6.5	8.8	7.4	10	14	9	11.9	15.9	13	17.5	24.4
41	5.1	6.8	9.3	7.7	10.4	14.6	9.5	12.5	16.7	13.6	18.2	25.4
42	5.3	7.3	9.7	7.9	10.9	15.2	9.7	13.1	17.5	14	19.1	26.6
43	5.8	7.6	10.2	8.6	11.5	15.9	10.4	13.6	18.2	14.8	19.9	27.6
44	6	8	10.5	8.9	12	16.6	10.8	14.5	19	15.4	21	28.8
45	6.2	8.5	11.1	9.2	12.6	17.5	11.4	15.1	19.9	16.3	21.9	30.2
46	6.5	8.9	11.8	9.7	13.4	18.5	11.7	15.7	20.8	16.9	22.9	31.5
47	6.9	9.3	12.1	10.2	14	19.4	12.2	16.4	215	17.5	24	32.9
48	7.2	9.8	12.9	10.9	14.9	20.6	12.9	17.2	22.7	18.6	25.2	34.9
49	7.5	10.1	13.9	11.4	15.6	21.7	13.4	18	23.6	19.5	26.6	36.6
50	7.9	10.6	14.2	12	16.5	23.1	14.1	18.7	24.6	20.5	27.8	38.5
51	8.6	11.3	14.9	13	17.6	24.4	14.9	19.8	25.8	21.7	29.4	40.6
52	9.1	11.9	15.6	13.7	18.5	25.8	15.7	20.6	26.9	22.9	30.9	42.7
53	9.5	12.6	16.8	14.5	19.8	27.8	16.4	21.8	28.7	24.1	32.8	45.4
54	10	13.3	17.6	15.4	20.9	29.3	17.2	22.6	29.9	25.3	34.1	47.6
55	10.7	14.2	18.5	16.4	22.3	31	18.2	24	30.9	26.5	36.1	49.3
56	11.3	15.2	19.6	17.4	23.9	33	19.2	25.4	32.8	28	38.1	52.3
57	12.3	16.2	20.9	18.7	25.6	35.3	20.5	27.1	34.7	29.9	40.6	55.7
58	13.1	17.5	22.6	19.9	27.5	38.1	21.7	28.6	36.8	31.4	42.9	59
59	14.3	18.5	24	21.6	29.2	40.8	23.1	30.2	39	33.5	45.4	62.7
60	15.4	20	258.8	23.1	31.4	43.7	24.8	32.2	41.4	35.7	48.3	66.6
61	16.7	22.1	28.1	24.9	34.4	47.5	26.8	25.2	44.7	38.2	52.6	71.9
62	18.5	24	30.9	27.2	37.2	52	29.4	37.9	48.5	41.5	56.3	77.9
63	20.2	26.2	33.6	29.6	40.4	56.5	31.8	41.2	52.3	44.8	60.9	83.9
64	22.2	29	36.5	32.1	44.3	61.4	34.4	44.7	56.3	48	65.6	90
65	25.4	32.7	41.5	36	49.4	68.7	39	50.2	63.3	53.3	72.7	100.1
66	28	36.2	46.1	39.1	54	75.2	42.6	55.1	69.4	57.5	79.1	108.9
67	31.3	40.3	51	43	59.1	82.2	46.9	60.4	75.9	62.3	85.5	117.4
68	34.6	44.4	56.3	46.8	64.4	89.7	51	65.5	82.5	67.3	92.1	126.9

69	38.3	49.3	62.1	51.1	70.3	97.7	55.9	71.5	89.8	72.6	99.2	136.5
70	42.6	54.4	68.7	56	77	106.8	61	78.1	98.1	78.3	107.4	147.6
71	47.1	60.6	76.2	61.1	84.6	117.1	66.9	85.7	107.7	85.1	116.9	161
72	52.3	66.9	84	67	92.5	127.8	73.8	94.3	118	92.8	127.1	174
73	58.1	74	92.6	73.6	101.4	139.5	80.7	102.7	128.4	100.6	137.7	188.4
74	64.2	81.9	101.9	80.6	111.1	152.1	88.7	112.8	140.1	109.3	149.7	203.4
75	77.6	98.4	122.5	96.3	132.6	181.1	105.7	133.8	166	129.14	176.5	239.3
76	85.1	108.3	134.5	104.7	144.5	197.1	114.5	145.1	179.9	138.7	190	257.5
77	93.5	118.7	147.6	114	157.1	214.6	124.9	157.8	196	150	205.2	278.4
78	102.3	130.2	161.4	123.7	171.1	233.2	134.5	170.9	211.4	160.6	220.9	298.9
79	112.6	142.7	176.5	134.9	186.1	252.9	146.9	185.9	229.2	173.9	238.5	321.9
80	123.7	156.5	193.1	146.8	202.7	274.7	159	200.9	247.2	186.8	256.2	345
81	136.3	172	212	160.3	221	299	174	219	269.4	202.5	277.4	372.9
82	151.1	190.4	234.2	176.4	243.3	328	189.8	238.8	293.2	219.6	301.2	403.8
83	167.1	210	257.5	194.2	267.3	358.8	208.5	261.3	319.9	240.1	328.3	438.5
84	184.1	230.9	282.1	212.7	292.6	391	226	282.9	345.2	259.2	354.6	471.6

WOU – Peter Courtney Health & Wellness Center

Membership Eligibility

Faculty & Staff

Current faculty & staff members of WOU are eligible to purchase a HWC Faculty Pass. WOU Faculty & Staff who are also students must purchase the Faculty Pass in order to use the facility unless they are paying full WOU student incidental fees.

Partner

A partner is the legal spouse or state certified domestic partner of an eligible student, faculty or staff member.

Dependents

A person who qualifies under IRS guidelines as the legal dependent of a student, faculty, or staff member may be eligible to purchase a HWC Dependent Pass. The following eligibility rules apply to dependents:

Ages 0-15

Dependents ages 0-15 are not eligible for membership, but may participate during specific Youth Access Hours (see Youth Access Guidelines).

Ages 16+

Dependents ages 16+ are eligible to purchase a HWC Dependent membership. Dependents ages 16+ are eligible for most services, programs, trips or classes with the exception of specifically designed, age-appropriate programs.

Membership Eligibility Membership Enrollment Information can be found at:
<http://www.wou.edu/campusrec/facilities/health-wellness-center/membership/>
503-838-9530
hwc@wou.edu

Put Weight Watchers to work for you!

Your Benefit Board offers Weight Watchers to help you reach your weight-loss goals and improve your overall health.

PEBB subscribers and their covered spouses, domestic partners, and dependents age 10 and older can enroll in Weight Watchers at NO COST*.



1. Participate in up to four no-cost series per year

- Your PEBB benefit covers up to four 13-week series per calendar year. You can enroll in the first series simply by calling Weight Watchers. Proof of participation in at least 10 of the 13 weeks is required to participate in each subsequent series.
- No-cost Weight Watchers benefit is available to PEBB subscribers, covered spouses or domestic partners, and covered dependents age 10 and older. Please call [1-866-454-2144](tel:1-866-454-2144) for more information. If you live in Lane, Douglas, Coos, Curry, Josephine, Jackson or Klamath County, call [1-800-651-6000](tel:1-800-651-6000).

2. Select the Weight Watchers offering that suits you best

- **Weight Watchers At Work meetings****
At Work meetings bring the Weight Watchers experience right to your workplace where a trained Leader facilitates weekly meetings, and you can benefit from the proven advantage of group support from co-workers.
- **Weight Watchers Local Meeting vouchers†**
Local Meeting vouchers offer the flexibility of attending Weight Watchers meetings in your community when and where it suits you best.

Learn how to enroll in Weight Watchers At Work or Local Meetings: [click here](#).

- **OnlinePlus**
You can follow the Weight Watchers plan step-by-step online, with interactive tools and resources like a Weight Tracker, progress charts, restaurant guides and much more. It is available in two versions specifically designed for men or women.

Learn how to subscribe to OnlinePlus: [click here](#).

3. Call Weight Watchers

Please call [1-866-454-2144](tel:1-866-454-2144) for more information. If you live in Lane, Douglas, Coos, Curry, Josephine, Jackson, or Klamath County, call [1-800-651-6000](tel:1-800-651-6000).

Have any questions? [Click here](#) to access a listing of Weight Watchers FAQs.

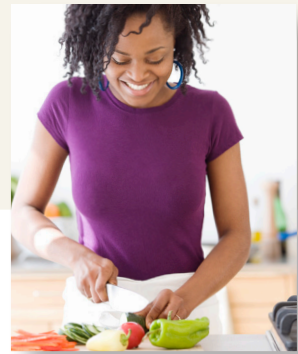
weightwatchers

Weight Watchers Meetings

To enroll in your first Weight Watchers meeting series:

1. Call Weight Watchers at [1-866-454-2144](tel:1-866-454-2144).
2. Provide Weight Watchers your unique member ID that can be found on your insurance card. If you are insured by Kaiser, you will need to provide the last 4 digits of your member ID plus your first and last name.
3. Choose either Local Meeting vouchers or At Work meetings.
4. Weight Watchers will mail you a pass to attend Local Meetings or At Work Meetings if available.

If you live in Lane, Douglas, Coos, Curry, Josephine, Jackson or Klamath County call [1-800-651-6000](tel:1-800-651-6000) to request your initial At Work or Local meeting vouchers.



To enroll in subsequent Weight Watchers meeting series:

1. Show the meeting Receptionist or meeting Leader your weight record, as proof that you have attended at least 10 of 13 meetings.
2. Obtain a special single-use Weight Watchers meeting series renewal certificate with a code valid for one renewal from the Receptionist or Leader.
3. Call [1-866-454-2144](tel:1-866-454-2144). Give Weight Watchers customer service representative your name and ID number as shown on your medical insurance card, and the code from your renewal certificate. If you live in Lane, Douglas, Coos, Curry, Josephine, Jackson or Klamath County call [1-800-651-6000](tel:1-800-651-6000). They will mail you a pass for the next series of meetings.

PEBB members who sign up to attend Local or At-Work meetings receive access to Weight Watchers eTools at no cost. Weight Watchers e-Tools is the Internet weight-loss companion to help you stay on track between meetings.

Interested in starting a new At Work meeting series?

If you have at least 15 co-workers interested in starting an At Work meeting call [1-800-8-AT-WORK](tel:1-800-8-AT-WORK) to talk to your local At Work manager about setting up a meeting. If you live in Lane, Douglas, Coos, Curry, Josephine, Jackson or Klamath County, call [1-800-651-6000](tel:1-800-651-6000).

*Dependents age 10-16 may participate in Local Meetings only with written medical permission. To enroll the dependent must present a doctor's note to the Local Meeting leader. The note should contain the dependent's name, a weight loss goal, and be written on the medical provider's letterhead or a prescription sheet. The leader will provide the dependent with a code required to call Weight Watchers at 1-866-454-2144 and complete enrollment. Dependents participating in Lane, Douglas, Coos, Curry, Josephine, Jackson, or Klamath County can complete their enrollment at the Local Meeting site after presenting their doctor's note. Dependents age 17 may participate in Local Meetings only and do not need a doctor's note to enroll. Dependents age 18 and older have the choice of participating in Local Meetings or online and do not need a doctor's note to enroll. Individuals under the age of 18 are not permitted to subscribe to Weight Watchers Online or e-tools.

**Minimum enrollment required.

† Available only in participating areas in the U.S.

OnlinePlus

To begin your OnlinePlus subscription:

1. Before beginning your registration, call Weight Watchers at [1-866-454-2144](tel:1-866-454-2144) to request your 14-digit Online promotion code. Give them your name and ID number as shown on your medical insurance card.
2. Once you have your promotion code, visit the sign up page by clicking this link.

[Click Here To Get Started](#)

3. Enter your promotion code and click “Sign up now!” to get the special subscription for PEBB.

To sign up, enter your promotion code in the entry box below. You'll only need to use it once.

Weight Watchers access code

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[▶ Sign up Now!](#)

4. Select 3 Month savings plan.

Note: Remember to download and save a copy of your Weight Tracker summary (required for renewal) before the end of your 3 month plan.

- If you have payment information on file with OnlinePlus, you must also cancel your subscription before the end of your 3 month plan or you will be charged.
- If you currently have credit card information on file with OnlinePlus and you wish to delete this information, you will need to cancel your existing subscription and create a new OnlinePlus account. Your history will not be available within your new account.

5. Follow remaining sign-up instructions to set up your account.

Easier Process for OnlinePlus Renewal:

Renewing your OnlinePlus subscription is easy using the web-based renewal portal. No paper forms required.

To renew your OnlinePlus Subscription:

- Step 1: Download and save an image file of your Weight Watchers weight tracker showing at least 10 weeks of participation in the online program. To find your weight tracker, log into your account at www.weightwatchers.com. Then visit “Weight”, the last icon listed in your tracker's dashboard. Using the “Date” drop down and “Weight Log” tracker, take a screen print of your weight tracker (or multiple screen prints if needed) and paste the images into a Word document or other compatible format. Save that file where you can easily retrieve it.
- Step 2: Visit www.pebbwonlinerenewal.com and complete the online application. You will be required to submit the “Chart View” image file of your Weight Watchers weight tracker showing at least 10 weeks of participation to complete the application.
- Step 3: You will receive a new access code to renew your Weight Watchers membership within 5-7 business days.
- Step 4: When you receive your new access code, call [1-866-454-2144](tel:1-866-454-2144). Provide your name and ID number as shown on your medical insurance card, and the access code received. You will then receive a new 14-digit promotion code to renew your OnlinePlus subscription.

Remember: If you have payment information on file with OnlinePlus, you must also cancel your subscription before the end of your 3 month plan or you will be charged. If you enrolled in OnlinePlus without including credit card information in your account, then your account will be automatically cancelled following your 3 month membership. If payment information goes unused on your account for more than 12 months, that information will be automatically deleted from your account.



Healthy Team Healthy U

WELLNESS AT WORK

• SIGN UP BEGINS OCT. 1st! •



CLICK HERE NOW TO
SIGN UP!

October 1st marks the first day you can sign up for Healthy Team Healthy U!

Go to www.pebbwellness.com now to receive the proven effective wellness program at NO COST to PEBB employees! Sign up now to join or form your own team!

• ABOUT •

HEALTHY TEAM HEALTHY U



Healthy Team Healthy U is a fun, interactive program done at work with your team for 12 brief sessions. You will be given the tools to improve your diet, be more physically active, have more energy, and enjoy better health.



Developed by international award-winning doctors at the Oregon Health & Science University, Healthy Team Healthy U has improved the lives of Oregonians over the past two years.

WHAT YOU GET

- High quality sports pedometer
- Healthy online cooking videos
- Exercise video series
- Fun way to support your co-workers

HTHU & HEM

Healthy Team Healthy U counts as two health actions for PEBB employees who are participating in the health engagement model (HEM). You participate in 2014 HEM when you enroll to participate and complete your health assessment during open enrollment. Although, you don't have to be in HEM to enjoy the benefits of signing up for Healthy Team Healthy U! When you participate in **HEM**, you have a **lower 2014 insurance deductible** and **additional money in your paycheck!**

• WATCH •

PERSONAL SUCCESS STORIES



Shane's Story



Juli's Story



Bernie's Story



Please visit us to learn more at
pebbwellness.com

E-mail: info@odysseyscience.com
Phone: 1(855)483-2667



Call Now

Free & Clear[®] Quit For Life[™] Program

Don't let tobacco rule your life — take control

Free & Clear provides:

- Phone-based treatment
- Your own Quit Coach
- Personalized quit smoking plan
- Coping skills
- Medications* for nicotine cravings
- Toll-free phone (5 am to 9 pm) seven days a week to help you stay on track

**Some medications covered by your OMIP/FMIP plan*

Free & Clear
1-866-QUIT-4-LIFE
(1-866-784-8454)

Have your
insurance card handy

This program is free

Oregon
Health
Authority

OMIP-
FMIP
We're here for you!

With Quit for Life, your chances of quitting are six times higher than quitting on your own!

Summary of Service

A Benefit for You and Your Family Members Provided by PEBB

The Employee Assistance Program (EAP) is a **FREE** and **CONFIDENTIAL** benefit that can assist you and your eligible family members with any personal problems, large or small. For example, you can receive assistance with concerns such as:

- Marital conflict
- Interpersonal
- Conflict at work
- Depression or Anxiety
- Stress management
- Family relationships
- Financial/legal/consumer concerns
- Referrals to community resources
- Alcohol or drug abuse
- Grieving a loss
- Personal decision making
- Career development services

Intake / Assessment

Up to three (3) sessions per incident, per year for problem identification, assessment, the establishment of outcome goals, recommendations, priorities and actions needed to reach goals.

E-Support

A live, online virtual session with an EAP Consultant designed to answer questions, assist with problem resolution, and provide advice customized to your situation. For additional information, or to set up a session, please visit www.cascadecenters.com/esupport.

Crisis Counseling

Available on a 24 hour 7 days a week basis.

Work / Family / Life

Cascade will help locate resources and information nationwide related to Eldercare, Childcare, and Resource Retrieval Services.

Identity Theft Services

This service provides members with up to a 60-minute free consultation with a highly trained Fraud Resolution Specialist™ (FRS). The FRS will conduct emergency response activities and assist members with restoring their identity, good credit and with the costly steps to dispute fraudulent debts, etc. Members also receive an Emergency Response Kit outlining actions and suggestions regarding Identity Theft Prevention and Restoration.

Legal Consultations

Each covered member is entitled to one (1) initial thirty-minute office or telephone consultation for up to three separate legal matters at no cost with a network attorney. If the member decides to retain the participating attorney after the initial consultation, the member will be provided with a preferred rate reduction of 25% from the normal hourly rate.

Financial Consultations

Coaches will provide 30 consecutive days of unlimited financial coaching, developing a needs analysis and an online written action plan to help develop better spending habits, reduce debt, improve credit, increase savings, and plan for retirement.

Home Ownership Program

If you are looking to buy, sell, refinance, or invest in a home, take advantage of the Home Ownership Program. This program offers a network of prescreened service providers that offer free, no obligation consultations. Also available are pre-negotiated discounts with all of these providers. Using this program, you can save substantial time and money. For your free consultation or more information about the Home Ownership Program, call 1-866-505-3244.

"Cascade Personal Advantage"

Interactive Website Innovative, online, educational tools: Kick a habit, take self assessments, compare child and elder care services, watch informative video clips, and more. To Access:

- 1) Go to www.cascadecenters.com.
- 2) Click Cascade Personal Advantage
- 3) Register as a new user
- 4) Use company password: **State of Oregon**

Reduced Tuition Policies

Reduced Tuition Benefit for Academic and Classified Employees

The academic term rate for employees is 30% of resident undergraduate tuition assessed at the teaching institution, rounded to the nearest dollar. For campuses where an undergraduate differential tuition structure is in effect, the staff fee rate will be charged at the "regular" (not differential) resident undergraduate tuition rate for both undergraduate and graduate student employees.

Charges for Building, Health Service, Recreation, Student Union, and Incidental Fees do not apply; nor are employees entitled to health services or incidental fee services through this program. No Application Fee will be required for employees and no breakage or other deposit is required when registering for classes. Other fees such as lab or course fees are assessed at the full rate and no discount is provided.

Staff fees are not applicable to certain courses. For a complete reference list of excluded programs, please go to <http://www.oit.edu/faculty-staff/human-resources/benefits/staff-fee-privilege>. Excluded programs are determined at the discretion of the institution's president and the notice of exclusion must be filed with the institution's Registrars' office prior to the first day of registration for a term.

1. On approval of the president or designee of the teaching institution and with the concurrence of the employee's immediate supervisor, the staff fee is available to employees appointed at half-time (.5 FTE) or more (not including temporary classified employees or other student employees).
2. To qualify for this fee, the staff member must meet the criteria no later than the first day of classes of the term of enrollment. The maximum number of credits to which the staff fee may be applied is
 - a. 12 credits per quarter or per semester. See exception for retired employees and employees on leave, Section (d) of OAR 580-022-0030.
3. Employees enrolled for more than 12 credits in one term will pay for each additional credit at the campus designated per credit tuition rate applicable to resident undergraduate or graduate students, depending upon the employee's degree status.
4. Chancellor's Office employees must have the approval of the Chancellor or supervisor before registering for credit at the staff fee rate. Per ORS 351.070, Chancellor's Office employees are *exempt* from the graduate school approval process required of academic faculty ranked employees who seek entry into a graduate program at the same campus where employed.
5. For purposes of this rule, the term "employee" may include persons with full-time courtesy appointments who provide a benefit to the institution in the form of teaching, research, or counseling, under the direction of the institution and using the facilities of the institution.
6. Retired employees and employees on leave are eligible for staff fee privileges. Subject to the approval of the president or designee of the teaching institution, the maximum credit limitation may be waived for retired employees and for employees on leave. See exception under Senior Citizen Tuition.
7. Employees who use the staff fee for courses away from their home institution are subject to staff fee policies and procedures of the instructing institution. *There is no fee plateau at any campus for employees, family and dependents, or retired staff.*
8. Employees may be permitted to take *noncredit* courses at *one-third* of the fee assessed to other registrants. Teaching units are not required to extend staff fees for noncredit courses, self-sustaining workshops, or self-support credit courses.

9. Employees on furlough or lay-off status may be eligible for staff fees in accordance with provisions of a collective bargaining agreement.
10. No tuition shall be assessed to courses enrolled in by employees with a grading option of 'audit.' Attendance under such condition must be with the instructor's consent and on a space-available basis. Institutions are required to maintain a record of the courses audited. Courses approved for audit by the instructor confer no credit to the student, are not charged staff fee rates or regular tuition, and may be used in addition to staff fee privileges during a term. However, any applicable course, lab or material fees associated with auditing for-credit classes will be assessed by the institution and is the responsibility of the employee. This provision cannot be subdivided in conjunction with the Employee Family Member and Domestic Partner Transfer provisions.
11. The benefit may be used at any Oregon Public University, however; please note the *Concurrent Enrollment policy was eliminated January 1, 2004.*

Administrative Authority: OAR 580-022-0030 Staff Fee Privileges

Reduced Tuition Benefit for Family Members and Domestic Partners of Employees

To improve the recruitment and retention of high quality faculty and staff within the Oregon Department of Higher Education, the staff fee policy is extended to qualified family members, eligible dependents, as well as domestic partners and their eligible dependents on a limited basis.

The academic term rate for family members is 30% of resident undergraduate tuition assessed at the teaching institution, rounded to the nearest dollar. For campuses where an undergraduate differential tuition structure is in effect, the staff fee rate will be charged at the "regular" (not differential) resident undergraduate tuition rate for both undergraduate and graduate student employees.

Qualified family members including spouse, domestic partners, and dependents receiving the transferred benefit are responsible for all mandatory enrollment fees such as Building, Health, Recreation, Student Union, Incidental, Matriculation, and Other fees (Laboratory/Course Fees, Late fees, and Registration fees), if applicable. Breakage and/or other mandatory application deposits are required of the participating family member to register for classes.

Staff fees are not applicable to certain courses. For a complete reference list of excluded programs, please go to <http://www.oit.edu/faculty-staff/human-resources/benefits/staff-fee-priviledge>. Excluded programs are determined at the discretion of the institution's president and the notice of exclusion must be filed with the institution's Registrars' office prior to the first day of registration for a term.

1. The staff fee provisions may be transferred to a qualified family member or domestic partner of employees appointed at half-time (.5 FTE) or more (not including temporary classified employees, graduate assistants, or other student employees). Employee eligibility is verified through Human Resource System records. To qualify for this fee, the family member, domestic partner, or eligible dependent must meet the criteria no later than two weeks prior to the first day of classes of the term of enrollment.
2. For purposes of this policy, the eligible family members include spouse, domestic partner, dependent children, and dependent children of domestic partners in accordance with IRS Code 152 and Section One of the Public Employees Benefit Board. If requested to do so, the employee is expected to verify family member or domestic partner eligibility by providing documented proof such as a tax return from the prior year.
3. The maximum number of transferrable credits is 12 credits per quarter or per semester. Only one staff member, spouse, domestic partner, or dependent may use the staff fee benefit per term or semester. The benefit may not be subdivided among family members during a term.

4. The qualified family member or domestic partner enrolled for more than 12 credits in one term must pay for *additional credits* at the per credit tuition rate applicable to resident undergraduate or graduate students, depending upon the family member's or domestic partner's degree status. All applicable credits will be charged at the relevant resident tuition rate.
5. The President of an Oregon public university may exclude certain programs from the policy.
 - a. For a comprehensive list of excluded programs please visit the Oregon Tech website listed above.
6. The transfer of staff fee benefits is not available for retired employees.
7. Qualified family members or domestic partners of employees who use the staff fee for courses away from the employee's employing institution are subject to staff fee policies and procedures of the instructing institution. *There is no fee plateau at any campus for employees, retired staff, domestic partners, or eligible dependents.*
8. Qualified family members or domestic partners of employees may be permitted to take noncredit courses at approximately one-third of the fee assessed to other registrants. Teaching units are not required to extend staff fees for noncredit courses, self-sustaining workshops, or self-supported credit courses.
9. Eligibility of employees on furlough or lay-off status is subject to applicable collective bargaining agreements.
10. No tuition shall be assessed to courses enrolled in by employees with a grading option of 'audit.' Attendance under such condition must be with the instructor's consent and on a space-available basis. Institutions are required to maintain a record of the courses audited. Courses approved for audit by the instructor confer no credit to the student, are not charged staff fee rates or regular tuition, and may be used in addition to staff fee privileges during a term. Any applicable course, lab or material fees associated with auditing for-credit classes will be assessed by the institution and is the responsibility of the family member. This provision cannot be subdivided in conjunction with the Employee Family Member and Domestic Partner Transfer provisions.
11. The benefit may be utilized at any Oregon public university in Oregon, however; please note the *Concurrent Enrollment policy was eliminated January 1, 2004.*

Administrative Authority: OAR 580-022-0031 Transfer of Staff Fee Privileges

Federal Student Aid

Public Service Loan Forgiveness Program

What is the Public Service Loan Forgiveness (PSLF) Program?

The PSLF Program is intended to encourage individuals to enter and continue to work full-time in public service jobs. Under this program, you may qualify for forgiveness of the remaining balance due on your William D. Ford Federal Direct Loan Program (Direct Loan Program) loans after you have made 120 qualifying payments on those loans while employed full-time by certain public service employers. Since you must make 120 qualifying payments on your eligible federal student loans after October 1, 2007 before you qualify for the loan forgiveness, the first forgiveness of loan balances will not be granted until October 2017.

What federal student loans are eligible for forgiveness under the PSLF Program?

Any non-defaulted loan made under the Direct Loan Program is eligible for loan forgiveness. (See below for information on how non-Direct Loans may become eligible.) The Direct Loan Program includes the following loans:

- Federal Direct Stafford/Ford Loans (Direct Subsidized Loans)
- Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans)
- Federal Direct PLUS Loans (Direct PLUS Loans)—for parents and graduate or professional students
- Federal Direct Consolidation Loans (Direct Consolidation Loans)

NOTE: Parents who received a Direct PLUS Loan may qualify for forgiveness of the PLUS loan, if the parent borrower—not the student on whose behalf the loan was obtained—is employed by a public service organization (additional conditions apply; see the Q&As below).

How can other federal student loans become eligible for loan forgiveness under the PSLF Program?

Although loan forgiveness under this program is available only for loans made and repaid under the Direct Loan Program, loans made under other federal student loan programs may become eligible for forgiveness if they are consolidated into a Direct Consolidation Loan. However, only payments made on the Direct Consolidation Loan will count toward the required 120 qualifying payments.

The following loans may be consolidated into the Direct Loan Program:

- Federal Family Education Loan (FFEL) Program loans, which include
 - Subsidized Federal Stafford Loans
 - Unsubsidized Federal Stafford Loans
 - Federal PLUS Loans—for parents and graduate or professional students
 - FFEL Consolidation Loans (excluding joint spousal consolidation loans)
- Federal Perkins Loans
- Certain Health Professions and Nursing Loans

NOTE: To consolidate a Federal Perkins Loan or Health Professions or Nursing Loan into a Direct Consolidation Loan, you also must consolidate at least one FFEL Program loan or Direct Loan. If you are unsure about what kind of loans you have, check the U.S. Department of Education's (ED's) National Student Loan Data System (NSLDS) at www.nsls.ed.gov.

What are the borrower eligibility requirements for loan forgiveness under the PSLF Program?

- You must not be in default on the loans for which forgiveness is requested.
- You must be employed full time by a public service organization
 - when making each of the required 120 qualifying loan payments (certain repayment conditions apply—see below);
 - at the time you apply for loan forgiveness; and
 - at the time the remaining balance on your eligible loans is forgiven.

What are the specific loan repayment requirements for loan forgiveness under the PSLF Program?

- You must have made 120 separate monthly payments after October 1, 2007, on the Direct Loan Program loans for which forgiveness is requested. Payments made before this time do not count toward meeting this requirement. Each of the 120 qualifying payments must be made for the full scheduled installment amount and no later than 15 days after the scheduled payment due date. The 120 required payments do not need to be made consecutively.
- The 120 required payments must be made under one or more of the following Direct Loan Program repayment plans:
 - Income-Based Repayment (IBR) Plan (not available for Direct PLUS Loans made to parents or for Direct Consolidation Loans that repaid Direct or FFEL PLUS Loans made to parents)
 - Pay As You Earn Plan (not available for Direct PLUS Loans made to parents or for Direct Consolidation Loans that repaid Direct or FFEL PLUS Loans made to parents)
 - Income Contingent Repayment (ICR) Plan (not available for Direct PLUS Loans made to parents; however, Direct Consolidation Loans that repaid Direct or FFEL PLUS loans made to parents may be repaid under ICR)
 - 10-Year Standard Repayment Plan
 - Any other Direct Loan Program repayment plan; but only payments that are at least equal to the monthly payment amount that would have been required under the 10-Year Standard Repayment Plan may be counted toward the required 120 payments

For more information about the repayment plans available in the Direct Loan Program, please visit www.studentaid.ed.gov/repay-loans.

IMPORTANT NOTE: *The PSLF Program provides for forgiveness of the remaining balance of a borrower's eligible loans after the borrower has made 120 qualifying payments on those loans. In general, only borrowers who are making reduced monthly payments through the IBR, Pay As You Earn, or ICR repayment plans will have a remaining balance after making 120 payments on a loan.*

What types of public service jobs will qualify a borrower for loan forgiveness under the PSLF Program?

You must be employed full time (in any position) by a public service organization, or must be serving in a full-time AmeriCorps or Peace Corps position. Organizations that meet the definition of “public service organization” for purposes of the PSLF Program are listed below.

- A government organization (including a federal, state, local, or tribal organization, agency, or entity; a public child or family service agency; or a tribal college or university).
- A not-for-profit, tax-exempt organization under section 501(c)(3) of the Internal Revenue Code.

- A private, not-for-profit organization (that is not a labor union or a partisan political organization) that provides one or more of the following public services:
 - Emergency management
 - Military service
 - Public safety
 - Law enforcement
 - Public interest law services
 - Early childhood education (including licensed or regulated health care, Head Start, and state-funded pre-kindergarten)
 - Public service for individuals with disabilities and the elderly
 - Public health (including nurses, nurse practitioners, nurses in a clinical setting, and full-time professionals engaged in health care practitioner occupations and health care support occupations)
 - Public education
 - Public library services
 - School library or other school-based services

What is full-time employment?

You must meet your employer's definition of full-time. However, for PSLF purposes, that definition must be at least an annual average of 30 hours per week. For purposes of the full-time requirement, your qualifying employment at a not-for-profit organization does not include time spent participating in religious instruction, worship services, or any form of proselytizing.

If you are a teacher, or other employee of a public service organization, under contract for at least eight out of 12 months, you meet the full-time standard if you work an average of at least 30 hours per week during the contractual period and receive credit by your employer for a full year's worth of employment.

If you are employed in more than one qualifying part-time job simultaneously, you may meet the full-time employment requirement if you work a combined average of at least 30 hours per week with your employers.

How can I keep track of my eligibility?

ED has created the **Employment Certification for Public Service Loan Forgiveness** form (Employment Certification form) and a process to help you monitor your progress toward making the 120 qualifying payments necessary to apply for PSLF. You should complete the form, including your employer's certification of employment, and submit it to FedLoan Servicing (PHEAA), the PSLF servicer, at the address listed in Section 6 of the Employment Certification form.

The form allows you to get your employer's certification of employment while you are still employed at that organization or shortly after leaving. The process allows you to receive confirmation of qualifying employment and Direct Loan payment eligibility. You may also submit the form less frequently than annually to cover more than one year's employment or for more than one employer.

While use of the form and process is not required, it will help you keep track of your progress toward meeting the PSLF eligibility requirements. If you do not periodically submit the form, you will still be required to submit a form for each qualifying employer at the time you apply for forgiveness and when forgiveness is granted.

Where can I find additional information about the PSLF Program?

This fact sheet only provides a summary of the basic requirements of the PSLF Program. For more detailed information, including how to monitor your progress toward qualifying for PSLF, read the PSLF Questions and Answers document at www.studentaid.ed.gov/publicservice or contact your federal loan servicer.

This information was updated in the fall of 2013. For updates or additional information on federal student aid, visit StudentAid.gov.



PROUD SPONSOR of
the AMERICAN MIND™

December 2013

THE WOU CHILD DEVELOPMENT CENTER IS ACCEPTING NEW LITTLE WOLVES

Did you know the **award-winning** Child Development Center (CDC) is available to children from the community as well as children of students and employees? The CDC has several spots open for young Wolves, and enrollment is happening now!

Parents, you can choose any of these service levels:

TODDLER PROGRAM • Ages 18 months to 3 years
7:30 a.m. to 2:30 p.m. OR 7:30 a.m. to 5:15 p.m.

PRESCHOOL PROGRAM • Ages 3 to 5
7:45 a.m. to 12:30 p.m. OR 7:45 a.m. to 2:30 p.m. OR 7:45 a.m. to 5:15 p.m.

AFTERSCHOOL ENRICHMENT PROGRAM • Kindergarten to fifth grade
3 p.m. to 5:15 p.m.

Sign up for a full Preschool Program Year (prorated after term has begun) or specific WOU terms, including summer!

Your child will be cared for by trained professional educators in an academic setting. As a bonus, the CDC recently has moved to a new location on the WOU campus, one that allows easier drop-off and pick-up and is located right next to the Campus Public Safety building. Apply today! We look forward to having your child join our growing pack.

For more information, contact CDC Director Tammy Gardner at gardnert@wou.edu or 503-838-8238.

Western Oregon University
CHILD DEVELOPMENT CENTER



Retirement

- Defined Benefit/ Pension Plans
- Voluntary Retirement Savings Programs

PERS

(OPSRP – hired on or after 8/29/2003)

IAP (Employee Contribution)

- 6%
- Currently paid by WOU
- 100% Vested

OPSRP (Employer Contribution)

- 10.78%
- Defined Benefit Plan
- Years of Service x Final Average Salary x 1.5%
- Vesting: Work at least 600 hours in 5 Calendar Years
- Full Retirement Age: 65 or 30 Years of Service and Age 58

Other Highlights

- * Investments for IAP managed by Oregon Investment Council
- * PERS Health Insurance available at Retirement

ORP

(Tier 4 – hired on or after 7/1/14)

Employer Match

- Match up to 4%
 - Based on 403(b) participation
- 100% Vested

Employer Contribution

- 8%
- Vesting: Receive contributions in 5 Calendar Years
- Full Retirement Age: 58

Other Highlights

- * In charge of selecting investments within vendor (TIAA-CREF or Fidelity)
- * ORP accepts rollovers from previous retirement accounts

TDI-Matching ORP Contributions 2017

Academic and administrative employees hired on or after July 1, 2014 may use their TDI salary reduction contribution to receive an additional matching contribution to the Optional Retirement Plan (ORP). If you are eligible to participate in the ORP in lieu of becoming a PERS member, read further for a description of the ORP Tier 4 Employer Match contribution and how your participation in the TDI plan can add to your overall retirement savings.

The TDI-matching contribution to the ORP, called the ORP Employer Match, is specifically for ORP Tier 4 participants. It is the result of 2013 action by the Oregon Legislative Assembly to create an ORP contribution rate structure designed to support:

- A pathway to sufficient retirement savings that can be adjusted to meet a participant's personal retirement income needs;
- Participants' choice and active engagement in their retirement savings plan;
- Integration with the TDI voluntary retirement savings plan;
- Year-to-year consistency in contribution rates; and
- Contribution rates closely based on national norms for defined contribution plans.

This document describes what you will want to know if you are an ORP Tier 4 participant. Click the links below for direct access to the topics.

[Are you an ORP Tier 4 participant?](#)

[How does the matching contribution work?](#)

[Deciding on your TDI-matching contribution](#)

[Part of my TDI Contribution is in my 403\(b\) Roth account – does that matter?](#)

[Changing the TDI-matching amount](#)

[Choice and changing vendors](#)

[Loans, hardship, and divorce distributions \(TDI-matching/ORP Match\)](#)

Consider the investment objectives, risks, and expenses of the investment options before investing. Prospectuses and fund fact sheets can be obtained by contacting the TDI Provider. Please read carefully before investing.

Tax-Deferred Investment Plan – TDI 403(b)

Disclaimer – Please read carefully

The TDI Guide and Plan Supplement are intended to assist in the administration of the plan, and it includes a summary of common TDI Plan provisions. To obtain additional information about the Plan, contact your campus' benefits office for specific assistance or visit the OPURP website [here](#) to view the official plan document.

In case of conflict between this guide and the official plan documents of the Tax-Deferred Investment 403(b) Plan (TDI), the Optional Retirement Plan (ORP) and Oregon state law, the official plan documents, Oregon state law, and federal regulations will govern.

Are you an ORP Tier 4 participant?

You become an ORP Tier 4 participant when the following criteria apply to you:

1. You were first employed by one of the seven public universities on or after July 1, 2014;
2. You are an academic or administrative employee rather than classified staff;
3. During the 6-month waiting period, you met the initial eligibility requirements to select the ORP that included one of the following “600 hour” equivalents:
 - a. A 12-month appointment of at least 0.3 FTE;
 - b. A 9-month appointment of at least 0.4 FTE;
 - c. A 9-11 month or variable hours appointment such as a term-by-term appointment that requires 50 hours/month in each full month of the waiting period.

How does the matching contribution work?

The matching contribution is paid to your ORP Employer Match Account in the months that you contribute to the TDI Plan. The Employer Match is a 100% match of your pre-tax and Roth 403(b) contributions up to the first 4% of pay (subject to IRS limits).

ORP Tier 4 contributions are made up of:

1. An Employer Contribution of 8% of pay, and
2. An Employer Match of 1%, 2%, 3%, or 4% of pay, depending on your TDI salary reduction percentage.

Tax-Deferred Investment Plan – TDI 403(b)

Employer Match Contributions to the ORP are 100% Vested.

The contributions your university makes to your Employer Match account are 100% vested. This means that you have a non-forfeitable right to that account if you leave employment.

Deciding on your TDI-matching contribution

If you contribute at least 4% to the TDI, your total ORP contribution will be 12% of pay (8% Employer ORP Contribution plus 4% ORP Employer Match equals 12%). Your TDI contribution amount may exceed 4% of pay, but will not increase your ORP Employer Match above 4%.

By contributing at least 4% to the TDI, the university contributions to the ORP, i.e. the Employer Contribution and the ORP Employer Match Contribution, will be maximized at 12% of pay. The additional 4% you contribute into the TDI brings your total retirement contributions rate to 16% of pay.

If your TDI contribution is lower than 4%, your ORP Employer Match is the same lower percentage.

If you do not contribute to the TDI at all, you will not receive the ORP Employer Match. You will receive only the 8% Employer Contribution to your ORP account.

Special Note Regarding Annual TDI Contribution Limits:

When planning your TDI contributions, pay careful attention to the annual contribution limits for the TDI Plan.

- ORP Employer Match contributions will only be paid in months that you make contributions to your TDI. If you stop contributions or if your contributions exceed the annual elective deferral limit, your ORP Employer Match contribution must also end.
- If your TDI contribution rate early in the year is so large that you reach the IRS elective contributions limit before the end of the calendar year, your ORP Employer Match contribution will end when your TDI contributions are required to end.
- Check the TDI Plan Highlights each year to see if your TDI salary reduction percent will exceed the limit, and use the calculator on the TDI Salary Reduction Agreement form to confirm that your contribution rate will not inadvertently reach the maximum deferral rate before year's end.
- In some cases, participant's personal planning, such as a mid-year retirement, can end ORP Employer Match Contributions early in the year. In that case, a participant who wants to maximize her/his pre-tax contributions before the year's end needs to be careful not to create a shortfall in ORP Employer Match Contributions when increased TDI contributions reach the maximum deferral limit(s).

Tax-Deferred Investment Plan – TDI 403(b)

- Remember, you can change your contribution rate during the year by completing a new TDI Salary Reduction Agreement. If you find you may exceed the limit, you can reduce your contribution percentage in future months.
- For help in understanding how your TDI contribution and ORP Employer Match contribution rates interact with each other, contact your university benefits office. The university cannot advise you on a specific salary reduction rate, but can work with you to confirm how your proposed TDI contribution rate and expected months of work will or will not affect your ORP Employer Match Contributions.

Part of my TDI Contribution is in my 403(b) Roth account – does that matter?

No. The ORP Employer Match amount includes your TDI-matching percent of salary whether you contribute through the pre-tax or Roth option. However, the ORP Employer Match is strictly a pre-tax contribution.

Changing the TDI-matching amount

Your TDI contribution percentage can be changed during the year, and when you change it, the amount of Employer Match to the ORP may change. Remember that if you reduce your voluntary TDI contribution below 4%, your Employer Match percentage will drop to the same level.

Choice and changing vendors

An ORP Tier 4 participant must use the same investment company for both the ORP and TDI plans. For example:

- If your ORP account is with TIAA, your TDI account must also be with TIAA.
- If your ORP is at Fidelity, your TDI account must also be at Fidelity.
- If your ORP account is with VALIC, your TDI account must also be with VALIC.

If you wish to change your investment provider, you may do that one time each calendar year.

- Complete a new TDI SRA Form and an ORP Change Form, and send both to your university's benefits office.
- Enroll in both the TDI and ORP with the new provider.

Taking these steps will direct all new contributions to the new provider's TDI and ORP accounts.

Tax-Deferred Investment Plan – TDI 403(b)

If you wish to transfer your existing accounts, follow the instructions in the TDI Guide and the ORP Retirement Decision-Making Guide.

Loans, hardship, and divorce distributions (TDI-matching/ORP Match)

- **Loans**

Your TDI contributions may be eligible for a plan loan. A loan through the TDI does not involve the ORP Match account. The ORP Employer Match may be eligible for a loan through your ORP Plan account.

- **Hardship Withdrawals**

The ORP Employer Match balance is not available for a Hardship Withdrawal. However, the six-month suspension on future TDI contributions resulting from a Hardship Withdrawal will result in the ORP Employer Match contributions being suspended as well.

- **Divorce Distributions**

If your TDI or ORP account is divided pursuant to a divorce decree or qualified domestic relations order, the accounts and plans must be identified in the court documents. Distributions of your ORP Employer Match account as part of your ORP account, without reference to your TDI account, and vice versa, is possible.

Tax-Deferred Investment 403(b) Plan

The Tax-Deferred Investment 403(b) Plan – the “TDI” – is a supplementary retirement savings plan available to Oregon Public Universities employees. Participants’ voluntary salary deferrals allow them to reduce their taxable income through payroll deduction for investment in mutual funds and in fixed and variable annuities. Participants have a choice of investments-plus-services programs to suit their individual retirement planning needs.

- Available to all classified and unclassified OUS employees
- Voluntary salary reduction of a full percentage between 1% & 85% of gross monthly salary
- Participation begins in any month, with no waiting period

2018 TDI PLAN INFORMATION

In operation since 1992, the TDI plan was updated in November 2007. [Here](#) is current plan information updated for 2018:

- [Tax-Deferred Investment \(TDI\) Guide](#)
- [Salary Reduction Agreement \(SRA\) Form](#)
- [Plan Highlights](#)
- [TDI Match in ORP Tier Four](#)
- [TDI What's New - 2018](#)
- [TDI Participant Hardship Withdrawal Guide](#)
- [Divorce Distribution Procedures](#)
- [2017 Universal Availability Notice](#)

CONTACT PROGRAM FUND SPONSORS

- [TDI](#)
 - [Fidelity/Oregon Public Universities](#)
 - Phone: 1.800.343.0860
- [TDI:tiaa](#)
 - [TIAA](#)
 - Phone: 1.800.842.2888
- [TDI:valic](#) (Closed to all new participants)
 - [VALIC](#)
 - Phone: 1.866.283.4892
 - [VALIC Questions and Answers](#)



PLAN HIGHLIGHTS

How the plan works

The Oregon Savings Growth Plan (OSGP) is a 457(b) deferred compensation plan that provides public employees with a convenient way to save for retirement. It allows employees of an OSGP-participating employer to contribute a portion of their salary on a pre-tax basis using the traditional plan. Contributions and earnings continue to grow tax-deferred until distribution. OSGP also provides a Roth 457(b) for employees of participating employers. The Roth 457(b) option allows participants to save on an after-tax basis. Taxes are paid before the money is contributed, and eligible distributions and earnings can be distributed tax free.

Who is eligible to join the plan?

All Oregon state employees are eligible as well as employees of local governments and school districts if their employer has adopted the Plan through action of their governing body.

Deciding on your plan contribution

Participants can contribute up to the annual maximum limit or as little as \$25 per month into either or both the pre-tax and Roth 457(b) accounts. The regular maximum annual contribution amount in 2017 is \$18,000 (and thereafter as adjusted for inflation). Elected contributions are deferred through payroll deductions.

Participants who are age 50 or older in 2017 may use the 50-Plus Catch-Up Provision to defer an additional \$6,000 (and thereafter as adjusted for inflation), bringing the maximum annual contribution to \$24,000.

Choosing where to invest your plan contributions

OSGP's investment options make it easy to tailor a portfolio to individual needs. OSGP offers BlackRock's LifePath® target date funds. Rather than trying to mix and manage a collection of different funds, you only need to select one LifePath portfolio to ensure a well-diversified investment mix. The ten other core investment options in the plan range from fixed to variable investments and from conservative to aggressive risk levels. The Oregon Investment Council oversees the investment options and most are a blend of several professionally managed mutual funds. OSGP also offers a self-directed brokerage account through Charles Schwab.

The investment options are as follows:

- LifePath Retirement
- LifePath 2020
- LifePath 2025
- LifePath 2030
- LifePath 2035
- LifePath 2040
- LifePath 2045
- LifePath 2050
- LifePath 2055
- LifePath 2060
- Short-Term Fixed Option
- Stable Value Option
- Active Fixed Income Option
- Large Company Value Stock Option
- Stock Index Option
- Large Company Growth Stock Option
- International Stock Option
- Real Return Option
- Small Company Stock Option
- Socially Responsible Investment Option

Investment allocations depend on individual needs and goals and may be different for each person. Allocations can be changed at any time, subject to current trading restrictions in the plan. For more details

on the trading restrictions, please refer to the [Investment Option Fund Manager booklet](#) (PDF) or contact our Customer Service Information Line at 800-365-8494. These restrictions are subject to change.

Customer service at a glance

Our customer service features make it easy to manage your OSGP account. Once enrolled in the Plan, participants can access account information and transactions 24 hours a day by using our convenient Internet participant website or by calling the toll-free Information Line. For in-depth support we have customer service representatives available Monday - Friday, 7:00 a.m. to 5:00 p.m. Pacific Time. Please see below for an overview of these services.

Internet Address:	http://osgp.voya.com
Phone Number:	800-365-8494 (Toll-Free Information Line) 1-888-320-7377 (Salem Office)
Information Line Hours:	24 hours a day, 7 days a week
Customer Service Representative Hours:	7 a.m. to 5 p.m. Pacific Time, Monday through Friday, except on Stock Market holidays
Transaction Timing:	Investment transactions completed before 1 p.m. Pacific Time are effective the same day. Transactions completed after 1 p.m. Pacific Time will be effective the next business day.
Transactions/Services:	<ul style="list-style-type: none">• Account balance• Investment results• Change contribution investment option election• Change contribution amount• Transfer accumulated balances• Request emergency withdrawal information• Apply for a loan• Change PIN (Personal Identification Number)• Request Plan literature and transaction forms• View online statement

Consolidating retirement accounts

If you have a 401(a) pension, a pre-tax or Roth 457(b), 403(b), or 401(k) that you established with a previous employer or a traditional IRA (not a Roth), you can bring these assets into your OSGP account for easier management and to take advantage of the lower plan fees and diversified investment choices overseen by the Oregon Investment Council. [Click here for a rollover packet](#) (PDF).

Keeping track of your account

Account monitoring is easy. In addition to the information obtained by using the website or calling the Information Line, a written confirmation of each completed transaction will be mailed to the participant within two business days unless the paperless option has been selected. Participants receive an account statement twice a year. It will show the total account value, list withdrawals and contributions, itemize the total value and performance of each investment option, and detail any transfers made among the investment options.

Distributions from the plan

Participants may withdraw their account balance 30 days after retirement or severance from employment*. Several flexible payment options are available:

- Payments over a specified number of years
- Payments of a specified dollar amount
- Payment in a single lump sum
- Payment in periodic partial lump sums

* Participants may be able to withdraw funds from their account while actively employed. OSGP offers a loan program that allows participants to borrow up to 50 percent of their account balance and pay it back through payroll deduction. Also, upon approval, funds may be withdrawn under the Unforeseeable Emergency or *De Minimus* provisions.

How to join the plan

For additional information or to request an enrollment kit, simply contact our Customer Service Information Line at 800-365-8494, or you can obtain forms at <http://osgp.voya.com>. When you are ready to enroll, complete the [enrollment application](#) (PDF), and return it to the Salem office at 800 Summer St. NE, Suite 200, Salem OR 97301.