



OREGON FIRE CHIEFS ASSOCIATION 2024-25 BENEFITS GUIDE

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About **Oregon Fire Chiefs Association**

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

Our Mission

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



Regence

Oregon Fire Chiefs Association Medical Plan 1

Effective July 1, 2024 through June 30, 2025



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

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

Medical Benefits (unless stated otherwise, a deductible applies)		What You Pay	
Primary Care Visits (for Illness or Injury)	First 3 upfront visits combined for primary care and behavioral health services.	\$5 copay, deductible waived/ first 3 visits	40%
		\$20 copay per visit, after 3 upfront visits, deductible waived	
Specialist Visits		\$20, deductible waived	40%
Urgent Care Visits		\$20, deductible waived	40%
Other Professional Services		20%	40%
Preventive Care/Immunizations	<ul style="list-style-type: none"> Preventive services and immunizations are covered according to guidelines set forth by the United States Preventive Services Task Force (USPSTF), Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) 	0%, deductible waived	40%
Acupuncture	<ul style="list-style-type: none"> 30 visits per calendar year 	\$20, deductible waived	\$20, deductible waived
Ambulance Services	<ul style="list-style-type: none"> 6 trips per calendar year 	20%	20%
Biofeedback	<ul style="list-style-type: none"> 10 visits per lifetime 	\$20, deductible waived	40%
Durable Medical Equipment & Prosthetics		20%	40%
Emergency Room (Including Professional Charges)		\$100 copay per visit, deductible waived	\$100 copay per visit, deductible waived
Hearing Aids & Evaluations	<ul style="list-style-type: none"> 1 hearing aid per ear, every calendar year 	20%	40%
Hospice Care	<ul style="list-style-type: none"> 30 days of respite care per lifetime 	20%	40%
Hospital Care		20%	40%
Massage Therapy	<ul style="list-style-type: none"> 12 visits per calendar year Licensed Massage Therapists only 	\$20, deductible waived	40%
Maternity Care		20%	40%
Behavioral Health - Inpatient	<ul style="list-style-type: none"> Mental health, behavioral health, or substance abuse services 	20%	40%
Behavioral Health - Outpatient	First 3 upfront visits combined for primary care and behavioral health services.	\$5 copay, deductible waived/ first 3 visits	40%
	<ul style="list-style-type: none"> Mental health, behavioral health, or substance abuse services 	\$20 copay per visit, after 3 upfront visits, deductible waived	
Neurodevelopmental Therapy	<ul style="list-style-type: none"> 30 visits per calendar year Children under the age of 18 	\$20, deductible waived	40%



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Oregon Fire Chiefs Association Medical Plan 1 (cont'd)



Effective July 1, 2024 through June 30, 2025

Newborn Home Visits	<ul style="list-style-type: none"> • Within 6 months of age, at least one visit during first 3 months, with up to 3 more available 	0%, deductible waived	Not covered
Nutritional Counseling	<ul style="list-style-type: none"> • 5 visits per lifetime 	20%	40%
Palliative Care	<ul style="list-style-type: none"> • 30 visits per calendar year 	20%	40%
Radiology and Laboratory - Outpatient		20%, deductible waived	40%
Advanced Imaging	<ul style="list-style-type: none"> • CT, PET, MRA, SPECT, Bone Density, MRI 	20%	40%
Rehabilitation Services - Inpatient	<ul style="list-style-type: none"> • 30 days per calendar year 	20%	40%
Rehabilitation Services - Outpatient	<ul style="list-style-type: none"> • 30 visits per calendar year 	\$20, deductible waived	40%
Skilled Nursing Facility (SNF) Care	<ul style="list-style-type: none"> • 60 days per calendar year 	20%	40%
Spinal Manipulations		\$20, deductible waived	\$20, deductible waived
Virtual Care - Telehealth		<p>Vendor: MDLive \$0 copay per session, deductible waived</p> <p>In-Network non-Vendor Provider: \$0 copay per visit, deductible waived</p>	N/A 40%
Therapeutic Injections		20%	40%



Regence

Oregon Fire Chiefs Association Medical Plan 2

Effective July 1, 2024 through June 30, 2025



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

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

Medical Benefits (unless stated otherwise, a deductible applies)		What You Pay	
Primary Care Visits (for Illness or Injury)	First 3 upfront visits combined for primary care and behavioral health services.	\$5 copay, deductible waived/ first 3 visits	40%
		\$20 copay per visit, after 3 upfront visits, deductible waived	
Specialist Visits		\$20, deductible waived	40%
Urgent Care Visits		\$20, deductible waived	40%
Other Professional Services		20%	40%
Preventive Care/Immunizations	<ul style="list-style-type: none"> Preventive services and immunizations are covered according to guidelines set forth by the United States Preventive Services Task Force (USPSTF), Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) 	0%, deductible waived	40%
Acupuncture	<ul style="list-style-type: none"> 30 visits per calendar year 	\$20, deductible waived	\$20, deductible waived
Ambulance Services	<ul style="list-style-type: none"> 6 trips per calendar year 	20%	20%
Biofeedback	<ul style="list-style-type: none"> 10 visits per lifetime 	\$20, deductible waived	40%
Durable Medical Equipment & Prosthetics		20%	40%
Emergency Room (Including Professional Charges)		\$100 copay per visit, deductible waived	\$100 copay per visit, deductible waived
Hearing Aids & Evaluations	<ul style="list-style-type: none"> 1 hearing aid per ear, every calendar year 	20%	40%
Hospice Care	<ul style="list-style-type: none"> 30 days of respite care per lifetime 	20%	40%
Hospital Care		20%	40%
Massage Therapy	<ul style="list-style-type: none"> 12 visits per calendar year Licensed Massage Therapists only 	\$20, deductible waived	40%
Maternity Care		20%	40%
Behavioral Health – Inpatient	<ul style="list-style-type: none"> Mental health, behavioral health, or substance abuse services. 	20%	40%
Behavioral Health - Outpatient	First 3 upfront visits combined for primary care and behavioral health services. <ul style="list-style-type: none"> Mental health, behavioral health, or substance abuse services. 	\$5 copay, deductible waived/ first 3 visits	40%
		\$20 copay per visit, after 3 upfront visits, deductible waived	



Regence



Oregon Fire Chiefs Association Medical Plan 2 (cont'd)

Effective July 1, 2024 through June 30, 2025

Neurodevelopmental Therapy	<ul style="list-style-type: none"> 30 visits per calendar year Children under the age of 18 	\$20, deductible waived	40%
Newborn Home Visits	<ul style="list-style-type: none"> Within 6 months of age, at least one visit during first 3 months, with up to 3 more available 	0%, deductible waived	Not covered
Nutritional Counseling	<ul style="list-style-type: none"> 5 visits per lifetime 	20%	40%
Palliative Care	<ul style="list-style-type: none"> 30 visits per calendar year 	20%	40%
Radiology and Laboratory - Outpatient		20%, deductible waived	40%
Advanced Imaging	<ul style="list-style-type: none"> CT, PET, MRA, SPECT, Bone Density, MRI 	20%	40%
Rehabilitation Services - Inpatient	<ul style="list-style-type: none"> 30 days per calendar year 	20%	40%
Rehabilitation Services - Outpatient	<ul style="list-style-type: none"> 30 visits per calendar year 	\$20, deductible waived	40%
Skilled Nursing Facility (SNF) Care	<ul style="list-style-type: none"> 60 days per calendar year 	20%	40%
Spinal Manipulations		\$20, deductible waived	\$20, deductible waived
Virtual Care - Telehealth		Vendor: MDLive \$0 copay per session, deductible waived In-Network non-Vendor Provider: \$0 copay per visit, deductible waived	N/A 40%
Therapeutic Injections		20%	40%



Oregon Fire Chiefs Association Medical Plan 3



Effective July 1, 2024 through June 30, 2025

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

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

Medical Benefits (unless stated otherwise, a deductible applies)		What You Pay	
Primary Care Visits (for Illness or Injury)	First 3 upfront visits combined for primary care and behavioral health services.	\$5 copay, deductible waived/ first 3 visits \$25 copay per visit, after 3 upfront visits, deductible waived	40%
Specialist Visits		\$25, deductible waived	40%
Urgent Care Visits		\$25, deductible waived	40%
Other Professional Services		20%	40%
Preventive Care/Immunizations	<ul style="list-style-type: none"> Preventive services and immunizations are covered according to guidelines set forth by the United States Preventive Services Task Force (USPSTF), Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) 	0%, deductible waived	40%
Acupuncture	<ul style="list-style-type: none"> 30 visits per calendar year 	\$20, deductible waived	\$20, deductible waived
Ambulance Services	<ul style="list-style-type: none"> 6 trips per calendar year 	20%	20%
Biofeedback	<ul style="list-style-type: none"> 10 visits per lifetime 	\$25, deductible waived	40%
Durable Medical Equipment & Prosthetics		20%	40%
Emergency Room (Including Professional Charges)		\$100 copay per visit, deductible waived	\$100 copay per visit, deductible waived
Hearing Aids & Evaluations	<ul style="list-style-type: none"> 1 hearing aid per ear, every calendar year 	20%	40%
Hospice Care	<ul style="list-style-type: none"> 30 days of respite care per lifetime 	20%	40%
Hospital Care		20%	40%
Massage Therapy	<ul style="list-style-type: none"> 12 visits per calendar year Licensed Massage Therapists only 	\$20, deductible waived	40%
Maternity Care		20%	40%
Behavioral Health - Inpatient	<ul style="list-style-type: none"> Mental health, behavioral health, or substance abuse services. 	20%	40%
Behavioral Health - Outpatient	First 3 upfront visits combined for primary care and behavioral health services. <ul style="list-style-type: none"> Mental health, behavioral health, or substance abuse services 	\$5 copay, deductible waived/ first 3 visits \$25 copay per visit, after 3 upfront visits, deductible waived	40%
Neurodevelopmental Therapy	<ul style="list-style-type: none"> 30 visits per calendar year Children under the age of 18 	\$25, deductible waived	40%



Oregon Fire Chiefs Association Medical Plan 3 (cont'd)



Effective July 1, 2024 through June 30, 2025

Newborn Home Visits	<ul style="list-style-type: none"> Within 6 months of age, at least one visit during first 3 months, with up to 3 more available 	0%, deductible waived	Not covered
Nutritional Counseling	<ul style="list-style-type: none"> 5 visits per lifetime 	20%	40%
Palliative Care	<ul style="list-style-type: none"> 30 visits per calendar year 	20%	40%
Radiology and Laboratory - Outpatient		20%, deductible waived	40%
Advanced Imaging	<ul style="list-style-type: none"> CT, PET, MRA, SPECT, Bone Density, MRI 	20%	40%
Rehabilitation Services - Inpatient	<ul style="list-style-type: none"> 30 days per calendar year 	20%	40%
Rehabilitation Services - Outpatient	<ul style="list-style-type: none"> 30 visits per calendar year 	\$25, deductible waived	40%
Skilled Nursing Facility (SNF) Care	<ul style="list-style-type: none"> 60 days per calendar year 	20%	40%
Spinal Manipulations		\$20, deductible waived	\$20, deductible waived
Virtual Care - Telehealth		Vendor: MDLive \$0 copay per session, deductible waived In-Network non-Vendor Provider: \$0 copay per visit, deductible waived	N/A 40%
Therapeutic Injections		20%	40%



Oregon Fire Chiefs Association

Medical Plan 4

Effective July 1, 2024 through June 30, 2025

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

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

Medical Benefits (unless stated otherwise, a deductible applies)		What You Pay	
Primary Care Visits (for Illness or Injury)	First 3 upfront visits combined for primary care and behavioral health services.	\$5 copay, deductible waived/ first 3 visits \$25 copay per visit, after 3 upfront visits, deductible waived	40%
Specialist Visits		\$25, deductible waived	40%
Urgent Care Visits		\$25, deductible waived	40%
Other Professional Services		20%	40%
Preventive Care/Immunizations	<ul style="list-style-type: none"> Preventive services and immunizations are covered according to guidelines set forth by the United States Preventive Services Task Force (USPSTF), Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) 	0%, deductible waived	40%
Acupuncture	<ul style="list-style-type: none"> 30 visits per calendar year 	\$20, deductible waived	\$20, deductible waived
Ambulance Services	<ul style="list-style-type: none"> 6 trips per calendar year 	20%	20%
Biofeedback	<ul style="list-style-type: none"> 10 visits per lifetime 	\$25, deductible waived	40%
Durable Medical Equipment & Prosthetics		20%	40%
Emergency Room (Including Professional Charges)		\$100 copay per visit, deductible waived	\$100 copay per visit, deductible waived
Hearing Aids & Evaluations	<ul style="list-style-type: none"> 1 hearing aid per ear, every calendar year 	20%	40%
Hospice Care	<ul style="list-style-type: none"> 30 days of respite care per lifetime 	20%	40%
Hospital Care		20%	40%
Massage Therapy	<ul style="list-style-type: none"> 12 visits per calendar year Licensed Massage Therapists only 	\$20, deductible waived	40%
Maternity Care		20%	40%
Behavioral Health - Inpatient	<ul style="list-style-type: none"> Mental health, behavioral health, or substance abuse services. 	20%	40%
Behavioral Health - Outpatient	First 3 upfront visits combined for primary care and behavioral health services. <ul style="list-style-type: none"> Mental health, behavioral health, or substance abuse services 	\$5 copay, deductible waived/ first 3 visits \$25 copay per visit, after 3 upfront visits, deductible waived	40%
Neurodevelopmental Therapy	<ul style="list-style-type: none"> 30 visits per calendar year Children under the age of 18 	\$25, deductible waived	40%



Oregon Fire Chiefs Association Medical Plan 4 (cont'd)

Effective July 1, 2024 through June 30, 2025

Newborn Home Visits	<ul style="list-style-type: none"> • Within 6 months of age, at least one visit during first 3 months, with up to 3 more available 	0%, deductible waived	Not covered
Nutritional Counseling	<ul style="list-style-type: none"> • 5 visits per lifetime 	20%	40%
Palliative Care	<ul style="list-style-type: none"> • 30 visits per calendar year 	20%	40%
Radiology and Laboratory - Outpatient		20%, deductible waived	40%
Advanced Imaging	<ul style="list-style-type: none"> • CT, PET, MRA, SPECT, Bone Density, MRI 	20%	40%
Rehabilitation Services - Inpatient	<ul style="list-style-type: none"> • 30 days per calendar year 	20%	40%
Rehabilitation Services - Outpatient	<ul style="list-style-type: none"> • 30 visits per calendar year 	\$25, deductible waived	40%
Skilled Nursing Facility (SNF) Care	<ul style="list-style-type: none"> • 60 days per calendar year 	20%	40%
Spinal Manipulations		\$20, deductible waived	\$20, deductible waived
Virtual Care - Telehealth		Vendor: MDLive \$0 copay per session, deductible waived In-Network non-Vendor Provider: \$0 copay per visit, deductible waived	N/A 40%
Therapeutic Injections		20%	40%



Oregon Fire Chiefs Association Medical Plan 5

Effective July 1, 2024 through June 30, 2025

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

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

Medical Benefits (unless stated otherwise, a deductible applies)		What You Pay	
Primary Care Visits (for Illness or Injury)	First 3 upfront visits combined for primary care and behavioral health services.	\$5 copay, deductible waived/ first 3 visits \$30 copay per visit, after 3 upfront visits, deductible waived	40%
Specialist Visits		\$30, deductible waived	40%
Urgent Care Visits		\$30, deductible waived	40%
Other Professional Services		20%	40%
Preventive Care/Immunizations	<ul style="list-style-type: none"> Preventive services and immunizations are covered according to guidelines set forth by the United States Preventive Services Task Force (USPSTF), Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) 	0%, deductible waived	40%
Acupuncture	<ul style="list-style-type: none"> 30 visits per calendar year 	\$20, deductible waived	\$20, deductible waived
Ambulance Services	<ul style="list-style-type: none"> 6 trips per calendar year 	20%	20%
Biofeedback	<ul style="list-style-type: none"> 10 visits per lifetime 	\$30, deductible waived	40%
Durable Medical Equipment & Prosthetics		20%	40%
Emergency Room (Including Professional Charges)		\$100 copay per visit, deductible waived	\$100 copay per visit, deductible waived
Hearing Aids & Evaluations	<ul style="list-style-type: none"> 1 hearing aid per ear, every calendar year 	20%	40%
Hospice Care	<ul style="list-style-type: none"> 30 days of respite care per lifetime 	20%	40%
Hospital Care		20%	40%
Massage Therapy	<ul style="list-style-type: none"> 12 visits per calendar year Licensed Massage Therapists only 	\$20, deductible waived	40%
Maternity Care		20%	40%
Behavioral Health - Inpatient	<ul style="list-style-type: none"> Mental health, behavioral health, or substance abuse services. 	20%	40%
Behavioral Health - Outpatient	First 3 upfront visits combined for primary care and behavioral health services. <ul style="list-style-type: none"> Mental health, behavioral health, or substance abuse services 	\$5 copay, deductible waived/ first 3 visits \$30 copay per visit, after 3 upfront visits, deductible waived	40%
Neurodevelopmental Therapy	<ul style="list-style-type: none"> 30 visits per calendar year Children under the age of 18 	\$30, deductible waived	40%



Oregon Fire Chiefs Association Medical Plan 5 (cont'd)

Effective July 1, 2024 through June 30, 2025

Newborn Home Visits	<ul style="list-style-type: none"> • Within 6 months of age, at least one visit during first 3 months, with up to 3 more available 	0%, deductible waived	Not covered
Nutritional Counseling	<ul style="list-style-type: none"> • 5 visits per lifetime 	20%	40%
Palliative Care	<ul style="list-style-type: none"> • 30 visits per calendar year 	20%	40%
Radiology and Laboratory - Outpatient		20%, deductible waived	40%
Advanced Imaging	<ul style="list-style-type: none"> • CT, PET, MRA, SPECT, Bone Density, MRI 	20%	40%
Rehabilitation Services - Inpatient	<ul style="list-style-type: none"> • 30 days per calendar year 	20%	40%
Rehabilitation Services - Outpatient	<ul style="list-style-type: none"> • 30 visits per calendar year 	\$30, deductible waived	40%
Skilled Nursing Facility (SNF) Care	<ul style="list-style-type: none"> • 60 days per calendar year 	20%	40%
Spinal Manipulations		\$20, deductible waived	\$20, deductible waived
Virtual Care - Telehealth		Vendor: MDLive \$0 copay per session, deductible waived In-Network non-Vendor Provider: \$0 copay per visit, deductible waived	N/A 40%
Therapeutic Injections		20%	40%



Oregon Fire Chiefs Association

Medical Plan 6

Effective July 1, 2024 through June 30, 2025

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

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

Medical Benefits (unless stated otherwise, a deductible applies)		What You Pay	
Primary Care Visits (for Illness or Injury)	First 3 upfront visits combined for primary care and behavioral health services.	\$5 copay, deductible waived/ first 3 visits	40%
		\$30 copay per visit, after 3 upfront visits, deductible waived	
Specialist Visits		\$30, deductible waived	40%
Urgent Care Visits		\$30, deductible waived	40%
Other Professional Services		20%	40%
Preventive Care/Immunizations	<ul style="list-style-type: none"> Preventive services and immunizations are covered according to guidelines set forth by the United States Preventive Services Task Force (USPSTF), Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) 	0%, deductible waived	40%
Acupuncture	<ul style="list-style-type: none"> 30 visits per calendar year 	\$20, deductible waived	\$20, deductible waived
Ambulance Services	<ul style="list-style-type: none"> 6 trips per calendar year 	20%	20%
Biofeedback	<ul style="list-style-type: none"> 10 visits per lifetime 	\$30, deductible waived	40%
Durable Medical Equipment & Prosthetics		20%	40%
Emergency Room (Including Professional Charges)		\$100 copay per visit, deductible waived	\$100 copay per visit, deductible waived
Hearing Aids & Evaluations	<ul style="list-style-type: none"> 1 hearing aid per ear, every calendar year 	20%	40%
Hospice Care	<ul style="list-style-type: none"> 30 days of respite care per lifetime 	20%	40%
Hospital Care		20%	40%
Massage Therapy	<ul style="list-style-type: none"> 12 visits per calendar year Licensed Massage Therapists only 	\$20, deductible waived	40%
Maternity Care		20%	40%
Behavioral Health - Inpatient	<ul style="list-style-type: none"> Mental health, behavioral health, or substance abuse services. 	20%	40%
Behavioral Health - Outpatient	First 3 upfront visits combined for primary care and behavioral health services. <ul style="list-style-type: none"> Mental health, behavioral health, or substance abuse services 	\$5 copay, deductible waived/ first 3 visits	40%
Neurodevelopmental Therapy	<ul style="list-style-type: none"> 30 visits per calendar year Children under the age of 18 	\$30, deductible waived	40%



Oregon Fire Chiefs Association Medical Plan 6 (cont'd)

Effective July 1, 2024 through June 30, 2025

Newborn Home Visits	<ul style="list-style-type: none"> Within 6 months of age, at least one visit during first 3 months, with up to 3 more available 	0%, deductible waived	Not covered
Nutritional Counseling	<ul style="list-style-type: none"> 5 visits per lifetime 	20%	40%
Palliative Care	<ul style="list-style-type: none"> 30 visits per calendar year 	20%	40%
Radiology and Laboratory - Outpatient		20%, deductible waived	40%
Advanced Imaging	<ul style="list-style-type: none"> CT, PET, MRA, SPECT, Bone Density, MRI 	20%	40%
Rehabilitation Services - Inpatient	<ul style="list-style-type: none"> 30 days per calendar year 	20%	40%
Rehabilitation Services - Outpatient	<ul style="list-style-type: none"> 30 visits per calendar year 	\$30, deductible waived	40%
Skilled Nursing Facility (SNF) Care	<ul style="list-style-type: none"> 60 days per calendar year 	20%	40%
Spinal Manipulations		\$20, deductible waived	\$20, deductible waived
Virtual Care - Telehealth		Vendor: MDLive \$0 copay per session, deductible waived In-Network non-Vendor Provider: \$0 copay per visit, deductible waived	N/A 40%
Therapeutic Injections		20%	40%



Regence

Oregon Fire Chiefs Association

HSA Plan

Effective July 1, 2024 through June 30, 2025



Cost Share Details		In-Network	Out-of-Network
Annual Deductible	The total deductible you pay per Calendar year	\$3,200 Individual \$6,400 Family	\$6,000 Individual \$12,000 Family
Annual Out-of-Pocket Maximum	The combined total for your deductible, coinsurance and copays per calendar year	\$6,000 Individual \$12,000 Family	\$7,000 Individual \$14,000 Family

The In-Network Out-of-Pocket Maximum for any Member on Family Coverage is not to exceed \$6,580, including the In-Network Deductible. If a Member reaches this maximum amount prior to satisfying the In-Network Family Out-of-Pocket Maximum, including the In-Network Deductible, benefits will be paid at 100% of the Allowed Amount for that Member.

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

Medical Benefits (unless stated otherwise, a deductible applies)		What You Pay	
Primary Care Visits (for Illness or Injury)	Visiting a Blue Distinction Total Care (BDTC) provider will result in a lower out-of-pocket expense for most office visits After the deductible, Coinsurance waived for first 3 primary care/behavioral health visits	20% coinsurance	50% coinsurance
Specialist Visits		20% coinsurance	50% coinsurance
Urgent Care Visits		20% coinsurance	50% coinsurance
Other Professional Services		20% coinsurance	50% coinsurance
Preventive Care/Immunizations		0% coinsurance, deductible waived	50% coinsurance
Acupuncture	<ul style="list-style-type: none"> Limit: 30 visits per Calendar year 	20% coinsurance	50% coinsurance
Ambulance Services		20% coinsurance	20% coinsurance
Ambulatory Surgical Center		20% coinsurance	50% coinsurance
Emergency Room (Including Professional Charges)		20% coinsurance	20% coinsurance
Hearing Aids & Evaluations	<ul style="list-style-type: none"> 1 hearing aid per ear, every calendar year 	20% coinsurance	50% coinsurance
Hearing Examinations	<ul style="list-style-type: none"> Limit: 1 exam per Calendar year 	20% coinsurance	50% coinsurance
Home Health Care	<ul style="list-style-type: none"> Limit: 130 visits per Calendar year 	20% coinsurance	50% coinsurance
Hospice Care	<ul style="list-style-type: none"> Limit: 30 inpatient or outpatient respite care days per lifetime 	20% coinsurance	50% coinsurance
Hospital Care		20% coinsurance	50% coinsurance
Massage Therapy	<ul style="list-style-type: none"> Limit: 12 visits per Calendar year Licensed Massage Therapists Only 	20% coinsurance	50% coinsurance
Maternity Care		20% coinsurance	50% coinsurance
Behavioral Health - Inpatient	<ul style="list-style-type: none"> Mental health, behavioral health, or substance abuse services. 	20% coinsurance	50% coinsurance
Behavioral Health - Outpatient	Coinsurance waived for first 3 primary care/behavioral health visits. <ul style="list-style-type: none"> Mental health, behavioral health, or substance abuse services. 	20% coinsurance	50% coinsurance
Neurodevelopmental Therapy	<ul style="list-style-type: none"> Limit: 30 visits per Calendar year Children up to the age of 18 	20% coinsurance	50% coinsurance

Medical Benefits (unless stated otherwise, a deductible applies)		What You Pay	
Newborn Home Visits	<ul style="list-style-type: none"> Within 6 months of age, at least one visit during first 3 months, with up to 3 more available 	0%, deductible waived	Not covered
Nutritional Counseling	<ul style="list-style-type: none"> Limit: 5 visits per lifetime 	20% coinsurance	50% coinsurance
Radiology and Laboratory - Outpatient		20% coinsurance	50% coinsurance
Advanced Imaging	<ul style="list-style-type: none"> CT, PET, MRA, SPECT, Bone Density, MRI 	20% coinsurance	50% coinsurance
Rehabilitation Services - Inpatient	<ul style="list-style-type: none"> Limit: 30 days per Calendar year 	20% coinsurance	50% coinsurance
Rehabilitation Services - Outpatient	<ul style="list-style-type: none"> Limit: 30 visits combined per Calendar year 	20% coinsurance	50% coinsurance
Skilled Nursing Facility (SNF) Care	<ul style="list-style-type: none"> Limit: 60 days per Calendar year 	20% coinsurance	50% coinsurance
Spinal Manipulations		20% coinsurance	50% coinsurance
Vendor Telehealth – MDLIVE		10% coinsurance	N/A
Virtual Care - Telehealth		20% coinsurance	50% coinsurance

VSP Vision Benefits		What You Pay	
Routine Eye Exam	<ul style="list-style-type: none"> Limit: 1 per Calendar year 	\$25 copay, deductible waived	No charge up to \$45
Contact Lens Fitting	<ul style="list-style-type: none"> Limit: 1 per Calendar year 	No charge	Applies to the hardware limit
Hardware		No charge up to \$250 maximum per year	No charge up to \$250 maximum per year

Prescription Medication Benefits (unless stated otherwise, a deductible applies)		What You Pay
Annual Deductible	The total deductible you pay per calendar year	Shared with medical
Annual Out-of-Pocket Maximum	The combined total for your deductible, coinsurance and copays per calendar year	Shared with medical
Tier 1	30-day supply for retail, 90-day supply for mail order	20% coinsurance, retail or mail order prescription
Tier 2	30-day supply for retail, 90-day supply for mail order	20% coinsurance, retail or mail order prescription
Tier 3	30-day supply for retail, 90-day supply for mail order	20% coinsurance, retail or mail order prescription
Tier 4	30-day supply for retail	20% coinsurance
Compound Medications	30-day supply for retail	50% coinsurance

\$85 cap on member cost share per 30 day retail supply insulin, deductible waived
 \$255 cap on member cost share for up to 90 day supply of mail order insulin, deductible waived
 More information about prescription drug coverage is available at <https://regence.com/go/2024/OR/4tier>

Frequently Asked Questions	
How is my privacy protected?	Regence is committed to the confidentiality and security of your personal information. We maintain physical, administrative and technical safeguards to protect against unauthorized access, use, or disclosure of your personal information. You can view our full privacy practices online at regence.com .
What if I need access to specialty care? Do I need a referral?	You can receive care from any in-network provider without a referral. For some services, prior authorization may be required.

This benefit summary provides a brief description of your plan benefits, limitations and/or exclusions under your plan and is not a guarantee of payment. Once enrolled, you can view your benefits booklet online at regence.com. **PLEASE REFER TO YOUR BENEFITS BOOKLET OR SUMMARY PLAN DESCRIPTION FOR A COMPLETE LIST OF BENEFITS, THE LIMITATIONS AND/OR EXCLUSIONS THAT APPLY, AND A DEFINITION OF MEDICAL NECESSITY.** Regence is providing this benefit summary for illustrative purposes only. Regence makes no warranties or representations regarding compliance with applicable federal, state, or local laws, or the accuracy of the benefit summary. This document is not the legally required Summary of Benefits and Coverage that an employer is required to provide to employees and members under Federal law, and the group must provide a legally compliant Summary of Benefits and Coverage to its employees and members.



Get the most from your pharmacy benefit

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



How to fill your prescription

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

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

Programs to stretch your pharmacy dollar

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

Covered-drug list

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

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

To see if your medication is covered and how much it will cost, visit regence.com/pharmacy, sign in or select your type of coverage, and click on **Find a Drug**.

Generics

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

Home delivery

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

90-day fills

You can pick up 90-day supplies of most long-term medications at one of our Extended Supply Network (ESN) retail pharmacies or have our Home Delivery Program ship it to the location of your choice.

Visit regence.com/pharmacy, select your type of coverage or simply sign in, and click on **Find a Pharmacy** to locate an ESN retail pharmacy or register for home delivery.

Clinical programs

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

Specialty Pharmacy

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

If you're on a non-HSA plan and are prescribed certain specialty drugs, you may have the opportunity to reduce

your out-of-pocket costs by enrolling in the FlexAccess program, which helps you identify manufacturer copay assistance coupon programs to make your medication(s) more affordable.

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

Blood Glucose Meter Program

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

Understanding pre-authorization

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

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



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

OR



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



Stay connected

Visit [regence.com](https://www.regence.com) to find drug coverage, pricing, network pharmacies and more.

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



Pharmacy and pharmacy services are provided by JourniRx, Inc. (a licensed pharmacy). JourniRx is a separate company that provides pharmacy and pharmacist services.

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Regence BlueCross BlueShield of Oregon
100 SW Market Street | Portland, OR 97201

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Oregon Fire Chiefs Association

Pharmacy Plans

Effective July 1, 2024 through June 30, 2025

Option 1

Prescription Medication Benefits		What You Pay
Annual Deductible	The total deductible you pay per calendar year	\$0
Annual Out-of-Pocket Maximum	The combined total for your deductible, coinsurance and copays per calendar year	Shared with medical
Tier 1	90-day supply for retail or mail order	\$2 retail prescription* / \$3 mail order prescription / \$10 for each self-administrable Cancer Chemotherapy medication
Tier 2	90-day supply for retail or mail order	\$10 retail prescription* / \$15 mail order prescription / \$10 for each self-administrable Cancer Chemotherapy medication
Tier 3	90-day supply for retail or mail order	\$20 retail prescription* / \$30 mail order prescription / \$50 for each self-administrable Cancer Chemotherapy medication
Tier 4	90-day supply for retail or mail order	\$50 retail prescription* / \$75 mail order prescription / \$50 for each self-administrable Cancer Chemotherapy medication
Tier 5	30-day supply for retail	\$50 participating pharmacy retail prescription / \$100 for each self-administrable Cancer Chemotherapy medication
Tier 6	30-day supply for retail	\$50 participating pharmacy retail prescription / \$100 for each self-administrable Cancer Chemotherapy medication
Compound Medications	30-day supply for retail	50% coinsurance

*1 copay per 30 day supply

\$85 cap on member cost share per 30 day retail supply insulin, deductible waived

\$255 cap on member cost share for up to 90 day supply of mail order insulin, deductible waived

More information about prescription drug coverage is available at <https://regence.com/go/2024/OR/6tierLG>

Option 2

Prescription Medication Benefits		What You Pay
Annual Deductible	The total deductible you pay per calendar year	\$0
Annual Out-of-Pocket Maximum	The combined total for your deductible, coinsurance and copays per calendar year	Shared with medical
Tier 1	90-day supply for retail or mail order	\$2 retail prescription* / \$3 mail order prescription / \$10 for each self-administrable Cancer Chemotherapy medication
Tier 2	90-day supply for retail or mail order	\$10 retail prescription* / \$15 mail order prescription / \$10 for each self-administrable Cancer Chemotherapy medication
Tier 3	90-day supply for retail or mail order	\$30 retail prescription* / \$45 mail order prescription / \$50 for each self-administrable Cancer Chemotherapy medication
Tier 4	90-day supply for retail or mail order	\$50 retail prescription* / \$75 mail order prescription / \$50 for each self-administrable Cancer Chemotherapy medication
Tier 5	30-day supply for retail	\$50 participating pharmacy retail prescription / \$100 for each self-administrable Cancer Chemotherapy medication
Tier 6	30-day supply for retail	\$50 participating pharmacy retail prescription / \$100 for each self-administrable Cancer Chemotherapy medication
Compound Medications	30-day supply for retail	50% coinsurance

*1 copay per 30 day supply

\$85 cap on member cost share per 30 day retail supply insulin, deductible waived

\$255 cap on member cost share for up to 90 day supply of mail order insulin, deductible waived

More information about prescription drug coverage is available at <https://regence.com/go/2024/OR/6tierLG>

Option 3

Prescription Medication Benefits		What You Pay
Annual Deductible	The total deductible you pay per calendar year	\$0
Annual Out-of-Pocket Maximum	The combined total for your deductible, coinsurance and copays per calendar year	Shared with medical
Tier 1	90-day supply for retail or mail order	\$2 retail prescription* / \$3 mail order prescription / \$10 for each self-administrable Cancer Chemotherapy medication
Tier 2	90-day supply for retail or mail order	\$10 retail prescription* / \$15 mail order prescription / \$10 for each self-administrable Cancer Chemotherapy medication
Tier 3	90-day supply for retail or mail order	\$40 retail prescription* / \$60 mail order prescription / \$50 for each self-administrable Cancer Chemotherapy medication
Tier 4	90-day supply for retail or mail order	\$60 retail prescription* / \$90 mail order prescription / \$50 for each self-administrable Cancer Chemotherapy medication
Tier 5	30-day supply for retail	\$50 participating pharmacy retail prescription / \$100 for each self-administrable Cancer Chemotherapy medication
Tier 6	30-day supply for retail	\$50 participating pharmacy retail prescription / \$100 for each self-administrable Cancer Chemotherapy medication
Compound Medications	30-day supply for retail	50% coinsurance

*1 copay per 30 day supply

\$85 cap on member cost share per 30 day retail supply insulin, deductible waived

\$255 cap on member cost share for up to 90 day supply of mail order insulin, deductible waived

More information about prescription drug coverage is available at <https://regence.com/go/2024/OR/6tierLG>

Frequently Asked Questions

How is my privacy protected?	Regence is committed to the confidentiality and security of your personal information. We maintain physical, administrative and technical safeguards to protect against unauthorized access, use, or disclosure of your personal information. You can view our full privacy practices online at regence.com .
What if I need access to specialty care? Do I need a referral?	You can receive care from any in-network provider without a referral. For some services, prior authorization may be required.

This benefit summary provides a brief description of your plan benefits, limitations and/or exclusions under your plan and is not a guarantee of payment. Once enrolled, you can view your benefits booklet online at regence.com. **PLEASE REFER TO YOUR BENEFITS BOOKLET OR SUMMARY PLAN DESCRIPTION FOR A COMPLETE LIST OF BENEFITS, THE LIMITATIONS AND/OR EXCLUSIONS THAT APPLY, AND A DEFINITION OF MEDICAL NECESSITY.** Regence is providing this benefit summary for illustrative purposes only. Regence makes no warranties or representations regarding compliance with applicable federal, state, or local laws, or the accuracy of the benefit summary. This document is not the legally required Summary of Benefits and Coverage that an employer is required to provide to employees and members under Federal law, and the group must provide a legally compliant Summary of Benefits and Coverage to its employees and members.

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Prescription *Benefit Summary*

Home Delivery

Express Scripts® Pharmacy

Introducing Express Scripts® Pharmacy, your home delivery pharmacy

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

Savings and convenience

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

Support and service

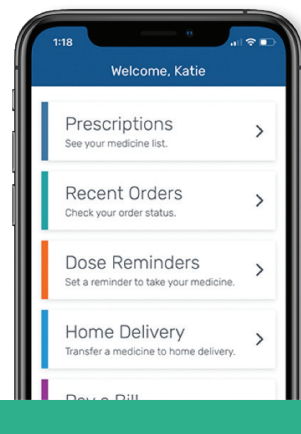
- 24/7 access to a team of knowledgeable pharmacists and support staff
- Multiple locations across the United States for fast processing and dispensing
- Pharmacists check each prescription multiple times before they send it to you

It's easy to get started

Create an online profile to manage your medicines

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

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



A mobile app to manage your prescriptions

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

*Check to see if your health plan offers automatic refills and prescription renewal.



Eye care made easy

Your eyes bring you the world. Keep them healthy with your Regence Exam-Plus-Allowance Vision plan. We make it simple with open access to eye doctors and preventive care that helps catch problems before they start.

Designed to meet your needs

Eye care is a cinch when convenience and flexibility are built right into your plan.

See the doctor who's right for you. Whether it's your neighborhood optometrist or someone at your favorite retail store, we've got you covered. Pick from nearly 96,000 providers across the country in the VSP Choice network for even greater savings.

Be priority no. 1. VSP doctors' personalized care focuses on keeping you and your eyes healthy year after year. Plus, when you see a VSP provider, you'll get the most out of your benefits and have lower out-of-pocket costs.

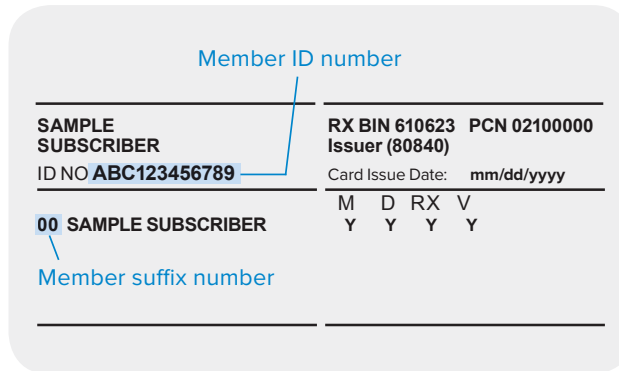
Have an annual exam. Get your VSP WellVision Exam®, included in your plan, and you could prevent health problems down the road. This screening helps your optometrist spot a range of vision troubles, like glaucoma and complications from diabetes, and signs of serious health conditions, like high blood pressure and cholesterol. Wear glasses or contacts? Your exam will ensure your prescription is up-to-date, too.

Pick the eyewear you like best. VSP doctors offer hundreds of frames to choose from, so if you need glasses, you can find the ones that most suit you.

Know before you go

Check your or your covered family members' benefits before your appointment for more details on your plan and what you can expect to pay. Sign in to regence.com and follow the link to vsp.com found in the vision benefits section. Family members covered by your health plan can see their benefits this way, too.

If you choose to go directly to vsp.com, have your Regence member ID card handy. You'll need your member ID number and member suffix number to create an account. Any dependents you have will also appear on your card with a unique suffix number. Use the member ID number and the dependent member suffix to set up a dependent account to view dependent coverage.



You can view your Summary of Benefits Coverage or Regence Exam-Plus-Allowance Vision booklet on regence.com for full details on your vision benefits.



Find an eye doctor

Here are three easy ways to find a VSP doctor and save:

1. Use the **Find a doctor** tool on regence.com.
2. Use the **Find a VSP doctor** tool on vsp.com.
3. Call VSP at 1 (844) 299-3041.

At your appointment, tell them you have VSP and show them your Regence member ID card.



VSP is a separate and independent company that provides vision benefit services for Regence BlueCross BlueShield of Oregon members.

Regence complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-344-6347 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-344-6347 (TTY: 711)。

Access a health program built just for you

Omada® is a personalized program that helps members manage diabetes through one-on-one personal coaching, support from a specialist, and the tools needed to make long-lasting health changes.

*Included for eligible participants.

If you or your adult family members are living with diabetes and are enrolled in the Regence BlueCross BlueShield of Oregon health plan, SDIS will cover the Omada program. This may include a connected glucose meter with as many test strips as you need, and a digital scale—all yours to keep! Other eligibility requirements may apply.



Get started today:
omadahealth.com/sdis

Your personal Omada health coach will help you:

- ✓ **Lose weight and boost energy**
Learn how food, activity, sleep, and stress relate to diabetes.
- ✓ **Prevent blood sugar highs and lows**
Your certified specialist will help you keep blood sugar in check.
- ✓ **Track your health anytime, anywhere**
Chat with your health coach and track your progress with the Omada app.
- ✓ **Stay motivated and accountable**
Gain a team of supporters and online community to help you reach your health goals.

What do you get as a member?

- ✓ A personal health coach and a certified diabetes specialist
- ✓ A personalized care plan
- ✓ Weekly lessons
- ✓ Tools for managing stress
- ✓ Online peer group and communities

Plus, easier blood glucose monitoring with smart devices.† Yours to keep.

- ✓ 2 continuous glucose monitor sensors*
- ✓ Blood glucose meter and ongoing supply of test strips and lancets
- ✓ Smart scale (if clinically eligible)

“ Members love Omada

“This Omada program really works! I’m mindful of what I eat, buy, and prepare. I look for opportunities to keep moving, not excuses. I feel good about myself which has more positive effects. Life is good and I want to live it!”
- Vinny, Omada member

Testimonials are based on the member’s real experiences and individual results. Results may vary based on individual and demographic factors. We do not claim that these are typical results that members will generally achieve.

*CGMs are only available with the Omada for Diabetes program and only available to members within this program who receive a prescription and have a compatible smartphone. Eligible members will receive two (2) CGM sensors - one CGM is to wear upon enrollment, the other CGM is for a six-month follow-up.

†Included for eligible participants.

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

Omada is a separate company that provides care and disease management services.



S | D | I | S Special Districts
Insurance Services



Conquer back and joint pain without drugs or surgery

We provide all the tools you need to get moving again from the comfort of your home. You'll get exercise therapy tailored to your needs, technology for instant feedback in the app, personal coach and physical therapist. Best of all, **it's free** — 100% covered by Special Districts Insurance Services through Regence for you and eligible family members.

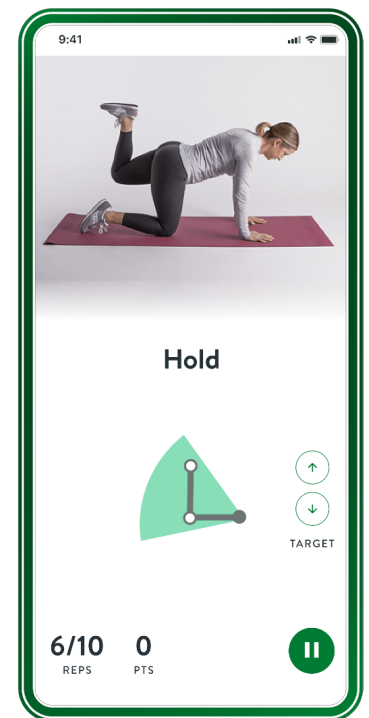
Sign up today for help with any of the following:

- Conquer pain or limited movement
- Recover from a past injury
- Reduce stiffness in achy joints

Join for your **back, knee, hip, neck, or shoulder**. On average, participants cut their pain as much as 68%*!



Scan the QR code to learn more or apply at
hinge.health/specialdistrictsinsurance
or call (855) 902-2777



Participants must be 18+ and enrolled in a Special Districts Insurance Services medical plan administered by Regence BlueCross BlueShield of Oregon. Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association. Hinge Health® is a separate and independent company that provides digital MSK services for Regence members.

*Participants with chronic knee and back pain after 12 weeks. Bailey, et al. Digital Care for Chronic Musculoskeletal Pain: 10,000 Participant Longitudinal Cohort Study. JMIR. (2020).

Regence



OREGON

REGENCE PREGNANCY PROGRAM

Get ready for baby with the Regence Pregnancy Program

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

With the Regence Pregnancy Program, you'll receive:

Seasonal pregnancy newsletters

A maternity nurse care manager who'll be there to support you every step of the way

Help understanding and following your doctor's or midwife's advice

24/7 access to our toll-free maternity nurse advice line



Download the Regence Pregnancy Program app to get the information and support you need for your pregnancy and your new baby.

Get the Regence Pregnancy Program app and you can:

Read helpful articles and watch videos about pregnancy, caring for your baby and child development

See your weekly to-dos for each trimester

Write down questions to ask your doctor or midwife (and share those notes with loved ones)

Use helpful tools for pregnancy and after delivery, including feeding and growth trackers

Track your baby's development milestones from ages 0-2

Want more information? Email us at CaseManagement@regence.com or call 1 (888) JOY-BABY (1-888-569-2229).

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REG-OR-924180-22/11-Member-Flyer
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MDLIVE

Virtual Care, Anywhere.

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

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

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

Who are our doctors?

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

Are my children eligible?

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

Common Conditions We Treat

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

When should I use MDLIVE?

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

How much does it cost?

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

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



MD Download the App

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



Virtual Care, Anywhere. | MDLIVE.com/regence-or | 1-888-725-3097

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One Membership. Thousands of Ways to Stay Active and Save Money.

-  **12,200+ Gyms**
-  **9,300+ On-Demand Videos**
-  **1:1 Well-Being Coaching**
-  **Enroll Your Spouse¹**

No annual fees or long-term contracts. Switch gyms anytime.



Plus: 5,700+ Premium Gym Options at exercise studios, outdoor experiences, and others with **20% – 70% discounts** at most locations³

Get Started: [Regence.com/Advantages](https://www.Regence.com/Advantages)

¹ Add a spouse/domestic partner to a primary membership for additional monthly fees. Spouses/domestic partners must be 18 years or older. Fees may vary based on fitness center selection.

² Plus an enrollment fee and applicable taxes.

³ Costs for premium exercise studios exceed \$28/mo. and an enrollment fee will apply for each premium location selected, plus applicable taxes. Fees vary based on premium fitness studios selected.

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REGISTER TODAY FOR ONLINE RESOURCES

REGENCE.COM

Get everything you need to know about your plan

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

Looking for a claim or a doctor? Want to compare treatment costs?
Visit regence.com for all that and more.

Your complete source of health and wellness information

You can find everything you need to know about your health plan and ways to take care of yourself all in one place: regence.com.

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

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

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

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

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

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

To get started, just follow these steps:

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

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

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

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



PHARMACY SERVICES

Preventive Services: Covered Tobacco Cessation Products

Are you ready to kick the habit?

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

Treatment

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

Covered Prescription Medications

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

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



DENTAL BENEFITS

Oregon Fire Chiefs Association

Option 1 **Incentive 1500**



Calendar year costs	
Calendar year maximum, per member (age +19)	\$1,500
Calendar year deductible, per member	\$0
Calendar year out-of-pocket maximum, one member (under age 19)	\$400
Calendar year out-of-pocket maximum, two or more members (under age 19)	\$800
Class 1* (Services do not apply to the calendar year max)	
Periodic examinations / x-rays	
Prophylaxis (cleanings) / periodontal maintenance	**1st year - 70%
Sealants	2nd year - 80%
Space maintainers	3rd year - 90%
Topical application of fluoride	4th year - 100%
Class 2***	
Restorative fillings	
Oral surgery (extractions & certain minor surgical procedures)	**1st year - 70%
Endodontics (treatment of teeth with diseased or damaged nerves)	2nd year - 80%
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	3rd year - 90%
	4th year - 100%
Class 3***	
Implants	50%
Crowns and other cast restorations	50%
Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures)	50%

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

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

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

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

How to use this dental plan

When you visit your dental provider, tell them you are a Delta Dental member.

When the member visits:

Delta Dental Premier Dentist:

Members are held harmless from balance billing (will not be billed for the difference between the dentist's billed charge and the Delta Dental negotiated fee).

Non Participating Dentists:

Members may be held liable for the difference between the dentist's billed charge and the non-participating allowable.

2024 Delta Dental Premier Plan Benefit Summary



Delta Dental of Oregon & Alaska

Oregon Fire Chiefs Association

Option 2 **Constant 1500**

This summary is for quoting purposes

Calendar year costs	
Calendar year maximum, per member (age +19)	\$1,500
Calendar year deductible, per member	\$25
Calendar year maximum deductible, per family	\$75
Calendar year out-of-pocket maximum, one member (under age 19)	\$400
Calendar year out-of-pocket maximum, two or more members (under age 19)	\$800
Class 1* (Services do not apply to the calendar year max)	
Periodic examinations / X-rays	100%
Prophylaxis (cleanings) / periodontal maintenance	100%
Sealants	100%
Space maintainers	100%
Topical application of fluoride	100%
Class 2**	
Restorative fillings	80%
Oral surgery (extractions & certain minor surgical procedures)	80%
Endodontics (treatment of teeth with diseased or damaged nerves)	80%
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	80%
Class 3**	
Implants	50%
Crowns and other cast restorations	50%
Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures)	50%

* Deductible waived for preventive services.

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

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

How to use this dental plan

When you visit your dental provider, tell them you are a Delta Dental member.

When the member visits:

Delta Dental Premier Dentist:

Members are held harmless from balance billing (will not be billed for the difference between the dentist's billed charge and the Delta Dental negotiated fee).

Non Participating Dentists:

Members may be held liable for the difference between the dentist's billed charge and the non-participating allowable.

2024 Delta Dental Premier Plan Benefit Summary



Delta Dental of Oregon & Alaska

Oregon Fire Chiefs Association

Option 3 **Constant 2000**

Calendar year costs	
Calendar year maximum, per member (age +19)	\$2,000
Calendar year deductible, per member	\$25
Calendar year maximum deductible, per family	\$75
Calendar year out-of-pocket maximum, one member (under age 19)	\$400
Calendar year out-of-pocket maximum, two or more members (under age 19)	\$800
Class 1* (Services do not apply to the calendar year max)	
Periodic examinations / X-rays	100%
Prophylaxis (cleanings) / periodontal maintenance	100%
Sealants	100%
Space maintainers	100%
Topical application of fluoride	100%
Class 2**	
Restorative fillings	80%
Oral surgery (extractions & certain minor surgical procedures)	80%
Endodontics (treatment of teeth with diseased or damaged nerves)	80%
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	80%
Class 3**	
Implants	50%
Crowns and other cast restorations	50%
Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures)	50%

* Deductible waived for preventive services.

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

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

How to use this dental plan

When you visit your dental provider, tell them you are a Delta Dental member.

When the member visits:

Delta Dental Premier Dentist:

Members are held harmless from balance billing (will not be billed for the difference between the dentist's billed charge and the Delta Dental negotiated fee).

Non Participating Dentists:

Members may be held liable for the difference between the dentist's billed charge and the non-participating allowable.

2024 Delta Dental Premier Plan Benefit Summary



Delta Dental of Oregon & Alaska

Oregon Fire Chiefs Association

Option 4 Incentive 2000

Calendar year costs	
Calendar year maximum, per member (age +19)	\$2,000
Calendar year deductible, per member	\$0
Calendar year out-of-pocket maximum, one member (under age 19)	\$400
Calendar year out-of-pocket maximum, two or more members (under age 19)	\$800
Class 1* (Services do not apply to the calendar year max)	
Periodic examinations / x-rays	
Prophylaxis (cleanings) / periodontal maintenance	**1st year - 70%
Sealants	2nd year - 80%
Space maintainers	3rd year - 90%
Topical application of fluoride	4th year - 100%
Class 2***	
Restorative fillings	**1st year - 70%
Oral surgery (extractions & certain minor surgical procedures)	2nd year - 80%
Endodontics (treatment of teeth with diseased or damaged nerves)	3rd year - 90%
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	4th year - 100%
Class 3***	
Implants	50%
Crowns and other cast restorations	50%
Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures)	50%

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

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

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

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

How to use this dental plan

When you visit your dental provider, tell them you are a Delta Dental member.

When the member visits:

Delta Dental Premier Dentist:

Members are held harmless from balance billing (will not be billed for the difference between the dentist's billed charge and the Delta Dental negotiated fee).

Non Participating Dentists:

Members may be held liable for the difference between the dentist's billed charge and the non-participating allowable.



Life Insurance Options from Standard Insurance Company (The Standard)

Group Program					
Coverage	Option I	Option II	Option III	Option IV	Option V
Life Insurance amount per employee	\$10,000	\$20,000	\$50,000	100% of yearly salary up to \$300k maximum	\$100,000
Accidental Death and Dismemberment per employee	\$10,000	\$20,000	\$50,000	100% of yearly salary up to \$300k maximum	\$100,000
Convertible upon leaving employment	Yes	Yes	Yes	Yes	Yes
Automatic issue	Yes	Yes	Yes	Yes	Yes
Optional Dependent Life each dependent	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Individual Supplemental Life					
Availability	By individual employee				
Life Insurance amount per employee	\$30,000 to \$300,000 in increments of \$10,000				
Proof of insurability required	Yes				
Rates	Age group as of Jan. 1		Monthly cost per \$10,000 of insurance		
	0-29		\$1.00		
	30-39		\$1.10		
	40-44		\$2.20		
	45-49		\$3.90		
	50-54		\$6.40		
	55-59		\$9.90		
	60-64		\$14.80		
	65-69		\$22.30		
70+		Available upon request			

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

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

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

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

Travel Assistance from The Standard

Travel Assistance is an additional Life Insurance feature offered by The Standard. This service provides you and your dependents with access to appropriate medical care and other emergency services when traveling at least 100 miles from home or in foreign countries for up to 180 days. Travel Assistance also offers a range of professional, 24-hour medical, legal and trip assistance information and coordination services to help your travel go smoothly. For more information, visit www.standard.com/eforms/14684.pdf.



The Life Services Toolkit from The Standard

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

Short Term Disability from The Standard

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

Long Term Disability from The Standard

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

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



Using your OFCA physical examination benefit

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

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

* The benefit reimburses 100 percent of worked-related physical examination costs up to \$600 (effective 7/1/2024). Eligibility is determined by your district.

EASY STEP-BY-STEP REIMBURSEMENT GUIDE

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

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

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



All members of OFCA and their families are now covered.

- One comprehensive membership
- Coverage in U.S. and Canada
- Covers out-of-pocket costs for ANY emergency medical air and ground transportation
- Covers Non-Emergent Air Transport
- Covers repatriation/recuperation. If a member is hospitalized while away from home, MASA Emergent Plus will fly them home to recuperate in familiar surroundings
- Coverage regardless of company providing emergency medical transport
- Peace-of-mind coverage for the employee, spouse & legal dependent children up to age 26
- No health questions, age limits, claim forms or deductibles

**EMERGENCIES CAN HAPPEN TO
ANYONE, ANYTIME, AND ANYWHERE.
WE'VE GOT YOU COVERED.**

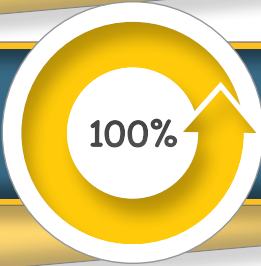
KIM NICHOLSEN • WHA INSURANCE

800.852.6140 | knicholsen@whainsurance.com



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

For 2022, utilization of the Public Safety EAP was at 5.14%.



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

The top utilized services include coaching, counseling, and self-help member resources.



The Public Safety EAP has also been accessed for trauma response, supervisor consultation, and on-site training.

The cost for adding volunteers and administrative staff to the program for 2024-25 (household family members included in cost).

- **Tier One (6 visits/issue): \$17.70 per person, per year**
(The career will be covered at no cost still and volunteers and admin can be added by the departments.)



1-888-327-1060
PublicSafetyEAP.com

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

Free Confidential Assistance 24/7



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

Your EAP can help. Call any time:

888-327-1060

www.PublicSafetyEAP.com





OREGON FIRE CHIEFS ASSOCIATION 2024-25 BENEFITS GUIDE

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Insurance Services

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