

2025 Employee Benefit Handbook



| Table of Contents | | <div>Important Notice:</div> <p>The material in this benefits brochure is for informational purposes only and is neither an offer of coverage, medical advice nor legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Consult the Summary Plan Descriptions to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plans. In case of a conflict between your plan documents and this information, the plan documents will govern. The availability of a plan or program may vary by geographic service area.</p> <p>Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of our respective insurance companies or our broker. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. While this material is believed to be accurate as of the print date, it is subject to change. Notice of change shall be provided in accordance with applicable state and federal law.</p> <p>All trademarks, trade names or company names referenced herein are used for informational and identification purposes only and is the exclusive property of their respective owners. Their use is not intended to imply any relationship, endorsement, sponsorship, or affiliation by and between the trademark owners, City of Springfield, and USI.</p> |
|-------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Page 2 | Sources of Assistance | |
| Page 3 | Benefits at a Glance | |
| Page 4 | Eligibility and Enrollment | |
| Page 5 | Medical Plan Highlights – HIP Plan | |
| Page 11 | Vision | |
| Page 14 | PacificSource Value Adds | |
| Page 16 | Springfield Wellness Center | |
| Page 19 | Dental Insurance | |
| Page 23 | Health Reimbursement Arrangement (HRA) | |
| Page 24 | Flexible Spending Account (FSA) | |
| Page 29 | Life and AD&D Insurance | |
| Page 30 | Disability Insurance | |
| Page 31 | Sick Leave Reserve Hours | |
| Page 32 | Employee Assistance Program (EAP) | |
| Page 33 | USI Mobile App | |
| Page 34 | Benefit Resource Center (BRC) | |

| Sources of Assistance | | | | |
|--------------------------------------------------------------------------------------------|------------------------------|--------------|--------------|---------------------------|
| City of Springfield – Human Resources: 541-726-3705 Springfieldbenefits@springfield.or.gov | | | | |
| POLICY | CARRIER | GROUP NUMBER | TELEPHONE | WEBSITE |
| Medical & Vision Plan | | | | |
| All Eligible Employees | PacificSource | G0020720 | 888-977-9299 | www.pacificsource.com |
| Dental Plans | | | | |
| All Eligible Employees | Moda Health Plans | 10001700 | 888-217-2365 | www.mymoda.com |
| Additional Lines of Coverage | | | | |
| Life and AD&D Insurance | Lincoln Financial | 09-FL1073 | 800-423-2765 | www.lincolnfinancial.com |
| Long Term Disability (LTD) | | | | |
| Voluntary Short Term Disability (STD) | | | | |
| Health Reimbursement Arrangement (HRA) | PacificSource Administrators | n/a | 800-422-7038 | www.pacificsource.com/PSA |
| Flexible Spending Account (FSA) | PacificSource Administrators | n/a | 800-422-7038 | www.pacificsource.com/PSA |
| Employee Assistance Program (EAP) | Cascade Health | n/a | 541-345-2800 | www.cascadehealth.org |
| Benefits Resource Center (BRC) | USI | n/a | 866-468-7272 | www.BRCWest@usi.com |



Benefits at a Glance

Medical Insurance

The City of Springfield's health plan offers employees a comprehensive medical benefit plan, the Health Incentive (HIP) Plan, through PacificSource Health Plans. This plan has a \$1500 single / \$3000 family deductible and pays 90% in-network / 80% out-of-network for the cost of most services (except preventive which is paid at 100% by the plan) once you have met the deductible.

Vision Insurance

The medical plan includes vision coverage.

Wellness Center

Springfield Wellness Center provides you and your dependents, who are four (4) years of age or older and enrolled in the City's medical plan, acute care.

Dental Insurance

The City offers two dental plan options for all benefit-eligible employees. You will have the ability to choose between two plan options through Delta Dental (Moda Health Plans) with over 2000 providers in the state of Oregon to choose from. The Basic Dental Plan has an annual \$1,500 benefit maximum with no orthodontia coverage. The Dental Plus Plan has an annual \$1,750 benefit maximum and includes orthodontia coverage up to \$1,500 lifetime maximum.

Life and AD&D Insurance

Company-Paid Basic Life and AD&D

The City provides eligible full-time employees with Life and Accidental Death & Dismemberment insurance

through Lincoln Financial. The benefit is 1 x your annual salary up to \$200,000.

Supplemental Life and AD&D

Employees can also purchase additional life and AD&D insurance for themselves and their dependents.

Long Term Disability (LTD)

The LTD plan is designed to provide you with a reasonable level of income replacement in case you can no longer work due to a disability. The disability insurance picks up after 90 days of disability. The benefits are equal to 60% of your monthly base pay up to a maximum monthly benefit of \$10,000.

Voluntary Short Term Disability (STD)

The City offers an employee-paid Voluntary Short Term Disability (STD) plan through Lincoln Financial which pays 60 percent of pre-disability earnings after a 14-day waiting period. Maximum weekly benefit not to exceed \$1,500.

Health Reimbursement Arrangement (HRA)

The City of Springfield will contribute money toward a Health Reimbursement Arrangement to help reimburse you for you and your dependent(s) eligible medical expenditures throughout the plan year. This can help to minimize your total out-of-pocket expense and help you plan for upcoming procedures.

Flexible Spending Account (FSA)

Another health plan option offered by the City of Springfield is a Section 125 / Flexible Spending Account (FSA). This plan allows employees to set aside pre-tax dollars for qualifying medical and/or dependent care expenses. These funds are deducted from paychecks in equal installments, depending on the amount elected at the beginning of the plan year. You have the option of enrolling in a Health Care FSA or a Dependent Care FSA. The Health Care FSA helps to reimburse eligible medical expenses while the Dependent Care FSA helps to be reimbursed for qualified dependent care expenses. You must enroll each year during open enrollment.

Employee Assistance Program (EAP)

The City of Springfield offers an Employee Assistance Program in order to help employees deal with stressors caused by work and issues outside of the working environment. To use the EAP plan, please contact Cascade Behavioral Health & EAP or visit their website at www.cascadehealth.org.

Questions?

For more information regarding the benefits and coverage offered, you can contact your Benefits Administrator.

Eligibility & Enrollment

Eligibility Provisions

Employees hired as a regular employee and work at least regularly work at least 20 hours per week are eligible to participate in the City of Springfield Benefits Program. For Life / AD&D, your coverage will be effective on Date of Hire. For all other coverages, your coverage will become effective on the first of the month following Date of Hire or Date of Hire if it coincides with the 1st day of the month. You must be actively at work for your coverage to be effective on your eligibility date. You may also enroll your eligible dependents. The following family members are eligible for coverage:

- Your legal spouse or your domestic partner – Declaration of Marriage or Domestic Partnership form required
- Your, your spouse's, or your domestic partner's dependent children under age 26 regardless of the child's place of residence, marital status, or financial dependence on you
- Your, your spouse's, or your domestic partner's unmarried dependent children age 26 or over who are mentally or physically disabled. To qualify as dependents, they must have been continuously unable to support themselves since turning age 26 because of a mental or physical disability

When Can You Enroll?

You can sign up for Benefits at any of the following times:

- After completing your initial eligibility period
- During the annual open enrollment period
- Within 31 days of a qualified family- status change

If you do not enroll at the above times, you must wait for the next annual open enrollment period.

Making Changes

Generally, you can only change your benefit elections during the annual benefits enrollment period. However, you may be able to change some of your benefit elections upon the occurrence of certain change in status events, provided you properly notify Human Resources within 31 days of the event.

Examples of change in status events may include:

- Your marriage or qualified partnership
- Your divorce, legal separation or dissolution of partnership
- Birth or adoption of an eligible child
- Death of your spouse/eligible domestic partner or covered child
- Change in your spouse/registered partner/partner's work status that affects his or her benefits
- Change in your work status that affects your benefits
- Change in residence or work site that affects your eligibility for coverage
- Change in your child's eligibility for benefits
- Receiving a Qualified Medical Child Support Order (QMCSO)

MEDICAL BENEFIT SUMMARY

HIP Plan – Navigator 90+1500

Group Name: City of Springfield
 Group Number: G0020720
 Provider Network: Navigator
 Benefit Year: Calendar Year

Employee Eligibility Requirements

Minimum Hour Requirement: Twenty (20) hours per week

Waiting Period Requirement: First of the month following date of hire. If the date of hire is the first day of the month, coverage will begin that day.

| Deductible Per Benefit Year | All Providers | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|
| Individual/Family | \$1,500 / \$3,000 | |
| Out-of-Pocket Limit Per Benefit Year | In-network | Out-of-network |
| Individual/Family | \$2,000 / \$4,000 | \$10,000 / NA |
| Note: In-network out-of-pocket limit accumulates separately from the out-of-network out-of-pocket limit. Even though you may have the same benefit for in-network and out-of-network, your actual costs for services provided out-of-network may exceed this Plan's out-of-pocket limit for out-of-network services. In addition, Out-of-network Providers may in certain circumstances bill you for the difference between the amount charged by the Provider and the amount allowed by this Plan (called Balance Billing). Balance Billing amounts are not counted toward the out-of-network out-of-pocket limit. For additional information about Balance Billing or Allowable Fee, please see the Definitions Section of the Plan Document. | | |

The Member is responsible for any amounts shown above, in addition to the following amounts:

| Service/Supply | In-network Member Pays | Out-of-network Member Pays |
|------------------------------|---------------------------|-------------------------------|
| Preventive Care | | |
| Well baby/Well child care | No Deductible, 0% | No Deductible, 20% |
| Preventive physicals | No Deductible, 0% | No Deductible, 20% |
| Well woman visits | No Deductible, 0% | No Deductible, 20% |
| Preventive mammograms | No Deductible, 0% | No Deductible, 20% |
| Immunizations | No Deductible, 0% | No Deductible, 20% |
| Preventive colonoscopy | No Deductible, 0% | No Deductible, 20% |
| Prostate cancer screening | No Deductible, 0% | No Deductible, 20% |
| Professional Services | | |
| Office and home visits | | After Deductible, 20% |

| Service/Supply | In-network Member Pays | Out-of-network Member Pays |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------|
| | First three visits, no Deductible, 0%. Subsequent visits, after Deductible, 10%* | |
| Naturopath office visits | After Deductible, 10% | After Deductible, 20% |
| Specialist office and home visits | After Deductible, 10% | After Deductible, 20% |
| Telehealth visits | First three visits, no Deductible, 0%. Subsequent visits, after Deductible, 10%* | After Deductible, 20% |
| Office procedures and supplies | After Deductible, 10% | After Deductible, 20% |
| Surgery | After Deductible, 10% | After Deductible, 20% |
| Outpatient Rehabilitation and Habilitation Services | After Deductible, 10% | After Deductible, 20% |
| Chiropractic manipulation/Spinal manipulation (20 visits per Benefit Year) | After Deductible, 10% | After Deductible, 20% |
| Acupuncture (12 visits per Benefit Year) | After Deductible, 10% | After Deductible, 20% |
| Massage therapy (\$1,200 per Benefit Year) | After Deductible, 10% | After Deductible, 20% |
| Hospital Services | | |
| Inpatient room and board | After Deductible, 10% | After Deductible, 20% |
| Inpatient Rehabilitation and Habilitation Services | After Deductible, 10% | After Deductible, 20% |
| Skilled nursing facility care | After Deductible, 10% | After Deductible, 20% |
| Outpatient Services | | |
| Outpatient surgery/services | After Deductible, 10% | After Deductible, 20% |
| Diagnostic imaging – advanced | After Deductible, 10% | After Deductible, 20% |
| Diagnostic and therapeutic radiology/laboratory and dialysis – non-advanced | After Deductible, 10% | After Deductible, 20% |
| Urgent and Emergency Services | | |
| Urgent care center visits | After Deductible, 10% | After Deductible, 20% |
| Emergency room visits – medical emergency | After Deductible, 10% | After Deductible, 10% |
| Emergency room visits – non-emergency | After Deductible, 10% | After Deductible, 20% |
| Ambulance, ground | After Deductible, 10% | After Deductible, 10% |
| Ambulance, air | After Deductible, 10% | After Deductible, 10% |

| Service/Supply | In-network Member Pays | Out-of-network Member Pays |
|----------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------|
| Maternity Services** | | |
| Physician/Provider services (Global Charge) | After Deductible, 10% | After Deductible, 20% |
| Hospital/Facility services | After Deductible, 10% | After Deductible, 20% |
| Mental Health and Substance Use Disorder Services | | |
| Office visits | First three visits, no Deductible, 0%. Subsequent visits, after Deductible, 10%* | After Deductible, 20% |
| Inpatient care | After Deductible, 10% | After Deductible, 20% |
| Residential programs | After Deductible, 10% | After Deductible, 20% |
| Other Covered Services | | |
| Allergy injections | After Deductible, 10% | After Deductible, 20% |
| Durable medical equipment | After Deductible, 10% | After Deductible, 20% |
| Home health services | After Deductible, 10% | After Deductible, 20% |
| Transplants | After Deductible, 0% | After Deductible, 30% |
| Temporomandibular joint (TMJ) | After Deductible, 50% | After Deductible, 50% |

This is a brief summary of benefits. Refer to the Plan Document for additional information or a further explanation of benefits, limitations, and exclusions.

** Medically necessary services, medication, and supplies to manage diabetes during pregnancy from conception through six weeks postpartum will not be subject to a Deductible, Copayment, or Coinsurance.

* First three visits per Benefit Year combined for Professional Services – Office and Home Visits, Telehealth Visits, and Mental Health and Substance Use Disorder Services – Office Visits.

Additional information

What is the Deductible?

Your Deductible is the amount of money that you pay first, before this Plan starts to pay. You'll see that many services, especially preventive care, are covered by this Plan without you needing to meet the Deductible. The individual Deductible applies if you enroll without Dependents. If you and one or more Dependents enroll, the individual Deductible applies for each Member only until the family Deductible has been met.

In-network expense and out-of-network expense apply together toward your Deductible.

What is the out-of-pocket limit?

The out-of-pocket limit is the most you'll pay for Covered Services during the Benefit Year. Once the out-of-pocket limit has been met, this Plan will pay 100 percent of allowed amounts for Covered Services for the rest of that Benefit Year. The individual out-of-pocket limit applies only if you enroll without Dependents. If you and one or more Dependents enroll, the individual out-of-pocket limit applies for each Member only until the family out-of-pocket limit has been met. Be sure to check the Plan Document, as there are some charges, such as non-Essential Health Benefits, penalties, and Balance Billed amounts that do not count toward the out-of-pocket limit.

Note that there is a separate category for in-network and out-of-network when it comes to meeting your out-of-pocket limit.

Payments to Providers

Payment to Providers is based on the prevailing or Allowable Fee for Covered Services. In-network Providers accept the Allowable Fee as payment in full. Services of Out-of-network Providers could result in out-of-pocket expense in addition to the percentage indicated.

Prior Authorization

Coverage of certain medical services and Surgical Procedures requires a Benefit Determination by PacificSource before the services are performed. This process is called prior authorization. Prior authorization is necessary to determine if certain services and supplies are covered under this Plan, and if you meet the Plan's eligibility requirements. Prior authorization does not change your out-of-pocket expense for in-network and Out-of-network Providers. You can search for procedures and services that require prior authorization on the website, Authgrid.PacificSource.com (select Commercial for the line of business).

Discrimination is against the law

Both the Plan Sponsor and PacificSource Health Plans comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan Sponsor and PacificSource do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PREScription DRUG BENEFIT SUMMARY

Formulary: Preferred Drug List (PDL)

Benefit Year: Calendar Year

This Plan includes coverage for Prescription Drugs and certain other pharmaceuticals, subject to the information below. This Plan complies with federal healthcare reform. To check which tier your prescription falls under, call the PacificSource Customer Service team or visit [PacificSource.com/find-a-drug](https://www.pacificsource.com/find-a-drug).

The amount you pay for covered prescriptions at in-network pharmacies applies toward this Plan's in-network medical out-of-pocket limit, and the amount you pay for covered prescriptions at out-of-network pharmacies applies toward this Plan's out-of-network medical out-of-pocket limit. The medical out-of-pocket limits are shown on the Medical Benefit Summary. The Copayment and/or Coinsurance for Prescription Drugs obtained from an in-network or out-of-network pharmacy are waived during the remainder of the Benefit Year in which you have satisfied the applicable medical out-of-pocket limit.

Medical Deductible

You must meet the medical Deductible, which is shown on the Medical Benefit Summary, before your Prescription Drug benefits begin.

Affordable Care Act Standard Preventive No-cost Drug List

Your prescription benefit includes preventive care drugs at no cost to you and are not subject to a Deductible or MAC penalties when filled at an in-network pharmacy. This benefit includes some drugs required by the Affordable Care Act, including tobacco cessation drugs. These drugs are identified on the Drug List as Tier 0.

Each time a covered prescription is dispensed, you are responsible for any amounts shown above, in addition to the following amounts:

| Service/Supply | Tier 1 Member Pays | Tier 2 Member Pays | Tier 3 Member Pays |
|---------------------------------------------------|------------------------|------------------------|------------------------|
| In-network Retail Pharmacy | | | |
| Up to a 90 day supply: | After Deductible, 10%+ | After Deductible, 10%+ | After Deductible, 25%+ |
| In-network Mail Order Pharmacy | | | |
| Up to a 90 day supply: | After Deductible, 10%+ | After Deductible, 10%+ | After Deductible, 25%+ |
| Compound Drugs** | | | |
| Up to a 90 day supply: | | After Deductible, 25% | |
| Out-of-network Pharmacy | | | |
| Regardless of tier, up to a 90 day supply: | | After Deductible, 50% | |

| Service/Supply | Tier 1 Member Pays | Tier 2 Member Pays | Tier 3 Member Pays |
|--------------------------------------------------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Specialty Drugs – In-network Specialty Pharmacy | | | |
| Up to a 30 day supply: | | Same as retail | |
| Specialty Drugs – Out-of-network Specialty Pharmacy | | | |
| 30 day maximum fill, no more than three fills allowed per Benefit Year: | | Same as retail | |

+Prescription insulin is not subject to a Deductible and is limited to \$35 copay per 30 day supply when filled at an in-network pharmacy.

**Compounded medications are subject to a prior authorization process. Compounds are generally covered only when all commercially available formulary products have been exhausted and all the ingredients in the compounded medications are on the applicable formulary.

MAC C - Regardless of the reason or Medical Necessity, if you receive a brand name drug or if your Provider prescribes a brand name drug when a generic is available, you will be responsible for the brand name drug's Copayment and/or Coinsurance after the medical Deductible is met. Does not apply to preventive bowel prep kit medications covered under USPSTF guidelines.

If your Provider prescribes a brand name contraceptive due to Medical Necessity it may be subject to exception review for coverage at no charge.

See the Plan Document for important information about your Prescription Drug benefit, including which drugs are covered, limitations, and more.

Effective 1/1/2025, the Vision Benefit Summary has been amended to read as follows:

VISION BENEFIT SUMMARY

Benefit Year: Calendar Year

The following shows the vision benefits available under this Plan for all covered vision exams, lenses, and frames when performed or prescribed by a licensed ophthalmologist or licensed optometrist. Coverage for pediatric services will end on the last day of the month in which the Member turns 19. Copayment and/or Coinsurance for Covered Services apply to the medical out-of-pocket limit.

| Service/Supply | In-network Member Pays | Out-of-network Member Pays |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Members Age 18 and Younger | | |
| Eye exam | No Deductible, 0% | No Deductible, 0% up to \$40 maximum benefit, then Member responsibility |
| Vision hardware | No Deductible, 0% for one pair per Benefit Year for glasses (lenses and frames) or contacts (lenses and fitting) | No Deductible, 0% up to \$75 maximum benefit for one pair per Benefit Year for glasses (lenses and frames) or contacts (lenses and fitting) then Member responsibility |
| Members Age 19 and Older | | |
| Eye exam | No Deductible, 0% | No Deductible, 0% up to \$40 maximum benefit then Member responsibility |
| Single vision lenses | No Deductible, 0% | No Deductible, 0% up to \$56 maximum benefit then Member responsibility |
| Bifocal lenses | No Deductible, 0% | No Deductible, 0% up to \$84 maximum benefit then Member responsibility |
| Trifocal lenses | No Deductible, 0% | No Deductible, 0% up to \$116 maximum benefit then Member responsibility |
| Lenticular lenses | No Deductible, 0% | No Deductible, 0% up to \$236 maximum benefit then Member responsibility |
| Progressive lenses | No Deductible, 0% up to \$116 maximum benefit then Member responsibility | No Deductible, 0% up to \$116 maximum benefit then Member responsibility |
| Frames | No Deductible, 0% up to \$200 maximum benefit then Member responsibility | No Deductible, 0% up to \$200 maximum benefit then Member responsibility |

| Service/Supply | In-network Member Pays | Out-of-network Member Pays |
|--------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Contact Lenses (in lieu of glasses) | | |
| Contact lenses | No Deductible, 0% up to \$131 maximum benefit then Member responsibility | No Deductible, 0% up to \$131 maximum benefit then Member responsibility |

Benefit Limitations: Members age 18 and younger

- One vision exam every Benefit Year.
- Vision hardware includes glasses (lenses and frames) or contacts (lenses and fitting) once per Benefit Year.

Benefit Limitations: Members age 19 and older

- One vision exam every Benefit Year.
- Lenses: One pair every Benefit Year.
- Frames: Once every two Benefit Years.
- Contact lenses: Once every two Benefit Years.
- Elective contact lenses are in lieu of frames and lenses.

Exclusions

- Anti-reflective coatings and scratch resistant coatings.
- Charges for services or supplies covered in whole or in part under any medical or vision benefits provided by an employer.
- Duplication of spare eyeglasses or any lenses or frames for Members age 18 and younger.
- Expenses covered under any workers' compensation law.
- Eye exams required as a condition of employment, required by a labor agreement or government body.
- Lens tint.
- Medical or surgical treatment of the eye.
- Non-prescription lenses.
- Plano contact lenses.
- Polycarbonate lenses for Members age 19 and older.
- Replacement of lost, stolen, or broken lenses or frames
- Services or supplies not listed as Covered Services.
- Services or supplies received before this Plan's coverage begins or after it ends.
- Special procedures, such as orthoptics or vision training.
- Special supplies, such as sunglasses (plain or prescription) and subnormal vision aids.

- Visual analysis that does not include refraction.

Important information about your vision benefits

This Plan includes coverage for vision services. To make the most of those benefits, it's important to keep in mind the following:

In-network Providers: This Plan is able to add value to your vision benefits by contracting with a network of vision Providers. Those Providers offer vision services at discounted rates, which are passed on to you in your benefits.

Paying for Services: Provider contracts require In-network Providers to bill PacificSource directly whenever you receive Covered Services and supplies. Providers will verify your vision benefits.

In-network Providers should not ask you to pay the full cost in advance. They may only collect your share of the expense up front, such as Copayments and amounts over this Plan's maximum benefit. If you are asked to pay the entire amount in advance, tell the Provider you understand they have a contract with PacificSource and they should bill PacificSource directly.

Sales and Special Promotions: Vision retailers often use coupons and promotions to bring in new business, such as free eye exams, two-for-one glasses, or free lenses with purchase of frames. Because In-network Providers already discount their services through their contract with PacificSource, this Plan's in-network benefits cannot be combined with any other discounts or coupons. You can use this Plan's in-network benefits, or you can use this Plan's out-of-network benefits to take advantage of a sale or coupon offer.

If you do take advantage of a special offer, the In-network Provider may treat you as an uninsured customer and require full payment in advance. You can then send the claim to PacificSource yourself, and this Plan will reimburse you according to this Plan's out-of-network benefits.



Value-added extras for you

These extras help you make the most of your plan and live a healthier life. You can find more information about these programs and services at PacSrc.co/extras.

Wellness programs

Health and wellness education

Receive up to \$150 reimbursement per plan year for health and wellness education classes in your area.

Prenatal program

Our prenatal program helps expectant parents learn more about pregnancy and their child's development throughout pregnancy. Participants receive educational materials, and high-risk members receive an enhanced specialized program designed to support their needs throughout pregnancy.

Prenatal vitamins

Women between the ages of 15 and 50 with prescription drug coverage can receive physician-prescribed prenatal vitamins at no cost—all copays and deductibles are waived—when filled through an in-network pharmacy. For more information, visit PacSrc.co/prenatal.

Weight management program

As a part of your PacificSource medical coverage, participate in a WW® (Weight Watchers) program and receive an annual reimbursement of \$100 (\$40 if an online WW participant) for your WW membership. Complete a minimum of ten weeks during a consecutive four-month period to maintain eligibility.

Discounted gym membership

Active&Fit Direct™ gives you access to more than 12,500 fitness facilities nationwide. The program offers a gym locator, 12,000+ online workout videos, online fitness tracking, and wellness product discounts.

Continued >

Email

CS@PacificSource.com

Phone

888-977-9299

TTY: 711

We accept all relay calls.

En Español 866-281-1464

PacificSource.com



Travel emergency assistance program

Assist America® global emergency services

If you experience a medical emergency while traveling 100 or more miles from home or outside the US, you can access services provided by Assist America at no cost. Services include filling a prescription that was left at home, finding medical care in another country, locating lost luggage, and pre-trip safety and security checks for your destination country.

Pharmacy

Rx delivery by mail

We partner with CVS Caremark® for home delivery by mail. If your plan includes prescription drug coverage, the mail delivery service is a convenient and cost-saving option. Visit PacSrc.co/rxmail.

CVS Caremark

Web: Caremark.com

Phone: 866-329-3051

Care management

Condition support

Personal support is available to members with the following chronic conditions: diabetes, coronary artery disease, heart failure, chronic obstructive pulmonary disease (COPD), or asthma. It's optional and includes one-on-one coaching with our nurses and dietitian to help you reach your health and wellness goals. PacSrc.co/condsupport.

Rare disease support

Our AccordantCare™ Rare Disease Program provides ongoing one-on-one support and care coordination to people with certain chronic, rare conditions. The program helps ensure optimal care, decrease complications, and improve health outcomes. For more information, visit Accordant.com.

Specialty medication support

Members with conditions that require injectable medications and biotech drugs can access our specialty pharmacy program through Caremark Specialty Pharmacy Services. A pharmacist-led care team provides individual follow-up care and support.

Care management services

If you have an ongoing medical need, our Care Managers can help. The PacificSource clinical and member support staff has extensive experience for working with you and your healthcare providers to ensure continuity of care and to coordinate your health needs.

Online resources

PacSrc.com offers you a wealth of tools, information, and resources to help you make the most of your benefits.

InTouch: access coverage and benefit information

By logging into InTouch, you can easily and conveniently manage your insurance coverage and health 24/7. Look up coverage information, check the status of a claim, view explanation of benefits (EOB) statements for paid claims, and more.

myPacificSource mobile app

The easiest way to view and manage your benefits while on the go. Available for both iPhone® and Android™. Visit PacSrc.co/mobile-app.

Provider directory

Our online provider directory makes it easy to find in-network healthcare providers for your plan. You can search by specialty, name, location, or other details to access a listing of providers that fit your criteria. Or, you can create your own personalized provider directory to download and print.

To access the directory, go to PacSrc.co/findadoc.

Find more information at PacSrc.co/extras.

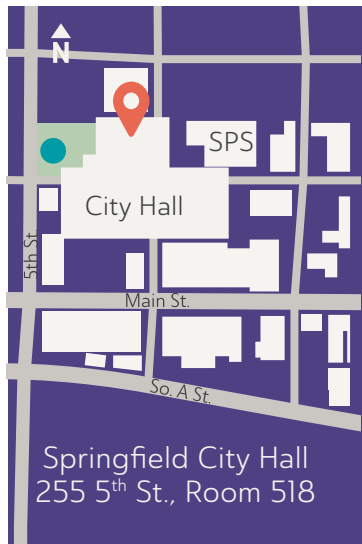
Please note: These value-added programs are not available with all plans. Check with your plan administrator or our Customer Service team for details.



Convenient, Quality Health Care

Springfield Wellness Center

The Springfield Wellness Center is a medical clinic for eligible City of Springfield and Springfield School District employees, retirees and their families. We specialize in individualized, comprehensive care, health coaching and follow-up resources. Working with your PacificSource health plan, we provide you free, high-quality primary and acute care.



Our partnership with Cascade Health allows us to provide a full range of primary health care, diagnostic tests, preventive care and physical therapy while maintaining strict confidentiality. School, sports, camp and annual physicals are also available: See reverse for a list of additional services.

If you are a new Springfield employee, schedule your new patient visit today to be ready for whatever life throws your way.

Make your appointment today!

(541) 242-2816



ACCESSING CARE

Call the center at
(541) 242-2816

Appointments available
Monday-Friday.

ABOUT

The Springfield Wellness Center is brought to you through a partnership between Cascade Health, City of Springfield and the Springfield School District



Services Include:

Preventive Care

- Adult annual exams
- Biometric screenings
- Contraception counseling
- Sports physicals
- Tobacco cessation

Chronic Disease Management

- Asthma
- Allergies
- Diabetes
- Eczema
- High blood pressure
- High cholesterol
- Hypothyroidism
- Irritable bowel disease
- Migraine prophylaxis
- Anxiety
- Depression
- Sleep Disturbance

Vaccinations

- Influenza
- Tdap (tetanus, diphtheria, pertussis)
- Hepatitis A and B

Episodic Illness

- Cold
- Cough
- COVID-19 (via telehealth)
- Ear pain
- Nausea, vomiting, diarrhea
- Rashes/reactions
- Skin lesion (moles, tags, etc.)
- Sore throat
- Sprains, strains, joint pain
- Urinary tract infections
- Vaginitis

Outside Orders

- Screening labs
- Disease monitoring labs
- STI testing
- Diagnostic imaging

Referrals

- Psychiatry
- Specialists

On-Site Physical Therapy

Treatment for work-related injuries and behavioral health services are offered at Cascade Health, 2650 Suzanne Way in Eugene. Call (541) 228- 3100 for more information.



Springfield Wellness Center

Physical Therapy is now available at the Springfield Wellness Center!

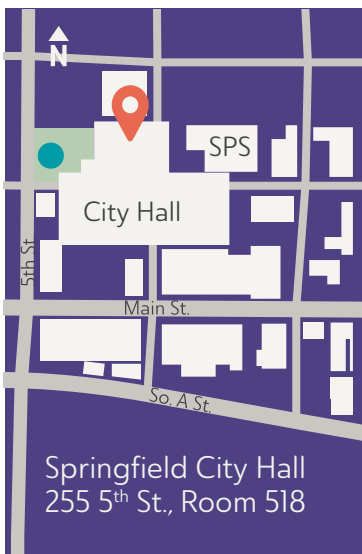
You rely on the Springfield Wellness Center for preventive care, vaccines, health coaching, acute illness care and more. Now it's also your home for physical therapy! Whether you're recovering from an injury, dealing with pain or just want to feel stronger in day-to-day activities, our on-site physical therapy appointments can help you live the happiest, healthiest life possible.

Appointments are available 9 a.m. - 5 p.m. on Mondays, with expanded availability coming soon. Our physical therapists can help you find relief from:

- Back and neck pain
- Sprains and strains
- Sports injuries
- Recovery from fractures
- Surgery preparation and recovery
- Arthritis
- Headaches and migraines
- Shoulder, hip, knee, arm or elbow pain
- Generalized weakness

(541) 242-2816

Make your appointment today!



ACCESSING CARE

Call the center at
(541) 242-2816

ABOUT

The Springfield Wellness Center is brought to you through a partnership between Cascade Health, City of Springfield and the Springfield School District.



Wellness

Delta Dental Premier Plan Benefit Summary



Delta Dental of Oregon & Alaska

City of Springfield - Basic Dental Plan

Group ID: 10001700

| Calendar year costs | |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Calendar year maximum, per member (ages 19 and over) | \$1,500 |
| Calendar year deductible, per member | \$0 |
| Class 1 | |
| Periodic Examinations / X-rays | *1st year - 70% 2nd year - 80% 3rd year - 90% 4th year - 100% |
| Prophylaxis (cleanings) / Periodontal Maintenance | |
| Sealants | |
| Space Maintainers | |
| Topical Application of Fluoride | |
| Class 2/3 | |
| Restorative Fillings | *1st year - 70% 2nd year - 80% 3rd year - 90% 4th year - 100% |
| Oral Surgery (extractions & certain minor surgical procedures) | |
| Endodontics (treatment of teeth with diseased or damaged nerves) | |
| Periodontics (treatment of diseases of the gums and supporting structures of the teeth) | |
| Crowns and other cast restorations | |
| Class 4 | |
| Implants | 50% |
| Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures) | |

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

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

How to use this dental plan

When you visit your dental provider, tell him or her 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.

Limitations

If a more expensive treatment than is functionally adequate is performed, Delta Dental Plan of Oregon will pay the applicable percentage of the maximum plan allowance for the least costly treatment.

Preventive (Class 1 services)

- **Diagnostic** Routine or comprehensive examinations or consultations covered twice per calendar year. Supplementary bitewing x-rays are covered once in any 12-month period. Complete series x-rays or a panoramic film are covered once in any 5-year period.
- **Preventive** Prophylaxis (cleaning) or periodontal maintenance is covered up to twice per calendar year. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of 2 additional periodontal maintenances per year. Topical application of fluoride is covered twice per calendar year for members until age 19. For members age 19 and older, topical application of fluoride is covered twice per calendar year if there is a recent history of periodontal surgery or high risk of decay due to medical disease or chemotherapy or similar type of treatment. Sealant benefits are limited to the unrestored, occlusal surfaces of permanent molars. Benefits will be limited to one sealant, per tooth, during any 5-year period.

Basic (Class 2/3 services)

- **Oral Surgery** Limited to extractions and other minor surgical procedures.
- **Restorative** A separate charge for general anesthesia and/or IV sedation is not covered when used for non-surgical procedures.
- **Periodontic** Scaling and root planing is limited to once per quadrant in any twenty-four (24) month period.

Major (Class 4 services)

- **Prosthodontic** A bridge or denture (full or partial, including alternate benefits) will be covered once in a seven (7) year period only if the tooth, tooth site, or teeth involved have not received a cast restoration benefit in the past seven (7) years. Specialized or personalized prosthetics are limited to the cost of standard devices.
- **Implants** and implant removal are limited to once per lifetime per tooth space. A crown over an implant is covered once per lifetime of the implant.
- **Night Guard** (occlusal guard) covered at 100% once in a five year period, up to \$200 maximum. Over-the-counter night guards are excluded.
- **Athletic mouth guard** covered at 50%, once in any 12-month period for members age 15 and under and once in any 24-month period age 16 and over. Over-the-counter athletic mouth guards are excluded.

Exclusions

- Services covered under worker's compensation or employer's liability laws and services covered by any federal, state, county, municipality or other governmental agency, except Medicaid.
- Services with respect to congenital (hereditary) or developmental (following birth) malformations or cosmetic reasons; including, but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis and disturbance of the temporomandibular joint.
- Services for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth.
- Services started prior to the date the individual became eligible for services under the program.
- Hypnosis, prescribed drugs, premedications or analgesia (e.g. nitrous oxide) or any other euphoric drugs.
- Hospital costs or any additional fees charged by the dentist because the patient is hospitalized.
- General anesthesia and/or IV sedation except when administered by a dentist in conjunction with covered oral surgery in his or her office.
- Plaque control and oral hygiene or dietary instructions.
- Experimental procedures.
- Missed or broken appointments.
- Precision attachments.
- Services for cosmetic reasons.
- Claims submitted more than 12 months after the date of service are not covered.
- All other services or supplies, not specifically covered.
- Orthodontia.

Delta Dental Premier Plan Benefit Summary



Delta Dental of Oregon & Alaska

City of Springfield - Dental Plus+(with ortho)

Group ID: 10001700

| Calendar year costs | |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Calendar year maximum, per member (ages 19 and over) | \$1,750 |
| Calendar year deductible, per member | \$0 |
| Class 1 | |
| Periodic Examinations / X-rays | *1st year - 70% 2nd year - 80% 3rd year - 90% 4th year - 100% |
| Prophylaxis (cleanings) / Periodontal Maintenance | |
| Sealants | |
| Space Maintainers | |
| Topical Application of Fluoride | |
| Class 2/3 | |
| Restorative Fillings | *1st year - 70% 2nd year - 80% 3rd year - 90% 4th year - 100% |
| Oral Surgery (extractions & certain minor surgical procedures) | |
| Endodontics (treatment of teeth with diseased or damaged nerves) | |
| Periodontics (treatment of diseases of the gums and supporting structures of the teeth) | |
| Crowns and other cast restorations | |
| Class 4 | |
| Implants | 50% |
| Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures) | |
| Orthodontia | |
| Subscribers and their eligible dependents | 50% up to a lifetime maximum of \$1500 |

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

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

How to use this dental plan

When you visit your dental provider, tell him or her 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.

Limitations

If a more expensive treatment than is functionally adequate is performed, Delta Dental Plan of Oregon will pay the applicable percentage of the maximum plan allowance for the least costly treatment.

Preventive (Class 1 services)

- **Diagnostic** Routine or comprehensive examinations or consultations covered twice per calendar year. Supplementary bitewing x-rays are covered once in any 12-month period. Complete series x-rays or a panoramic film are covered once in any 5-year period.
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- **Oral Surgery** Limited to extractions and other minor surgical procedures.
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Major (Class 4 services)

- **Prosthodontic** A bridge or denture (full or partial, including alternate benefits) will be covered once in a seven (7) year period only if the tooth, tooth site, or teeth involved have not received a cast restoration benefit in the past seven (7) years. Specialized or personalized prosthetics are limited to the cost of standard devices.
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- **Athletic mouth guard** covered at 50%, once in any 12-month period for members age 15 and under and once in any 24-month period age 16 and over. Over-the-counter athletic mouth guards are excluded.

Exclusions

- Services covered under worker's compensation or employer's liability laws and services covered by any federal, state, county, municipality or other governmental agency, except Medicaid.
- Services with respect to congenital (hereditary) or developmental (following birth) malformations or cosmetic reasons; including, but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis and disturbance of the temporomandibular joint.
- Services for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth.
- Services started prior to the date the individual became eligible for services under the program.
- Hypnosis, prescribed drugs, premedications or analgesia (e.g. nitrous oxide) or any other euphoric drugs.
- Hospital costs or any additional fees charged by the dentist because the patient is hospitalized.
- General anesthesia and/or IV sedation except when administered by a dentist in conjunction with covered oral surgery in his or her office.
- Plaque control and oral hygiene or dietary instructions.
- Experimental procedures.
- Missed or broken appointments.
- Precision attachments.
- Services for cosmetic reasons.
- Claims submitted more than 12 months after the date of service are not covered.
- All other services or supplies, not specifically covered.

Health Reimbursement Arrangement (HRA)

For employees enrolled in the employer-sponsored medical plan, City of Springfield offers an additional option to help reimburse health insurance premiums throughout the year. This option, the Health Reimbursement Arrangement (HRA), is available to set aside pre-tax savings to pay for reimbursement of eligible medical expenses for you and your dependents, regardless of whether or not your tax dependents are enrolled in a group health plan. The funds contributed to this account are employer contributed, meaning that you do not add your own money to the account. If you terminate, the funds will remain in your account until there is a zero balance (you will be responsible for the administration fee). This account is administered by PacificSource Administrators.

All money contributed to the HRA can either be used during the same plan year that it was contributed or rolled over to the following plan year.

Your employer will contribute the following amounts to the HRA account for those enrolled:

| | |
|-----------------|---------|
| Single Coverage | \$1,200 |
| Family Coverage | \$2,400 |



Comparing the FSA & HRA

| | FSA | HRA |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Who is eligible? | Any employee eligible for benefits, regardless of whether they are enrolled in the City's medical plan | Employees who are enrolled in the medical plan offered by the City of Springfield |
| Who can contribute? | Employee may contribute money to the FSA | Employer Only |
| What medical expenses are eligible for reimbursement? | All qualified medical expenses listed in IRS section 213(d) for employee, legal spouses and children to age 26, regardless of whether they are enrolled in the medical plan. Expenses of tax dependent domestic partners are allowed. Cannot reimburse insurance premiums Cannot reimburse qualified long-term care services | All qualified medical expenses listed in IRS section 213(d) for employee, spouse and children to age 26 as long as they are enrolled in a group health plan Can reimburse premiums for eligible health insurance |
| What happens to funds left in the account that are unused for the plan year? | Any funds in excess of \$660 are forfeited. Any balance up to \$660 can be rolled over to the next plan year to be spent for qualifying medical expenses | Money in the account at the end of the plan year can roll over to the next plan year, regardless of how much is left |
| What is the maximum amount that can be contributed to the account? | \$3,300 for the Health Care FSA and \$5,000 for the Dependent Care FSA | Because this is an employer-only contribution account, the maximum amount contributed depends on the amount City of Springfield will contribute to this account. For the 2025 plan year, the City will contribute \$1,200 for employees enrolled as employee-only and \$2,400 for employees who enroll their dependents |

Flexible Spending Account Summary January 1, 2025 – December 31, 2025

A Flexible Spending Account (FSA) is a type of plan that allows you to receive certain benefits on a pretax basis. This means you will not have to pay Social Security/Medicare taxes or federal/state income taxes on the money. Think of it as a tax-free, interest-free loan to yourself.

The Plans The following FSA components are available through your employer. These expenses are for your tax dependents. Examples include you, your spouse, or child(ren), even if they are not covered on your employer's group insurance plan.

Insurance Premium Component

- If your employer charges you to have yourself and/or any dependents enrolled on the employer-sponsored benefits, your cost will automatically be deducted from your paycheck on a pre-tax basis.

Health FSA Component – includes the following account(s)

Maximum Election \$126.92 per pay period, \$3,299.82 annual *(Based on 2025 IRS proposed increase – subject to change)*

- You can use this account for healthcare expenses for you and your taxable dependents, including medical, dental, and vision expenses that are either not covered or only partially covered by your insurance plan.
- Your full election amount is available at the start of the plan year.
- When you have a qualified change in status—such as if you add or remove dependents from your insurance plan—you cannot your election.

Health Related Expense Account (HRE) - the General Purpose FSA

- Eligible expenses include medical, dental, and vision expenses not paid for by insurance: copays, coinsurance, deductibles, etc.
- Over the counter medicines and supplies are eligible, examples include pain relief and allergy medications, bandages, thermometers, etc. Some vitamins and supplements may be eligible with a Letter of Medical Necessity or doctor's prescription.

Dependent Care Assistance Plan (DCAP) Component

Maximum Election \$192.30 per pay period, \$5,000 annual (\$2,500 annual max if married filing separately)

- You can use this account for childcare expenses for your tax dependents under 13 or disabled taxable dependent who is unable to care for themselves, including elder care expenses.
- This account is accrual-based, and reimbursements will be issued as funds are posted and claims received.
- When you have a qualified change in status—such as if your spouse's employment changes—you can increase or decrease how much you put into your account.

Supplemental Premium Account (SPA) Component

No Limit

- The Supplemental Premium Account (SPA) allows you to save pre-tax dollars to pay for supplemental insurance premiums (excluding employer-sponsored health insurance). Examples include Firemed, or personal dental or vision policies.

Claims Reimbursement

Reimbursement Time Frame

- Dates of service must be between **January 1, 2025** and **December 31, 2025**
- Reimbursements may be requested during the plan year or after it ends.
- The last date to submit claims is **March 31, 2026**

Submitting Claims

Claims can be submitted through manual submission, or using your Prepaid Benefit Card, or enrolling in the EasyPay program. If you're reimbursed for a claim and it is later determined that the expense was not eligible for reimbursement, you will be liable for repaying the money to your FSA. Additional information is listed below.

Manual Claims

We offer several ways you can submit your claims for reimbursement:

1. Submit your claim online using our PSAConsumer portal: <https://psa.consumer.pacificsource.com>
2. Submit your claim via our Mobile App: myPacificSource Admin (PSA)
3. Mail or fax a Request for Reimbursement Form. You'll find the form at <https://pacificsource.com/media/32811>

Prepaid Benefit Card

When you enroll in the health FSA, you will automatically receive two benefits cards.

A Prepaid Benefits Debit Card gives you an easy, automatic way to pay for qualified healthcare expenses. Simply swipe your benefits card as you would a credit/debit card (and select "credit" rather than "debit"). When you use the card to make a purchase or payment, it deducts funds directly from your FSA.

Date of service is important! It's assumed the date of service is the day the card is swiped. If you are paying for a prior service, only use your card if the service date is within your current plan year. Prior year services need to be submitted as manual claims for reimbursement. Replacements or additional cards can be purchased for \$10 per set of two cards.

When you use your debit card, you should request an itemized receipt for reimbursement in case we need you to substantiate a charge. (*You must save all expense documentation, such as itemized receipts, per IRS regulations.*) You may occasionally receive a notice if your transaction is ineligible or needs additional documentation. You will be required to submit the documentation, refund the account, or "offset" the expense as indicated in the notice. If the transaction issue hasn't been resolved within the allotted time, the card will be suspended. Amounts for transactions that aren't properly documented or that have been deemed ineligible may be included as wages on your W-2.

EasyPay

EasyPay is a great option that will automatically reimburse you for eligible PacificSource Health Plans claims on your behalf. You must be enrolled in your employer's PacificSource insurance plan to be eligible for and enroll in EasyPay. If you or any dependents have coverage through another health plan other than your group-sponsored insurance plan through PacificSource, you are not eligible for EasyPay.

- To sign up, fill out and return the EasyPay Enrollment Form, available on our website.

Note: You may elect either EasyPay or the Benefits Debit card, but not both.

Funds Remaining After the Plan Ends

If the plan year ends before you've used all of your Health FSA funds, you're allowed to have up to \$660 carry over to the next FSA plan year. If you have more than the \$660 remaining, you'll lose those additional funds, along with all other account balances. Carryover funds will be automatically rolled after the prior plan year ends.

What Happens if I Terminate Employment during the Plan Year?

If you terminate employment or lose eligibility, your participation in the plan will end on the last day of the month in which the Participant has contributed. You may be eligible to continue the Health FSA under COBRA or by making an additional pre-tax contribution out of your last paycheck.

Forms, Fliers and instructions

Available online. Examples include:

- [Request for Reimbursement Form](#)
- [Health FSA Eligible Expenses](#)
- [FSA Prepaid Benefits Card Flier](#)
- [Online Account Access for Participants](#)
- [FSA Participant Guide](#)
- [Direct Deposit Form](#)
- [PSA Mobile App](#)
- [Authorization to Disclose PHI](#)

Questions?

Our Customer Service Team is happy to help.

Phone

Direct: (541) 485-7488
Toll-free: (800) 422-7038

Email

psacustomerservice@
pacificsource.com



Manage your reimbursement accounts with the PSA mobile app

Check reimbursement account balances, submit receipts, and get the information you need on the go.

One app for many types of accounts

You can use the PacificSource Administrators, Inc. (PSA) app to manage:

- Flexible Spending Accounts (FSA)
 - Health and Dependent Care Accounts
- Health Reimbursement Arrangements (HRA)
- Transportation Benefits
- Premium Reimbursement Plans



Check your balances

Wondering whether you can pay for an elective procedure or cover an upcoming bill? Your accounts and their balances are easily viewable, right at the top of the main screen. And you can tap on any account to get a detailed list of activity.



File a claim, submit a receipt

Filing a claim is almost as easy as depositing a check using a bank app. Just fill in the claim details and use your mobile device to take a photo of the receipt. If you prefer to upload receipts and submit claims later, there's a handy receipt organizer for that, too.

Questions?

Contact PSA Customer Service

Email

PSACustomerService@PacificSource.com

Phone

800-422-7038

Web

PacificSource.com/PSA





Does it qualify?

If you have an FSA, you have likely wondered whether a particular item is eligible or not. Prescription sunglasses? Over-the-counter medicine? And, recent changes via the CARES Act have expanded the list of qualified items. You can use the app while at the pharmacy to scan a product's bar code to see if it qualifies as a medical expense.

Add your bank account for faster reimbursement

You can add or update information to have reimbursements deposited directly into your bank account. Direct deposit information added through the PSA mobile app goes through a real-time verification process and becomes effective the next business day.

Download it today

The PSA app is available for download from your device's app store. You'll find it by searching "myPacificSource Admin (PSA)." Note that there are two apps with similar names. The other one, called "myPacificSource," is for PacificSource Health Plans, and includes a member ID, a doctor or hospital finder, benefits information, and more.



Once you've downloaded the app, you'll need your username and password from the PSA web page: PSA.Consumer.PacificSource.com. The app also enables you to use your fingerprint to log in, if your device supports that function.

Life / AD&D Insurance - this coverage is through Lincoln Financial

Company-Paid Basic Life and Accidental Death & Dismemberment (AD&D)

Although we don't like to think about it, should death occur, the survivors left behind could face serious financial hardships. Your family might need an alternative source of income to pay off your bills and meet their ongoing financial responsibilities. That is the purpose of life insurance—to provide funds for those left behind. It is also possible that an accident could cause serious injury—the loss of limbs or eyesight, for example. There is special insurance coverage which pays benefits if an accident causes the loss of life, limb, or sight—it is called Accidental Death and Dismemberment (AD&D) insurance. AD&D pays an amount equal to your life insurance benefit in the event of your accidental death. It also provides benefits for certain accidental injuries. City of Springfield offers a company paid basic life / AD&D benefit to eligible members of the following classifications at no cost to you;

1 times your annual earnings, subject to a maximum of \$200,000 rounded to the next higher \$1,000 if not already a multiple of \$1,000

Supplemental Life & Supplemental Dependent Life

City of Springfield allows you to purchase additional amounts of individual term life insurance through Lincoln Financial for yourself, your eligible spouse/registered domestic partner and your eligible children. Employees may purchase amounts of life insurance up to the following maximum benefits:

- Employee:** In increments of \$10,000 up to 6 times your annual earnings, to a maximum of \$500,000 (guarantee issue amount is \$100,000)
- Spouse:** If you elect supplemental life insurance for yourself, you may choose to purchase spouse supplemental life insurance in increments of \$5,000, to a maximum of \$100,000 (guarantee issue amount is \$10,000). You may not elect coverage for your spouse if they are in active fulltime military service or already covered as an employee under this policy
- Child(ren):** If you elect supplemental life insurance for yourself, you may choose to purchase child(ren) supplemental life insurance coverage in increments of \$2,000, to a maximum of \$10,000 – no medical information is required. Your child(ren) must be at least 15 days old but not yet age 26 to be covered. Child(ren) age 26 or older may be covered if they were disabled prior to attaining age 26

Supplemental AD&D

The City of Springfield allows you to also purchase additional amounts of AD&D coverage through Lincoln Financial. You may elect to have the additional AD&D coverage in the following amounts at a cost of \$0.024 per \$1,000 of benefit for employee coverage and \$0.0335 per \$1,000 of benefit for family coverage:

Employee: In increments of \$10,000 up to a maximum of \$300,000

Family Coverage

- **Spouse Benefit:** 50% of the Employee amount
- **Spouse/Dependent Child(ren) Benefit:** 60% of the Employee amount
- **Dependent Child(ren) Benefit:** 25% of the Employee amount

Cost calculation example for employee wanting \$20,000 of AD&D coverage: $20 \times \$0.024 = \0.48 per month

Benefit reductions apply for Basic and Supplement Life/AD&D at age 70

Mandatory Life Insurance

- Covers Police Officers/Detention & Firefighters as defined by state law
- \$10,000 covering death caused by injury sustained during working hours or death resulting from such an injury within 65 days

Disability Insurance – this coverage is through Lincoln Financial

Long Term Disability Insurance (LTD)

The greatest threat to your earning power is illness or injury. If you are disabled due to a non-occupational illness or injury, the City of Springfield offers a Long Term Disability benefit. The LTD plan is designed to provide you with a reasonable level of income replacement in case you can no longer work due to a disability.

The City provides Long Term Disability insurance coverage through Lincoln Financial to eligible employees.

Highlights of the Long Term Disability plan include the following:

- Benefits begin for employees after the 90-day waiting period
- Benefits are equal to 60% of monthly base pay up to a maximum monthly benefit of \$10,000
- Benefits are payable for total disability until your Social Security Normal Retirement Age
- Pre-existing conditions apply. If you have had an illness, injury or are pregnant within three months before enrolling in the plan, that condition will not be covered for the first 12 months you are enrolled

Voluntary Short Term Disability Insurance

The Voluntary Short Term Disability (STD) plan is administered by Lincoln Financial and provides disability income benefits for short-term disabilities resulting from non-work-related injury, an illness, or pregnancy.

Highlights of the Voluntary Short Term Disability plan include:

- Benefits commence for Disability caused by Injury or Sickness on the 15th day of Total Disability or Disabled and Working
- Benefits are equal to 60% of weekly base pay, to a maximum of \$1,500 per week
- The benefit period is 90 days
- STD benefits cease when LTD benefits begin
- Benefits are voluntary, and members are required to pay the premium

Sick Leave Reserve

The Sick Leave Reserve Program may provide income replacement through a sick leave bank when:

1. The employee or their family member has a serious illness or injury as defined by OFLA/FMLA, and
2. The employee has depleted all available paid time off benefits, and
3. The employee is a current member of the Sick Leave Reserve program

For complete program details refer to the Administrative Regulation Policy # 8.14



Here to Help

Get the Most Out of Your Employee Assistance Program.

Congratulations! Your employer has partnered with Cascade Health Counseling & Employee Assistance Program to give you and all members of your household access to free, confidential counseling services.

Counseling can be a good way to combat stress, develop new skills, learn more about yourself and help you make changes to improve your life. Whether your goals are personal, professional or relationship-focused, our counselors can provide guidance, support and action plans to help you live your happiest, healthiest life.

We serve individuals, couples and families ages 6 and up. Give us a call today and get started on your path to self-discovery.

cascadehealth.org | (541) 345-2800

To Schedule

Call (541) 345-2800
Monday - Friday
8:30 a.m. - 5 p.m.

Appointments Available

Monday - Thursday
8 a.m. - 7 p.m.

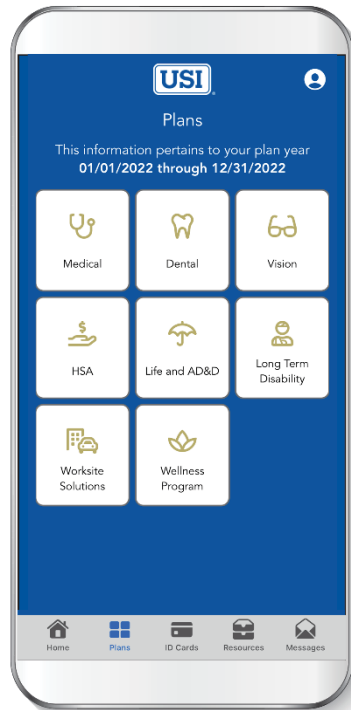
Friday
8 a.m. - 5 p.m.

If you are having a mental health emergency, call us 24 hours a day for assistance.

Location

2650 Suzanne Way, Ste. 120
Eugene, OR 97408





Download **MyBenefits2GO** from the app store and access your benefits details and contact information when you need it.

City of Springfield

Enter this **code** when prompted:

U66877



Benefits Information When You Need It Most

Available for iPhone and Android

Getting In Touch

The app provides employees and their enrolled dependents single-point contact information for benefits resources and insurance carriers.

Keeping Up-to-Date

The app automatically connects you with the most updated plan information and allows for message reminders from your employer.

Lightening Wallets

The app allows you to store and share images of your ID cards, freeing up space and giving you access when you need it.

Staying Organized

The app gives you access to benefit plan information and ID cards—all in one place.



Call the Benefit Resource Center ("BRC"), We're Here To Help!

We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services



Benefit Resource Center

BRCWest@usi.com | Toll Free: 866-468-7272

Monday through Friday 8:00am to 5:00pm Mountain, Pacific and
Alaska Standard Time



Summary provided by the Broker of Record for
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541-685-5300

