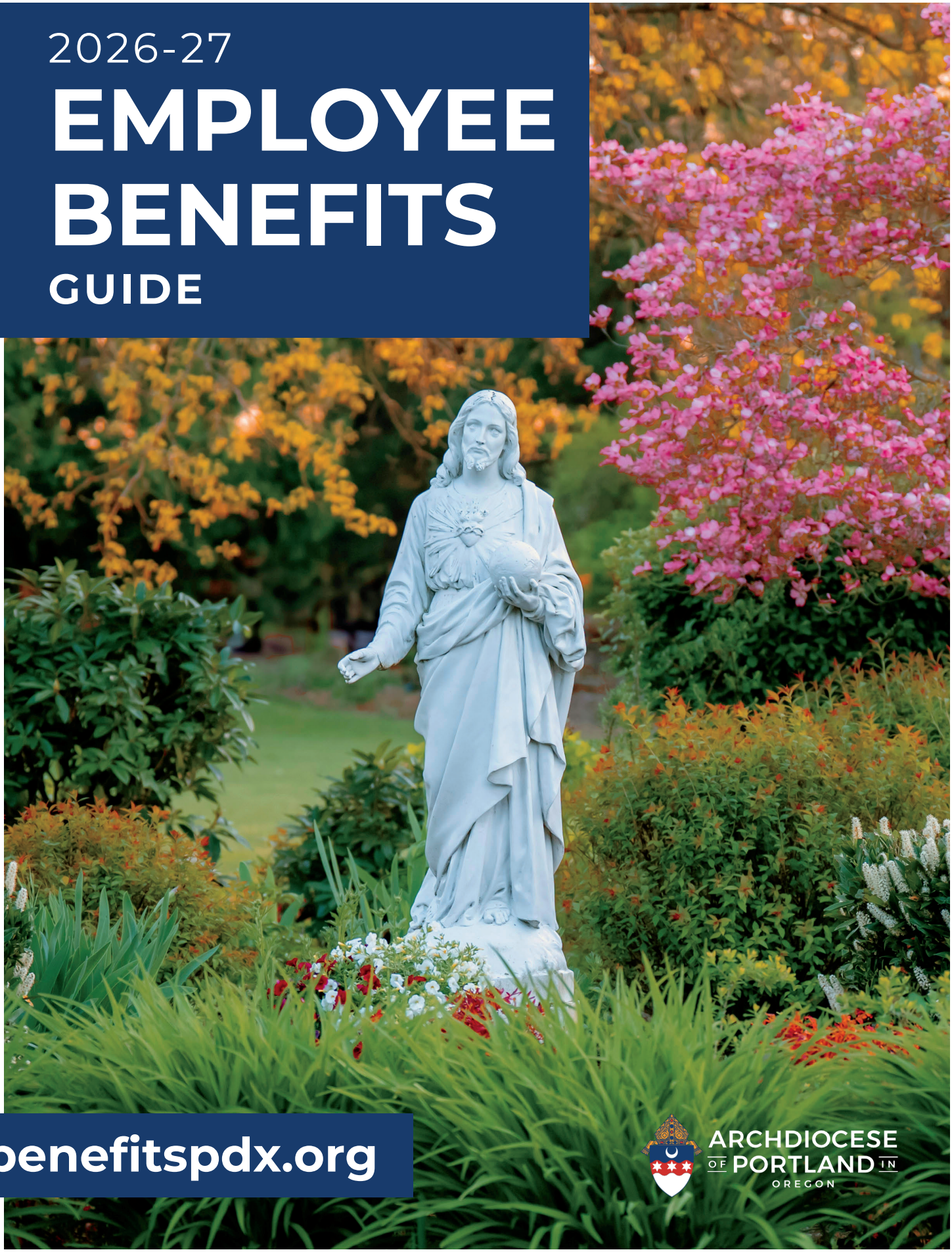
2026-27

EMPLOYEE BENEFITS GUIDE



benefitspdx.org

ARCHDIOCESE OF PORTLAND IN OREGON

Table of Contents

Introduction Benefits Eligibility & Important Dates	1
Must Know Information	2
Steps To Log Into RetaTrust.org	3
How Do I Enroll	4
Monthly Employee Benefits Cost & Plan Overview	5
Medical Plans Comparison	6
Dental & Vision Plans	8
Flexible Spending Accounts: Healthcare & Dependent Care	9
Program Reminders	10
Life Insurance & Accidental Death & Dismemberment (AD&D)	11
Disability Insurance: Short-Term & Long-Term	12
Retirement Program	13
Benefits Contacts	14
Insurance Term Glossary	15

The following benefits

Are available to all benefits eligible employees:

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

BENEFITS ELIGIBILITY

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

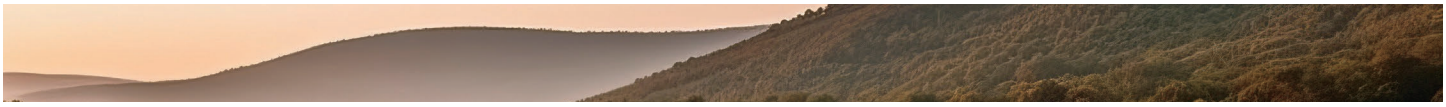
Full and part-time lay employees are eligible for benefits if they meet any of the following criteria:

- Regularly scheduled employees working at least 30 hours a week, 52 weeks a year, or 12 months.
- Regularly scheduled employees working at least 36 hours a week, 39 weeks a year, or 10 months.
- Licensed or wavered elementary or secondary classroom teachers scheduled to work at least 30 hours a week with an employment agreement for longer than 6 months.

Temporary employees are eligible for benefits if the temporary assignment is expected to exceed six months and the employee is scheduled to work at least 30 hours or more per week.

IMPORTANT DATES	
May 14	Open Enrollment Begins
May 29	Open Enrollment Ends
July 1	New Benefits Take Effect
Sept 30	FSA Reimbursement Submission Deadline
Jan 1	Deductible Reset

Click HERE to return to the Table of Contents



Must Know Information

As a new hire, if you do not take action, you will automatically be enrolled with the default coverage that includes all Core Benefits, and the Employee Only Blue Shield $2,000 HDHP, Delta Dental and 44-day Short-Term Disability (STD).

If you have coverage elsewhere and wish to decline medical, you have that option. However, you must take action to select "waive medical." During open enrollment, if you are currently declining medical and do not change your election, you will remain with the waived medical option. You may not waive dental or vision coverage. You do have three dental plans to choose from.
Dental and vision coverage are bundled and can not be waived. If you do not elect a dental plan, you will be automatically enrolled in the employee only Reta Delta Dental option and VSP vision.

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

If you wish to enroll with a Flexible Spending Account (FSA) – either the Healthcare FSA or the Dependent Care FSA – the IRS requires that you take action to enroll. If you were previously enrolled, you must re-elect to continue participation.
Following New Hire Enrollment or Open Enrollment, you may not change benefits until the next plan year unless you experience a qualifying life event (QLE).

ENROLLMENT OPPORTUNITIES

When Can I Enroll?

Current Employees

2026–27 Open Enrollment will begin on Wednesday, May 14, 2026 and will end on Friday, May 29, 2026. Changes cannot be made outside of this window unless you experience a qualifying life event.

New Hires and Newly Eligible Employees

New hires and newly eligible employees have 30 days from their date of hire to enroll. Benefits are effective the 1st of the month, following your date of hire.

Who Can I Enroll?

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

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

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

WHAT IF I DON'T KNOW MY USERNAME AND LOG IN, OR AM A NEW EMPLOYEE?

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

1 Click the "Log In" button in the top right corner of the page. On the next screen, click the "Forgot User Name or Password" link or the "First Time Users" button.

2 You will be presented with two buttons on the next screen: Username and Password
- To get your Username, click the Username button and enter the email address you have verified in RETA Enroll.

3 If you have more than one verified email address, you will be able to choose where you would like your username to be sent.

4 Be prepared to enter the full email address matching the address you would like to use.
- If you don't know your verified email address, click the "I don't know the email address linked to my account" link.

5 You will be asked to enter your full Social Security Number, date of birth and zip code.
- You will be asked to click the "I'm not a robot" box next to the reCAPTCHA icon.

6 Click "Submit" and your Username will be sent to your verified email address. - If no email address is found in your account, You will be prompted to add one. Enter the address in both boxes provided & click "Submit". - A box will open on your screen titled Verify Email.erfaff -You will receive an email with a verification code. Enter the code in the space provided in the Verify Email box, then click "Submit", then click "Close" on the confirmation window.

7 Your Username will be sent to your email address.
- Once you have your Username, you can repeat the first two steps above to obtain your password.

Click HERE to return to the Table of Contents

HOW DO I ENROLL?

All enrollment is done online at RetaTrust.org

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

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

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

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

Examples of QLE's include:

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

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

Click HERE to return to the Table of Contents

Monthly Employee Benefits Cost for 2026-27

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

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Kaiser DEPO ($1,000)	$61	$482	$362	$614
Kaiser DEPO ($500)	$63	$497	$373	$632
Kaiser EPO	$67	$527	$395	$671
Blue Shield of CA ($2,000)	$50	$392	$294	$499
Blue Shield of CA ($1,000)	$52	$414	$311	$527
Blue Shield of CA ($500)	$55	$433	$325	$551

DENTAL / VISION

Required				
Reta Delta Dental	$3	$25	$21	$35
Willamette Dental	$3	$23	$19	$30
Kaiser Permanente Dental	$4	$31	$26	$41

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

Employee Assistance Program
Included with core benefits. No cost. Covers dependents living in the house.

Long-Term Disability

50% of wages	Included
60% of wages	$6.09
66 2/3% of wages	$8.97

Short-Term Disability

44-day elimination period	$0.68
30-day elimination period	$1.15
14-day elimination period	$1.63

Benefits Overview 2026-27 Health Plans

CORE BENEFITS
Cannot be waived

Dental
DeltaDental
Willamette
Kaiser

Basic Life Insurance
AD&D $25K

Vision
VSP

Long-Term Disability (LTD) 50%

Employee Assistance Program

VOLUNTARY BENEFITS

Additional Life Insurance, AD&D

Short-Term Disability (STD) Long-Term Disability (LTD) Buy-Up

Healthcare Flexible Spending (HFSA)

Dependent Care Flexible Spending Account (DCFSA)

Kaiser

Plan Designs

	Kaiser EPO Legacy In-network	Kaiser DEPO - 500 In-network	Kaiser DEPO - 1000 In-network
Annual Out-of-Pocket Maximum (Includes deductibles, co-payments, and coinsurance)			
Calendar Year Deductible	None	$500 Individual/ $1,000 Family	$1000 Individual/ $2,000 Family
For any one Member in the same Family Unit	$1,500	$3,000	$4,000
For an entire Family Unit of two or more Members	$3,000	$6,000	$8,000
Professional Services			
Office Visit Co payments & Coinsurance Well Child Care (birth to age 7)	$25 copay No Charge	$20 copay No Charge	$25 copay No Charge
Adult routine exams and preventive services (mammograms, pap smears, & prostate cancer screenings)	No Charge	No Charge	No Charge
Chiropractic Care (up to 24 visits in calendar year)	$15 copay	$15 copay	$15 copay
Outpatient Services			
Outpatient surgery	$20 copay	10% after deductible	10% after deductible
X-rays & lab tests	No Charge	$10 copay	$10 copay
MRI, CT, and PET	No Charge	$10 copay	$10 copay
Inpatient Services			
Room and board, surgery, anesthesia, x-rays, lab tests, and drugs	$250 per admission	10% after deductible	10% after deductible
Emergency Health Coverage			
ER visits (copay Waived if admitted) Urgent Care	$250 per admission	10% after deductible	10% after deductible
Prescription Drug Coverage			
		Generic/Formulary/Non-Formulary	
Retail (up to 30- day supply)	$10/$30	$10/$30	$10/$30
Mail order (up to 90- day supply)	$20/$60	$20/$60	$20/$60

Blue Shield Plan Designs

	Blue Shield PPO 500		Blue Shield PPO 1,000		Blue Shield PPO 2,000	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual Out-of-Pocket Maximum (Includes deductibles, co-payments, and coinsurance)						
Calendar Year Deductible	$500 Individual/ $1,000 Family		$1000 Individual/ $2,000 Family		$2000 Individual/ $4,000 Family	
For any one Member in the same Family Unit	$2,500	$5,000	$5,000	$10,000	$6,000	$12,000
For an entire Family Unit of two or more Members	$5,000	$10,000	$10,000	$20,000	$12,000	$24,000
Professional Services						
Office Visit Co payments & Coinsurance Well Child Care (birth to age 7)	$25 copay deductible waived	40%	$25 copay deductible waived	40%	$25 copay deductible waived	40%
Adult routine exams and preventive services (mammograms, pap smears, & prostate cancer screenings)	No Charge	40%	No Charge	40%	No Charge	40%
Chiropractic Care (up to 24 visits in calendar year)	$40 copay deductible waived	40%	$40 copay deductible waived	40%	$40 copay deductible waived	40%
Outpatient Services						
Outpatient surgery X-rays & lab tests MRI, CT, and PET	20%	40%	20%	40%	20%	40%
Inpatient Services						
Room and board, surgery, anesthesia, x-rays, lab tests, and drugs	20%	40%	20%	40%	20%	40%
Emergency Health Coverage						
ER visits (copay Waived if admitted) Urgent Care	$200 copay, then 20%		$200 copay, then 20%		$200 copay, then 20%	
	$50 copay		$75 copay		$75 copay	
Prescription Drug Coverage (provided through CVS Caremark)						
	Generic/Formulary/Non-Formulary					
Retail (up to 30- day supply)	$10/$20/$30		$10/$20/$30		$20/$40/$60	
Mail order (up to 90- day supply)	$20/$40/$60		$20/$30/$100		$40/$80/$120	

Dental

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

Dental Plan Designs

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

See page 5 for cost information

Vision

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

Vision Plan Design

BENEFIT & DESCRIPTION	COPAY
WellVision Exam • Focuses on your eyes and overall wellness • Offered every 12 months	$10
Prescription Glasses	$25

Frames

Included in Prescription Glasses

- $150 allowance for a wide selection of frames
- $170 allowance for featured frame brands 20%
- savings on the amount over your allowance
- $80 Costco® frame allowance Offered every 24
- months

Lenses

Included in Prescription Glasses

- Single vision, lined bifocal, and lined tri focal
- lenses Polycarbonate lenses for dependent
- children Offered every 12 months

Lenses Enhancements

- Standard progressive lenses $40
- Premium progressive lenses $40
- Custom progressive lenses Anti- $40
- reflective coating Average savings $20
- of 20-25% on other lens
- enhancements Offered every 12 months

Contacts (instead of glasses) Up to $60

- $150 allowance for contacts; copay does notapply
- Contact lens exam (fitting and evaluation)
- Offered every 12 months

FSA Claims

Employees enrolled with the Healthcare FSA are able to take advantage of the $680 carryover option, if needed. This means you can carryover up to $680 into the subsequent year. For the 7/1/2026-6/30/2027 plan year, participants have until 6/30/2027 to incur claims and until 9/30/2027 to submit claims.

Note: if you separate employment, you can only use your FSA funds for claims incurred through the month in which your benefits end but would still have until 9/30/2026 to submit claims.

IMPORTANT NOTE!

FSAs are a use-it-or-lose-it rule as defined by the IRS. If you do not use the funds, you lose them. With an FSA, you can set aside pre-tax dollars to pay for qualified medical expenses. The IRS sets annual limits for both the healthcare and dependent care FSAs. If you are married, be sure to coordinate with your spouse to ensure you do not exceed the family maximum.

Flexible Spending Accounts

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

Healthcare Flexible Spending Accounts (HFSA) allows you to set aside a portion of your salary, before-tax, to reimburse certain amounts expended for healthcare. Annual contribution may not exceed $3,400.

What expenses can I submit for reimbursement?

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

How much can I put in my HFSA?
Up to $3,400, which is $283.33 per monthly paycheck.

Dependent CareFlexible SpendingAccounts(DCFSA)
Allows you to set aside a portion of your salary, before-tax to reimburse certain amounts spent for eligible dependent care expenses. Under federal tax law, maximum annual contribution may be up to $7,500 ($3,750 maximum if you are married and filing separate income tax returns).

Program Reminders

Employee Assistance Program through Canopy

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

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

To access these services, simply call the number below. You will be connected to the appropriate resource to meet your needs. Canopy can be reached at (503) 639–3009 or Toll-free (800) 433-2320, my.canopywell.com or download the Mobile App: getcanopy.com/our-mobile-apps.
To register, enter Archdiocese of Portland as the Company name

Know Your Numbers – Biometric Screening

- Quest Diagnostics offers employees enrolled with a medical plan with free, annual health screenings to help understand their health risks, improve key health measures, and lower their risk for costly chronic diseases. Take charge of your health by scheduling a screening.
- More information on how to register and schedule a screening, please go to My.QuestForHealth.com. Use Registration Key:Reta26

A medical plan option with same-day urgent care, up to an hour with a doctor and no cost to Reta members

- Reta partnered with One Medical to provide an elite form of primary care for those who enroll in a Reta Blue Shield of California (BSC) plan. You can choose one of the world-class professionals for your family doctor and receive longer appointment times for up to an hour so that you have enough time to really address your medical questions and conditions. To learn more about One Medical, visit onemedical.com, download the OneMedical app or call 888-ONEMED1 (1-888-663-6331)

Voluntary Life

Age on January 1	Employee (per $10,000 in coverage)	Spouse (per $5,000 in coverage)
Under age 25	$0.96	$0.60
25–29	$0.96	$0.60
30–34	$1.07	$0.66
35–39	$1.27	$0.77
40–44	$1.88	$1.12
45–49	$3.10	$1.83
50–54	$5.07	$2.93
55–59	$8.10	$ 4 .51
60–64	$10.48	$6.97
65–69*	$18.09	$12.10
70–74**	$ 39.69	$23.41
75 and over * *	$39.69	$45.54

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

$6,000	=$1.80
$8,000	=$2 .40
$10,000	= $3.00

IMPORTANT NOTE

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

Life Insurance & AD&D

BasicLife/AccidentalDeathand Dismemberment (AD&D)

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

Voluntary Life and AD&D

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

Evidence of Insurability (EOI)

Any life insurance coverage over the Guarantee Issue Amount(s) will be subject to a Statement of Health/ Evidence of Insurability (EOI). If you do not apply when initially eligible, the next opportunity would be during the annual Open Enrollment or if you were to experience a qualifying life event.

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

DISABILITY INSURANCE

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

Short-Term Disability (STD)

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

	STD 44 day	**STD 30 day**	**STD 14 day**
Monthly Cost	$0.68	$1.15	$1.63
Waiting Period	Day 44	Day 30	Day 14
Disability	7 weeks	9 weeks	11 weeks
Benefit Duration Income Replacement Level	60% of your basic weekly earnings to a maximum of $500		

Long-Term Disability (LTD)

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

	50%	60%	66 2/3 %
Monthly Cost	No cost	$6.09	$8.97
Waiting Period	None	90 days	90 days
Income Replacement Level	50% of basic monthly earnings up to $4,000	60% of basic monthly earnings up to $6,000	66.66% of basic monthly earnings up to $6,000
Benefit Duration	None	Dependent on age upon disability	

Important Information

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

IMPORTANT NOTE

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

RETIREMENT PROGRAM

Tax Sheltered Annuity (TSA) 403(b) Plan

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

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

You may choose one or more of the following vendors:

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

BENEFITS CONTACTS

Medical / Pharmacy Plans
Reta Blue Shield Plan
Group ID #: W0072385
blueshieldca.com
(888) 772-1076

CVS Caremark for Blue Shield Plan
Bin: 004336 PCN: ADV Group: RX21AE
Customer Care: 800-844-0719
Pharmacy Help Desk: 800-364-6331
Caremark.com

Reta Kaiser Medical & Pharmacy Plan
Group ID #: 19969
(800) 570-5183
kp.org

Dental / Vision Plans
Willamette Dental
Group ID #: OR10
(855) 433-6825
willamettedental.com

Delta Dental of California
Group ID #: 17706
(800) 765-6003
deltadentalins.com

Kaiser Permanente Dental
Group ID #:03766
(800) 813-2000
kaiserpermanentedentalnw.org

VSP Vision
Group ID #: 30032427
(800) 877-719 vsp.com

If you would like to read more about a specific benefit, log in to the Reta Benefits Center at RetaTrust.org. The Reta Benefits Center is available to you 24 hours a day, 7 days a week.
If you need assistance or you have forgotten your User ID and/or Password, please contact MyEnroll Services at (877) 303-7382 or Service@RetaEnroll.Org.

Unum Short-Term & Long-Term Disability, Additional Life Insurance & AD&D
Basic Life / AD&D
Group ID#: 105259
(866) 679-3054
unum.com

Additional Life
Group ID #: 393809
(866) 679-3054
unum.com

Short-Term & Long-Term Disability (STD & LTD)
Group ID #: 105259
(877) 851-7637
unum.com

Employee Services
Healthcare FSA and Dependent Care FSA
(877) 303-7382
service@retaenroll.org

Canopy (EAP)
(503) 639–3009 • Toll-free (800) 433-2320
info@canopywell.com
my.canopywell.com
To register, enter Archdiocese of Portland as the Company Name

Archdiocese of Portland
Carmen Edwards HR Benefits Project Manager
P: (503) 233-8371
E: cedwards@archdpdx.org

Melanie Dawson, HR Benefits Specialist
E: mdawson@archdpdx.org
P: (503) 233-8376

Benefits Website: benefitspdx.org

Click HERE to return to the Table of Contents

INSURANCE TERM GLOSSARY

Accidental Death & Dismemberment (AD&D): a policy that pays benefits if the cause of death/injury is an accident. Benefit amounts vary based on qualifying injury and plan.
Benefit: the healthcare item(s) or service(s) covered under a health insurance plan.
Coordination of Benefits (COB): a process to figure out which insurance plan pays first when 2 or more health insurance plans are responsible for paying the same medical claim. If you have double coverage, you will need to file a Coordination of Benefits with both plans.
Coinsurance: the percentage of costs of a covered healthcare service you pay after you've paid your deductible.
Copayment (copays): a fixed amount you pay for a covered service before receiving the service.
Covered Services: services, drugs, supplies, and equipment that are covered under a healthcare plan.
Deductible: the amount you pay for healthcare services before your insurance starts to pay. Deductibles reset on a calendar year basis.
Exclusive Provider Organization (EPO): a health insurance plan where providers must be seen within a predetermined network. Out-of-network care is not covered. Kaiser and Willamette are EPO plans.

- DEPO: EPO with a deductible

Explanation of Benefits (EOB): a statement by a health insurance company explaining what they paid when services were sought.
Evidence of Insurability (EOI): a process in which you provide information regarding your health or your dependent's health in order to be considered for certain amounts of coverage. Also known as a Statement of Health.

Flexible Spending Account (FSA): an account where you can set aside pre-tax dollars to pay for qualified expenses. The annual limits are determined by the IRS.
Healthcare Flexible Spending Account (HFSA): allows you to set aside a portion of your salary, before-tax, to reimburse certain healthcare expenses.

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

In-Network Providers/Services: providers who are a part of a network set up by the health plan, with which it has negotiated a discount. Services completed by in- network providers usually cost less because the services are provided to the insurance company at a lower cost.
Lifetime Maximum: a cap on the total lifetime benefits you may get from the insurance company. Once this limit is reached the insurance plan will no longer pay for services that were previously covered. This cap could be set in a dollar limit (for example, $1 million lifetime cap) or on specific benefits (for example, a $200,000 cap on organ transplants, or one gastric bypass per lifetime) or a combination of the two.
Out-of-Network Providers/Services: providers who do not participate in an insurer's provider network. Since the insurance company has not negotiated a contract with these providers, the services they complete may be only partially covered or not covered at all.

INSURANCE TERM GLOSSARY CONT.

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

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

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

Prescription Drug Tiers:

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

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

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

Didn't find the term you were lookingfor?

Visit healthcare.gov/glossary for additional definitions.