



**Diocese of Baker
Comprehensive Benefits Plan Year
January 1, 2026**

Introduction and Instructions



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Introduction and Instructions



Introduction and Instructions

Together

At the Diocese of Baker, we are focused on our success together and on our active investment in improved employee health and greater wellbeing. The management of health care cost and employee financial wellbeing is not simply about the management of expenses, but rather relationship, engagement, responsibility and our active “shared” investment. Our comprehensive benefits plan is a reflection of this dedication.

Open Enrollment Instructions

Open Enrollment occurs annually and is the one time during the year that you are able to make changes to your current benefit elections and/or enroll yourself or any dependent(s) in benefits for the first time. You will not be able to make any changes outside of the open enrollment period, unless you experience a qualifying life event (further information regarding qualifying life events is provided on the following page). Any changes that are made during the open enrollment period will be effective 1/1/2026.

Beginning on Monday, December 1st, you will enroll in your benefits through the Diocese of Baker online benefits platform (BenXpress). On the 1st, you will receive an e-mail with instructions on how to enroll in your benefits for the 1/1/2026 plan year. You can access your online benefits platform by clicking the link included in the e-mail or by going to www.benxpress.com/dioceseofbaker.

Open Enrollment must be completed by Tuesday, December 9th

We encourage you to review the supporting materials on the Diocese of Baker online benefits platform carefully. Share it with your dependents and ask any questions that you may have prior to making your benefit plan elections. It is very important for you to make sure that you understand these benefits and the role they play in your larger financial planning. Remember, at all times, your health is your most valuable asset. Like all financial assets, your good health requires your direct and active investment of time, effort and money.

Introduction and Instructions



Comprehensive Benefits Plan Eligibility:

- As an employee, you are eligible for the benefits plan if you work a minimum of 20 hours per week as a 12-month (52 week) employee and a minimum of 26 hours per week as a 10-month (39 week) employee.
- Newly hired employees are eligible for benefits on the first of the month following date of hire. You will have 30 days from your first day of employment to make your benefit elections.
- Eligible dependents include your spouse and your children. Your children are eligible until the end of the month in which they reach age twenty-six (26), and are defined as your children by birth, adoption, legal guardianship, or your spouse's children. There is no age restriction in the case your child is "totally or permanently disabled" by a physical or mental condition.

Qualifying Events:

- Examples of qualifying life events include a change in marital status (marriage or divorce); a change in dependent eligibility due to birth, adoption, loss of coverage, death or divorce; a change in your (or your spouse's) employment (gain or loss of eligibility); eligibility for or loss of Medicare, Medicaid or a State Child Health Insurance Plan (CHIP).
- If you experience a qualifying life event and you want to make a benefit election change, you must report it to Human Resources within 30 days; otherwise, you will have to wait until the next Open Enrollment period or your next qualifying life event.
- If you waive coverage at your initial eligibility period or at Open Enrollment, you will not be eligible to enroll until the next Open Enrollment period, unless a qualifying life event occurs.

The Diocese of Baker reserves the right to change, alter or terminate at any time any and/or all of the benefit programs described here with 30 days' notice. This document is designed for summary purposes. Please review the detailed plan documents associated with all programs described in this Summary.

The information in this Summary is presented for illustrative purposes and the text contained in this summary was taken from various summary plan descriptions and benefits information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of a discrepancy between this Summary and the actual plan documents, the actual plan documents will prevail.

Introduction and Instructions



Open Enrollment Highlights

- For the 2026 plan year, the Diocese of Baker will remain with Benefit Plan Administrators (BPA) for administration of the Medical and Rx plan. The Diocese will also be maintaining Cigna as the medical network and maintaining Prime Therapeutics (formerly MagellanRx) as the Pharmacy Benefits Manager (PBM). There will be no changes to your medical/Rx plan design for the 2026 plan year.
- Please note that there will be a moderate increase to your per pay cost for the 2026 plan year. Please see the table below for additional information.

Enrollment Tier	Additional Monthly Premium
Single Employee	+\$0.00
Employee + Spouse	+\$15.00
Employee + Child(ren)	+\$30.00
Employee + Family	+\$35.00

- There will be no changes to your dental or visions benefits for the 2026 plan year.
- **Updated for 2026:** The Diocese of Baker will no longer be offering short-term disability insurance through MetLife as of 1/1/26. This is due to the fact that the state of Oregon provides coverage for short-term disabilities through the state PFML plan. If you need to file a short-term disability claim, you can still do so through the state plan.



Benefits Contact Information

Benefits Contact Information

Benefit Type	Company Name	Web Address	Phone Number
Medical Administrator <i>General Questions & Claims Questions</i>	Benefit Plan Administrators (BPA)	https://www.bpaco.com/clients/members	(800) 236-7789
Medical Network <i>Assistance with locating in-network providers</i>	Cigna	www.hcpdirectory.cigna.com/web/public/consumer/directory/search?consumerCode=HDC001	(800) 997-1654
Prescription Drug Coverage	Prime Therapeutics	https://www.primetherapeutics.com/member	(855) 457-0007
Overseas Drug Program	ElectRx	https://www.electrx.com/	(855) 353-2897
Dental Coverage	Moda Health / Delta Dental	www.modahealth.com/dental	(503) 265-2965
Vision Coverage	EyeMed	https://portal.eyemedvisioncare.com	(866) 439-3633
Life Insurance	MetLife	https://online.metlife.com/edge/web/public/benefits	(800) 300-4296

Medical Plan



Medical Plan

Your medical plan provides to you and your family the comprehensive medical insurance coverage that you need in the case you are ill or injured and covers the preventive health care services you need to maintain your health. Your comprehensive health plan is administered by Benefit Plan Administrators (BPA) and utilizes the Cigna PPO network. Prime Therapeutics administers your prescription drug coverage.

Your medical plan utilizes a preferred provider organization (PPO) network. A PPO has contracts with a network of "preferred" providers from which you can choose. With a PPO Plan, you have the flexibility of visiting in-network or out-of-network providers, but save significant dollars by obtaining services from in-network providers. You do not need to select a primary care physician (PCP) and you do not need referrals to see other providers in the network.

The Cigna network will continue to be the network utilized for providing you access to in-network providers and facilities. Cigna is one of the largest health insurance networks in the country, providing access to a greater number of in-network doctors and facilities in your area. You can visit the following website to find providers that are in-network with Cigna:

<https://hcpdirectory.cigna.com/web/public/consumer/directory/search>.

Prime Therapeutics will continue to be the Pharmacy Benefits Manager for your prescription drug coverage. You may go to <https://www.primetherapeutics.com/member> at any time during the year to view information regarding your benefits, including the plan formulary, different ordering options and customer service information.

The below table provides a brief summary of your PPO medical plan. For specific plan details, please see the Summary of Benefits and Coverage provided on the Diocese of Baker online benefits platform. There are no plan design changes for the 2026 plan year.

	IN-NETWORK COVERAGE	OUT-OF-NETWORK COVERAGE
DEDUCTIBLE*	\$725 per individual / \$1,450 per family	
COINSURANCE	Plan pays 80% after deductible	Plan pays 60% after deductible
MEDICAL COINSURANCE MAXIMUM**	\$1,230 per individual / \$2,460 per family	\$1,480 per individual / \$2,960 per family
PREVENTIVE & WELLNESS CARE	Plan pays 100%	Plan pays 60% after deductible
PHYSICIAN VISITS	Plan pays 80% after deductible	Plan pays 60% after deductible
SPECIALIST VISITS	Plan pays 80% after deductible	Plan pays 60% after deductible
URGENT CARE	Plan pays 80% after deductible	Plan pays 60% after deductible
EMERGENCY ROOM	Plan pays 80% after deductible	Plan pays 80% after deductible

Medical Plan



Rx OUT-OF-POCKET MAXIMUM

\$2,000 per individual / \$4,000 per family

PRESCRIPTION DRUGS (30DAY SUPPLY) – Prime Therapeutics

Generic Drugs: \$25 copay retail / \$55 copay mail order

Branded Drugs: \$50 copay / \$110 copay mail order

Not Covered

*The deductible does not include prescription drug copay expenses.

**The medical coinsurance maximum does not include expenses paid toward the deductible, prescription drug copays, or utilization review penalties (utilization review penalties are \$200 where applicable).

ElectRx Prescription Drugs

Through our partnership with ElectRx, certain brand name and specialty drugs will be available to members at **no cost**. ElectRx obtains drugs from overseas at a discounted price and delivers the drugs to your home. On the following page is a list of some of the drugs that are offered through the ElectRx Personal Importation (PI) program. If you do not see a drug listed, feel free to contact ElectRx directly at (855) 353-2897 to see if your drug is eligible.

Members can enroll in the ElectRx PI program by calling (855) 353-2897 and a customer service rep will complete the enrollment process and order for you. Be sure that when you call to enroll, you have your prescription information on hand as the rep will ask a number of questions regarding your current medication use.

Once you choose to enroll, have your physician prepare a prescription with 3 refills and fax it to the ElectRx toll free number – (833) 353-2897. You will receive an automated reminder notification of a pending renewal/refill. Shipping takes 5-15 business days from the date of completed requirements. **It is recommended that you have a 30-day supply on hand to allow for plenty of delivery time.**

ElectRx Eligible Medications (not a full list)

- Cosentyx
- Copaxone (Glatiramer)
- Xeljanz XR
- Trulicity
- Levimir
- Novolog
- Farxiaga
- Lantus Solostar

Medical Plan



Medical Plan Reminders

Your medical care may need to receive precertification from BPA and Cigna depending on the type of care that you are receiving. In these situations, your provider will need to work with BPA and Cigna in order to obtain the precertification approval. If you do not receive the proper precertification approval prior to receiving care, you may be subject to a \$200 utilization review penalty.

Below are the categories in which precertification may be required:

- Inpatient Care
 - Acute care rendered in a hospital setting
 - Routine (only if exceeds federal standards) and high-risk maternity care
 - Long-term acute care
 - Skilled Nursing Facility
 - Rehabilitation and Detox
 - Inpatient Mental Health and Substance Abuse Hospital / Residential

- Outpatient Care
 - Cochlear Implants
 - Durable Medical Equipment (DME)
 - Gastric Bypass
 - Home Infusion Therapy
 - Injectable Medications
 - Oral Pharynx Procedures
 - Orthotics and Prosthetics
 - Potential Experimental/Investigational/Unproven Procedures
 - Other/Unlisted Procedures

- Transplants

- In the event of an emergency, where additional prescription fills may be needed, please visit or contact your local pharmacy to determine if an emergency fill request can be fulfilled.

Medical Plan



Medical Plan Out of Pocket Cost Example

Scenario Details

- You are enrolled in the Medical Plan as a Single, and to date you have not incurred any medical expenses.
- You are admitted to an in-network hospital for an inpatient stay, which has been precertified by BPA/Cigna, and the cost of your 10-day stay is \$20,000.
- All services received are subject to coinsurance, so you would be responsible for the full cost of these services up to your deductible (\$725).
- Once you hit the deductible, you are responsible for only 20% of the costs until you hit the medical coinsurance maximum (\$1,230) ...
 - Calculated as: \$20,000 (cost of surgery) - \$725 (deductible) = \$19,275*20% (coinsurance) = \$3,855.
- In the example above, the medical coinsurance maximum has been exceeded, so all expenses over and above the \$1,230 medical coinsurance maximum would be covered by the plan. \$2,625 would be covered by the plan in this example (\$3,855 - \$1,230).
- Following your inpatient stay, your provider prescribes a brand-name drug for you to take for 90 days, which you obtain at a local retail pharmacy store. The cost of this prescription drug is \$300 per 30-day supply (\$900 total).
 - Once the medical coinsurance maximum has been met, employees would only be responsible for prescription drug copays (up to the prescription drug out-of-pocket maximum). Your copays would be \$50 per 30-day supply, so a total of \$150 in Rx copays would result (\$50*3 months of prescriptions = \$150).

	Cost Breakdown
Deductible	\$725 (met deductible)
Coinsurance	\$1,230 (member's portion of 20% coinsurance - Met maximum)
Total Cost before Rx copays	\$1,955
Rx Copays	\$150
Total Cost	\$2,105
Annual Employee Premium Cost	\$60
Total All-in Costs	\$2,165

Dental Insurance



Dental Plan

Your good oral health is important to your total health and wellbeing. Each year, further discoveries are made relative to the impact of your oral health on your overall health state. No longer are best practice dental care providers simply focused on reconstruction, but rather preventive care and the direct relationship of your oral health to your total health and wellbeing. For this reason, your dental plan coverage provided by the Diocese of Baker is very important to you and your overall good health.

Your dental benefits will continue to be provided through the Moda Health & Delta Dental of Oregon (Moda/Delta Dental) Premier Network. Please note that you may still receive care from an out-of-network dentist at the benefit levels summarized on the following page, but you may be balance billed for any charges over and above the usual and customary amount, as determined by Moda/Delta Dental. You can visit the following website to find dental providers that are in-network: <https://www.modahealth.com/ProviderSearch/faces/webpages/home.xhtml>.

Details regarding the design with Moda/Delta Dental are included on the following page. Please review this summary and your plan documents to fully understand all the benefits provided to you through this important coverage. There will be no changes to your plan design for the 2026 plan year.

MODA/DELTA DENTAL IN-NETWORK COVERAGE	
CALENDAR BENEFIT MAXIMUM (FOR DIAGNOSTIC, BASIC & MAJOR CARE)	\$1,500 per person per calendar year (waived for preventive care)
LIFETIME BENEFIT MAXIMUM (FOR ORTHODONTIC SERVICES)	\$1,000 per person (covered for members of all ages)
DEDUCTIBLE	\$50 per individual / \$150 per family (waived for preventive care)
DIAGNOSTIC & PREVENTIVE CARE	
CLEANINGS, X-RAYS, FLUORIDE, AND SEALANTS	100% coverage
BASIC RESTORATIVE PROCEDURES	
RESTORATIONS	80% coverage
ENDODONTIC SERVICES	80% coverage
ROOT CANAL THERAPY	80% coverage
PERIODONTAL SERVICES AND SURGERY	80% coverage
ORAL SURGERY SERVICES	80% coverage
MAJOR RESTORATIVE PROCEDURES	
BRIDGES, CROWNS, IMPLANTS AND DENTURES	50% coverage
ORTHODONTIC SERVICES	
ORTHODONTIC SERVICES (TO AGE 19)	50% coverage

Vision Insurance



Vision Plan

Similar to the relationship of your oral health to your overall health, the health of your eyes is essential to achieving health and wellbeing as well. Your vision plan coverage is a key component in the management of your overall health. Please review your vision plan documents in detail to fully understand all of the benefits provided to you through this important coverage. You can visit the following website to find providers that are in-network: <https://eyedoclocator.eyemedvisioncare.com/member/en>.

Your vision benefits will continue to be provided through EyeMed. Details regarding the plan design with EyeMed are included below and in your plan documents. Please review these summaries to fully understand all of the benefits provided to you through this important coverage. There will be no changes to your plan design for the 2026 plan year.

	EYEMED IN-NETWORK COVERAGE	EYEMED OUT-OF-NETWORK COVERAGE
EXAMS	\$20 copay	Up to \$40 reimbursement
FRAMES	\$0 copay; \$200 allowance + 20% discount on amount over \$200	Up to \$140 reimbursement
PLASTIC LENSES	\$0 copay	Reimbursements ranging from \$30-70 depending on the type of lens
PROGRESSIVE LENSES	\$55 copay (higher copays for premium progressive lenses)	Up to \$64 reimbursement
ELECTIVE CONTACTS	\$0 copay; \$200 allowance + 15% discount on amount over \$200. No discounts for disposable lenses	Up to \$200 reimbursement
MEDICALLY NECESSARY CONTACTS	\$0 copay; paid in full	Up to \$210 reimbursement
	Frequency of Coverage	
EXAMS	Once every 12 months	
LENSES	Once every 24 months	
FRAMES	Once every 24 months	

Disability Insurance



Life and AD&D Insurance

The Diocese of Baker is pleased to provide you with Core Life and AD&D Insurance through MetLife. This benefit is 100% paid for by the Diocese of Baker.

Your Core Life and AD&D Benefit: One times Earnings, up to a maximum of \$50,000. Please note that once you reach age 65 are subject to a reduced benefit. Please refer to your MetLife Benefits Summary to review further information benefit reductions.

Optional Life and AD&D Insurance

Employee:

This benefit provides you with the opportunity to purchase optional life and AD&D insurance in an amount ranging from **\$10,000 to \$500,000** (in \$10,000 increments); not to exceed five times salary / annual earnings.

Optional life and AD&D insurance is offered so that you may add to the coverage amount provided to you via the core life and AD&D insurance benefit.

Employees eligible for this benefit for the first time may purchase up to \$100,000 of coverage without providing Evidence of Insurability (i.e., a health questionnaire). In future years, employees who were eligible for this benefit previously, but who chose to opt-out, must provide Evidence of Insurability for any amount of coverage.

Please note that in order to cover a spouse or dependent child on the voluntary life plan, you must also be covered.

Spouse:

This benefit provides you with the opportunity to purchase optional life and AD&D insurance for your spouse in an amount ranging from **\$5,000 to \$100,000** (in \$5,000 increments); not to exceed 100% of your employee election.

Spouse benefit amounts in excess of \$25,000 are subject to Evidence of Insurability.

Child(ren):

This benefit provides you with the opportunity to purchase optional life and AD&D insurance for your child(ren). The benefit amount is **\$100 for children 15 days to 6 months of age, and options of \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000 for children 6 months and older.**

Disability Insurance



The previous page provides a summary of your life and AD&D benefits. Please review the detailed plan documents, and the more extensive summaries for additional information.

MetLife requires a statement of health to be submitted by employees if they meet the following criteria:

- Employees who request coverage amounts during their initial 31-day enrollment period that exceed the stated medical evidence of insurability level.
- Apply for coverage after the period which begins on the first day on which they are eligible for coverage (or the first day following a qualifying event, if applicable) and ends at the earlier of the next following annual enrollment period or the day before the next following Policy Anniversary. In no event will this period be more than a year, or less than 31 days.
- Have indicated a medical condition on their enrollment form
- Employees who are Actively-at-Work but who are not currently enrolled in the plan and experience a Qualifying Event must submit a statement of health in order to enroll for any amount of coverage.
- Any increase to the benefit amount in future years will be required to submit a statement of health.

Please see the following page to calculate your per-pay cost for optional life and AD&D insurance. Your cost will also be displayed to you on the BenXpress site.



Disability Insurance

Optional Life and AD&D Insurance – Calculating your Per-pay Cost

Employee & Spouse	
Age as of January 1, 2026	Rate / \$1,000
18-29	\$ 0.058
30-34	\$ 0.071
35-39	\$ 0.097
40-44	\$ 0.133
45-49	\$ 0.188
50-54	\$ 0.288
55-59	\$ 0.438
60-64	\$ 0.586
65-69	\$ 0.951
70+	\$ 1.519
Child(ren)	
Child(ren)	\$ 0.291

Example

Age 45, \$50,000 Coverage

$\$50,000 / \$1,000 = 50$

$50 \times \$0.188 = \$9.40/\text{month}$

$\$9.40 \times 12 \text{ months} = \$112.80/\text{year}$

You and / or Your Spouse
