Marion County
OREGON

2027 EMPLOYEE BENEFIT GUIDE

January 1, 2027 - December 31, 2027

MEDICAL | DENTAL | VISION | LIFE | DISABILITY & MORE



For benefit-eligible employees of MCLEA-Unit 5, FOPPO-Unit 7, and MCSSA-Unit 18

Welcome to Marion County!

As part of the Marion County team, you play a vital role in serving the people of our community. The benefits in this guide are part of your overall compensation package. Included in this guide, you will find all the information you need to know about your benefits as a County employee. From health insurance to planning for retirement, Marion County makes sure you have the support you need through the different stages of your career and family life.

Our benefits team is here to support you. Let us know how we can help!

Overview



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LEVELS OF COVERAGE

Marion County employees can select from 4 levels of coverage for their health, dental, and vision coverage. We offer coverage for Employee Only; Employee and Spouse; Employee and Child(ren); or Employee and Family, which includes coverage for a Domestic Partner and their Children.

TAXATION OF BENEFITS

Medical, dental, and vision premium deductions, as well as FSA contributions, will come out of your paycheck before taxes (pre-tax). Voluntary Term Life insurance and Short Term Disability coverage deductions are after-tax deductions.

Who is Eligible?



WHO IS ELIGIBLE?

All active regular Marion County group employees working a minimum of 20 hours per week. For new hires, employees become eligible for benefits beginning the first of the month following or coinciding with 30 days of employment.

Eligible dependents may also participate. These include:

- Your spouse
- Children under 26, including:
  - Natural child
  - Stepchild
  - Adopted child
  - Any other child for whom you are the legal guardian or are required to provide support because of a qualified medical child support order
- A child over age 26 who is incapable of self support because of a physical or mental disability.

Marion County employees pay one rate for themselves and all enrolled family members.

MAKING CHOICES

The annual enrollment period is the one time of year you can change benefit plans or add/drop dependents outside of a qualified family status change as defined by the IRS. Such changes include:

- Marriage, divorce of legal separation
- Domestic Partnership status change
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or change in coverage under another employer-sponsored health plan

Please note: *If you experience a qualified family status change during the plan year, please notify the Benefits team within 30 days of the event.*

Medical Insurance

For MCLEA, FOPPO, and MCSSA members, Marion County offers two medical plans –one plan insured by PacificSource Health Plan and a second plan insured by Kaiser. Each plan provides comprehensive coverage and includes:

- Preventive care
- Pharmacy
- Telehealth
- Alternative care
- 24/7 care
- Online resources

PacificSource Plans

The PacificSource plan is a PPO plan. This means you can see any licensed doctor. However, you will receive a richer level of benefits if you use a doctor or facility in their network. To see if your doctor is in the network, visit www.pacificsource.com. Search for doctors by name, clinic name, specialty, language, gender, hours of business and more.

With the **PPO Navigator 100** plan, you pay the deductible first and then you pay 20% coinsurance until you reach the Out of Pocket Maximum. The exceptions are preventive care and chiropractic and acupuncture services. If you receive in-network preventive care, you do not have to pay the deductible or any coinsurance. For chiropractic and acupuncture care, the deductible does not apply. You only pay the coinsurance until you reach the Out of Pocket Maximum or reach the maximum annual visit allowance (12 for acupuncture, 20 for chiropractic), whichever comes first.

Kaiser HMO Plan

If you choose the Kaiser HMO plan, all care must be received from a Kaiser physician in a Kaiser facility. Additionally, you must choose a Primary Care Physician (PCP) who will coordinate your care, meaning that you will need to start with your PCP before seeing a specialist, receiving prescriptions, having a surgery, etc. There are a few exceptions when you can self-refer, including alternative care benefits like chiropractic and acupuncture and OBGYNs. All members can go directly to the nearest emergency room, even if it's not a Kaiser facility, if experiencing a physical or mental emergency.

Visit www.kp.org to learn more.

Waive Coverage

Do you have other health care coverage? You can choose to Waive Coverage. Proof of other coverage is required. Please contact Employee Benefits for more information.

NEED HELP?

PacificSource and Kaiser's Member Services team can help.

PacificSource: 888-977-9299

Kaiser: 800-813-2000

Be in the Know Before You Go

Insurance can be confusing. It has its own vocabulary. Understanding the terms below will help you make a better choice for yourself and your family.

Copay A set dollar amount that you pay when you receive services. For example, with the Kaiser HMO plan, you pay $5 when you visit your doctor.

Deductible This is a set amount of amount of money that you must pay before the insurance company will pay a claim. Deductibles apply to more expensive services, like hospitalization.

Coinsurance After you have paid the deductible, you and the insurance company split the cost of care. For example, you pay 20% of the billed cost.

Out of Pocket Maximum (OOP) This is the most you will pay for covered services in a calendar year. If you reach the OOP, the insurance company will pay 100% of eligible expenses for the rest of the calendar year.

Telemedicine – Medical Care at Your Fingertips

All Marion County health plans offer enhanced telemedicine experiences to employees who enroll in a medical plan. This gives you and your covered family members 24/7 access to high quality medical care. On the PacificSource PPO and on Kaiser HMO plans, telehealth visits are FREE.

PACIFICSOURCE - TELADOC

Teladoc is an affordable alternative included with most PacificSource plans. It gives you access to a doctor right where you are, using a mobile app on your phone or your computer. You can get a consult anytime, seven days a week.

For adults 18 and over, behavioral health therapists are also available to help with stress and anxiety, relationship and family problems, depression, work pressures, grieving, and trauma resolution.

HOW DOES IT WORK?

1. Set up an account
2. Fill out your medical history
3. Request a visit
4. Speak directly with a doctor

Teladoc physicians can write prescriptions and call them into your local pharmacy.

KAISER

You can receive access to care that it's your life. Talk to a health care professional from anywhere – by phone, email or video.

HOW DOES IT WORK?

Download the Kaiser mobile app or sign into www.kp.org to get started.



Dental Insurance



At Marion County, we're proud to offer both Delta Dental PPO and Kaiser HMO dental plans so you can pick the plan that works best for you.

Each plan has different advantages.

- With the Delta plan, you may see any licensed provider. Delta Dental has the largest dental network in the country. When you use an in-network provider, you will pay less and your $1,500 annual maximum benefit will go further.

  Additionally, Preventive Services, like annual cleanings, do not count against the annual maximum benefit that Delta will pay.

- With the Kaiser plan, you must use a Kaiser dentist at a Kaiser facility. This can offer convenience by having all care, medical, dental and vision, in the same location. Your Kaiser Dental plan does not have an annual maximum benefit.

NEED HELP?

Delta Dental and Kaiser's Member Services team can help.

Delta Dental: 888-217-2363

Kaiser: 800-813-2000

Both plans cover preventive services in full and offer orthodontia benefits for children and adults.

Vision Insurance

Your vision benefit is included in the medical plan that you choose. Visit **www.pacificsource.com** or **www.kaiserpermanente.org** to find in-network providers.

Note: if you enroll in PacificSource and use Costco, the eye exam will be covered at the in-network level if the optometrist is in PacificSource's network. Materials, like frames and lenses, are covered at the out-of-network level.

Flexible Spending Account (FSA)



WHAT IS A FLEXIBLE SPENDING ACCOUNT?

A Flexible Spending Account (FSA), also known as a reimbursement account, allows you to pay for a variety of out-of-pocket health care and dependent care expenses with pre-tax dollars. The accounts are administered by Consolidated Admin Services (CAS). You will be able to charge all your qualified expenses on one debit card in addition to submitting claims for reimbursement. Marion County's Health Care and Dependent Care Reimbursement Accounts allow you to use tax-free dollars to reimburse yourself for a wide variety of health and dependent care expenses that aren't covered through your other benefit plans.

HEALTH CARE FSA

Health care expenses for yourself and your dependents—such as deductibles, coinsurance, and copays—are eligible for reimbursement from your Health Care account. The annual election maximum amount is currently $3,500 for the plan year.

DEPENDENT CARE FSA

Expenses for dependent care services for children under age 13, a disabled spouse, or incapacitated parent are eligible for reimbursement from your Dependent Care account if you incur them while you and your spouse work or attend school full-time. The annual election maximum amount is $7,500 per household ($3,750 if married but filing separately) per year.

RULES AND REGULATIONS – PLAN CAREFULLY

Plan your annual Flexible Spending Account (FSA) contribution amounts carefully; the election you make when you enroll is binding for the entire plan year (January 1 to December 31) unless you have a qualifying status change. Additionally, the IRS imposes some rules and restrictions on the way you can use FSAs:

- If you incur fewer expenses than you expected to your Health FSA, you will be able to roll-over a maximum of $700 into the next plan year. Any remaining money will be forfeited if not used by the end of the plan year.
- If you incur fewer expenses than you expected in your Dependent Care FSA, you forfeit any money remaining in your Dependent Care FSA at the end of the year.

Commuter & Transit Benefits



NEED HELP?

Go to:
www.ConsolidatedAdmin.com

Call:
(877) 941-5956
(M-F, 6 a.m. – 3 p.m., PST)

Email:
info@consolidatedadmin.com

The Consolidated Admin Services Commuter Benefits Program allows you to pay for work related transportation costs with pre-tax dollars.

With this benefit, you can set aside pre-tax dollars to pay for qualifying transit or parking expenses. Commuter funds can be used on a variety of transportation and parking expenses that allow you to travel to and from work and your home. Eligible modes of transportation include but aren't limited to:

•Train
•Bus
•Subway
•Ferry
•Vanpool (must seat at least 6 adults)
•Parking or parking meter near your place of employment (this does not include the CERA Parking fees for employees who park at Courthouse Square or Marion County Courthouse parking).

The Commuter plan is flexible and your funds will continue to roll over month to month until the funds are used. However, your funds will no longer be available if you terminate employment and will be forfeited.

You can adjust the amount you contribute to the plan each month at any time. No qualifying event is needed.

Below are instructions & steps on how to access your Benefit Accounts online
1.Visit www.consolidatedadmin.com
2.Hover over the "Logins" link at the top of the webpage
3.Click on "Participant/Employee Login

CAS also has an APP! Once you have created a username and password through the web portal you can download the CAS APP through the APP store or Google Play for easy access to your account information.
1: Search your app store for "Consolidated Admin Services"
2: Install the app
3: Log in with your web login username and password
4: Access your account anywhere, anytime!

Life and AD&D Insurance

BASIC LIFE AND AD&D INSURANCE

Marion County provides both Basic Life Insurance, and Accidental Death and Dismemberment (AD&D) insurance at no cost to you. These coverages are provided through New York Life and are for all active employees working a minimum of .5 full-time equivalent per week. **The benefit is 1 times your annual salary, rounded up to the next $1,000 (e.g., $47,500 would be rounded up to $48,000).**

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you pass away. Accidental Death & Dismemberment (AD&D) insurance provides your beneficiaries a lump sum payment if you pass away as a direct result of an injury/accident while employed by Marion County.

BENEFICIARY DESIGNATION

A beneficiary is the person you designate to receive a benefit payment. You can change who is designated as your beneficiary by contacting Human Resources.

Monthly Employee & Spouse Rates per $10,000 of Voluntary Life Benefit		
Age	**Non-smoker Rates**	**Smoker Rates**
Under 30	$1.46	$1.92
30-34	$1.51	$2.01
35-39	$1.79	$2.46
40-44	$2.54	$3.60
45-49	$4.00	$5.70
50-54	$5.84	$8.46
55-59	$9.57	$13.60
60-64	$11.30	$16.10
65-69	$21.16	$29.38
70-74	$37.61	$50.65
75-79	$56.05	$72.68
80-89	$103.06	$128.67
90+	$259.39	$324.09
Monthly Child Rates - $2,000 / $5,000 / $10,000 of Benefit		
To age 23; to 26 for students	$0.40 / $1.00 / $2.00	

VOLUNTARY LIFE INSURANCE

As an additional benefit to employees, Marion County offers employees the opportunity to elect voluntary life insurance for themselves and dependents at discounted group pricing with convenient payroll deductions.

Note: *Dependents are eligible for voluntary life only when the employee elects coverage for self. Spouse voluntary life premiums are based upon the spouse's age.*

VOLUNTARY LIFE BENEFIT AMOUNT

Employees: Employees can elect $10,000 increments up to the lesser of 6x their basic annual earnings or $500,000.

Spouses: Spouse coverage is available in $10,000 increments up to the lesser of 100% of the employee's amount or $300,000.

Child(ren): Employees can elect $2,000, $5,000 or $10,000 worth of coverage for unmarried children to age 23 or under age 26 for full-time students. You pay one monthly rate for all children.

GUARANTEE ISSUE AMOUNTS

If you are newly benefit eligible, be sure to take advantage of the one-time opportunity to purchase guarantee issue amounts up to $100,000 for employees and $30,000 for spouses, no underwriting required!

Outside of your new hire eligibility period, all requests for voluntary life insurance must provide proof of good health.

CALCULATING YOUR MONTHLY COST

1. Decide the total amount of coverage you want to purchase.
2. Divide the amount by $10,000.
3. Multiply the result by the rate listed for your age and your smoker status.

For example, if a non-smoking 40-year-old wanted to purchase $50,000 of coverage, the cost would be 5 x $2.54 or $12.70 each month.

Short and Long Term Disability



Marion County's Short and Long Term Disability coverage protects your income and helps you pay your household expenses if you become disabled and cannot work for an extended period of time.

These benefits are insured by New York Life.

LONG TERM DISABILITY
(EMPLOYER PAID)

Elimination Period: 90 days

Benefit: 66.67% of monthly base pay to a monthly maximum amount of $5,000

Benefit Duration: As long as you remain disabled until Social Security Normal Retirement Age

SHORT TERM DISABILITY
(VOLUNTARY – EMPLOYEE PAID)

Elimination Period: 14 days for accident or illness

Benefit: 60% of weekly pay up to $1,500 per week

Benefit Duration: Up to 11 weeks

New Hires can enroll in the voluntary Short Term Disability plan without providing evidence of insurability. If you enroll in voluntary program outside of your new hire window, you will need to provide evidence of insurability.

Monthly Employee Short Term Disability Rates	
Age	**Rate per $10 of weekly benefit**
Under 55	$0.084
55-59	$0.102
60-64	$0.121
65-99	$0.132

Employee Assistance Program (EAP)

As part of Marion County's comprehensive benefit offerings, employees have access to additional benefits offered through Revive. These benefits are confidential and provided at no charge to you and your family members. ***This benefit is available to all employees whether or not you choose to enroll in other benefits***.

Go online or call for more information on all of the additional benefits listed below:

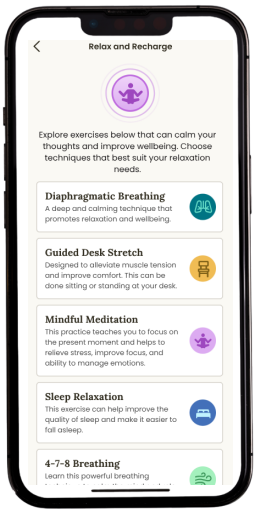
- In-person counseling
- Telehealth and video counseling
- Home ownership program
- Childcare Services
- Eldercare Services
- Fertility Health and Family Building
- Financial Coaching
- Identity Theft
- Legal Services and Tools
- Life Coaching
- Discounts to wellness tools
- First Responder Support

Visit **www.canopy.myrevive.health** to get started.

Enlight - powered by Canopy

Included in the Employee Assistance Program from Canopy is Enlight. This tool can help bring awareness to your current health status and provide self-use programs to enhance your wellbeing and support your journey toward a healthier and happier you. It starts with a short assessment. This will take approximately 5-8 minutes to complete. Based on the results, you will receive customized recommendations that can support your wellness goal. Then set goals, use the tracking and mindfulness tools, and start making some positive changes.

Download the Canopy App to get started, available from Apple Store or Google Play.



Family & Medical Leave

The Family and Medical Leave Act (FMLA) and the Oregon Family Leave Act (OFLA) entitle eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons and allows for continuation of health benefits during the leave. Federal and state laws determine eligibility, if your absence qualifies as FMLA or OFLA, and how much leave time you may take.

FMLA and OFLA are protected leave programs, they are not paid leave programs. Any absences under these programs are covered via an employee's leave accruals (sick, vacation, etc.) to the extent available; unless otherwise outlined in Marion County Personnel Rules or a Collective Bargaining Agreement.

FMLA ELIGIBILITY

- You must have been employed by Marion County for a total of at least 12 months (if months are not consecutive, there can be no more than a seven-year break in service), and
- You must have worked for at least 1,250 hours in the 12-month period immediately preceding the leave.

OFLA ELIGIBILITY

- You must have been employed by Marion County for a period of 180 consecutive calendar days immediately preceding the date leave begins, and
- You must have worked an average of 25-hours per week in the above-mentioned timeframe, unless the leave is for Parental Leave in which case there is no hours worked requirement.
- OFLA Military Family Leave: You must have worked an average of 20 hours per week, however there is no 180-day employment requirement.

Qualifying Purposes for FMLA

- Employee's own serious health condition.
- Birth of a child, and to care for a newborn child.
- Placement with employee of a child for adoption or foster care.
- Care for a qualified family member with a serious health condition.
- Qualifying Military Exigency Leave arising out of the fact that the employee's spouse, parent or child is on active military duty in the National Guard or Reserve in a "contingency" military operation.
- Service Member Care Leave (SMCL) for a covered service member with a serious injury or illness, if the employee is the spouse, parent or child, or the next of kin of the service member.

Qualifying Purposes for OFLA

- Pregnancy disability for the employee's own pregnancy related incapacity before or after the birth of the child or for prenatal care
- Sick child leave to care for a child who has an injury, illness, or condition that requires home care. Covers serious and non-serious conditions.
- Bereavement leave: Up to two weeks per eligible family member, in a one-ear time period taken within 60 days of notification of the death to attend the funeral or make arrangements necessitated by the death or to grieve. A limit of 4-weeks per year may be used for bereavement leave.
- Oregon Military Family Leave

Family & Medical Leave

NON-SERIOUS SICK CHILD LEAVE (OFLA ONLY)

It's a fact – kids get sick. It's understandable that as parents, you'll sometimes need to stay home and take care of them. You can take leave to care for your child, under the age of 18, with an illness or injury that requires home care. This covers serious and non-serious conditions. You may be required to provide a doctor's note after the fourth time you use this leave. Sick child leave is not for routine medical or dental appointments.

SERIOUS HEALTH CONDITION LEAVE

If you, or a qualified family member you need to care for, have a health condition which requires you to miss work on an intermittent or continuous basis, you may qualify for this type of leave. You will need to go through the Certification of Serious Health Condition process to see if the reason for leave is a qualified reason under FMLA and/or OFLA.

MILITARY FAMILY LEAVE

Military service members, veterans, and their families have protected leave rights. These include:

- caregiver leave for a military service member dealing with a serious illness or injury incurred or aggravated in the line of covered active duty.
- exigency leave to help with needs resulting from a family member's active-duty military service, such as making financial, legal or child or elder care arrangements.

WHAT IS EXIGENCY LEAVE?

This is 12 work weeks of unpaid, job-protected leave in a 12-month period to make arrangements when a family member is deployed.

BEREAVEMENT LEAVE (OFLA ONLY)

An eligible employee may take OFLA bereavement leave to attend the funeral or alternative to a funeral of a family member, make arrangements necessitated by the death of a family member, or grieve the death of a family member. OFLA limits bereavement leave to up to two-weeks per family member, with no more than four-weeks per leave year.

You may have paid bereavement provisions in your CBA or Marion County Personnel Rules. This counts towards the statutorily mandated leave under OFLA.

If you do not meet eligibility requirements for OFLA, Marion County Personnel Rules authorize an employee to take a maximum of five (5) days, chargeable to any accumulated leave.

HOW MUCH LEAVE CAN I TAKE?

With some exceptions, employees are entitled to 12 weeks within a one-year period. Exceptions may apply for military or pregnancy-related leaves, or if an employee also takes leave under Paid Leave Oregon. For information as it pertains to your scenario please contact the HR Leave Administrator.

PAID LEAVE OREGON

This is a state-administered paid leave program, which also offers job protection benefits after 90-days of employment. Paid Leave Oregon provides up to 12-weeks of paid leave for reasons such as family leave, medical leave, and safe leave (sexual assault, domestic violence, stalking, harassment). All employees regardless of full-time, part-time or temp/on-call status may be eligible for PLO. Employees must provide at least 30-days advanced notice for foreseeable leave and notify their employer within 24-hours of unforeseen leave. Leave under FMLA and PLO will run concurrently when the employee, and reason for leave, is eligible. PLO and OFLA are not allowed to run concurrently.

For more information about Marion County Protected Leave Programs, please visit: Human Resources Protected Leave Intranet Page

Retirement Plans

Life happens fast. Are you ready for retirement? Whether your dreams are modest or grand, the freedom to pursue them requires financial security.

A successful retirement means different things to different people. Some people are ready to travel and pursue hobbies and recreation, others want to get involved in their communities or spend more time with people they love.

Social Security benefits are an important source of retirement income but they are usually not enough to comfortably live on during retirement. As an eligible Marion County employee, you are able to participate in the Oregon Public Employees Retirement System (PERS). PERS provides steady retirement income and a solid foundation for a secure retirement. Marion County also offers optional deferred compensation plans that we'll review in the following pages. These plans let you save and invest pretax earnings that can go a long way in helping you meet your retirement goals.

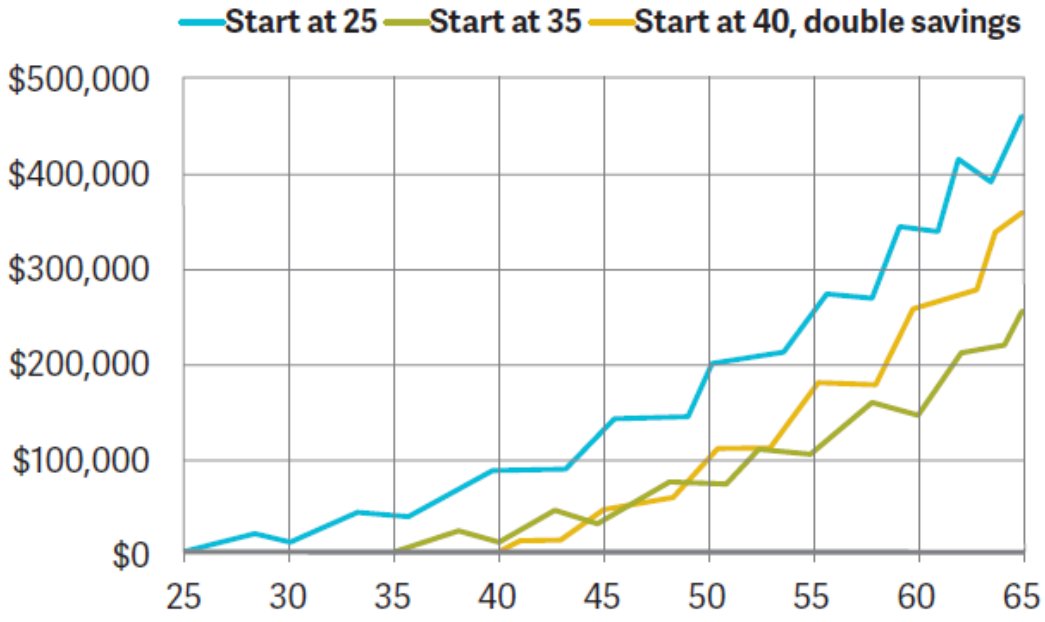
No matter your goals, getting started early will pay later. Saving money can be a challenge in your 20s and 30s when you're focused on establishing your career and family. You can start small. Savings add up and investing them in a deferred compensation plan pretax can make an easy but significant contribution to your future retirement security and independence.

Need a Financial Coach?

Financial coaching, including retirement planning, is available at no cost through Marion County's Revive Employee Assistance Program.

For more information and support:

- Call: 800-433-2330
- Fax: 503-850-7721
- Email: Connect@revive.health



Pro tip!

One easy way to save without feeling a pinch is to invest some or all of your annual wage increase.

PERS Retirement Benefits

PERS provides steady retirement income that you can't outlive so you can focus on the people and activities you love.

WHO'S ELIGIBLE?

You don't have to apply to participate in the PERS retirement program. Eligibility and contributions are tracked and administered automatically by the payroll department. You are eligible for PERS benefits if you have worked for 6 full months and if you work 600 or more total service hours in a calendar year.

PERS benefits are broken into three tiers. The tiers are based on your date of hire. They also reflect any changes in law about the benefit levels and requirements.

What tier are you in?

- **PERS Tier 1:** If you were hired before Dec. 31, 1995, you are a PERS Tier 1 member.
- **PERS Tier 2:** If you were hired after Jan. 1, 1996 but before Aug. 29, 2003, you are a PERS Tier 2 member.
- **PERS Tier 3:** If you were hired on or after August 29, 2003, you are a part of the Oregon Public Service Retirement Plan (OPSRP).

HOW DO THE BENEFITS WORK?

The PERS pension is an employer-funded retirement benefit. Marion County makes contributions. The funds are invested, and the earnings on the investments generate income for you when you retire. When you retire, the pension pays you a specified amount of money for the rest of your life. The amount you are paid is defined by a formula based on your number of years of service in the pension system, and wage or salary level.

PERS Benefit Comparison Chart

	Tier One	Tier Two	OPSRP Pension	IAP
Normal retirement age	58 (or 30 years) P&F = age 55 or 50 w/25 years	60 (or 30 years) P&F = age 55 or 50 w/25 years	65 (58 w/30 years) P&F = age 60 or 53 w/25 years	Members retire from IAP when they retire from Tier One, Tier Two, and OPSRP
Early retirement	55 (50 for P&F)	55 (50 for P&F)	55, if vested (50 w/ 5 years of continuous service in a P&F position immediately preceding effective retirement date)	Members retire from IAP when they retire from Tier One, Tier Two, and OPSRP
Regular account earnings	Guaranteed assumed rate annually	No guarantee; market returns	N/A; no member account	No guarantee; market returns
Vesting	Active member in each of 5 calendar years	Active member in each of 5 calendar years	5 calendar years w/ at least 600 hours qualifying service or normal retirement age	Immediate

PERS Retirement Benefits

There are 2 parts to the PERS Retirement Benefit.

PART 1: PENSION*

This part is funded by Marion County. Retirement benefits are based on your years of service and your salary. This is a lifetime benefit and you are vested after 5 years.

PART 2: INDIVIDUAL ACCOUNT PROGRAM (IAP)

This part is funded by Marion County on your behalf. The benefits are based on contributions and account earnings. These benefits will last as long as the money lasts. You are vested after the first contribution.

THE FIRST STEP IS GETTING VESTED

Vesting is the transfer of pension rights to your personal ownership including your share of the pension fund's earnings. To vest in your pension, you must do one of two things:
Work for five years in a PERS-qualifying position for at least 600 hours per year. The years do not need to be consecutive, but you cannot have a gap in qualifying employment of more than five years.
Work in a qualifying position on or after reaching normal retirement age.

Being vested means that you cannot lose your right to your pension benefit unless you withdraw from the overall program.

SOCIAL SECURITY

Your Social Security benefits are determined by a complex formula based on the 35 years of highest earnings over your lifetime, when the earnings occurred, your birth date, and your age at the time payments begin.

Starting benefits before your full retirement age (65 to 67, depending on your year of birth) will reduce the amount of each Social Security payment, although you will get more of them. Waiting until after your full retirement age, up to age 70, will increase your benefit amount. If married, you should also coordinate benefits with your spouse.

To estimate your retirement benefits, visit the Social Security Administration's website at **ssa.gov/myaccount**. Not all public employees quality for Social Security retirement benefits. If you received earnings not covered by Social Security, your estimated benefit may be lower, visit **ssa.gov/benefits**.

HOW MUCH WILL I HAVE IN RETIREMENT?

The PERS plan bases the benefit on your final average salary. In general, this salary figure is calculated as either the average of your highest salaries from three consecutive years or one third of your total salary in the last 36 months of employment.

The PERS formula varies slightly depending on your service type. Most Marion County employees are in general service.

General service formula: 1.5% × years of total retirement credit × final average salary

Example:
Final average salary: $45,000
Retirement credit: 30 years Convert 1.5% for ease of multiplication: 1.5% ÷ 100% = 0.015
0.015 × 30 × $45,000 = $20,250 per year
$20,250 ÷ 12 months = $1,687.50 per month in pension income

This example is based on a Single Life Option. Learn about the various retirement options you will have, including beneficiary options, in the OPSRP Pre-Retirement Guide.

PERS Retirement Benefits

YOUR INDIVIDUAL ACCOUNT

The pension is supplemented with an Individual Account Program (IAP) defined contribution plan. The account is invested and grows over time based on investment returns, and you end up with a pot of money that is yours at retirement.

HOW DOES THE INDIVIDUAL ACCOUNT WORK?

Contributions to your IAP account begin as soon as you officially become a PERS member which is usually after six months of employment. You are vested in your IAP account from its inception.

Your IAP is built with contributions that amount to 6% of your salary. Marion County makes this contribution on your behalf. Part of your contribution is used to fund the pension plan (2.5% for Tier 1 and 2 and .75% for OPSRP members).

Your IAP account contributions are invested in a Target-Date Fund (TDF) based on your age. This is intended to reduce investment risk and volatility. You have the option to change the fund your account is invested in to better match your risk tolerance and savings goals. You can change your target date fund once per year and during the annual Member Choice window, September 1-30.

At retirement, you can take your IAP account funds in a lump sum, roll over, or in a series of installments. You can use the IAP Disbursement Forecaster to estimate your IAP distribution at retirement.

NEED MORE HELP UNDERSTANDING YOUR PERS RETIREMENT BENEFITS?

Sign up for PERS education sessions, which offer you a chance to learn more about OPSRP and ask PERS educators general questions.

Contact Member Services representatives, who can answer specific questions relating to your OPSRP membership.

Sign up for PERS Tier 1 and 2 or OPSRP non-retired member news in GovDelivery to receive email or text alerts.

Social Security

Your Social Security benefits are determined by a complex formula based on the 35 years of highest earnings over your lifetime, when the earnings occurred, your birth date, and your age at the time payments begin.

Starting benefits before your full retirement age (65 to 67, depending on your year of birth) will reduce the amount of each Social Security payment, although you will get more of them. Waiting until after your full retirement age, up to age 70, will increase your benefit amount. If married, you should also coordinate benefits with your spouse.

To estimate your retirement benefits, visit the Social Security Administration's website at **ssa.gov/myaccount**. Not all public employees qualify for Social Security retirement benefits. If you received earnings not covered by Social Security, your estimated benefit may be lower, visit **ssa.gov/benefits**.

Medicare

Medicare is the federal insurance health program for people age 65 and older. There are important initial and ongoing decisions to make about benefits. Be sure to consider the costs and options as you think through your retirement plan. Health care is one of the biggest expenses in retirement.

medicare.gov or 1-800-medicare.

Don't forget to fill out your PERS beneficiary form.

To find a form or to learn more about PERS benefits, contact PERS at 503-598-7377 or visit Oregon.gov/PERS.

Additional Retirement Benefits

VOLUNTARY DEFERRED COMPENSATION PLANS

Deferred compensation plans are created to supplement your retirement income. While your pension and Social Security will provide a strong foundation, they are not likely to be enough to ensure a secure financial future. Deferred compensation retirement investments through a 401(k) or 457(b) plan can make up the difference.

Unlike Social Security and PERS, deferred compensation plans are tax-advantaged retirement accounts that you control directly. You choose whether or not to participate. You are in charge of how much you contribute and you decide how you invest your savings based on your goals and risk tolerance. They also have the advantage of being moveable. If you leave Marion County you can roll your savings into an IRA or other retirement account.
With pretax contributions, money that would otherwise be taxed immediately is invested and all taxes, including on earnings, are deferred until the money is withdrawn.

Marion County offers two deferred compensation retirements savings plan – a 401(k) and a 457. You can contribute into one or both plans. Both plans are administered through Voya Financial.

VOYA FINANCIAL 401(k) and 401(a) PLAN

To be eligible for Marion County's 401(a) or 401(k) plan you must meet certain eligibility requirements. Employee Benefits will contact you once you are eligible.

The 401(k) plan is offers a traditional pretax as well as a Roth after-tax contribution election.

The 401(a) plan is an employer-contribution only plan, and does not permit employee elections. Employees enrolled in the 401(a) plan who wish to contribute towards their retirement should consider the 457(b) plan.

VOYA FINANCIAL 457(b) PLAN

Marion County's 457 plan offers:

- A traditional pretax contribution election
- A Roth 457 plan after-tax election option.

For the current calendar year employees under age 50 could defer up to $25,500 into their 401(K) and/or 457 plans; employees age 50 and older could defer an additional $8,500 per calendar year. Employees close to retirement may also be permitted to make special catch-up contributions, see your plan for details. You decide how to invest your contributions based on your goals and risk tolerance and determine which Voya Financial funds you want to invest in.

You may enroll or change your 401(K) and 457 plan elections at any time by enrolling online. After you're enrolled, Voya Financial can help you create your goals and enroll in Marion County's plan so you can start saving for your future today! **VoyaRetirementPlans.com**

Ready to enroll? Visit VoyaRetirementPlans.com

After you're enrolled, Wendi Stefani, Financial Advisor, can help you get started. Call her at 503-937-0351.

Contact Information



Benefit	Carrier	Phone #	Web
Medical	PacificSource	888-977-9299	www.pacificsource.com
	Kaiser	800-813-2000, option 1	www.kp.org
Dental	Delta Dental	888-217-2365	www.modahealth.com
	Kaiser	800-813-2000, option 1	www.kp.org
Vision	Contact your medical carrier		
FSA	Consolidated Admin Services	877-941-3539	www.consolidatedadmin.com info@consolidatedadmin.com
EAP	Revive	800-433-2320	canopy.myrevive.health
Retirement	Voya	503-937-0351	www.voyaretirementplans.com
Retirement	PERS	503-598-7377	www.oregon.gov/PERS
HR	Benefits Team	503-584-4700	MCEmployeeBenefits@co.marion.or.us

Important Notices

Marion County

Mailing Address 555 Court St NE
PO Box 14500
Salem, Oregon 973095036

Contact Name Marion County Employee Benefits

Contact Email MCEmployeeBenefits@co.marion.or.us

Important Notice from Marion County About Your Prescription Drug Coverage and Medicare, Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Marion County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1) **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2) **Marion County has determined that the prescription drug coverage offered by the plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will be able to get this coverage back at the next annual enrollment opportunity or qualified life event.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with this plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Or contact the person listed below.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through **Marion County** changes. You also may request a copy of this notice at any time.

Effective Date: Oct 15, 2026

Employer Name: Marion County

Contact Name/Title: Marion County Employee Benefits

Address: 555 Court St NE
PO Box 14500
Salem, Oregon 973095036

Email: MCEmployeeBenefits@co.marion.or.us

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Notice of Special Enrollment Rights

This notice is being provided to help you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Marriage, Birth or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

To request special enrollment or obtain more information, please contact the plan administrator.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother of her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Genetic Information Nondiscrimination Act (GINA)

The Genetic Information Nondiscrimination Act of 2008 protects employees against discrimination based on their genetic information. Unless otherwise permitted, your employer may not request or require any genetic information from you or your family members.

GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA, includes an individual's family medical history, the results of genetic tests, the fact that a member sought or received genetic services, and genetic information of a fetus carried by a member or an embryo lawfully held by a member receive assistive reproductive services.

Mental Health Parity & Addiction Act

The Mental Health Parity and Addiction Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For more Information regarding the criteria for medical necessity determinations made under your employer's plan with respect to mental health or substance use disorder benefits, please contact your plan administrator.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). The Women's Health and Cancer Rights Act requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending

Women's Health and Cancer Rights Act (cont.)

physician and the patient, for:
All stages of reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance; Prostheses; and Treatment of physical complications of the mastectomy, including lymphedema.
Breast reconstruction benefits are subject to deductibles and co-insurance limitations that are consistent with those establishes for other benefits under the plan. If you would like more information on WHCRA benefits, contact your plan administrator.

Michelle's Law

When a dependent child loses student status for purposes of the group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under the group health plan, whichever is earlier.

For additional information, your plan administrator.

Uniformed Services Employment and Re-Employment Rights Act of 1994 (USERRA)

The Uniformed and Services Employment and Re-Employment rights Act of 1994 (USERRA) sets requirements for continuation of health coverage and re-employment in regard to an Employee's military leave of absence. These requirements apply to medical and dental coverage for you and your Dependents. They do not apply to any Life, Short Term or Long Term Disability or Accidental Death & Dismemberment coverage you may have. A full explanation of USERRA and your rights is beyond the scope of this document. If you want to know more, please see the Summary Plan Description (SPD) for any of our group insurance coverage or go to this site: http://www.dol.gov/vets/programs/userra/main.htm

An alternative source is VETS. You can contact them at 1-866-4-USA-DOL or visit this site: http;//www.dol.gov/vets
An interactive online USERRA Advisor can be viewed at http://www.dol.gov/elaws/userra.htm

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[17] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[18]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

[17] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

[18] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information, about your coverage offered through your employment, including Part B: Information about Health Coverage Offered by Your Employer, please check your health plan's summary plan description or contact Marion County Employee Benefits at MCEmployeeBenefits@co.marion.or.us.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Effective Date: Oct 15, 2026

Contact: Marion County Employee Benefits
Email: MCEmployeeBenefits@co.marion.or.us

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

· You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
· We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

· You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
· We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

· You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
· We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

· You can ask us not to use or share certain health information for treatment, payment, or our operations.
· We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

· You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
· We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

· You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

· If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
· We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

· You can complain if you feel we have violated your rights by contacting us using the information on page 1.
· You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
· We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

· Share information with your family, close friends, or others involved in payment for your care
· Share information in a disaster relief situation
· *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
· In these cases we *never* share your information unless you give us written permission:
· Marketing purposes
· Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

· We can use your health information and share it with professionals who are treating you.
· *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

Run our organization

· We can use and disclose your information to run our organization and contact you

when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
- *Example: We use health information about you to develop better services for you.*

Pay for your health services
- We can use and disclose your health information as we pay for your health services.
- *Example: We share information about you with your dental plan to coordinate payment for your dental work.*

Administer your plan
- We may disclose your health information to your health plan sponsor for plan administration.
- *Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

- How else can we use or share your health information?
- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**.**

Help with public health and safety issues
- We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
- We can use or share your information for health research.

Comply with the law
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
- We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.**

Changes to the Terms of this Notice
- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your State for more information on eligibility.

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/ Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**ILLINOIS - Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Illinois Medicaid Premium Assistance Information Medicaid application website: https://abe.illinois.gov HIPP Hotline Number: 217-524-8268 HIPP Email: mhfs.boc.hipp@illinois.gov
INDIANA – Medicaid	**IOWA – Medicaid and CHIP (Hawki)**
Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584	Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562
KANSAS – Medicaid	**KENTUCKY – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid	MAINE – Medicaid
Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084	Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	**MINNESOTA – Medicaid**
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
MISSOURI – Medicaid	**MONTANA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid	**NEVADA – Medicaid**
Website: http://accessnebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	Medicaid Website: https://www.nj.gov/humanservices/dmahs/individuals-families/familycare/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)
NEW YORK – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100

NORTH DAKOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid	**PENNSYLVANIA – Medicaid and CHIP**
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP	**SOUTH CAROLINA – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	**TEXAS – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493
UTAH – Medicaid and CHIP	**VERMONT– Medicaid**
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/	Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: https://bms.wv.gov/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid	
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services **www.cms.hhs.gov**
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 5/31/2029)