



ALBERTINA KERR EMPLOYEE BENEFITS

Benefits Effective July 1, 2023 | AlbertinaKerr.org

ALBERTINA
KERR

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TO OUR ALBERTINA
KERR COLLEAGUES:

Thank you for your commitment to the children, adults, and families served by Albertina Kerr. Every day, you are part of a team that helps people with intellectual and developmental disabilities and mental health challenges, empowering them to live richer lives.

As part of your compensation package, you may be eligible for our employee benefits plans. Regular status employees who work 30 or more hours weekly are eligible to participate in Albertina Kerr benefit plans following 90 days of service. Please sign up for benefits as soon as possible, as your enrollment period ends 90 days after your hire date. Unless you experience a qualifying life event, this is your only opportunity to enroll in benefits during the year, so it's important that you submit your elections within the enrollment period!

Most features of the Albertina Kerr benefits program are featured in this book, but you can also find more information about the benefits plans in your Paycom mobile app or Employee Self-Service portal under the Benefits Forms & Links section.

We have made every effort to ensure that this information is accurate, but if there is any conflict between this summary and the plan document or insurance contracts, the plan document will control. Our current offerings do not bind us to offer similar benefits in the future, and plans and offerings may change from time to time.

BENEFITS CHECKLIST

Use this handy checklist to make sure that you have reviewed and completed all the Albertina Kerr benefits information:

- ☐ Review this packet of information
- ☐ Enroll in (or decline) all benefit plans and designate your beneficiaries through the Employee Portal on your Paycom mobile app, by visiting hr.albertinakerr.org and using your Kerr email and password, or by completing the Benefits Enrollment and Change Form on pages 11-14
 - You must confirm all benefit elections for the next plan year, which begins July 1st
 - Flex-Spending Accounts (FSA) are renewed in December to match deductible and out-of-pocket timelines that run on a calendar year

- ☐ If you have other private or group medical insurance (non-governmental) and you will be waiving Kerr's medical insurance, complete the Benefit Waiver for Medical Insurance form (on page 14 of this guide) and send this in with a copy of your health insurance ID card each year to receive a \$100/month benefit compensation payment

If you are completing paper forms, please scan and email them to the HR Service Center at HR@AlbertinaKerr.org

To make changes to your insurance mid-year because of a qualifying life event such as a birth, death, relationship change, or change in other coverage – submit a Qualifying Life Event within Paycom or contact the HR Service Center at 503-262-0145 within 30 days of the event to discuss eligibility for mid-year changes.

IMPORTANT CONTACTS

Albertina Kerr's HR Service Center:
503-262-0145
HR@albertinakerr.org

Contact the individual providers listed to learn more about a specific benefit plan.

Kaiser Permanente
(Medical/Base Dental)
503-813-2000
www.kp.org

Delta Dental (Moda)
503-265-2965
modahealth.com
dental@modahealth.com

EyeMed Vision
866-723-0596
eyemedvisioncare.com

Canopy (EAP)
Call: 800-433-2320
Text: 503-980-1777
canopywell.com

Cigna (Accidental Injury/Critical Illness)
800-754-3207

New York Life (Life Insurance/Disability)
800-362-4462

Vanguard (401(k) Administration)
866-794-2145
my.vanguardplan.com

WEX Benefits (FSA)
866-451-3399
www.wexinc.com

ABOUT YOUR BENEFITS

The health and happiness of you and your family is a high priority at Albertina Kerr. That's why we offer a comprehensive benefits package as part of your compensation.

ELIGIBILITY INFORMATION

If you are a regular (non-temporary), full-time status employee scheduled to work 30 or more hours per week you are eligible for Medical, Dental, Life/Disability and Vision Insurance benefits that begin after completing 90 days of service. You are also able to pay premiums pretax and enroll in Flexible Spending and Dependent Care accounts. Eligible dependents can also receive certain other coverage.

As part of your benefits, you also have access to an Employee Assistance Program and, once eligible, active employees may enroll in the 401(k) retirement savings plan. Some benefits are paid entirely by Albertina Kerr at no cost to you. For other benefits, the cost is shared by you and the agency.

MAKING CHANGES DURING THE YEAR

Generally, you can only change your benefit elections during the annual benefits Open Enrollment period. An exception is made for any Qualified Life Event (QLE), such as marriage, divorce, birth, adoption, death or gain/loss of other coverage. You must notify Human Resources within 30 days of any QLE to make changes. Otherwise, you have to wait until the next enrollment period. Any changes you make to your benefit choices must be directly related to the Life Event. Proof of the change may be required (for example, a marriage license or birth certificate).

WHEN COVERAGE ENDS

Most benefits end at termination or the last day of the month of your last day worked. However, under certain circumstances, you may continue your health care benefits through COBRA.

This guide describes the benefits plans and policies available to you. The details of these plans and policies are contained in the official plan and policy documents, including some insurance contracts. This guide is meant only to cover the major points of each plan or policy. You will find additional details in the Summary Plan Descriptions (as required by ERISA). If you have a question about one of these plans and policies, or if there's a conflict between the information in this guide and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern.

Note: The benefits described in this guide may be changed at any time and do not represent a contractual obligation – either implied or expressed – on the part of Albertina Kerr.

MEDICAL INSURANCE

Medical and prescription drug coverage is provided through plans from Kaiser Permanente, and we offer two plans: a base plan which provides care within the Kaiser network, and a buy-up plan which allows you to receive care outside of the Kaiser network.

BASE PLAN

Kerr's Medical Base Plan is a Kaiser Permanente HMO, which allows you to receive care through the Kaiser Permanente service network. It does not pay for care outside of the Kaiser network except in emergencies. Kerr pays 100% of the employee premium for the base plan. This plan has lower dependent premium costs.

See pages 21-28 for the plan summary, which includes costs for office visits, deductibles, and out-of-pocket maximums.

This plan includes an employer-funded Health Reimbursement Arrangement (HRA) that can reimburse the last \$1,000 of your deductible. Please **see pages 29-33 for more details**.

Kaiser Medical Base (HMO) Plan Contributions	Total Cost Per Month	Kerr's Monthly Benefit Subsidy	Employee's Monthly Contribution	Per Paycheck Deduction
• Employee only	\$630.82	\$630.82	\$0.00	\$0.00
• Employee and Spouse/Partner	\$1,289.94	\$695.57	\$594.37	\$297.19
• Employee and Child(ren)	\$1,161.09	\$682.69	\$478.40	\$239.20
• Employee and Family	\$1,923.16	\$758.89	\$1,164.27	\$582.14

BUY-UP PLAN

You may also purchase an enhanced medical insurance or "buy-up" plan. Kerr's Buy-up Plan is a Kaiser Point of Service (POS) plan. In the enhanced plan, you have the option of receiving care from any providers. You can choose at the time of service whether to seek care in the Kaiser HMO network, in the contracted PPO network that includes doctors outside of Kaiser, or outside of the network entirely. You can choose the care that makes sense for your needs, your finances, and your preferences when you access care, without being locked into a particular panel of providers.

To participate in the enhanced plan, you must contribute to the employee-only premium, and these are higher dependent premiums than the base plan. This plan does not offer the HRA that the base plan does, but features lower deductibles.

See pages 34-46 for the plan summary, which includes costs for office visits, deductibles, and out-of-pocket maximums.

Kaiser Medical Buy-Up Plan Contributions	Total Cost Per Month	Kerr's Monthly Benefit Subsidy	Employee's Monthly Contribution	Per Paycheck Deduction
• Employee only	\$768.88	\$630.82	\$138.06	\$69.03
• Employee and Spouse/Partner	\$1,568.51	\$724.59	\$843.92	\$421.96
• Employee and Child(ren)	\$1,414.74	\$709.21	\$705.53	\$352.77
• Employee and Family	\$2,337.39	\$801.48	\$1,535.91	\$767.96

DENTAL INSURANCE

Albertina Kerr offers two options for dental coverage: the BASE plan which provides dental care through the Kaiser Permanente network, and the BUY-UP plan which allows you to receive dental care from a broad network of providers.

KAISER DENTAL BASE PLAN

Kaiser Dental serves members at 20 convenient locations as far south as Eugene, Oregon, and as far north as Longview, Washington. Kaiser has a diverse and highly skilled group of more than 160 general and specialty dentists.

See pages 51-52 for plan summary, including costs for office visits, deductibles, and out-of-pocket maximums.

Kaiser Dental (Base) Plan Contributions	Total Cost Per Month	Kerr's Monthly Benefit Subsidy	Employee's Monthly Contribution	Per Paycheck Deduction
• Employee only	\$33.22	\$33.22	\$0.00	\$0.00
• Employee and Spouse/Partner	\$63.80	\$33.22	\$30.58	\$15.29
• Employee and Child(ren)	\$68.13	\$33.22	\$34.91	\$17.46
• Employee and Family	\$98.72	\$33.22	\$65.50	\$32.75

DELTA DENTAL BUY-UP PLAN

Delta Dental (Moda) is the nation's leading provider of dental insurance and one of the largest dental networks in Oregon, with over 1,300 providers in Oregon and access to over 110,000 dentists nationwide.

See pages 53-55 for plan summary, including costs for office visits, deductibles, and out-of-pocket maximums.

Delta Dental (Buy-Up) Plan Contributions	Total Cost Per Month	Kerr's Monthly Benefit Subsidy	Employee's Monthly Contribution	Per Paycheck Deduction
• Employee only	\$55.32	\$33.22	\$22.10	\$11.05
• Employee and Spouse/Partner	\$109.54	\$33.22	\$76.32	\$38.16
• Employee and Child(ren)	\$113.95	\$33.22	\$80.73	\$40.37
• Employee and Family	\$173.71	\$33.22	\$140.49	\$70.25

VISION INSURANCE

Vision coverage is available through EyeMed Vision and helps pay for periodic eye exams, eyeglasses, and contact lenses.

See page 56 for plan summary, including copays, deductibles, and yearly benefit maximum.

EyeMed Vision Plan Contributions	Total Cost Per Month	Kerr's Monthly Benefit Subsidy	Employee's Monthly Contribution	Per Paycheck Deduction
• Employee only	\$3.52	\$3.52	\$0.00	\$0.00
• Employee & Spouse/Partner	\$5.37	\$3.52	\$1.85	\$0.93
• Employee & Child(ren)	\$5.57	\$3.52	\$2.05	\$1.03
• Employee & Family	\$7.50	\$3.52	\$3.98	\$1.99

LIFE/AD&D & DISABILITY INSURANCE

Life/AD&D and disability insurance aren't something you think about everyday, but they should be an important part of everybody's financial planning – no matter what your age. Your benefits program offers the following coverage to help protect you and your family when it's needed most. Albertina Kerr's life and disability carrier is New York Life.

All employees need to designate a beneficiary within Paycom.

BASIC LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Kerr provides \$25,000 of Life Insurance and an additional \$25,000 of AD&D Insurance just for being a full-time employee. You are eligible following 90 days of service. [See pages 57-59](#) for plan details.

SUPPLEMENTAL LIFE INSURANCE

You may also purchase term life insurance at a low group rate for yourself, your spouse or domestic partner, and your children. You can purchase up to five times your base annual earnings, up to \$500,000. Premium rates are scheduled by age. [See pages 60-62](#) for details.

- Employee – Up to five times your base annual earnings in increments of \$10,000 to \$500,000 max
- Spouse - \$5,000 increments to \$250,000 max
- Children - \$2,000 increments to \$10,000 (age six months+)
- Maximum benefit is \$500 for six months and under

If you sign up during the initial enrollment period (within 90 days of your hire), you may purchase term life insurance up to five times your annual salary or \$200,000 (whichever is lesser) without a medical review. If you enroll after 90 days, you may be subject to a medical review.

SHORT-TERM DISABILITY BUY-UP

Albertina Kerr provides Short-Term Disability Insurance the first day of the month following 90 days of employment. Kerr pays 100% of the premium for your basic weekly benefit of \$100 for a period of up to 22 weeks (or up to 66.667% of base annual salary) after a 30-day elimination period.

After 90 days of employment, you have the option of buying additional coverage to up to 60% of your weekly pay, to an additional maximum weekly benefit of \$1,500. [See pages 63-64](#) for more details on our Short-Term Disability plans.

	Employee Cost per Pay Period
Short Term Disability Buy-Up	31 cents per \$10 of benefit, up to \$23.25 per paycheck

LONG-TERM DISABILITY

Albertina Kerr provides Long-Term Disability Insurance effective the first day of the month following one year of employment. Kerr pays 100% of the premium for your benefit, which is 60% of your regular pay, to a maximum benefit of \$10,000 per month. The length of benefit payments depends on your age when you become disabled. Benefits begin after 180 days of disability. [See pages 67-70](#) for details.

FLEXIBLE SPENDING

A Flexible Spending Account (FSA) allows you to budget and save for qualified medical expenses incurred over the course of your plan year. Dollars invested in an FSA are tax-free. For the medical FSA plan, the entire election amount is available on the first day of the plan year through a WEX Visa debit card.

Please note that our FSA plans run on a calendar year (Jan-Dec, unlike the rest of our benefit plans which run on a fiscal year (Jul-Jun). Open enrollment for FSA plans is in December each year.

MEDICAL AND DEPENDENT CARE EXPENSES

FSA Dependent Care allows you to set aside money to pay for eligible dependent care expenses for your child who is under the age of 13 OR for a spouse or dependent who is not able to take care of themselves, and including expenses such as: licensed day care provider, in-home provider as long as the care provider is not your child under age 19, or someone you claim as a tax dependent, summer camps (not overnight), tuition through preschool, before and after school care.

For the 2023 calendar year, you may set aside a maximum of \$3,050 for medical expenses and \$5,000 for dependent care expenses.

HOW IT WORKS

Use the “FSA Estimate Worksheet” on the right to determine your yearly out-of-pocket medical costs up to a maximum of \$3,050. Then divide this total by 24 (the number of pay periods during the year. For example, if your estimated out-of-pocket expenses are \$2,400, the amount deducted from each pay check would be \$100. The total amount of your contribution is made available to you on a WEX Visa debit card.

On average, an FSA could save you between 23 to 30 percent in taxes depending on your contribution. Enrollments for the health care or dependent care FSA each December and apply to the next calendar year. You will not receive a refund on amounts you contribute but do not claim, however the medical FSA has a \$570 rollover from year to year.

USING FUNDS

For easy access to your FSA funds, you can swipe your WEX Visa debit card and avoid out-of-pocket costs. You may need to provide documentation to show an expense is eligible. If you use your card at a provider with an Inventory Information Approval System (IIAS), the expense will automatically be approved.

If you forget to use your WEX Visa card and mistakenly pay for an eligible expense through some other method, you can submit a claim for reimbursement on their website: **WEXinc.com**.

FSA ESTIMATE WORKSHEET

Use this worksheet to estimate your yearly out-of-pocket expenses to determine how much you need to contribute to an FSA.

Estimated Medical	\$ <input type="text"/>
Estimated Vision	\$ <input type="text"/>
Estimated Dental	\$ <input type="text"/>
Estimated Prescriptions	\$ <input type="text"/>
TOTAL	\$ <input type="text"/>
<i>Maximum total of \$3,050</i>	
Divide by 24*	\$ <input type="text"/>

** To determine cost per pay period for the calendar year*

ELIGIBLE EXPENSES

Common eligible expenses for a Medical FSA are prescriptions, hearing aids, orthopedic goods, doctor visits and dentist visits and vision expenses for you and your dependents. A Dependent Care FSA covers expenses such as work-related childcare and elderly care costs. To find out which specific expenses are eligible, view the searchable eligibility list at: www.wexinc.com/insights/benefits-toolkit/eligible-expenses/

The IRS requires FSA participants to provide documentation (e.g. an Explanation of Benefits) to show an expense is FSA-eligible. You can easily upload documentation to a claim by logging in to your online account or taking a photo of your documentation with your phone’s camera and uploading it through the WEX mobile app.

401(k) RETIREMENT PLANS

A retirement savings plan is an important tool to help you reach your retirement goals through tax deferred savings. Albertina Kerr offers both a traditional 401(k) and a Roth 401(k) through the Vanguard platform, managed by Ascensus Trust. Investment options include professionally managed funds.

Call: 866-794-2145

Visit: <https://my.vanguardplan.com>

ELIGIBILITY

As a participant you must meet the following criteria:

- 18 years of age
- Completed 3 months of service (90 days)

No minimum number of hours worked. You may enroll at any time after your eligibility date.

CONTRIBUTIONS

Employee Contributions - Employees can contribute 1% to 100% of eligible compensation, or select a flat dollar amount. You may change your contribution on a daily basis and at any time.

Employer Contributions - Albertina Kerr Centers matches 100% of the first three percent that you contribute and 50% of the next two percent (essentially 4% when you opt for 5%).

Rollover Contributions - You can rollover assets from another qualified retirement plan or plans.

VESTING

You are always 100% vested in the money you and your employer contribute to the plan.

WITHDRAWALS & DISTRIBUTIONS

You may take a withdrawal of your account due to the following reasons:

- Death
- Retirement
- Termination
- Hardship (fee may be applied to each withdrawal of this type)
- In-service if over 59 1/2
- Disability

LOANS

Participant loans are allowed with a \$125 administrative fee:

- The minimum amount is \$1,000
- The maximum amount is \$50,000, or up to 50% of your vested account balance
- You can have two outstanding loan(s) at a time, short-term (any reason, 1-5 year repayment period) or long-term (purchase of home only, 1-10 year repayment period)

TAX SAVERS CREDIT

A tax credit is available for those who meet certain income limits. Please see the following website for more information: <https://www.irs.gov/retirement-plans/plan-participant-employee/retirement-savings-contributions-savers-credit>

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) is a FREE and CONFIDENTIAL benefit that can assist you and your eligible family members with any personal problems, large or small. It is through Canopy (formerly Cascade Centers) as well as Cigna Behavioral Health.

Kerr employees can take advantage of EAP services as of their first day of employment, regardless of the number of hours they work each week.

Call: 800-433-2320
Text: 503-850-7221
Email: info@canopywell.com

WholeLife Directions App

Take a confidential survey and get connected to interactive tools to improve the way you feel. Log onto the EAP member site or search WholeLife Directions in the App Store or Google Play.

Canopy Personal Advantage - EAP Member Site

Innovative educational tools and resources. Chat live with the EAP, take self-assessments, view videos, access personal growth courses, download documents, and more.

1) Go to my.canopywell.com, 2) Click "Member Log-In", 3) Register as a new user. 4) For company name enter: Albertina Kerr

Work/Family/Life

Canopy will help locate resources and information related to eldercare, childcare, identity theft, or anything else you may need.

Legal Consultation/Mediation

Call Canopy for a free 30 minute office or telephone consultation. A 25% discount from the attorney's/mediator's normal hourly rate is available thereafter.

Financial Coaching

Coaches will provide 30 consecutive days of financial coaching to help develop better spending habits, reduce debt, improve credit, increase savings, and plan for retirement.

Homeowners Assistant Program

Assistance and discounts for buying, selling, and refinancing a home.

Life Coaching

Life Coaching consists of up to three telephonic sessions with a master's degree level coach. The sessions focus on setting achievable goals, identifying barriers and making a plan to achieve those goals.

Pet Insurance Discounts

Save up to 90% on vet bills for accidents, injuries, illnesses, genetic conditions, and emergency care for dogs and cats. Visit My Benefits in the EAP member site.

Personal Counseling with a Professional

Get connected with a counselor to discuss personal or family concerns. Crisis Counselors are available 24/7/365.

See pages 76-81 for more details about each of these services.

SUPPLEMENTAL BENEFITS

For employees who want additional coverage for unexpected medical events, Kerr offers two types of supplemental plans through Cigna for Accidental Injury and Critical Illness. These plans are entirely employee-paid through payroll deduction.

ACCIDENTAL INJURY COVERAGE

This coverage provides a set monetary (\$) amount when a covered individual suffers certain injuries or undergoes certain medical treatments or care resulting from those injuries. Two plans for Accidental Injury coverage are offered. The second plan has higher payout amounts, as well as a higher premium.

See pages 71-73 for details about covered injuries and payout amounts.

Who's Covered (Tier)	Plan 1		Plan 2	
	Per Month	Per Pay Period	Per Month	Per Pay Period
Employee	\$7.52	\$3.76	\$14.50	\$7.25
Employee + Spouse	\$11.69	\$5.85	\$22.64	\$11.32
Employee + Child(ren)	\$13.83	\$6.92	\$26.97	\$13.49
Employee + Family	\$18.00	\$9.00	\$35.10	\$17.55

CRITICAL ILLNESS COVERAGE

This coverage provides a set monetary (\$) amount when a Covered Person is diagnosed with a covered Critical Illness after coverage is in effect. Two levels of Critical Illness plans are offered. The cost of monthly coverage is based on age and whether or not the individual is a tobacco-user.

See pages 74-76 for coverage costs and details about covered illnesses and payout amounts.

MEMBERSHIPS & DISCOUNTS

Albertina Kerr participates in several programs that provide additional services, memberships, and discounts to employees.

CHP ACTIVE AND HEALTHY

Designed to help you lead your best life, Active and Healthy helps you and your family save money on your favorite healthy, fun and stress-relieving activities. The program offers thousands of discounts towards active living and wellbeing, including health club memberships, yoga classes, ski lift tickets, weight management services, amusement park admission, sporting event tickets, retail items, movie tickets, nutritional services and more. Visit chpactiveandhealthy.com to sign up.

KAISER CHOOSE HEALTHY

Get reduced rates on a variety of health-related products and services, including 25% off a contracted acupuncturist, massage therapist, or chiropractor's regular rates. To find a provider call 1-877-335-2746 or visit www.kp.org/choosehealthy

NECTAR HR

Kerr's recognition platform, Nectar HR, offers access to thousands of perks/discounts to save on things like Disney, Six Flags, hotels & more. Use the Nectar HR app on your mobile device or visit the portal at <https://app.nectarhr.com/> and use your Kerr network logins to sign in.

PERKS AT WORK

For special pricing on all kinds of products and services, including tickets for events, electronics, auto, travel, restaurants, and more. Visit www.perksatwork.com and click on the "Register for Free" button. Enter your work email, "Workplace Options US" as the company name, and "EAP" as the company code.

VERIZON CORPORATION DISCOUNTS

Visit <https://www.verizon.com/discounts/> to link your current Verizon Wireless account or sign up for Verizon Wireless with our discount.

2023 - 2024 Enrollment Form

- Medical, Dental, Vision
- Life & Disability
- Accidental Injury & Critical Illness

Complete and return this form to the HR Service Center only if you are unable to enroll in benefits through Paycom.

- Forms submitted after the Due Date may not be accepted for enrollment.
- Please complete all sections. In cases where you wish to decline coverage, select "Waive coverage"

FORM DUE TO HUMAN RESOURCES BY: June 18, 2023 OR your 90th day of employment (whichever is later)

Section 1 - Personal Information

Dept/Location	Job Title		Date of Hire/FT Status
Last Name	First Name	Address (please include Apartment # if applicable)	
Date of Birth	Social Security Number	Email	Phone
Does your Spouse work for Albertina Kerr? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide spouse's name below.			
Spouse's Name:			

YOUR COVERAGE IS SCHEDULED TO START ON: July 1, 2023 OR your 90th day of employment (whichever is later)

Section 2 - Dependent Information for all Benefits (Healthcare, Life Insurance, etc.)

Please enter the required information listed below for all eligible dependents you would like to cover.

Dependent Name	Gender	Birth Date	Social Security Number	Relationship	Employed at Kerr?	Disabled?
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Section 3 - Healthcare Coverage *bi-weekly payroll deduction amounts listed below*

Please make a selection for each	Medical Plans		Dental Plans		Vision Plan
	Select <u>one</u> option below or Waive coverage <input type="checkbox"/>		Select <u>one</u> option below or Waive coverage <input type="checkbox"/>		Select <u>one</u> option below or Waive coverage <input type="checkbox"/>
Coverage Options	Kaiser Base	Kaiser Buy-Up	Kaiser Dental	Delta Dental	EyeMed Vision
Employee Only	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 53.07	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 11.05	<input type="checkbox"/> \$ 0
Employee + Spouse	<input type="checkbox"/> \$ 294.04	<input type="checkbox"/> \$ 400.74	<input type="checkbox"/> \$ 15.29	<input type="checkbox"/> \$ 38.16	<input type="checkbox"/> \$ 0.93
Employee + Child(ren)	<input type="checkbox"/> \$ 236.43	<input type="checkbox"/> \$ 333.88	<input type="checkbox"/> \$ 17.46	<input type="checkbox"/> \$ 40.37	<input type="checkbox"/> \$ 1.03
Employee + Family	<input type="checkbox"/> \$ 576.49	<input type="checkbox"/> \$ 735.03	<input type="checkbox"/> \$ 32.75	<input type="checkbox"/> \$ 70.25	<input type="checkbox"/> \$ 1.99

Amounts shown are per-paycheck deductions. Benefit premiums are deducted from the first two pay periods of each month. Months containing three pay periods will have no benefit deductions from the third payroll of the month.

Please Complete Page 2 and 3 of This Form

Section 4 – Basic Life Insurance – Company Paid

As an Albertina Kerr employee, you will receive Basic Life Insurance that will pay your designated beneficiary a benefit of \$25,000 upon your death. If more than one beneficiary is selected, percentage amount must equal 100% under each category (*100% under Primary, 100% under Secondary*).

Primary Beneficiary/Beneficiaries (REQUIRED)	% of Benefit	Date of Birth	Gender	Social Security #	Relationship

Secondary Beneficiary/Beneficiaries – used in the event the primary beneficiary dies before you.					

* The above beneficiary information will also be used for Supplemental Life, Disability and/or AD&D Insurance, if selected.

Section 5 – Supplemental Life Insurance – Employee Paid

I am waiving Supplemental Life Insurance			Waive <input type="checkbox"/>
I am enrolling in Supplemental Life Insurance (<i>Enter coverage amount below</i>)			Coverage Amount
Employee	<input type="checkbox"/>	Increments of \$10,000 up to \$500,000; not to exceed 5 times annual salary.	\$
+ Spouse	<input type="checkbox"/>	Increments of \$5,000 up to \$250,000; not to exceed 50% of employee's coverage.	\$
+ Child(ren)	<input type="checkbox"/>	Increments of \$2,000 up to \$10,000; not to exceed 50% of employee's coverage.	\$

Premium rates are scheduled by age and are detailed in the benefit guide. If you sign up during the initial enrollment period (within 90 days of your hire), you may purchase term life insurance up to five times your annual salary or \$200,000 (whichever is lesser) without a medical review. If you enroll after 90 days, you may be subject to a medical review.

Section 6 – Short Term Disability Insurance

As a Kerr employee, you will receive basic Short Term Disability coverage the first day of the month following 90 days of employment. Kerr pays 100% of the premium for your basic weekly benefit of \$100 for a period of up to 22 weeks (or up to 66.667% of base annual salary) after a 30-day elimination period. After 90 days of employment, you may also purchase additional coverage to up to 60% of your weekly pay, to an additional maximum weekly benefit of \$1,500. **Short Term Disability Buy-Up coverage costs 31 cents per \$10 of benefit, up to a maximum of \$23.25 per paycheck.**

I am enrolling in Employee Paid Short Term Disability (STD) Buy-Up Coverage	Yes <input type="checkbox"/>	Waive <input type="checkbox"/>
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Section 7 – Accidental Death & Dismemberment (AD&D) Insurance

As a Kerr employee, you will automatically receive \$25,000 of AD&D Insurance following 90 days of service, at no cost to you. You may also purchase supplemental AD&D coverage. **Premium rates for supplemental AD&D coverage are scheduled by age and are detailed in the benefit guide.**

I am waiving Supplemental AD&D Insurance			Waive <input type="checkbox"/>
I am enrolling in Supplemental AD&D Insurance (<i>Enter coverage amount below</i>)			Coverage Amount
Employee	<input type="checkbox"/>	Increments of \$10,000 up to \$500,000; not to exceed 5 times annual salary.	\$
+ Spouse	<input type="checkbox"/>	Increments of \$5,000 up to \$250,000; not to exceed 50% of employee's coverage.	\$
+ Child(ren)	<input type="checkbox"/>	Increments of \$2,000 up to \$10,000; not to exceed 50% of employee's coverage.	\$

Section 8 – Accidental Injury Coverage – Employee Paid

Amounts indicated are per pay period	SELECT ONLY ONE OPTION	
	Plan 1	Plan 2
Employee Only	<input type="checkbox"/> \$3.76	<input type="checkbox"/> \$7.25
Employee + Spouse	<input type="checkbox"/> \$5.85	<input type="checkbox"/> \$11.32
Employee + Child(ren)	<input type="checkbox"/> \$6.92	<input type="checkbox"/> \$13.49
Employee + Family	<input type="checkbox"/> \$9.00	<input type="checkbox"/> \$17.55

Email to HR@albertinakerr.org or Fax to 503-261-0988 and Keep a Copy for Your Records

Section 9 – Critical Illness Coverage – Employee Paid (See Benefit Guide for Premium Rates)**Employee:**Age: _____ Tobacco User? ☐ YES ☐ NO Amount of Coverage: ☐ \$10,000 **or** ☐ \$20,000**Employee must be covered to add spouse and/or children to plan.**☐ + Spouse (Amount of coverage 50% of employee coverage)☐ + Child or Children (Amount of coverage is 50% of employee coverage)☐ + Family (Amount of coverage is 50% of employee coverage)**Section 10 - Employee Understanding and Authorization**

I understand by submitting this Enrollment Form, I am making a binding election of my Albertina Kerr benefits, and I am obligated to maintain coverage through the plan year unless experiencing a qualifying event. I also understand that the coverage provided will be subject to the terms and conditions of the respective group insurance policy. Changes to my enrollment will be based upon the options I have designated through **June 30, 2023**. I authorize Albertina Kerr to make the appropriate deductions from my salary, if applicable, for my benefits. I understand that any intentionally false information I provide may result in a delay or loss of benefits for me, my spouse, and/or any eligible dependents.

Signature of Employee:**Date:****Email to HR@albertinakerr.org or Fax to 503-261-0988 and Keep a Copy for Your Records**



MEDICAL WAIVER COMPENSATION

If you are an eligible employee waiving your Medical insurance through Albertina Kerr because you have other medical insurance coverage through another group or private medical plan **(excluding any state or federal insurance such as Medicare or Oregon Health Plan)** you are eligible for a \$50.00 bi-weekly (\$100/month) compensation payment.

To be eligible for the benefit waiver, you must complete this form and return it to Human Resources within 30 days of becoming eligible for benefits. Even though you are waiving Medical, you can still sign up for Dental and Vision benefits and designate your beneficiaries for the Kerr-provided Life insurance, so **please also complete the benefit election process in Paycom.**

Please provide the following information regarding your medical coverage:

Name of Insurance Company: _____

Plan Number: _____

Company Insurance is through: _____

Insurance effective date: _____

You must attach a copy of your medical insurance plan card as proof of coverage.

In the event of an involuntary loss of the coverage noted, you will have the option of enrolling in Albertina Kerr's plan. You must notify Human Resources of the qualifying event and complete an enrollment application within 30 days of the event. If you do not, the next available opportunity to change plans will be during the next open enrollment period.

Albertina Kerr Centers will periodically review the incentive program and the program is subject to change or termination with 30 days notification. This form needs to be completed each year, during Open Enrollment.

Please contact the HR Service Center at 503-262-0145 with any questions.

Employee Signature

Date

Print Name

Please send completed form and copy of medical insurance card to Human Resources:

HR@AlbertinaKerr.org

Fax: 503-261-0988

876 NE 162nd Avenue

Portland, OR 97230

GLOSSARY OF HEALTH COVERAGE AND MEDICAL TERMS

- This glossary defines many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan or health insurance policy. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)

ALLOWED AMOUNT

This is the maximum payment the plan will pay for a covered health care service. May also be called "eligible expense", "payment allowance", or "negotiated rate".

APPEAL

A request that your health insurer or plan review a decision that denies a benefit or payment (either in whole or in part).

BALANCE BILLING

When a provider bills you for the balance remaining on the bill that your plan doesn't cover. This amount is the difference between the actual billed amount and the allowed amount. For example, if the provider's charge is \$200 and the allowed amount is \$110, the provider may bill you for the remaining \$90. This happens most often when you see an out-of-network provider (non-preferred provider). A network provider (preferred provider) may not bill you for covered services.

CLAIM

A request for a benefit (including reimbursement of a health care expense) made by you or your health care provider to your health insurer or plan for items or services you think are covered.

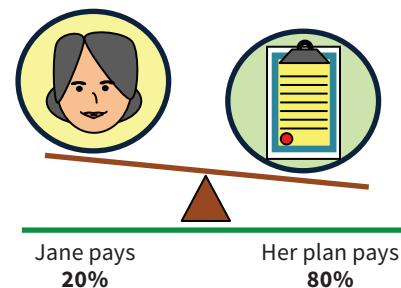
COINSURANCE

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your

coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.)

COMPLICATIONS OF PREGNANCY

Conditions due to pregnancy, labor, and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a nonemergency caesarean section generally aren't complications of pregnancy.



COPAYMENT

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

COST SHARING

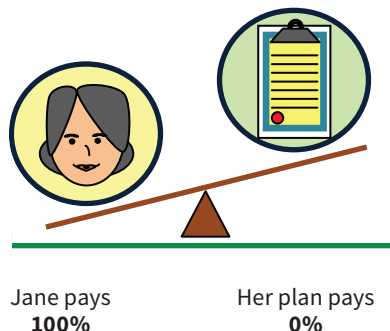
Your share of costs for services that a plan covers that you must pay out of your own pocket (sometimes called "out-of-pocket costs"). Some examples of cost sharing are copayments, deductibles, and coinsurance. Family cost sharing is the share of cost for deductibles and out-of-pocket costs you and your spouse and/or child(ren) must pay out of your own pocket. Other costs, including your premiums, penalties you may have to pay, or the cost of care a plan doesn't cover, usually aren't considered cost sharing.

COST-SHARING REDUCTIONS

Discounts that reduce the amount you pay for certain services covered by an individual plan you buy through the Marketplace. You may get a discount if your income is below a certain level, and you choose a Silver level health plan or if you're a member of a federally-recognized tribe, which includes being a shareholder in an Alaska Native Claims Settlement Act corporation.

DEDUCTIBLE

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.)



DIAGNOSTIC TEST

Tests to figure out what your health problem is. For example, an X-ray can be a diagnostic test to see if you have a broken bone.

DURABLE MEDICAL EQUIPMENT (DME)

Equipment and supplies ordered by a health care provider for everyday or extended use. DME may include: oxygen equipment, wheelchairs, and crutches.

EMERGENCY MEDICAL CONDITION

An illness, injury, symptom (including severe pain), or condition severe enough to risk serious danger to your health if you didn't get medical attention right away. If you didn't get immediate medical attention you could reasonably expect one of the following: 1) Your health would be put in serious danger; or 2) You would have serious problems with your bodily functions; or 3) You would have serious damage to any part or organ of your body.

EMERGENCY MEDICAL TRANSPORTATION

Ambulance services for an emergency medical condition. Types of emergency medical transportation may include transportation by air, land, or sea. Your plan may not cover all types of emergency medical transportation, or may pay less for certain types.

EMERGENCY ROOM CARE / EMERGENCY SERVICES

Services to check for an emergency medical condition and treat you to keep an emergency medical condition from getting worse. These services may be provided in a licensed hospital's emergency room or other place that provides care for emergency medical conditions.

EXCLUDED SERVICES

Health care services that your plan doesn't pay for or cover.

FORMULARY

A list of drugs your plan covers. A formulary may include how much your share of the cost is for each drug. Your plan may put drugs in different cost sharing levels or tiers. For example, a formulary may include generic drug and brand name drug tiers and different cost sharing amounts will apply to each tier.

GRIEVANCE

A complaint that you communicate to your health insurer or plan.

HABILITATION SERVICES

Health care services that help a person keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

HEALTH INSURANCE

A contract that requires a health insurer to pay some or all of your health care costs in exchange for a premium. A health insurance contract may also be called a policy or plan.

HOME HEALTH CARE

Health care services and supplies you get in your home under your doctor's orders. Services may be provided by nurses, therapists, social workers, or other licensed health care providers. Home health care usually doesn't include help with non-medical tasks, such as cooking, cleaning, or driving.

HOSPICE SERVICES

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

HOSPITALIZATION

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. Some plans may consider an overnight stay for observation as outpatient care instead of inpatient care.

HOSPITAL OUTPATIENT CARE

Care in a hospital that usually doesn't require an overnight stay.

INDIVIDUAL RESPONSIBILITY REQUIREMENT

Sometimes called the individual mandate, the duty you may have to be enrolled in health coverage that provides minimum essential coverage. If you don't have minimum essential coverage, you may have to pay a penalty when you file your federal income tax return unless you qualify for a health coverage exemption.

IN-NETWORK COINSURANCE

Your share (for example, 20%) of the allowed amount for covered health care services. Your share is usually lower for in-network covered services.

IN-NETWORK COPAYMENT

A fixed amount (for example, \$15) you pay for covered health care services to providers who contract with your health insurance or plan. In-network copayments usually are less than out-of-network copayments.

MARKETPLACE

A marketplace for health insurance where individuals, families, and small businesses can learn about their plan options; compare plans based on costs, benefits, and other important features; apply for and receive financial help with premiums and cost sharing based on income; and choose a plan and enroll in coverage. Also known as an Exchange. The Marketplace is run by the state in some states and by the federal government in others. In some states, the Marketplace also helps eligible consumers enroll in other programs, including Medicaid and the Children's Health Insurance Program (CHIP). Available online, by phone, and in-person.

MAXIMUM OUT-OF-POCKET LIMIT

Yearly amount the federal government sets as the most each individual or family can be required to pay in cost sharing during the plan year for covered, in-network services. Applies to most types of health plans and insurance. This amount may be higher than the out-of-pocket limits stated for your plan.

MEDICALLY NECESSARY

Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, including habilitation, and that meet accepted standards of medicine.

MINIMUM ESSENTIAL COVERAGE

Health coverage that will meet the individual responsibility requirement. Minimum essential coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage.

MINIMUM VALUE STANDARD

A basic standard to measure the percent of permitted costs the plan covers. If you're offered an employer plan that pays for at least 60% of the total allowed costs of benefits, the plan offers minimum value and you may not qualify for premium tax credits and cost sharing reductions to buy a plan from the Marketplace.

NETWORK

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

NETWORK PROVIDER (PREFERRED PROVIDER)

A provider who has a contract with your health insurer or plan who has agreed to provide services to members of a plan. You will pay less if you see a provider in the network. Also called preferred provider or participating provider.

ORTHOTICS AND PROSTHETICS

Leg, arm, back and neck braces, artificial legs, arms, and eyes, and external breast prostheses after a mastectomy. These services include: adjustment, repairs, and replacements required because of breakage, wear, loss, or a change in the patient's physical condition.

OUT-OF-NETWORK COINSURANCE

Your share (for example, 40%) of the allowed amount for covered health care services to providers who don't contract with your health insurance or plan. Out-of-network coinsurance usually costs you more than in-network coinsurance.

OUT-OF-NETWORK COPAYMENT

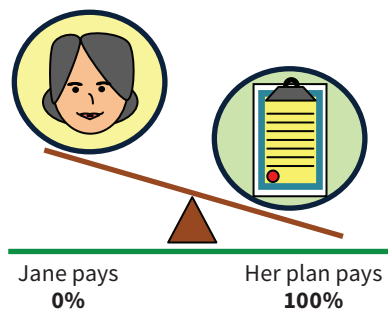
A fixed amount (for example, \$30) you pay for covered health care services from providers who do not contract with your health insurance or plan. Out-of-network copayments usually are more than in-network copayments.

OUT-OF-NETWORK PROVIDER (NON-PREFERRED PROVIDER)

A provider who doesn't have a contract with your plan to provide services. If your plan covers out-of-network services, you'll usually pay more to see an out-of-network provider than a preferred provider. Your policy will explain what those costs may be. May also be called non-preferred or nonparticipating instead of out-of-network provider.

OUT-OF-POCKET LIMIT

The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the plan will usually pay 100% of the allowed amount. This limit helps you plan for health care costs. This limit never includes your premium, balance-billed charges or health care your plan doesn't cover. Some plans don't count all of your copayments, deductibles, coinsurance payments, out-of-network payments, or other expenses toward this limit.



PHYSICIAN SERVICES

Health care services a licensed medical physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), provides or coordinates.

PLAN

Health coverage issued to you directly (individual plan) or through an employer, union or other group sponsor (employer group plan) that provides coverage for certain health care costs. Also called health insurance plan, policy, health insurance policy, or health insurance.

PREAUTHORIZATION

A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment (DME) is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

PREMIUM

The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly, or yearly.

PREMIUM TAX CREDITS

Financial help that lowers your taxes to help you and your family pay for private health insurance. You can get this help if you get health insurance through the Marketplace and your income is below a certain level. Advance payments of the tax credit can be used right away to lower your monthly premium costs.

PRESCRIPTION DRUG COVERAGE

Coverage under a plan that helps pay for prescription drugs. If the plan's formulary uses tiers (levels), prescription drugs are grouped together by type or cost. The amount you'll pay in cost sharing will be different for each tier of covered prescription drugs.

PRESCRIPTION DRUGS

Drugs and medications that by law require a prescription.

PREVENTIVE CARE (PREVENTIVE SERVICE)

Routine health care, including screenings, check-ups, and patient counseling, to prevent or discover illness, disease, or other health problems.

PRIMARY CARE PHYSICIAN

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), who provides or coordinates a range of health care services for you.

PRIMARY CARE PROVIDER

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law and the terms of the plan, who provides, coordinates, or helps you access a range of health care services.

PROVIDER

An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The plan may require the provider to be licensed, certified, or accredited as required by state law.

RECONSTRUCTIVE SURGERY

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries, or medical conditions.

REFERRAL

A written order from your primary care provider for you to see a specialist or get certain health care services. In many health maintenance organizations (HMOs), you need to get a referral before you can get health care services from anyone except your primary care provider. If you don't get a referral first, the plan may not pay for the services.

REHABILITATION SERVICES

Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

SCREENING

A type of preventive care that includes tests or exams to detect the presence of something, usually performed when you have no symptoms, signs, or prevailing medical history of a disease or condition.

SKILLED NURSING CARE

Services performed or supervised by licensed nurses in your home or in a nursing home. Skilled nursing care is not the same as skilled care services, which are services performed by therapists or technicians (rather than licensed nurses) in your home or in a nursing home.

SPECIALIST

A provider focusing on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

SPECIALTY DRUG

A type of prescription drug that, in general, requires special handling or ongoing monitoring and assessment by a health care professional, or is relatively difficult to dispense. Generally, specialty drugs are the most expensive drugs on a formulary.

UCR (USUAL, CUSTOMARY AND REASONABLE)

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

URGENT CARE

Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away,

SUMMARY PLAN DOCUMENTS AND NOTICES

Summary of Medical Benefits

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest. 500 NE Multnomah St., Suite 100, Portland, OR 97232

Member Services: 1-800-813-2000

Oregon DED PLAN G 2500/25/20%/5000

7/1/2023 - 6/30/2024

Albertina Kerr Centers

Group Number: 15466-033

Calendar year is the time period (Year) in which dollar, day, and visit limits, Deductibles and Out-of-Pocket Maximums accumulate.

Deductible	
Self-only Deductible per Year (for a Family of one Member)	\$2,500
Individual Family Member Deductible per Year (for each Member in a Family of two or more Members)	\$2,500
Family Deductible per Year (for an entire Family)	\$7,500
Out-of-Pocket Maximum ¹	
Self-only Out-of-Pocket Maximum per Year (for a Family of one Member)	\$5,000
Individual Family Member Out-of-Pocket Maximum per Year (for each Member in a Family of two or more Members)	\$5,000
Family Out-of-Pocket Maximum per Year (for an entire Family)	\$10,000
Office Visits	You pay
Routine preventive physical exam	\$0
Telehealth (phone/video)	\$0
Primary Care	\$25
Specialty Care	\$35
Urgent Care	\$45
Tests (outpatient)	You pay
Preventive Tests	\$0
Laboratory	\$25 per department visit
X-ray, imaging, and special diagnostic procedures	\$25 per department visit
CT, MRI, PET scans	\$100 per department visit
Medications (outpatient)	You pay
Prescription drugs (up to a 30 day supply)	\$15 generic / \$30 preferred brand / \$50 non-preferred brand / \$150 specialty
Mail Order Prescription drugs (up to a 90 day supply)	\$30 generic / \$60 preferred brand / \$100 non-preferred brand
Administered medications, including injections (all outpatient settings)	20% Coinsurance after Deductible
Nurse treatment room visits to receive injections	\$10
Maternity Care	You pay
Scheduled prenatal care visits and postpartum visits	\$0
Laboratory	\$25 per department visit
X-ray, imaging, and special diagnostic procedures	\$25 per department visit

Inpatient Hospital Services	20% Coinsurance after Deductible
Hospital Services	You pay
Ambulance Services (per transport)	20% Coinsurance after Deductible
Emergency services	20% Coinsurance after Deductible
Inpatient Hospital Services	20% Coinsurance after Deductible
Outpatient Services (other)	You pay
Outpatient surgery visit	20% Coinsurance after Deductible
Chemotherapy/radiation therapy visit	\$35 after Deductible
Durable medical equipment	20% Coinsurance after Deductible
Physical, speech, and occupational therapies (20 visits per therapy per Year)	\$35
Skilled Nursing Facility Services	You pay
Inpatient skilled nursing Services (up to 100 days per Year)	20% Coinsurance after Deductible
Mental Health and Chemical Dependency Services	You pay
Outpatient Services	\$25 per visit
Inpatient hospital & residential Services	20% Coinsurance after Deductible
Alternative Care (self-referred)	You pay
Acupuncture Services (up to 12 visits per Year)	\$25 per visit
Chiropractic Services (up to 20 visits per Year)	\$25 per visit
Massage Therapy (up to 12 visits per Year)	\$25 per visit
Naturopathic Medicine	\$25
Vision Services	You pay
Routine eye exam (Covered until the end of the month in which Member turns 19 years of age.)	\$25
Vision hardware and optical Services (Covered until the end of the month in which Member turns 19 years of age.)	Not covered
Routine eye exam (For members 19 years and older.)	\$25
Vision hardware and optical Services (For members 19 years and older.)	Not covered

¹ Refer to your Evidence of Coverage (EOC) for benefits that may not apply to Out-of-Pocket Maximum.

Plan is subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the Evidence of Coverage (EOC). Sample EOCs are available upon request or you may go to <http://www.kp.org/plandocuments>

Questions? Call Member Services (M-F, 8 am-6 pm) or visit **kp.org** Portland area: 503-813-2000
All other areas: 1-800-813-2000 TTY.711. Language Interpretation Services, all areas 1-800-324-8010

This is not a contract. This condensed summary of benefits does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details on benefit coverage, claims review, and adjudication procedures, please see your EOC or call Member Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.



KAISER PERMANENTE® : Albertina Kerr Centers – DED PLAN G 2500/25/20%/5000

Coverage for: Individual / Family | Plan Type: EPO

All [plans](#) offered and underwritten by Kaiser Foundation Health Plan of the Northwest

The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage see www.kp.org/plandocuments or call 1-800-813-2000 (TTY: 711). For definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <http://www.healthcare.gov/sbc-glossary> or call 1-800-813-2000 (TTY: 711) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$2,500 Individual / \$7,500 Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Preventive care and services indicated in chart starting on page 2.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	\$5,000 Individual / \$10,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , health care this plan doesn't cover, and services indicated in chart starting on page 2.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.kp.org or call 1-800-813-2000 (TTY: 711) for a list of participating providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.

Do you need a referral to see a specialist ?	Yes, but you may self-refer to certain specialists .	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist .
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All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Select Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25 / visit, deductible does not apply.	Not covered	None
	Specialist visit	\$35 / visit, deductible does not apply.	Not covered	None
	Preventive care/screening/immunization	No charge, deductible does not apply.	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	X-ray: \$25 / visit, deductible does not apply. Lab tests: \$25 / visit, deductible does not apply.	Not covered	None
	Imaging (CT/PET scans, MRIs)	\$100 / visit, deductible does not apply.	Not covered	Some services may require prior authorization.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.kp.org/formulary	Generic drugs	\$15 (retail); \$30 (mail order) / prescription, deductible does not apply.	Not covered	Up to a 30-day supply (retail); up to a 90-day supply (mail order). Subject to formulary guidelines.
	Preferred brand drugs	\$30 (retail); \$60 (mail order) / prescription, deductible does not apply.	Not covered	Up to a 30-day supply (retail); up to a 90-day supply (mail order). Subject to formulary guidelines.
	Non-preferred brand drugs	\$50 (retail); \$100 (mail order) / prescription, deductible does not apply.	Not covered	Up to a 30-day supply (retail); up to a 90-day supply (mail order). Subject to formulary guidelines, when approved through exception process.
	Specialty drugs	\$150 (retail) , deductible does not apply	Not covered	Up to a 30-day supply (retail). Subject to formulary guidelines, when approved

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Select Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
				through exception process.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	Not covered	Prior authorization required.
	Physician/surgeon fees	20% coinsurance	Not covered	Prior authorization required.
If you need immediate medical attention	Emergency room care	20% coinsurance	20% coinsurance	None
	Emergency medical transportation	20% coinsurance	20% coinsurance	None
	Urgent care	\$45 / visit, deductible does not apply.	\$45 / visit, deductible does not apply.	Non-participating providers covered when temporarily outside the service area.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	Not covered	Prior authorization required.
	Physician/surgeon fees	20% coinsurance	Not covered	Prior authorization required.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$25 / visit, deductible does not apply.	Not covered	None
	Inpatient services	20% coinsurance	Not covered	Prior authorization required.
If you are pregnant	Office visits	No charge, deductible does not apply.	Not covered	Depending on the type of services, a copayment , coinsurance , or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	20% coinsurance	Not covered	None
	Childbirth/delivery facility services	20% coinsurance	Not covered	None
If you need help recovering or have other special needs	Home health care	20% coinsurance	Not covered	130 visit limit / year. Prior authorization required.
	Rehabilitation services	Outpatient: \$35 / visit, deductible does not apply. Inpatient: 20% coinsurance	Not covered	Outpatient: 20 visit limit / therapy / year. Prior authorization required. Inpatient: Prior authorization required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Select Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
	Habilitation services	\$35 / visit, deductible does not apply.	Not covered	20 visit limit / therapy / year. Prior authorization required.
	Skilled nursing care	20% coinsurance	Not covered	100 day limit / year. Prior authorization required.
	Durable medical equipment	20% coinsurance	Not covered	Subject to formulary guidelines. Prior authorization required.
	Hospice services	No charge, deductible does not apply.	Not covered	Prior authorization required.
If your child needs dental or eye care	Children's eye exam	\$25 / visit for refractive exam, deductible does not apply.	Not covered	None
	Children's glasses	Not covered	Not covered	None
	Children's dental checkups	Not covered	Not covered	None

Excluded Services & Other Covered Services

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .)			
<ul style="list-style-type: none"> Children's glasses Cosmetic surgery Dental care (Adult and Child) 	<ul style="list-style-type: none"> Infertility treatment Long-term care Non-emergency care when traveling outside the U.S 	<ul style="list-style-type: none"> Private-duty nursing Routine foot care Weight loss programs 	
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)			
<ul style="list-style-type: none"> Acupuncture (12 visit limit / year) Bariatric surgery 	<ul style="list-style-type: none"> Chiropractic care (20 visit limit / year) Hearing aids (dependents under age 26:- 1 aid / ear, every 36 months) 	<ul style="list-style-type: none"> Routine eye care (Adult) 	

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is shown in the chart below. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact the agencies in the chart below.

Kaiser Permanente Member Services	1-800-813-2000 (TTY: 711) or www.kp.org/memberservices
Department of Labor’s Employee Benefits Security Administration	1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform
Department of Health & Human Services, Center for Consumer Information & Insurance Oversight	1-877-267-2323 x61565 or www.cciio.cms.gov
Oregon Division of Financial Regulation	1-888-877-4894 or www.dfr.oregon.gov
Washington Department of Insurance	1-800- 562- 6900 or www.insurance.wa.gov

Contact Information for Your Rights to Continue Coverage & Your Grievance and Appeals Rights:

Does this [plan](#) provide Minimum Essential Coverage? Yes
[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#) you may not be eligible for the [premium tax credit](#).

Does this [plan](#) meet the Minimum Value Standards? Yes
If your [plan](#) **doesn’t meet the** [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:
[Spanish (Español): Para obtener asistencia en Español, llame al 1-800-813-2000 (TTY: 711).
[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-813-2000 (TTY: 711).
[Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-813-2000 (TTY: 711).
[Navajo (Dine): Dinek’ehgo shika at’ohwol ninisingo, kwijigo holne’ 1-800-813-2000 (TTY: 711).

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$2,500
■ Specialist copayment	\$35
■ Hospital (facility) coinsurance	20%
■ Other (blood work) copayment	\$25

This EXAMPLE event includes services like:
[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

Total Example Cost	\$12,700
--------------------	----------

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$2,500
Copayments	\$200
Coinsurance	\$1,200
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$3,960

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$2,500
■ Specialist copayment	\$35
■ Hospital (facility) coinsurance	20%
■ Other (blood work) copayment	\$25

This EXAMPLE event includes services like:
[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,600
--------------------	---------

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$70
Copayments	\$1,100
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Joe would pay is	\$1,170

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$2,500
■ Specialist copayment	\$35
■ Hospital (facility) coinsurance	20%
■ Other (x-ray) copayment	\$25

This EXAMPLE event includes services like:
[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$2,800
--------------------	---------

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,900
Copayments	\$300
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$2,200

HRA

Health reimbursement arrangement

Stretch your health care dollars

Your employer supports your well-being with a health reimbursement arrangement. An HRA is a separate financial account that will automatically reimburse you for your deductible health care costs.

How your HRA works

Your employer will set up your HRA and put money in it.

- Kerr funds the HRA with \$1,000 for employee-only coverage, and \$3,000 for coverage with dependents. You are not taxed on these funds.²
- You pay your normal deductible costs up to \$1,500 for an individual (\$4,500 for family), or "bridge," each calendar year
- After you meet that bridge, your expenses that apply towards the remaining deductible will be reimbursed.

The money in your HRA will reimburse you for cost of services that apply to the deductible for the Kaiser Base Medical Plan (HMO) through Kerr.²

Paying for care

During a visit – You may be asked to make a payment. This may be just a part of what you'll end up owing for services. If the total cost for services you get during your visit is more than what you paid at check-in, you'll get a bill later.

After a visit – In most cases, we'll submit an HRA claim for you for the total amount you owe. Once it's approved, you'll be sent a reimbursement from your HRA, which will include what you paid out of pocket and any balance you still owe.

Claims – For certain services, we won't be able to automatically submit an HRA claim for you. In these cases, you'll submit a request for reimbursement online, by email, using our mobile app, or by mail.³

If your costs for care are more than the amount you have in your account, you'll get a bill at a later time.

Getting started is simple

1. Enroll in the Kaiser Permanente Base Medical plan in Paycom. This is the only one with an HRA.
2. Look for your welcome letter in the mail.
3. Start using and managing your HRA!

Helpful tools and resources



Online access, 24/7 – Email your doctor's office with nonurgent questions, get cost estimates, view and manage HRA transactions and claims, and more through kp.org.



Mobile access – Download our secure **KP Balance Tracker** app to your smartphone or mobile device to view and manage your account on the go.



Customer support – Call our Health Payment Services team at **1-877-761-3399**, Monday through Friday (except holidays), 5 a.m. to 7 p.m. Pacific time. Automated help is also available after hours, or you can email kp@healthaccountservices.com.

1. The tax references in this document relate to federal income tax only. Check with your financial or tax advisor for information about state income tax laws.

2. A qualified medical expense is defined under Internal Revenue Code Section 213(d). Ask your employer what type of HRA you have to see which of the qualified health care costs described in IRS Publication 502, Medical and Dental Expenses, available at irs.gov/publications, you can pay for using your HRA.

3. Reimbursements will be mailed by check unless you select direct deposit online. Be sure to keep copies of your Explanation of Benefits (EOB), bills, and itemized receipts to send with any reimbursement requests.

Questions and answers

These questions and answers will help you get started with your deductible-only HRA administered through Kaiser Permanente, plus give you information to help you use and manage your account. Please note that the HRA is only effective after 7/1/2023.



Getting started

How do I use my HRA?

This HRA does **not** require you to do anything to start the account. However, if you would like to monitor the funds available to you and take advantage of direct deposit for your reimbursements, here is how:

1. Once your employer has set up your HRA, sign in to the Health Payment Online Portal at **kp.org/healthpayment**¹ using your kp.org user ID and password. Once you create your security questions and answers, you can start managing your HRA online.
2. Update your profile on **kp.org/healthpayment**¹ to add your email address or mobile phone number. You can also add direct deposit information for reimbursements.
3. Download the **KP Balance Tracker app** to your mobile device. The first time you log in to the app your temporary username and password will both be: the first initial of your first name, plus your first name, plus the last 4 digits of your Social Security number.



Understanding your HRA

What is a health reimbursement arrangement (HRA)?

An HRA is an account that reimburses you money you have spent to pay for medical care.² Kerr sets up the account and puts money into it. Because the money isn't part of your wages, you won't pay taxes on it.³ This is a deductible-only HRA, so only expenses that go towards your Kaiser HMO plan's deductible through Kerr will be reimbursed.

When can I start accessing the money in my HRA?

You will begin seeing reimbursements for eligible deductible expenses after you have met \$1,500 of the plan's \$2,500 deductible. This is known as the "bridge". After you meet this, eligible deductible expenses up to \$1,000 in total will be reimbursed directly to you via check at the address you have on file (or via optional direct deposit you can set up at **kp.org/healthpayment**).

Have questions?

Kaiser Permanente Health Payment Services
1-877-761-3399
Monday through Friday
5 a.m. to 7 p.m. Pacific time
(except holidays)
kp@healthaccountservices.com

Who puts money into my HRA, and how much is in the account?

Your HRA is owned and funded by Albertina Kerr. You can't put money into the account. Each calendar year, Kerr will fund the HRA with \$1,000 for individual-only coverage, and \$3,000 if you cover dependents.

What can I pay for with my HRA?

The money will be used to reimburse you for cost of services that apply to the deductible under the Kaiser Permanente Base Medical Plan (HMO), but only after you have met \$1,500 of the deductible out of pocket. This includes costs for your plan-covered dependents, but only after they have met \$1,500 of the deductible on their own or \$4,500 of the deductible as a family.

How can I get account information on my HRA, such as my balance?

You'll be able to view your balance, file claims, view transaction history, and more using the following:

- The KP Balance Tracker app
- kp.org/healthpayment
- Calling or emailing Health Payment Services

Your account balance will also be provided to you each time you request a cost estimate for services at kp.org/costestimate. Please note that your HRA balance won't appear on your Explanation of Benefits (EOBs) or bills.

What if I leave my current employer or retire with money still in my HRA?

You can be reimbursed for any care you get before you leave the company or retire, but the remaining balance will be lost. Kerr will not fund the HRA if you choose to continue your medical benefits through COBRA.

What if there's money left in my HRA at the end of the year?

The unused money will not roll over to the next calendar year.



Paying for care

When should I submit claims for reimbursement from my HRA?

We will automatically reimburse you for most of the services you receive, but you can submit a claim yourself, if necessary. You can submit claims for out-of-pocket expenses anytime within the same coverage period that you received the qualified services. You also have a 90-day window of extra time after your coverage period ends, known as a run-out period.

How do I use my HRA to pay for care?

During your visit

When you come in for care, you'll typically be asked to make a payment. This may be just part of what you'll end up owing for services. If the total for services during your visit is more than what you paid at check-in, you'll get a bill later.

After your visit

In most cases, we'll automatically submit an HRA claim for you for the total amount you owe. Once it's approved, you'll be sent a check reimbursement from your HRA, which will include what you paid out of pocket at check-in. You will have the option to receive this money via direct deposit.

If your costs for care are more than the amount you have in your account, you'll get a bill later.

Reimbursement


For certain services, we won't be able to automatically submit an HRA claim for you. In these cases, you'll need to submit a request for reimbursement online, by email, using our mobile app, or by mail.

You can file your claim in three ways:

1. Online at kp.org/healthpayment¹
2. Through the KP Balance Tracker app
3. By calling Health Payment Services and requesting a claim form

For all claims that you file, you'll need to provide supporting documents to show that your expenses are qualified expenses. Your Explanation of Benefits (EOBs), bills, and itemized receipts have the necessary details to validate that your expenses are qualified expenses. These documents should be provided with any claim you file, as well as anytime you receive a letter or email from Health Payment Services requesting supporting documentation.

Claims are processed within one business day of receiving valid supporting documentation.



If a claim I submit is denied, can I appeal the denial?

If a filed claim for reimbursement is denied, it's typically because the supporting documentation provided could not be used to validate that the expense was a qualified medical expense as defined by your employer. Before your claim is denied, you'll receive a request for supporting documentation at 30, 60, and 90 days from the health payment card transaction date or date you filed your claim for reimbursement. To appeal your claim denial, simply send supporting documentation to Health Payment Services using the contact information below.

Fax: **1-877-535-0821**

Mailing address:

Kaiser Permanente

P.O. Box 1540

Fargo, ND 58107-1540

1. You must be registered on kp.org to access this website. If you're not registered yet, visit kp.org/register today. It may take up to 9 days from when you register on kp.org before you can access your account through kp.org/healthpayment. **2.** You can use your HRA to pay for types of care that are defined as qualified medical expenses. These are described in IRS Publication 502, *Medical and Dental Expenses*, available at irs.gov/publications. Consult with your employer's benefits administrator to find out what type of HRA you have and which categories of qualified medical expenses are eligible for payment or reimbursement under your HRA. **3.** The tax references in this document relate to federal income tax only. Federal and state tax laws and regulations are subject to change. Consult with a qualified professional for tax, investment, or legal advice.

Kaiser Permanente health plans around the country, including: Kaiser Foundation Health Plan, Inc., in Northern and Southern California • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852

700597506 August 2021

Summary of Medical Benefits

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest. 500 NE Multnomah St., Suite 100, Portland, OR 97232

Customer Service: 1-866-616-0047

Oregon DUAL CHOICE PPO PLAN E 1500/25/20%/6000

Albertina Kerr Centers

Group Number: 15466-035

In-Network Provider

Out-of-Network Provider ¹

Calendar year is the time period (Year) in which dollar, day, and visit limits, Deductibles and Out-of-Pocket Maximums accumulate.

Deductible

Cost Share amounts that count toward the Deductible are shown below. The In-Network Deductible and the Out-of-Network Deductible do not cross accumulate. This means that the amounts you pay for covered Services received from In-Network Providers only count toward the In-Network Deductible, and the amounts you pay for covered Services received from Out-of-Network Providers only count toward the Out-of-Network Deductible.

Self-only Deductible per Year (for a Family of one Member)	\$1,500	\$3,500
Individual Family Member Deductible per Year (for each Member in a Family of two or more Members)	\$1,500	\$3,500
Family Deductible per Year (for an entire Family)	\$4,500	\$10,500

Out-of-Pocket Maximum ²

Self-only Out-of-Pocket Maximum per Year (for a Family of one Member)	\$6,000	\$10,500
Individual Family Member Out-of-Pocket Maximum per Year (for each Member in a Family of two or more Members)	\$6,000	\$10,500
Family Out-of-Pocket Maximum per Year (for an entire Family)	\$12,000	\$21,000

Office Visits

You pay

Routine preventive physical exam	\$0	40% Coinsurance after Deductible
Telehealth (phone/video)	\$0	40% Coinsurance after Deductible
Primary Care	\$45 Enhanced Benefit ³ : \$25	40% Coinsurance after Deductible
Specialty Care	\$55 Enhanced Benefit ³ : \$35	40% Coinsurance after Deductible
Urgent Care	\$90 Enhanced Benefit ³ : \$45	40% Coinsurance after Deductible

Tests (outpatient)

You pay

Preventive Tests	\$0	40% Coinsurance after Deductible
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Laboratory	\$25 per department visit	40% Coinsurance after Deductible
X-ray, imaging, and special diagnostic procedures	\$25 per department visit	40% Coinsurance after Deductible
CT, MRI, PET scans	\$100 per department visit	40% Coinsurance after Deductible
Medications (outpatient)		
You pay		
Prescription drugs (up to a 30 day supply)	Kaiser Permanente Pharmacy: \$15 generic / \$30 preferred brand / \$50 non-preferred brand / \$150 specialty MedImpact Pharmacy: \$25 generic/\$50 preferred brand/\$80 non-preferred brand/30% Coinsurance for specialty drugs	
Mail Order Prescription drugs (up to a 90 day supply)	Kaiser Permanente Pharmacy: \$30 generic / \$60 preferred brand / \$100 non-preferred brand MedImpact: call CVS Caremark 1-800-237-2767	
Administered medications, including injections (all outpatient settings)	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Nurse treatment room visits to receive injections	\$10	40% Coinsurance after Deductible
Maternity Care		
You pay		
Scheduled prenatal care visits and postpartum visit	\$0	40% Coinsurance after Deductible
Laboratory	\$25 per department visit	40% Coinsurance after Deductible
X-ray, imaging, and special diagnostic procedures	\$25 per department visit	40% Coinsurance after Deductible
Inpatient Hospital Services	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Hospital Services		
You pay		
Ambulance Services (per transport)	20% Coinsurance	
Emergency services	20% Coinsurance after Deductible	
Inpatient Hospital Services	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Services (other)		
You pay		
Outpatient surgery visit	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Chemotherapy/radiation therapy visit	\$55 after Deductible Enhanced Benefit ³ : \$35 after Deductible	40% Coinsurance after Deductible
Durable medical equipment	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Physical, speech, and occupational therapies (20 visits per therapy per Year)	\$55 Enhanced Benefit ³ : \$35	40% Coinsurance after Deductible
Skilled Nursing Facility Services		
You pay		

Inpatient skilled nursing Services (up to 100 days per Year)	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Mental Health and Chemical Dependency Services		You pay
Outpatient Services	\$45 per visit Enhanced Benefit ³ : \$25 per visit	40% Coinsurance after Deductible
Inpatient hospital & residential Services	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Alternative Care (self-referred)		You pay
Acupuncture Services (up to 12 visits per Year)	\$25 per visit	40% Coinsurance
Chiropractic Services (up to 20 visits per Year)	\$25 per visit	40% Coinsurance
Massage Therapy (up to 12 visits per Year)	\$25 per visit	40% Coinsurance
Naturopathic Medicine	\$25	40% Coinsurance after Deductible
Vision Services		You pay
Routine eye exam (Covered until the end of the month in which Member turns 19 years of age.)	\$45 Enhanced Benefit ³ : \$25	40% Coinsurance after Deductible
Vision hardware and optical Services (Covered until the end of the month in which Member turns 19 years of age.)	Not covered	Not covered
Routine eye exam (For members 19 years and older.)	\$45 Enhanced Benefit ³ : \$25	40% Coinsurance after Deductible
Vision hardware and optical Services (For members 19 years and older.)	Not covered	

¹ Out-of-Network Providers may bill you for any charges in excess of the Allowed Amount (balance billing).

² Refer to your Evidence of Coverage (EOC) for benefits that may not apply to Out-of-Pocket Maximum.

³ You pay the lowest Cost Share when you receive certain covered Services from a select group of In-Network Providers. This is called "Enhanced Benefits." Enhanced Benefits are shown in this summary. In-Network Providers who offer Enhanced Benefits are identified with an asterisk (*) in the provider directory. Visit kp.org/dualchoice/nw for a searchable provider directory.

Plan is subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the Evidence of Coverage (EOC). Sample EOCs are available upon request or you may go to <http://www.kp.org/plandocuments>

Questions? Call Customer Service 1-866-616-0047 (M-F, 8 am-6 pm) or visit kp.org


TTY.711. Language Interpretation Services, all areas 1-800-324-8010

This is not a contract. This condensed summary of benefits does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details on benefit coverage, claims review, and adjudication procedures, please see your EOC or call Customer Service. In the case of a conflict between this summary and the EOC, the EOC will prevail.

 **KAISER PERMANENTE** : Albertina Kerr Centers – DUAL CHOICE PPO PLAN E 1500/25/20%/6000

Coverage for: Individual / Family | Plan Type: PPO

All [plans](#) offered and underwritten by Kaiser Foundation Health Plan of the Northwest

 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage see www.kp.org/plandocuments or call 1-800-813-2000 (TTY: 711). For definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <http://www.healthcare.gov/sbc-glossary> or call 1-800-813-2000 (TTY: 711) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	<u>In-Network Provider</u> : \$1,500 Individual / \$4,500 Family <u>Out-of-Network Provider</u> : \$3,500 Individual / \$10,500 Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Preventive care and services indicated in chart starting on page 2.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	<u>In-Network Provider</u> : \$6,000 Individual / \$12,000 Family <u>Out-of-Network Provider</u> : \$10,500 Individual / \$21,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , balance-billing charges, health care this plan doesn't cover , and services indicated in chart starting on page 2.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.kp.org or call 1-866-616-0047 (TTY: 711) for a list of participating providers .	You pay the least if you use a provider in the In-Network Provider tier. You pay more if you use a provider in the Out-of-Network Provider tier. You will pay the most if you use an Out-of-Network Provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing).

Do you need a referral to see a specialist ?	Yes, but you may self-refer to certain specialists .	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist .
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All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Providers (You will pay the least)	Out-of-Network Providers (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$45 / visit, deductible does not apply. Enhanced benefit: \$25 / visit, deductible does not apply.	40% coinsurance	None
	Specialist visit	\$55 / visit, deductible does not apply. Enhanced benefit: \$35 / visit, deductible does not apply.	40% coinsurance	None
	Preventive care/screening/immunization	No charge, deductible does not apply.	40% coinsurance	You may have to pay for services that aren't preventive . Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	X-ray: \$25 / visit, deductible does not apply. Lab tests: \$25 / visit, deductible does not apply.	X-ray: 40% coinsurance Lab tests: 40% coinsurance	None
	Imaging (CT/PET scans, MRIs)	\$100 / visit, deductible does not apply.	40% coinsurance	Some services may require prior authorization. <u>Out-of-Network Provider</u> : Failure to satisfy prior authorization requirement will result in denial of claim(s) .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Providers (You will pay the least)	Out-of-Network Providers (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.kp.org/formulary	Generic drugs	\$25 retail & mail order / prescription, deductible does not apply. Enhanced benefit: \$15 (retail); \$30 (mail order) / prescription, deductible does not apply.	Not covered	Some medications may require prior authorization. Up to a 30-day supply (retail); up to a 90-day supply (mail order). Subject to formulary guidelines. Non KP pharmacies: Up to a 30-day supply.
	Preferred brand drugs	\$50 retail & mail order / prescription, deductible does not apply. Enhanced benefit: \$30 (retail); \$60 (mail order) / prescription, deductible does not apply.	Not covered	Some medications may require prior authorization Up to a 30-day supply (retail); up to a 90-day supply (mail order). Subject to formulary guidelines. Non KP pharmacies: Up to a 30-day supply.
	Non-preferred brand drugs	\$80 retail & mail order / prescription, deductible does not apply. Enhanced benefit: \$50 (retail); \$100 (mail order) / prescription, deductible does not apply.	Not covered	Some medications may require prior authorization. Up to a 30-day supply (retail); up to a 90-day supply (mail order). Subject to formulary guidelines, when approved through exception process. Non KP pharmacies: Up to a 30-day supply.
	Specialty drugs	30% coinsurance , deductible does not apply. Enhanced benefit: \$150 (retail), deductible does not apply	Not covered	Up to a 30-day supply (retail). Subject to formulary guidelines, when approved through exception process.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	Prior authorization required.
	Physician/surgeon fees	20% coinsurance	40% coinsurance	Prior authorization required.
If you need immediate medical attention	Emergency room care	20% coinsurance	20% coinsurance	None
	Emergency medical transportation	20% coinsurance , deductible does not apply	20% coinsurance , deductible does not apply	None
	Urgent care	\$90 / visit, deductible does not apply. Enhanced benefit: \$45 / visit,	40% coinsurance	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Providers (You will pay the least)	Out-of-Network Providers (You will pay the most)	
		deductible does not apply.		
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	40% coinsurance	Prior authorization required.
	Physician/surgeon fees	20% coinsurance	40% coinsurance	Prior authorization required.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$45 / visit, deductible does not apply. Enhanced benefit: \$25 / visit, deductible does not apply.	40% coinsurance	None
	Inpatient services	20% coinsurance	40% coinsurance	Prior authorization required. <u>Out-of-Network Provider</u> : Failure to satisfy prior authorization requirement will result in denial of claim (s).
If you are pregnant	Office visits	No charge, deductible does not apply.	40% coinsurance	Depending on the type of services, a copayment , coinsurance , or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	20% coinsurance	40% coinsurance	None <u>Out-of-Network Provider</u> : Failure to satisfy prior authorization requirement will result in denial of claim (s).
	Childbirth/delivery facility services	20% coinsurance	40% coinsurance	None <u>Out-of-Network Provider</u> : Failure to satisfy prior authorization requirement will result in denial of claim (s).
If you need help recovering or have other special needs	Home health care	20% coinsurance	40% coinsurance	130 visit limit / year. Prior authorization required.
	Rehabilitation services	Outpatient: \$55 / visit, deductible does not apply. Enhanced benefit: \$35 / visit, deductible does not apply. Inpatient: 20% coinsurance	Outpatient: 40% coinsurance Inpatient: 40% coinsurance	Outpatient: 20 visit limit / year. Prior authorization required. Inpatient: Prior authorization required. <u>Out-of-Network Provider</u> : Failure to satisfy prior authorization requirement will result in denial of claim (s).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Providers (You will pay the least)	Out-of-Network Providers (You will pay the most)	
	Habilitation services	\$55 / visit, deductible does not apply. Enhanced benefit: \$35 / visit, deductible does not apply.	40% coinsurance	20 visit limit / therapy / year. Prior authorization required. <u>Out-of-Network Provider</u> : Failure to satisfy prior authorization requirement will result in denial of claim(s) .
	Skilled nursing care	20% coinsurance	40% coinsurance	100 day limit / year. Prior authorization required. <u>Out-of-Network Provider</u> : Failure to satisfy prior authorization requirement will result in denial of claim(s) .
	Durable medical equipment	20% coinsurance	40% coinsurance	Subject to formulary guidelines. Prior authorization required. <u>Out-of-Network Provider</u> : Failure to satisfy prior authorization requirement will result in denial of claim(s) .
	Hospice services	No charge, deductible does not apply.	No charge, deductible does not apply.	Prior authorization required. <u>Out-of-Network Provider</u> : Failure to satisfy prior authorization requirement will result in denial of claim(s) .
If your child needs dental or eye care	Children's eye exam	\$45 / visit for refractive exam, deductible does not apply. Enhanced benefit: \$25 / visit for refractive exam, deductible does not apply.	40% coinsurance for refractive exam	None
	Children's glasses	Not covered	Not covered	None
	Children's dental checkups	Not covered	Not covered	None

Excluded Services & Other Covered Services

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Children's glasses
- Cosmetic surgery
- Dental care (Adult and Child)
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S
- Private-duty nursing
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. **This isn't a complete list.** Please see your [plan](#) document.)

- Acupuncture (12 visit limit / year)
- Bariatric surgery
- Chiropractic care (20 visit limit / year)
- Hearing aids (dependents under age 26:- 1 aid / ear, every 36 months)
- Routine eye care (Adult)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is shown in the chart below. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact the agencies in the chart below.

Kaiser Permanente Customer Service	1-800-813-2000 (TTY: 711) or www.kp.org/memberservices
Department of Labor's Employee Benefits Security Administration	1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform
Department of Health & Human Services, Center for Consumer Information & Insurance Oversight	1-877-267-2323 x61565 or www.cciio.cms.gov
Oregon Division of Financial Regulation	1-888-877-4894 or www.dfr.oregon.gov
Washington Department of Insurance	1-800- 562- 6900 or www.insurance.wa.gov

Contact Information for Your Rights to Continue Coverage & Your Grievance and Appeals Rights:

Does this [plan](#) provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#) you may not be eligible for the [premium tax credit](#).

Does this [plan](#) meet the Minimum Value Standards? Yes

If your [plan](#) **doesn't meet the** [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al 1-800-813-2000 (TTY: 711).

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-813-2000 (TTY: 711).

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-813-2000 (TTY: 711).

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-813-2000 (TTY: 711).

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$1,500
■ Specialist copayment	\$35
■ Hospital (facility) coinsurance	20%
■ Other (blood work) copayment	\$25

This EXAMPLE event includes services like:
[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$1,500
Copayments	\$200
Coinsurance	\$1,400
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$3,160

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$1,500
■ Specialist copayment	\$35
■ Hospital (facility) coinsurance	20%
■ Other (blood work) copayment	\$25

This EXAMPLE event includes services like:
[Primary care](#) physician office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$70
Copayments	\$1,100
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Joe would pay is	\$1,170

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$1,500
■ Specialist copayment	\$35
■ Hospital (facility) coinsurance	20%
■ Other (x-ray) copayment	\$25

This EXAMPLE event includes services like:
[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,400
Copayments	\$200
Coinsurance	\$200
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,800

Nondiscrimination Notice

Kaiser Foundation Health Plan of the Northwest (Kaiser Health Plan) complies with applicable federal and state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call Member Services at **1-800-813-2000** (TTY: **711**).

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with our Civil Rights Coordinator, by mail, phone, or fax. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You may contact our Civil Rights Coordinator at: Member Relations Department, Attention: Kaiser Civil Rights Coordinator, 500 NE Multnomah St. Ste 100, Portland, OR 97232-2099, Phone: **1-800-813-2000** (TTY: **711**), Fax: **1-855-347-7239**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 2020, Phone: 1-800-368-1019, TDD: 1-800-537-7697. Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

For Washington Members

You can also file a complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal, available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 1-800-562-6900, or 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineServices/cc/pub/complaintinformation.aspx>.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-813-2000 (TTY: 711).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-813-2000 (TTY: 711)፡፡

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم (711 :TTY) 1-800-813-2000.

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-813-2000 (TTY: 711)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (711 :TTY) 1-800-813-2000 تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-813-2000 (TTY: 711).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-813-2000 (TTY: 711).

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-813-2000 (TTY: 711) まで、お電話にてご連絡ください。

ខ្មែរ (Khmer) ប្រយោជន៍: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំណប់ផ្នែក។ ចូរទូរស័ព្ទ 1-800-813-2000 (TTY: 711)។

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-813-2000 (TTY: 711) 번으로 전화해 주십시오.

ລາວ (Laotian) ໂປດລາວ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໄທ້ທ່ານ. ໂທ 1-800-813-2000 (TTY: 711).

Afaan Oromoo (Oromo) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-813-2000 (TTY: 711).

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-813-2000 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Română (Romanian) ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-813-2000 (TTY: 711).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-813-2000 (TTY: 711).

Español (Spanish) ATENCION: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-813-2000 (TTY: 711).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-813-2000 (TTY: 711).

ไทย (Thai) เรียน: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-813-2000 (TTY: 711).

Українська (Ukrainian) УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-813-2000 (TTY: 711).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-813-2000 (TTY: 711).



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⁷⁸
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Manage your care online

See how easy it is to stay on top of your care. When you register at **kp.org**, you can use our many time-saving online tools for managing your health – anytime, anywhere.¹

Take charge of your care


Kp.org is your online gateway to great health. When you register, you can securely access many time-saving tools for managing the care you get at our facilities. Visit **kp.org** anytime, from anywhere, to:

- View most lab test results.
- Refill most prescriptions.
- Email your Kaiser Permanente doctor's office with nonurgent questions.
- Schedule and cancel routine appointments.
- Print vaccination records for school, sports, and camp.
- Manage a family member's health.²

 Go to **kp.org/experience** to see how it works.


Register now – it's easy

Just go online from a computer (not a mobile device) and follow the sign-on instructions. You'll need your medical record number, which you can find on your Kaiser Permanente ID card.

 **kp.org/register**
kp.org/registreseahora (en español)


Download the Kaiser Permanente app

Once you've registered, download the Kaiser Permanente app from your smartphone. Use your kp.org user ID and password to activate the app, and you'll be ready to use the secure features anytime, anywhere!

 Learn more about the app:
kp.org/mobile
kp.org/movil (en español)

Ready to get started at Kaiser Permanente?

Are you new to Kaiser Permanente? Thinking about joining? See how easy it is to choose a doctor, transition prescriptions, and more.

 **kp.org/newmember**
kp.org/miembrosnuevos (en español)

¹ These features are available when you get care at Kaiser Permanente facilities.

Due to privacy laws, certain features may not be available if they're being accessed on behalf of a child younger than 18. Your child's physician may also be prevented from giving you certain information without your child's consent.



Get wellness support

Take advantage of these extra perks – from personal health coaching to discounts on alternative medical therapies.



Sign up for healthy lifestyle programs³

With our online wellness programs, you'll get advice, encouragement, and tools to help you create positive changes in your life. Our complimentary programs can help you:

- Lose weight.
- Eat healthier.
- Quit smoking.
- Reduce stress.
- Manage ongoing conditions, like diabetes or depression.

Start with a Total Health Assessment, a simple online survey to give you a complete look at your health. You can also link the results of your assessment to your electronic health record, to share and discuss with your doctor.

➔ kp.org/healthylifestyles
kp.org/vidasana (en español)



Get a wellness coach

If you need a little extra support, we offer Wellness Coaching by Phone at no cost. You'll work one-on-one with your personal coach to make a plan to help you reach your health goals.

➔ kp.org/wellnesscoach



Join health classes

With all kinds of health classes and support groups offered right at our facilities, there's something for everyone. Classes vary at each location, and some may require a small fee. Go online to see all classes available near you.

➔ kp.org/classes
kp.org/classes (en español)



Enjoy member discounts

Get reduced rates on a variety of health-related products and services through ChooseHealthy™.⁴ These include:

- **Acupuncture** – 25% off a contracted acupuncturist's regular rates
- **Massage therapy** – 25% off a contracted massage therapist's regular rates
- **Chiropractic care** – 25% off a contracted chiropractor's regular rates
- **And more...**

To find a provider:

- Go to kp.org/choosehealthy.
 - Choose your region.
 - Click the "ChooseHealthy" link.
 - Click "Find a Provider."
 - Or call **1-877-335-2746** for help.

➔ kp.org/choosehealthy

³This value-added service is an extra service provided by entities other than Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (KFHP-MAS), and is neither offered nor guaranteed under any KFHP-MAS contract. This entity may change or discontinue offering this service at any time. KFHP-MAS disclaims any liability for the service provided by this entity.

⁴ChooseHealthy is a product of American Specialty Health Administrators, Inc., a subsidiary of American Specialty Health Incorporated (ASH). ChooseHealthy and the ChooseHealthy logo are federally registered trademarks of ASH. Please note that this is a discount program; it is not insurance. You can access services from any ASH Networks contracted provider; referral from a primary care physician is not required. You're responsible for paying the discounted fee directly to the contracted provider.

The products and services described are provided by entities other than Kaiser Permanente and are neither offered nor guaranteed under your Kaiser Foundation Health Plan contract. Kaiser Permanente does not endorse or make any representations regarding the quality or medical efficacy of such products and services, nor the financial integrity of these entities. Kaiser Permanente disclaims any liability for these products and services. Should a problem arise with any of these products or services, you may call the Member Service Contact Center, and we will direct you as appropriate. Some Kaiser Permanente members may have coverage through their health plan for some of the same services available through ASH Networks. Members should check their Evidence of Coverage or call the Member Service Contact Center for their area prior to utilizing the discounts offered by ASH Networks.

Services covered under your health plan are provided and/or arranged by Kaiser Permanente health plans: Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 320 Westlake Ave. N., Suite 100, Seattle, WA 98109 • Self-insured plans are administered by Kaiser Permanente Insurance Company, One Kaiser Plaza, Oakland, CA 94612



Learn more about your health

Information and inspiration are just a click away. Use these interactive tools and reference guides to find answers to your health questions and help you make decisions about your care.

Health encyclopedia	Explore more than 40,000 pages of in-depth information on health conditions, related symptoms, and treatment options. kp.org/health kp.org/salud (en español)
Health guides	Stay informed on popular health subjects or discover something new through our Live healthy health guide collections, available in English and Spanish. kp.org/livehealthy kp.org/vidasaludable (en español)
Drug encyclopedia	Look up detailed descriptions of thousands of drugs, including possible side effects. kp.org/medications kp.org/medicamentos (en español)
Natural Medicines Comprehensive Database	Find answers to your questions about dietary supplements, vitamins, minerals, and other natural products. kp.org/naturalmedicines kp.org/medicinasnaturales (en español)
Medical test directory	Learn more about your options for common tests and procedures, along with their risks and benefits. kp.org/healthdecisions
Videos and podcasts	Look, listen, and learn about your health and well-being. Watch videos or download health-related guided meditation podcasts. kp.org/video kp.org/audio
Interactive tools and calculators	Take an interactive quiz or enter your information into one of our calculators to learn more about your health. kp.org/calculators
Recipes	Get inspired to prepare delicious, healthy dishes. Browse recipes by category, like vegetarian dishes, soups, or desserts, or by what's in season. kp.org/foodforhealth
Symptom checker	Use our interactive visual aid to gauge your symptoms. Click on the body part that's troubling you and learn what to do next. kp.org/symptoms kp.org/sintomas (en español)
Pedometer app	Track your every step with the Every Body Walk! app – including distance covered, time elapsed, calories burned, and routes taken. kp.org/10000steps

Summary of Dental Benefits

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest. 500 NE Multnomah St., Suite 100, Portland, OR 97232

Membership Services: 1-800-813-2000

7/1/2023 - 6/30/2024

Albertina Kerr Centers

Group Number: 15466-021

Benefit Maximum per Calendar Year	\$2,000
	You pay
Dental Office Visit Charge – Per visit	\$10
Deductible (Per Calendar Year; applies to all services unless otherwise indicated)	
For one Member	\$75
For an entire Family	\$225
Preventive and Diagnostic Services (Not subject to or counted toward the Deductible)	
Oral exam	\$0
X-rays	\$0
Teeth cleaning	\$0
Fluoride	\$0
Minor Restoration Services	
Routine fillings	20% Coinsurance after Deductible
Plastic and steel crowns	20% Coinsurance after Deductible
Simple extractions	20% Coinsurance after Deductible
Oral Surgery Services	
Surgical tooth extractions	20% Coinsurance after Deductible
Periodontics	
Treatment of gum disease	20% Coinsurance after Deductible
Scaling and root planing	20% Coinsurance after Deductible
Endodontics	
Root canal therapy	20% Coinsurance after Deductible
Major Restoration Services	
Gold or porcelain crowns	50% Coinsurance after Deductible
Bridges	50% Coinsurance after Deductible
Removable Prosthetic Services	
Full upper and lower dentures	50% Coinsurance after Deductible
Partial dentures	50% Coinsurance after Deductible
Relines	50% Coinsurance after Deductible
Rebases	50% Coinsurance after Deductible
Nitrous oxide (Not subject to or counted toward the Deductible or Benefit Maximum)	
Adults and children age 13 years and older	\$25
Children age 12 years and younger	\$0
Orthodontics	Not covered

Implants

50% Coinsurance after Deductible up to the \$2,000 Dental Implant Benefit Maximum.

Plan is subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the Evidence of Coverage (EOC). Sample EOCs are available upon request.

Questions? Call Member Services (M-F, 8 am-6 pm) or visit **kp.org** Portland area: 503-813-2000

All other areas: 1-800-813-2000 TTY.711. Language Interpretation Services, all areas 1-800-324-8010

This is not a contract. This benefit summary does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details on benefit coverage, claims review, and adjudication procedures, please see your EOC or call Member Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.

2023 Delta Dental PPO Plan Benefit Summary



Delta Dental of Oregon & Alaska

Albertina Kerr Centers

Group ID: 10016770

Preferred Option Plan BP3X50_PF

	PPO provider	Premier provider	Out-of-network non-participating provider
Calendar year costs			
Calendar year maximum, per member		\$1,500	
Calendar year deductible, per member		\$50	
Calendar year maximum deductible, per family		\$150	
Class 1* (Services do not apply to the calendar year max)			
Periodic examinations / x-rays	100%	80%	80%
Prophylaxis (cleanings) / periodontal maintenance	100%	80%	80%
Sealants	100%	80%	80%
Space maintainers	100%	80%	80%
Topical application of fluoride	100%	80%	80%
Class 2			
Restorative fillings	80%	60%	60%
Oral surgery (extractions & certain minor surgical procedures)	80%	60%	60%
Endodontics (treatment of teeth with diseased or damaged nerves)	80%	60%	60%
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	80%	60%	60%
Class 3			
Implants	50%	50%	50%
Crowns and other cast restorations	50%	50%	50%
Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures)	50%	50%	50%

* Deductible waived for preventive.

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

How to use this dental plan

For In-Network benefits, members select a Delta Dental PPO dentist from our directory which is on our website at www.modahealth.com. Each family member may choose a different dentist. If you receive care from a dental provider not in the Delta Dental PPO Network, Out-of-Network coverage levels apply.

When the member visits:

Delta Dental PPO Dentists:

Benefits are paid at the PPO benefit level. Members are held harmless from balance billing (will not be billed for the difference between the dentist's billed charge and the Delta Dental PPO fee).

Delta Dental Premier Dentist, Non PPO:

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

Non Participating Dentists:

Benefits are paid at the Out of Network benefit level. Members may be held liable for the difference between the dentist's billed charge and the non-participating allowable.

Limitations

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

Preventive (Class 1 Services)

- **Diagnostic** Routine or comprehensive examinations or consultations covered once in any 6-month period. Supplementary bitewing x-rays are covered once in any 12-month period. Complete series x-rays or a panoramic film are covered once in any 5-year period.
- **Preventive** Prophylaxis (cleaning) or periodontal maintenance is covered once in any six-month period. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of 2 additional periodontal maintenances per year. Topical application of fluoride is covered once in any 6-month period for members under age 19. For members age 19 and older, topical application of fluoride is covered once in any 6-month period if there is a recent history of periodontal surgery or high risk of decay due to medical disease or chemotherapy or similar type of treatment. Sealant benefits are limited to the unrestored, occlusal surfaces of permanent molars. Benefits will be limited to one sealant, per tooth, during any 5-year period.

Basic (Class 2 Services)

- **Oral Surgery** Limited to extractions and other minor surgical procedures.
- **Restorative** Amalgam and composite fillings are covered for all teeth. A separate charge for general anesthesia and/or IV sedation is not covered when used for non-surgical procedures.
- **Periodontic** Scaling and root planing is limited to once per quadrant in any 2-year period.

Major (Class 3 Services)

- **Implants** and implant removal are limited to once per lifetime per tooth space. A crown over an implant is covered once per lifetime of the implant.
- **Restorative** Cast restorations (including pontics) are covered once in a seven (7) year period on any tooth.
- **Prosthodontic** A bridge or denture (full or partial, including alternate benefits) will be covered once in a seven (7) year period only if the tooth, tooth site, or teeth involved have not received a cast restoration benefit in the past seven (7) years. Specialized or personalized prosthetics are limited to the cost of standard devices.
- **Occlusal Guard** (night guard) covered at 100% once in a five year period, up to \$150 maximum. Over-the-counter night guards are excluded.
- **Athletic mouth guard** covered at 50%, once in any 12-month period for members age 15 and under and once in any 24-month period age 16 and over. Over-the-counter athletic mouth guards are excluded.

Exclusions

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

Delta Dental Orthodontia Rider



Delta Dental of Oregon & Alaska

Albertina Kerr Centers

Group ID: 10016770

Adult & Child Ortho 1500	
Lifetime maximum	\$1,500
What members pay	
Members age 19+	50%
Members under age 19	50%

How to use this dental plan

When you visit your dental provider, tell him or her you are a Delta Dental member.

Pre-determination

Your dental office can submit a pre-treatment plan to Delta Dental of Oregon on your behalf. We will return it to them indicating the dollar allowance which will be covered by your plan before you go forward with treatment.

Albertina Kerr Centers



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor (Access Network)

- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads up

You may have additional benefits.

Log into eyemed.com/member to see all plans included with your benefits.

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$25 copay	Up to \$50
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	Up to \$55	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$65
STANDARD PLASTIC LENSES		
Single Vision	\$25 copay	Up to \$50
Bifocal	\$25 copay	Up to \$75
Trifocal	\$25 copay	Up to \$100
Lenticular	\$25 copay	Up to \$100
Progressive - Standard	\$90 copay	Up to \$75
Progressive - Premium	\$90 copay; 20% off retail price less \$120 allowance	Up to \$75
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45	Not covered
Anti Reflective Coating - Premium	20% off retail price	Not covered
Polycarbonate - Standard	\$40	Not covered
Polycarbonate - Standard - Dependent Children	\$40	Not covered
Scratch Coating - Standard Plastic	\$15	Not covered
Tint - Solid or Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$105
Contacts - Disposable	\$0 copay; 100% of balance over \$130 allowance	Up to \$105
Contacts - Medically Necessary	\$0 copay; paid in full	Up to \$200
OTHER		
Hearing Care from Amplifon Network	Discounts on hearing exam and aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY		
Exam	Once every 12 months	
Frame	Once every 24 months	
Lenses	Once every 12 months	
Contact Lenses	Once every 12 months	
(Plan allows member to receive either contacts and frame, or frames and lens services)		

Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered-funded as a Bifocal lens. Standard Progressive lens covered-funded Premium Progressive as a Standard. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. Benefit allowance provides no remaining balance for future use within the same benefit year.

Offered by Life Insurance Company of North America

Employer-Paid TERM LIFE INSURANCE

Summary of Benefits

Prepared for: Albertina Kerr Centers

Eligibility:

All active, Full-time Employees of the Employer regularly working a minimum of 30 hours per week.

Employee: You will be eligible for coverage after 90 days of active service.

Available Coverage:

	Benefit Amount	Maximum	Guaranteed Issue Amount
Employee	\$25,000	\$25,000	\$25,000

Additional Features:

Continuation of Disability – If your active service ends due to disability, at age 60 or over, your life insurance coverage will continue while you are disabled. Benefits will remain in force until the earliest of: the date you are no longer disabled, the date the policy terminates, the date you are Disabled for 12 consecutive months, or the day after the last period for which premiums are paid. You are considered disabled if, because of injury or sickness, you are unable to perform all the material duties of your Regular Occupation, or you are receiving disability benefits under your Employer's plan.

Extended Death Benefit with Waiver of Premium – The extended death benefit continues your coverage without payment of premium, before you're eligible to qualify for Waiver of Premium, if you are continuously Disabled for 9 months prior to age 60. "Disabled" means, because of injury or sickness, you are unable to perform all the material duties of your regular occupation, or you are receiving disability benefits under a program sponsored by your Employer. Regular Occupation means the occupation you routinely performed at the time your Disability began. We/the insurance company will consider the duties of your occupation as those that are normally performed in the general labor market in the national economy. If you qualify for this benefit and have insured your spouse or children, the insurance company will also extend their coverage if applicable.

Waiver of Premium – If you become Disabled prior to age 60, and you remain Disabled continuously for a 9 month period and thereafter, you won't need to pay premiums for your life insurance coverage, provided we/the Insurance Company determine(s) you are Disabled. "Disabled" for this coverage means, because of injury or sickness, you are unable to perform the material duties of your regular occupation, or are receiving disability benefits under a program sponsored by your employer, for the first 12 months after your Disability began. Thereafter, you must be unable to perform the material duties of any occupation that you are or may reasonably become qualified based on your education, training or experience. If you qualify for this coverage and have insured your spouse or children, the insurance company will also waive their premium if applicable. After premiums have been waived for 12 months, they will be waived for future periods of 12 months if you remain Disabled. This benefit will remain active until age 65 subject to proof of continuing disability each year.

Accelerated Death Benefit – Terminal Illness – if two unaffiliated doctors diagnose you as terminally ill while the coverage is active, with a life expectancy of 12 months or less, the benefit for Terminal Illness provides up to:

Employee: 90% of your Term Life Insurance coverage amount or \$459,000, whichever is less.

Conversion – To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends.

Important Definitions and Policy Provisions:

When Your Coverage Begins and Ends – Coverage becomes effective on the later of the program's effective date, the date you become eligible, the date your enrollment elections are received if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable, will not begin for any spouse or child who on the effective date is an inpatient in a facility or is home confined and under the care of a physician. Coverage will end on the earliest of the date you are eligible for coverage under a plan intended to replace this coverage, you or your dependents if applicable, are no longer eligible, the group policy is no longer in force, or required premiums are not paid.

Benefit Reductions, Exclusions and Limitations:

Benefit Reduction Schedule – If you are still employed, your benefits will reduce to 65% at age 70 and 45% at age 75.

Limitations – The Accelerated Death Benefit is payable only once. Using this benefit reduces the life insurance death benefit. The amount payable under the Accelerated Death Benefit may be reduced by the amount of other benefits already paid to the insured under the policy. See your certificate for details. Benefits will be extended without premium payment until the earlier of the date you are no longer disabled, or the date you fail to qualify for Waiver of Premium or fail to provide proof of Disability.

THIS POLICY PROVIDES LIMITED COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE. THIS COVERAGE DOES NOT SATISFY THE INDIVIDUAL MANDATE OF THE AFFORDABLE CARE ACT BECAUSE THE COVERAGE DOES NOT MEET THE REQUIREMENTS OF MINIMUM ESSENTIAL COVERAGE.

Terms and conditions of coverage for Term Life insurance are set forth in Group Policy No. FLX 965436. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible conditions, their respective payments and policy exclusions and limitations are contained in the Policy. Please see your Plan Sponsor to obtain a copy of the Policy. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability, costs, benefits, riders, covered conditions and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 51 Madison Avenue New York, NY 10010.

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Created on 03/2022

Offered by Life Insurance Company of North America

Employer-Paid ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Summary of Benefits

Prepared for: Albertina Kerr Centers

Eligibility:

All active, Full-time Employees of the Employer regularly working a minimum of 30 hours per week.

Employee: You will be eligible for coverage after 90 days of active service.

Available Coverage:

	Benefit Amount	Maximum
Employee	\$25,000	\$25,000

Benefit Details:

If, within 365 days of a Covered Accident, bodily injuries result in:	We'll pay this % of the Benefit Amount:
Loss of life; Quadriplegia; Loss of two or more hands or feet; Loss of sight in both eyes; or Loss of speech and hearing (both ears)	100%
Paraplegia	75%
Hemiplegia; Loss of one hand, one foot, sight in one eye, speech, or hearing in both ears; or Severance and Reattachment of one hand or foot	50%
Uniplegia; Loss of all four fingers of the same hand; or Loss of thumb and index finger of the same hand	25%
Loss of all toes of the same foot	20%

For Comas — You will receive 1% of the full benefit amount each month, for up to a maximum of 11 months, if you or an insured family member are in a coma for 30 days or more as a result of a Covered Accident. If the covered person is still in a coma after 11 months, or dies, the full benefit amount will be paid.

Additional Features:

For Wearing a Seatbelt & Protection by an Airbag — You will receive an additional 100% benefit but not more than \$10,000 if the covered person dies in a covered automobile accident and law enforcement-certified to be wearing a seatbelt or approved child restraint. We will increase the benefit by an additional 100% but not more than \$5,000 if the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

For Exposure & Disappearance — Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a Covered Accident. If your or an insured family member's body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a Covered Accident.

For Furthering Education — If you die in a covered accident, we will pay an extra benefit for each insured child who enrolls in a school of higher learning within one year of your death. We will increase your benefit by 3% or \$3,000, whichever is less, for each qualifying child, each year for 4 consecutive years as long as your child continues his/her education.

If there is no qualifying child, we will pay an additional \$1,000 to your beneficiary.

For Child Care Expenses — If you die as a result of a covered accident, we will pay a benefit for a surviving child under 13 who is enrolled in a licensed child care center at the time of the accident or within 90 days afterwards. This benefit is 3% of your benefit amount per year, but not more than \$3,000 per year for 4 years or until the child turns 13, whichever occurs first, for each covered child.

For Training for Your Spouse — If you die from a covered accident, your spouse will receive educational reimbursement if he or she enrolls, within 3 years of your death, in an accredited school to gain skills needed for employment. We will pay the actual cost of the education or training program to 3% of your benefit amount, not exceeding \$3,000.

Conversion — If group accident coverage ends (except due to nonpayment of premium), your employment is terminated, membership in an eligible class is terminated, or insurance coverage is reduced based on attained age, you can convert to an individual non-term policy. To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Dependents may convert their coverage as well if applicable. Premiums may change at this time, and terms of coverage will be subject to change. You can also convert to an individual policy of up to \$10,000 if you have been insured for at least 5 years and the policy is terminated or amended, provided coverage is not replaced and you are not covered under a different conversion policy issued by Life Insurance Company of North America. Refer to your certificate for details.

Important Definitions and Policy Provisions:

When your coverage begins – Coverage begins on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable, will not begin for any dependent who on the effective date is hospital or home confined; receiving chemotherapy or radiation treatment; or disabled and under the care of a physician.

When your coverage ends – Coverage ends on the earliest of the date you or your dependents, if applicable, are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the Continuation of Insurance provisions in your Certificate.)

Benefit Reductions, Exclusions and Limitations

Benefit Reduction Schedule: If you are still employed, your benefits will reduce to 65% at age 70 and 45% at age 75. Your premiums will also reduce to match your benefits.

Exclusions – Self-inflicted injuries or suicide while sane or insane • commission or attempt to commit a felony or an assault • any act of war, declared or undeclared • any active participation in a riot, insurrection or terrorist act • bungee jumping • parachuting • skydiving • parasailing • hang-gliding • sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food • voluntarily using any drug, narcotic, poison, gas or fumes except one prescribed by a licensed physician and taken as prescribed • operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it • a Covered Accident that occurs while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days) • traveling in an aircraft that is owned, leased or controlled by the sponsoring organization or any of its subsidiaries or affiliates • air travel, except as a passenger on a regularly scheduled commercial airline or in an aircraft being used by the Air Mobility Command or its foreign equivalent • flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface being flown by the covered person or in which the covered person is a member of the crew.

Limitations – For multiple covered losses, benefits are paid for the single largest benefit available. For loss of life, the benefit amount shown will be reduced by the amount of any dismemberment benefits that were previously paid or payable.

THIS POLICY PROVIDES LIMITED ACCIDENT-ONLY COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. IT DOES NOT COVER LOSSES CAUSED BY SICKNESS. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE.

Terms and conditions of coverage for Accidental Death and Dismemberment insurance are set forth in Group Policy No. OK 967019. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible injuries, their respective payments and policy exclusions and limitations are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 51 Madison Avenue New York, NY 10010.

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Created on 03/2022.

Offered by Life Insurance Company of North America

Employee-Paid TERM LIFE and ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Summary of Benefits

Prepared for: Albertina Kerr Centers

Eligibility:

All active, Full-time Employees of the Employer regularly working a minimum of 30 hours per week.

Employee: You will be eligible for coverage after 90 days of active service.

Spouse*: Is eligible as long as you apply for and are approved for coverage yourself.

Child(ren): Birth to age 26, as long as you apply for and are approved for coverage yourself.

*Domestic Partner is defined in the Group Policy. For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative.

Available Coverage: You will receive equal amounts of Term Life and Accidental Death and Dismemberment insurance.

	Benefit Amount	Maximum	Guaranteed Issue Amount
Employee	Units of \$10,000	Lesser of 5 times salary or \$500,000	\$200,000
Spouse	Units of \$5,000	\$250,000	\$20,000
Children	Units of \$2,000	\$10,000; under 6 months old \$500	All amounts

You will receive the same amount of Voluntary Accidental Death and Dismemberment insurance under Policy OK 967019, underwritten by Life Insurance Company of North America.

Guaranteed Issue means that you may be able to purchase coverage without medical exams or health questions. See "Guaranteed Issue" below for more information.

AD&D Benefit Details:

If, within 365 days of a Covered Accident, bodily injuries result in:	We'll pay this % of the Benefit Amount:
Loss of life; Quadriplegia; Loss of two or more hands or feet; Loss of sight in both eyes; or Loss of speech and hearing (both ears)	100%
Paraplegia	75%
Hemiplegia; Loss of one hand, one foot, sight in one eye, speech, or hearing in both ears; or Severance and Reattachment of one hand or foot	50%
Uniplegia; Loss of all four fingers of the same hand; or Loss of thumb and index finger of the same hand	25%
Loss of all toes of the same foot	20%

For Comas — You will receive 1% of the full benefit amount each month, for up to a maximum of 11 months, if you or an insured family member are in a coma for 30 days or more as a result of a Covered Accident. If the covered person is still in a coma after 11 months, or dies, the full benefit amount will be paid.

Additional AD&D Features:

For Wearing a Seatbelt & Protection by an Airbag — You will receive an additional 100% benefit but not more than \$10,000 if the covered person dies in a covered automobile accident and law enforcement-certified to be wearing a seatbelt or approved child restraint. We will increase the benefit by an additional 100% but not more than \$5,000 if the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

For Exposure & Disappearance — Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a Covered Accident. If your or an insured family member's body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a Covered Accident.

For Furthering Education — If you die in a covered accident, we will pay an extra benefit for each insured child who enrolls in a school of higher learning within one year of your death. We will increase your benefit by 3% or \$3,000, whichever is less, for each qualifying child, each year for 4 consecutive years as long as your child continues his/her education.

If there is no qualifying child, we will pay an additional \$1,000 to your beneficiary.

For Child Care Expenses — If you die as a result of a covered accident, we will pay a benefit for a surviving child under 13 who is enrolled in a licensed child care center at the time of the accident or within 90 days afterwards. This benefit is 3% of your benefit amount per year, but not more than \$3,000 per year for 4 years or until the child turns 13, whichever occurs first, for each covered child.

Additional AD&D Features — continued

For Training for Your Spouse — If you die from a covered accident, your spouse will receive educational reimbursement if he or she enrolls, within 3 years of your death, in an accredited school to gain skills needed for employment. We will pay the actual cost of the education or training program to 3% of your benefit amount, not exceeding \$3,000.

Conversion — If group accident coverage ends (except due to nonpayment of premium), your employment is terminated, membership in an eligible class is terminated, or insurance coverage is reduced based on attained age, you can convert to an individual non-term policy. To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Dependents may convert their coverage as well if applicable. Premiums may change at this time, and terms of coverage will be subject to change. You can also convert to an individual policy of up to \$10,000 if you have been insured for at least 5 years and the policy is terminated or amended, provided coverage is not replaced and you are not covered under a different conversion policy issued by Life Insurance Company of North America. Refer to your certificate for details.

Additional Term Life Features:

Continuation of Disability — If your active service ends due to disability, at age 60 or over, your life insurance coverage will continue while you are disabled. Benefits will remain in force until the earliest of: the date you are no longer disabled, the date the policy terminates, the date you are Disabled for 12 consecutive months, or the day after the last period for which premiums are paid. You are considered disabled if, because of injury or sickness, you are unable to perform all the material duties of your Regular Occupation, or you are receiving disability benefits under your Employer's plan.

Extended Death Benefit with Waiver of Premium — The extended death benefit continues your coverage without payment of premium, before you're eligible to qualify for Waiver of Premium, if you are continuously Disabled for 9 months prior to age 60. "Disabled" means, because of injury or sickness, you are unable to perform all the material duties of your regular occupation, or you are receiving disability benefits under a program sponsored by your Employer. Regular Occupation means the occupation you routinely performed at the time your Disability began. We/the insurance company will consider the duties of your occupation as those that are normally performed in the general labor market in the national economy. If you qualify for this benefit and have insured your spouse or children, the insurance company will also extend their coverage if applicable.

Waiver of Premium — If you become Disabled prior to age 60, and you remain Disabled continuously for a 9 month period and thereafter, you won't need to pay premiums for your life insurance coverage, provided we/the Insurance Company determine(s) you are Disabled. "Disabled" for this coverage means, because of injury or sickness, you are unable to perform the material duties of your regular occupation, or are receiving disability benefits under a program sponsored by your employer, for the first 12 months after your Disability began. Thereafter, you must be unable to perform the material duties of any occupation that you are or may reasonably become qualified based on your education, training or experience. If you qualify for this coverage and have insured your spouse or children, the insurance company will also waive their premium if applicable.

Accelerated Death Benefit — Terminal Illness — if two unaffiliated doctors diagnose you or your spouse as terminally ill while the coverage is active, with a life expectancy of 12 months or less, the benefit for Terminal Illness provides up to:

Employee: 90% of your Term Life Insurance coverage amount or \$459,000, whichever is less.

Spouse: 90% of your Term Life Insurance coverage amount or \$225,000, whichever is less.

Portability — If your employment is terminated, you can continue your life insurance on a direct-bill basis. Coverage may also be continued for your spouse/children. Premiums will increase at this time. Coverage can be continued to age 70, unless the insurance company terminates portability for all insured persons. Refer to your certificate for details.

Conversion — To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends.

Employee's Monthly Cost of Coverage:

Age	Employee Cost Per \$1,000	Spouse Cost Per \$1,000	Age	Employee Cost Per \$1,000	Spouse Cost Per \$1,000
0-19	\$0.070	\$0.050	60-64	\$0.700	\$0.680
20-24	\$0.070	\$0.050	65-69	\$1.331	\$1.311
25-29	\$0.081	\$0.061	70-74	\$2.148	\$2.128
30-34	\$0.102	\$0.082	75-79	\$2.148	\$2.128
35-39	\$0.112	\$0.092	80-84	\$2.148	\$2.128
40-44	\$0.121	\$0.101	85-89	\$2.148	\$2.128
45-49	\$0.175	\$0.155	90-94	\$2.148	\$2.128
50-54	\$0.257	\$0.237	95-99	\$2.148	\$2.128
55-59	\$0.464	\$0.440			

Child Cost Per \$1,000 = \$0.105

Actual per pay period premiums may differ slightly due to rounding. All spouse rates are based on employee age. Rates vary by age and may be subject to change in the future. Benefits will reduce based on age (see Benefits Reduction Schedule for details).

How to Calculate Your Monthly Cost:

Step 1: Use the chart above to find your **Monthly** rate based on your age as of your effective date.

Step 2: Multiply this rate by your desired coverage amount, in units. Reference the table above to find the appropriate unit amounts for employee and/or dependents.

Step 3: The result is the **Monthly** cost.

Important Definitions and Policy Provisions:

When Your Coverage Begins and Ends — Coverage becomes effective on the later of the program's effective date, the date you become eligible, the date your enrollment elections are received if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable, will not begin for any spouse or child who on the effective date is an inpatient in a facility or is home confined and under the care of a physician. Coverage will end on the earliest of the date you are eligible for coverage under a plan intended to replace this coverage, you or your dependents if applicable, are no longer eligible, the group policy is no longer in force, or required premiums are not paid.

Term Life Benefit Reductions, Exclusions and Limitations:

Benefit Reduction Schedule – If you are still employed, your benefits will reduce to 65% at age 70 and 45% at age 75.

Exclusions – Voluntary life insurance will not be paid if you commit suicide, while sane or insane, within the first two years of coverage.

Limitations – The Accelerated Death Benefit is payable only once. Using this benefit reduces the life insurance death benefit. The amount payable under the Accelerated Death Benefit may be reduced by the amount of other benefits already paid to the insured under the policy. See your certificate for details. • Benefits will be extended without premium payment until the earlier of the date you are no longer disabled, or the date you fail to qualify for Waiver of Premium or fail to provide proof of Disability. After premiums have been waived for 12 months, they will be waived for future periods of 12 months if you remain Disabled. This benefit will remain active until age 65 subject to proof of continuing disability each year.

AD&D Exclusions and Limitations

Exclusions – Self-inflicted injuries or suicide while sane or insane • commission or attempt to commit a felony or an assault • any act of war, declared or undeclared • any active participation in a riot, insurrection or terrorist act • bungee jumping • parachuting • skydiving • parasailing • hang-gliding • sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food • voluntarily using any drug, narcotic, poison, gas or fumes except one prescribed by a licensed physician and taken as prescribed • operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it • a Covered Accident that occurs while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days) • traveling in an aircraft that is owned, leased or controlled by the sponsoring organization or any of its subsidiaries or affiliates • air travel, except as a passenger on a regularly scheduled commercial airline or in an aircraft being used by the Air Mobility Command or its foreign equivalent • flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface being flown by the covered person or in which the covered person is a member of the crew.

Limitations – For multiple covered losses, benefits are paid for the single largest benefit available. For loss of life, the benefit amount shown will be reduced by the amount of any dismemberment benefits that were previously paid or payable.

Guaranteed Issue for Term Life Insurance Coverage:

If you are a new hire and you apply within 31 days after you are eligible to elect coverage for yourself, you are entitled to choose any coverage offered up to the Guaranteed Issue Amount, without providing proof of good health. If you apply for an amount of coverage greater than the Guaranteed Issue Amount, coverage in excess of the Guaranteed Issue Amount will not be issued until the insurance company approves acceptable proof of good health. If you apply for coverage for yourself more than 31 days from the date you become eligible to elect coverage under this plan, the Guaranteed Issue Amount will not apply, unless Guaranteed Issue has been approved by your employer for a specific period of time. Coverage will not be issued until the insurance company approves acceptable proof of good health.

These are summarized definitions only. To be eligible for coverage, the covered illness or event must meet the definitions and other terms and conditions set forth in the group policy.

THIS POLICY PROVIDES LIMITED COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE. THIS COVERAGE DOES NOT SATISFY THE INDIVIDUAL MANDATE OF THE AFFORDABLE CARE ACT BECAUSE THE COVERAGE DOES NOT MEET THE REQUIREMENTS OF MINIMUM ESSENTIAL COVERAGE.

Terms and conditions of coverage for Term Life insurance are set forth in Group Policy No. FLX 965436. Terms and conditions of coverage for Accidental Death and Dismemberment insurance are set forth in Group Policy No. OK 967019. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible conditions, their respective payments and policy exclusions and limitations are contained in the Policy. Please see your Plan Sponsor to obtain a copy of the Policy. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability, costs, benefits, riders, covered conditions and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company, 51 Madison Avenue New York, NY 10010.

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Offered by Life Insurance Company of North America

Employer-Paid SHORT TERM DISABILITY INSURANCE

Summary of Benefits

Prepared for: Albertina Kerr Centers

Eligibility:

All active, Full-time Employees of the Employer regularly working a minimum of 30 hours per week.

Employee: You will be eligible for coverage the first of the month on or after 90 days of active service.

Available Coverage:

Gross Weekly Benefit ¹	Maximum Gross Weekly Benefit	Benefit Waiting Period	Maximum Benefit Period
66.67% of your weekly covered earnings	\$100	30 Days for accident 30 Days for sickness	22 Weeks for accident 22 Weeks for sickness

Important Definitions and Policy Provisions:

Disability - "Disability" or "Disabled" means if solely because of a covered injury or sickness, you are unable to perform the material duties of your regular job or you are unable to earn 80% or more of your covered earnings from working in your regular job. We will require proof of earnings and continued disability.

Covered Earnings - "Covered Earnings" means your wages or salary, not including overtime pay, bonuses, commissions, and other extra compensation.

When Benefits Begin - You must be continuously Disabled for 30 Days for an accident and 30 Days for a sickness before benefits will be paid for a covered Disability.

How Long Benefits Last - Once you qualify for benefits under this plan, the maximum number of weekly Disability benefits is 22 Weeks for an accident and 22 Weeks for a sickness. Disability benefits will end sooner if you no longer qualify for benefits.

When Coverage Takes Effect - Your coverage takes effect on the later of the policy's effective date, the date you become eligible, the date we receive your completed enrollment form if required, or the date you authorize any necessary payroll deductions if applicable. If you're not actively at work on the date your coverage would otherwise take effect, your coverage will take effect on the date you return to work. If you have to submit proof of good health, your coverage takes effect on the date we agree, in writing, to cover you.

Benefit Reductions, Conditions, Limitations and Exclusions:

Effects of Other Income Benefits – This plan is structured to prevent your total benefits and post-disability earnings from equaling or exceeding pre-disability earnings. Therefore, we reduce this plan's benefits by an amount equal to any Social Security retirement and/or disability benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them. Disability benefits will be reduced by amounts received through other government programs, sick pay, employer funded retirement benefits, workers' compensation, franchise/group insurance, auto no-fault, and damages for wage loss. For details, see your Certificate of Insurance.

Termination of Disability Benefits – Your benefits will terminate when your Disability ceases, when your benefit duration period is exceeded, you earn more than your allowable Covered Earnings, or the date benefits end because you did not comply with the terms and conditions of the policy.

Exclusions – This plan does not pay benefits for a Disability which results, directly or indirectly, from any of the following:

- Suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane.
- war or any act of war, whether or not declared.
- active participation in a riot;
- commission of a felony;
- the revocation, restriction or non-renewal of an Employee's license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy.
- any cosmetic surgery or surgical procedure that is not Medically Necessary.
- an Injury or Sickness for which the Employee is entitled to benefits from Workers' Compensation or occupational disease law.
- an Injury or Sickness that is work related.

In addition, the plan does not pay disability benefits any period of Disability during which you are incarcerated in a penal or corrections institution.

1. Your benefit amount will be reduced by any amounts payable to you by any of the sources listed under the "Effects of Other Income Benefits" section.

Terms and conditions of coverage for Short Term Disability insurance are set forth in Group Policy No. LK 751504. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 51 Madison Avenue New York, NY 10010.

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Offered by Life Insurance Company of North America

Employee-Paid SHORT TERM DISABILITY INSURANCE

Summary of Benefits

Prepared for: Albertina Kerr Centers

Eligibility:

All active, Full-time Employees of the Employer regularly working a minimum of 30 hours per week.

Employee: You will be eligible for coverage the first of the month on or after 90 days of active service.

Available Coverage:

Gross Weekly Benefit ¹	Maximum Gross Weekly Benefit	Benefit Waiting Period	Maximum Benefit Period
60% of your weekly covered earnings	\$1,500	30 Days for accident 30 Days for sickness	22 Weeks for accident 22 Weeks for sickness

Employee's Monthly Cost of Coverage:

Monthly Rate Per \$10 of Weekly Benefit = \$0.310

Actual per pay period premiums may differ slightly due to rounding.

Rates may be subject to change in the future.

How to Calculate Your Monthly Cost:

Step 1: Divide your annual salary by 52 to calculate your weekly earnings.

Step 2: Multiply this amount by the benefit percentage defined above in the Available Coverage section. For example, 60% would be .60. Now, you have your gross weekly benefit.

Step 3: Find the above Monthly rate. Multiply this rate by your gross weekly benefit, or the maximum gross weekly benefit, whichever is less.

Step 4: Divide the total by 10. The result is your Monthly cost.

Important Definitions and Policy Provisions:

Disability - "Disability" or "Disabled" means if solely because of a covered injury or sickness, you are unable to perform the material duties of your regular job or you are unable to earn 80% or more of your covered earnings from working in your regular job. We will require proof of earnings and continued disability.

Covered Earnings - "Covered Earnings" means your wages or salary, not including overtime pay, bonuses, commissions, and other extra compensation.

When Benefits Begin - You must be continuously Disabled for 30 Days for an accident and 30 Days for a sickness before benefits will be paid for a covered Disability.

How Long Benefits Last - Once you qualify for benefits under this plan, the maximum number of weekly Disability benefits is 22 Weeks for an accident and 22 Weeks for a sickness. Disability benefits will end sooner if you no longer qualify for benefits.

When Coverage Takes Effect - Your coverage takes effect on the later of the policy's effective date, the date you become eligible, the date we receive your completed enrollment form if required, or the date you authorize any necessary payroll deductions if applicable. If you're not actively at work on the date your coverage would otherwise take effect, your coverage will take effect on the date you return to work. If you have to submit proof of good health, your coverage takes effect on the date we agree, in writing, to cover you.

Benefit Reductions, Conditions, Limitations and Exclusions:

Effects of Other Income Benefits – This plan is structured to prevent your total benefits and post-disability earnings from equaling or exceeding pre-disability earnings. Therefore, we reduce this plan's benefits by an amount equal to any Social Security retirement and/or disability benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them. Disability benefits will be reduced by amounts received through other government programs, sick pay, employer funded retirement benefits, workers' compensation, franchise/group insurance, auto no-fault, and damages for wage loss. For details, see your Certificate of Insurance.

Pre-existing Condition Limitation – Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures), during the 3 months just prior to the most recent effective date of insurance. Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance.

Termination of Disability Benefits – Your benefits will terminate when your Disability ceases, when your benefit duration period is exceeded, you earn more than your allowable Covered Earnings, or the date benefits end because you did not comply with the terms and conditions of the policy.

Exclusions – This plan does not pay benefits for a Disability which results, directly or indirectly, from any of the following:

- Suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane.
- war or any act of war, whether or not declared.
- active participation in a riot;
- commission of a felony;
- the revocation, restriction or non-renewal of an Employee's license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy.
- any cosmetic surgery or surgical procedure that is not Medically Necessary.
- an Injury or Sickness for which the Employee is entitled to benefits from Workers' Compensation or occupational disease law.
- an Injury or Sickness that is work related.

In addition, the plan does not pay disability benefits any period of Disability during which you are incarcerated in a penal or corrections institution.

1. Your benefit amount will be reduced by any amounts payable to you by any of the sources listed under the "Effects of Other Income Benefits" section.

Terms and conditions of coverage for Short Term Disability insurance are set forth in Group Policy No. VDT 961541. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 51 Madison Avenue New York, NY 10010.

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Offered by Life Insurance Company of North America

Employer-Paid LONG TERM DISABILITY INSURANCE

Summary of Benefits

Prepared for: Albertina Kerr Centers

Eligibility:

All active Full-time Employees of the Employer regularly working a minimum of 30 hours per week, excluding Senior Leadership, Directors and Medical Staff.

Employee: You will be eligible for coverage the first of the month on or after 12 months of active service.

Available Coverage:

Gross Monthly Benefit ¹	Maximum Gross Monthly Benefit	Benefit Waiting Period	Maximum Benefit Period
60% of your monthly covered earnings	\$5,000	180 Days	Please refer to the "How Long Benefits Last" section below for more details.

Additional Features

Family Survivor Benefit – If you die while receiving benefits, we will pay a survivor benefit to your lawful spouse*, eligible children, or estate. The plan will pay a single lump sum equal to 6 months of benefits.

Important Definitions and Policy Provisions:

Disability – "Disability" or "Disabled" means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation/regular job or you are unable to earn 80% or more of your indexed earnings from working in your regular occupation/regular job. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, or you are unable to earn 80% or more of your indexed earnings. We will require proof of earnings and continued disability.

Covered Earnings – "Covered Earnings" means your wages or salary, not including overtime pay, bonuses, commissions, and other extra compensation.

When Benefits Begin – You must be continuously Disabled for 180 Days before benefits will be paid for a covered Disability.

How Long Benefits Last – Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit or until you no longer qualify for benefits, whichever occurs first. Should you remain Disabled, your benefits continue according to the later of your Social Security Normal Retirement Age, or the following schedule, depending on your age at the time you become Disabled.

Age at Disability	Age 62 or younger	63	64	65	66	67	68	69+
Duration of Payments (months)	To age 65 or the date the 42nd monthly benefit is payable, if later.	36	30	24	21	18	15	12

When Coverage Takes Effect – Your coverage takes effect on the later of the policy's effective date, the date you become eligible, the date we receive your completed enrollment form if required, or the date you authorize any necessary payroll deductions if applicable. If you're not actively at work on the date your coverage would otherwise take effect, your coverage will take effect on the date you return to work. If you have to submit proof of good health, your coverage takes effect on the date we agree, in writing, to cover you.

Benefit Reductions, Conditions, Limitations and Exclusions:

***Domestic Partner** – For purposes of this summary, wherever the term spouse appears it shall also include domestic partner/partner to a civil union. Your domestic partner is eligible for insurance if you have not been married to any person within the last 12 months and if he or she meets specific criteria stated in the group policy. Additional information is available from your benefit service representative.

Effects of Other Income Benefits – This plan is structured to prevent your total benefits and post-disability earnings from equaling or exceeding pre-disability earnings. Therefore, we reduce this plan's benefits by an amount equal to any Social Security retirement and/or disability benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them. Disability benefits will be reduced by amounts received through other government programs, sick pay, employer funded retirement benefits, workers' compensation, franchise/group insurance, auto no-fault, and damages for wage loss. For details, see your outline of coverage, policy certificate, or your employer's summary plan description.

Earnings While Disabled – During the first 24 months that benefits are payable, benefits will be reduced if benefits plus income from employment exceeds 100% of pre-disability Covered Earnings. After that, benefits will be reduced by 50% of earnings from employment.

Limited Benefit Period – Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months for outpatient treatment: Anxiety-disorders, delusional (paranoid) or depressive disorders, eating disorders, mental illness, somatoform disorders (including psychosomatic illnesses), Alcoholism, drug addiction or abuse. Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24-month lifetime outpatient limit is exhausted.

Pre-existing Condition Limitation – Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures), during the 3 months just prior to the most recent effective date of insurance. Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance.

Termination of Disability Benefits – Your benefits will terminate when your Disability ceases, when your benefit duration period is exceeded, you earn more than your allowable Covered Earnings, or the date benefits end because you did not comply with the terms and conditions of the policy.

Exclusions – This plan does not pay benefits for a Disability which results, directly or indirectly, from any of the following: • Suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane. • war or any act of war, whether or not declared. • active participation in a riot; • commission of a felony; • the revocation, restriction or non-renewal of an Employee's license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy.

In addition, the plan does not pay disability benefits any period of Disability during which you are incarcerated in a penal or corrections institution.

Terms and conditions of coverage for Long Term Disability insurance are set forth in Group Policy No. LK 963778. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state.

Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company, 51 Madison Avenue New York, NY 10010.

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Offered by Life Insurance Company of North America

Employer-Paid LONG TERM DISABILITY INSURANCE

Summary of Benefits

Prepared for: Albertina Kerr Centers

Eligibility:

All active Full-time Employees of the Employer classified as Senior Leadership, Directors and Medical Staff regularly work a minimum of 30 hours per week.

Employee: You will be eligible for coverage the first of the month on or after 12 months of active service.

Available Coverage:

Gross Monthly Benefit ¹	Maximum Gross Monthly Benefit	Benefit Waiting Period	Maximum Benefit Period
60% of your monthly covered earnings	\$10,000	180 Days	Please refer to the "How Long Benefits Last" section below for more details.

This policy/plan (coverage) is paid for entirely by the employer. The employer cost is reported to the employees on their Form W-2.

Additional Features

Family Survivor Benefit – If you die while receiving benefits, we will pay a survivor benefit to your lawful spouse*, eligible children, or estate. The plan will pay a single lump sum equal to 6 months of benefits.

Important Definitions and Policy Provisions:

Disability – "Disability" or "Disabled" means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation/regular job or you are unable to earn 80% or more of your indexed earnings from working in your regular occupation/regular job. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, or you are unable to earn 80% or more of your indexed earnings. We will require proof of earnings and continued disability.

Covered Earnings – "Covered Earnings" means your wages or salary, not including overtime pay, bonuses, commissions, and other extra compensation.

When Benefits Begin – You must be continuously Disabled for 180 Days before benefits will be paid for a covered Disability.

How Long Benefits Last – Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit or until you no longer qualify for benefits, whichever occurs first. Should you remain Disabled, your benefits continue according to the later of your Social Security Normal Retirement Age, or the following schedule, depending on your age at the time you become Disabled.

Age at Disability	Age 62 or younger	63	64	65	66	67	68	69+
Duration of Payments (months)	To age 65 or the date the 42nd monthly benefit is payable, if later.	36	30	24	21	18	15	12

When Coverage Takes Effect – Your coverage takes effect on the later of the policy's effective date, the date you become eligible, the date we receive your completed enrollment form if required, or the date you authorize any necessary payroll deductions if applicable. If you're not actively at work on the date your coverage would otherwise take effect, your coverage will take effect on the date you return to work. If you have to submit proof of good health, your coverage takes effect on the date we agree, in writing, to cover you.

Benefit Reductions, Conditions, Limitations and Exclusions:

***Domestic Partner** – For purposes of this summary, wherever the term spouse appears it shall also include domestic partner/partner to a civil union. Your domestic partner is eligible for insurance if you have not been married to any person within the last 12 months and if he or she meets specific criteria stated in the group policy. Additional information is available from your benefit service representative.

Effects of Other Income Benefits – This plan is structured to prevent your total benefits and post-disability earnings from equaling or exceeding pre-disability earnings. Therefore, we reduce this plan's benefits by an amount equal to any Social Security retirement and/or disability benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them. Disability benefits will be reduced by amounts received through other government programs, sick pay, employer funded retirement benefits, workers' compensation, franchise/group insurance, auto no-fault, and damages for wage loss. For details, see your outline of coverage, policy certificate, or your employer's summary plan description.

Earnings While Disabled – During the first 24 months that benefits are payable, benefits will be reduced if benefits plus income from employment exceeds 100% of pre-disability Covered Earnings. After that, benefits will be reduced by 50% of earnings from employment.

Limited Benefit Period – Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months for outpatient treatment: Anxiety-disorders, delusional (paranoid) or depressive disorders, eating disorders, mental illness, somatoform disorders (including psychosomatic illnesses), Alcoholism, drug addiction or abuse. Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24-month lifetime outpatient limit is exhausted.

Pre-existing Condition Limitation – Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures), during the 3 months just prior to the most recent effective date of insurance. Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance.

Termination of Disability Benefits – Your benefits will terminate when your Disability ceases, when your benefit duration period is exceeded, you earn more than your allowable Covered Earnings, or the date benefits end because you did not comply with the terms and conditions of the policy.

Exclusions – This plan does not pay benefits for a Disability which results, directly or indirectly, from any of the following:

- Suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane.
- war or any act of war, whether or not declared.
- active participation in a riot;
- commission of a felony;
- the revocation, restriction or non-renewal of an Employee's license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy.

In addition, the plan does not pay disability benefits any period of Disability during which you are incarcerated in a penal or corrections institution.

Terms and conditions of coverage for Long Term Disability insurance are set forth in Group Policy No. LK 963778. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state.

Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company, 51 Madison Avenue New York, NY 10010.

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Employee-Paid

ACCIDENTAL INJURY INSURANCE

SUMMARY OF BENEFITS

Prepared for: Albertina Kerr

Accidental Injury coverage provides a benefit according to the schedule below when a Covered Person suffers Covered Injuries or undergoes a broad range of medical treatments or care resulting from a Covered Accident. See State Variations (marked by *) below.

Who Can Elect Coverage:

You: All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 30 hours per week and regularly residing in the United States who are United States citizens or permanent resident aliens and their Spouse and Dependant Children who are United States citizens or permanent resident aliens and are residing in the United States.

After 90 days of Active Service.

Your Spouse/Domestic Partner: Up to age 70, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to 26, or age 26 if a full-time student, as long as you apply for and are approved for coverage yourself.

Available Coverage: This Accidental Injury plan provides 24 hour coverage.

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

Initial & Emergency Care	Plan 1	Plan 2
Ground Ambulance/Air Ambulance	\$300/\$1,200	\$400/\$1,600
Emergency Care Treatment	\$100	\$200
Diagnostic Exam (x-ray or lab)	\$10	\$50
Physician Office Visit	\$50	\$100
Hospitalization Benefits	Plan 1	Plan 2
Hospital Admission	\$1,000	\$2,000
Hospital Stay (per day)	\$100	\$200
Intensive Care Unit Stay (per day)	\$200	\$400
Fractures and Dislocations	Plan 1	Plan 2
Per covered surgically-repaired fracture	\$100-\$4,000	\$200-\$8,000
Per covered non-surgically-repaired fracture	\$50-\$2,000	\$100-\$4,000
Chip Fracture (percent of fracture benefit)	25%	25%
Per covered surgically-repaired dislocation	\$100-\$4,000	\$200-\$6,000
Per covered non-surgically-repaired dislocation	\$50-\$2,000	\$100-\$3,000
Follow-Up Care	Plan 1	Plan 2
Follow-up visit to the doctor	\$50	\$100
Follow-up physical therapy visits	\$25	\$50

NOTE: This insurance is NOT a substitute for comprehensive or major medical insurance coverage.

Available Coverage — continued

Enhanced Accident Benefits	Plan 1	Plan 2
Examples:		
Small Lacerations (Less than or equal to 6 inches long and requires 2 or more sutures)	\$50	\$100
Large Lacerations (more than 6 inches long and requires 2 or more sutures)	\$400	\$600
Coma (lasting 7 days with no response)	\$5,000	\$10,000
Concussion	\$100	\$150
<i>Plus up to 22 additional benefits - See certificate for details, including limitations and exclusions.</i>		

Accidental Death and Dismemberment Rider: Pays benefits for Accidental Death and Dismemberment. Examples of benefits include (but are not limited to) payment for death from Automobile accident or total and permanent loss of speech or hearing in both ears. Actual benefit amount paid depends on the type of Covered Loss. To receive benefits, the death or loss must occur within 365 days of the covered accident.

Benefit — Specific Conditions, Exclusions, Limitations & Reductions

The exclusions that apply to this benefit are in the Common Exclusions Section. If a Covered Person dies as a result of an automobile accident other than loss of life benefits will not be paid. If the driver, he/she must hold a current and valid driver's license. If total and permanent loss of speech or hearing in both ears is payable, no benefits will be paid under the dismemberment benefit and total benefits will not exceed the loss of life death benefit. This is not a complete list. See certificate for complete details, including limitations and exclusions that apply to this benefit.

Portability Feature: You can continue 100% of your coverage at the time your coverage ends. You must be under the age of 70 in order to continue your coverage. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

Monthly Cost of Coverage:

Tier	Plan 1	Plan 2
Employee	\$7.52	\$14.50
Employee and spouse	\$11.69	\$22.64
Employee and child(ren)	\$13.83	\$26.97
Family	\$18.00	\$35.10

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

Important Definitions and Policy Provisions:

Coverage Type: Benefits are paid when a covered injury results, directly and independently of all other causes, from a Covered Accident.

Covered Accident: A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and occurs while the Covered Person is insured under this Policy; is not contributed to by disease, sickness, mental or bodily infirmity; and is not otherwise excluded under the terms of this Policy.

Covered Injury: Any bodily harm that results directly and independently of all other causes from a Covered Accident.

Covered Person: An eligible person who is enrolled for coverage under this Policy.

Covered Loss: A loss that is the result, directly and independently of other causes, from a Covered Accident suffered by the Covered Person within the applicable time period described in the Policy.

Hospital: An institution that is licensed as a hospital pursuant to applicable law; primarily and continuously engaged in providing medical care and treatment to sick and injured persons; managed under the supervision of a staff of medical doctors; provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.); and has medical, diagnostic and treatment facilities with major surgical facilities on its premises, or available to it on a prearranged basis, and charges for its services. The term Hospital does not include a clinic, facility, or unit of a Hospital for: rehabilitation, convalescent, custodial, educational, or nursing care; or the aged, drug addicts or alcoholics.

When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, or the first of the month following the date your completed enrollment form is received. Your coverage will not begin unless you are actively at work on the effective date. Coverage for all Covered Persons will not begin on the effective date if hospital, facility or home confined, disabled or receiving disability benefits or unable to perform activities of daily living.

When your coverage ends: Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the Continuation of Insurance provisions in your Certificate.)

30 Day Right To Examine Certificate: If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

Benefit Conditions and Limitations: This document provides only the highlights. All claims for a covered loss must meet specific Benefit Conditions and Limitations and are otherwise subject to all other terms set forth in the group policy.

Common Exclusions:* In addition to any benefit specific exclusions, no payments will be made for losses which directly or indirectly, is caused by or results from: • intentionally self-inflicted injury, including suicide or any attempted suicide; • committing an assault or felony; • bungee jumping; parachuting; skydiving; parasailing; hang-gliding; • declared or undeclared war or act of war; • Aircraft or air travel, except as a commercial passenger or Aircraft used by the Air Mobility Command (unless owned, leased or controlled by Subscriber); • sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment, except bacterial infection from an accidental external cut or wound or accidental ingestion of contaminated food; • activities of active military duty, except Reserve or National Guard active duty training lasting 31 days or less; • operating any vehicle under the influence of alcohol or any drug, narcotic or other intoxicant; • voluntary use of drugs, unless taken as prescribed and under direction of a physician; • services or treatment rendered by a Physician, Nurse or any other person who is: employed by the Subscriber, living with or immediate family of the Covered Person, or providing alternative medical treatments. Actual policy terms may vary depending on your plan design and location.

Specific Benefit Exclusions & Limitations:*

Ground Ambulance/Air Ambulance: Services must be provided from the scene of the Covered Accident or within 90 days of Covered Accident. Limits: payable once per Covered Accident, per Covered Person; limit 1 benefit per month; only one benefit will be paid ground/air, whichever is greater.

Emergency Care Treatment: Treatment must occur within 30 days of the Covered Accident. Limits: payable once per Covered Accident, per Covered Person; limit 1 Covered Accidents per month. Excludes: treatment provided by an Immediate family member, clinic, or doctor's office. **Diagnostic Exam:** payable once per Covered Accident, per Covered Person; Treatment must occur within 90 days of the Covered Accident. **Physician Office Visit:** Must be diagnosed and treated by a Physician within 90 days of the Covered Accident. Limits: payable once per Covered Accident, per Covered Person; not payable if a Covered Person is eligible to receive a benefit under Emergency Treatment. Excludes: routine health examinations or immunizations for Covered Persons Age 60 and older, visits for Mental or Nervous Disorders, and visits by a surgeon while Confined to a Hospital. **Hospital Admission:** Inpatient admission must occur within 90 days of the Covered Accident due to such accident; Limits: payable once per Covered Accident; limit 1 benefit per month. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Accident.

Hospital Stay per day: Must be admitted for at least 23 hours or admitted inpatient and confined within 90 days of the Covered Accident. Limits: 365 days per Covered Accident; 1 benefit per month; not payable for hospital re-admission for same Covered Accident; if eligible for Hospital Stay Benefit and Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater; Stays within 90 days for the same or a related Covered Accident are considered one Stay. **Intensive Care Unit Stay per day:** Must be admitted for at least 23 hours or admitted inpatient and confined within 90 days of the Covered Accident. Limits: 365 days per Covered Accident, 1 benefit per month; not payable for hospital re-admission for same Covered Accident; if eligible for Hospital Stay Benefit and Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater; Stays within 90 days for the same or a related Covered Accident are considered one Stay. **Fracture/Dislocation:** If more than one fracture, only one benefit will be paid, whichever is the greater amount. Chip fracture not paid in addition to closed fracture. Limits: Both fractures and dislocations are limited to 1 per accident. Must be diagnosed and treated by a physician within 90 days of the Covered Accident.

Follow-up visit to the doctor/Follow-up physical therapy visits: Limits: 10 benefits for each Covered Person per Covered Accident for both visits to the doctor and also physical therapy visits; limit 1 Covered Accident per month for a Covered Person. Must be examined, treated or prescribed by physician. Examination or treatment must be provided within 90 days and treatment must be completed within 365 days of the Covered Accident. **Large Lacerations:** Treatment by physician must be received within 90 days of the Covered Accident. Limits: payable 1 time per Covered Person, Per Covered Accident; Multiple lacerations pay a maximum of 2 times the benefit. **Coma:** Limits: payable 1 time per Covered Accident. Must be unconscious for 7 days or more with no response to external stimuli and requiring artificial respiratory or life support. Excludes: medically induced coma. **Concussion:** Must be diagnosed by a physician within 90 days of the Covered Accident. Limits: payable 1 time per Covered Accident.

***State Variations**

Spouse definition includes civil union partners in New Hampshire and Vermont. **Specific Benefit Exclusions and Limitations** The timeframe to obtain services following a covered accident is extended in SD and WA. **Common Exclusions** may vary for residents of MN, SC, SD, and WA. See your Certificate for detail. **Portability** in VT is referred to as Continuation due to loss of eligibility. VT residents are not subject to the age limit to continue coverage.

THIS POLICY PAYS LIMITED BENEFITS ONLY. IT DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT A MEDICAID OR MEDICARE SUPPLEMENT POLICY.

Series 1.1/1.2

Terms and conditions of coverage for Accidental Injury insurance are set forth in Group Policy No. AI 961076. This is not intended as a complete description of the insurance coverage offered. Please see your Plan Sponsor to obtain a copy of the Policy. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability, costs, benefits, riders, covered conditions and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form GAI-00-1000.00.OR. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192

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CRITICAL ILLNESS INSURANCE

SUMMARY OF BENEFITS

Prepared for: Albertina Kerr

Critical Illness insurance provides a benefit when a Covered Person is diagnosed with a covered Critical Illness after coverage is in effect. See State Variations (marked by *) below.

Who Can Elect Coverage:

You: All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 30 hours per week and regularly residing in the United States who are United States citizens or permanent resident aliens and their Spouse and Dependant Children who are United States citizens or permanent resident aliens and are residing in the United States.

After 90 days of Active Service.

Your Spouse/Domestic Partner: Up to age 70, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to 26, or age 26 if a full-time student, as long as you apply for and are approved for coverage yourself.

Available Coverage:

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

	Benefit Amount	Guaranteed Issue Amount
Employee	\$10,000, \$20,000	Up to \$20,000
Spouse	50% of employee amount	Up to \$10,000
Children	50% of employee amount	All guaranteed issue

See "Guaranteed Issue" section below for more information.

Covered Critical Illnesses and Events		Benefit Amount %
Cancer	Uncontrolled/abnormal growth or spread of invasive malignant cells.	100%
Heart Attack	Includes two of the following that cause permanent loss of heart contraction function: 1) Chest pains. 2) EKG changes 3) Biochemical markers of heart tissue death.	100%
Stroke	Cerebrovascular event—for instance, cerebral hemorrhage—confirmed by neuroimaging with neurological deficits lasting 96 hours or more.	100%
Kidney Failure	Chronic, irreversible function of both kidneys. Requires hemo—or peritoneal dialysis.	100%
Major Organ Failure	Includes: liver, lung, pancreas, kidney, or heart. Happens on first hospitalized day for surgery.	100%
Amyotrophic Lateral Sclerosis	(Also known as Lou Gehrig's Disease) Motor neuron disease resulting in muscular weakness and atrophy.	100%
Paralysis	Complete, permanent loss of use of two or more limbs due to a disease.	100%
Blindness	Irreversible sight reduction in both eyes; Best corrected single eye visual acuity less than 20/200 (E-Chart) or 6/60 (Metric) or with visual field reduction (both eyes) to 20 degrees or less.	100%
Coronary Artery Disease (Surgery)	Heart disease/angina requiring coronary artery bypass surgery, as indicated by angiographic test results.	25%*
Carcinoma in Situ	Non-invasive malignant tumor.	25%*

* If covered person received the 25% benefit, the remaining 75% benefit will be available for a diagnosis of another covered condition.

These are summarized definitions only. To be eligible for coverage, the covered Critical Illness or event must meet the definitions and other terms and conditions set forth in the group policy.

Additional Benefits		
Health Screening Benefit	Examples include (but are not limited to) mammography, bone marrow testing, pap smear (for women over age 18), breast ultrasound, colonoscopy, and certain blood tests.	\$50
Additional Critical Illness Benefit	An additional full Benefit Amount for the diagnosis of a subsequent and different covered Critical Illness. Payable after a 6 month separation period from diagnosis of 1st covered Critical Illness.* If less than 100% of the Additional Critical Illness Benefit is paid for a covered Critical Illness, the remaining benefit amount is available for payment of a subsequent and different covered Critical Illness.	
Recurrence Benefit	Provides an additional benefit equal to 100% of the benefit amount and percentage for the diagnosis of a subsequent and same covered condition that has received a benefit payout from a previous diagnosis, after a 12 month separation period from previous diagnosis.	

Portability Feature: You can continue 100% of your coverage at the time your coverage ends. You must be under the age of 70 in order to continue your coverage. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

Monthly Cost of Coverage:

Benefit Amount: \$10,000

Age	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$3.18	\$3.73	\$5.55	\$6.43	\$3.52	\$4.07	\$5.89	\$6.78
25 to 29	\$3.61	\$4.62	\$6.19	\$7.78	\$3.95	\$4.96	\$6.53	\$8.12
30 to 34	\$4.59	\$6.52	\$7.69	\$10.71	\$4.92	\$6.85	\$8.03	\$11.05
35 to 39	\$6.62	\$10.91	\$10.44	\$16.90	\$6.95	\$11.25	\$10.79	\$17.25
40 to 44	\$8.41	\$14.80	\$13.18	\$22.82	\$8.74	\$15.13	\$13.52	\$23.16
45 to 49	\$11.70	\$22.27	\$18.52	\$34.88	\$12.03	\$22.60	\$18.86	\$35.22
50 to 54	\$16.23	\$31.28	\$26.06	\$49.51	\$16.56	\$31.62	\$26.41	\$49.86
55 to 59	\$21.53	\$41.14	\$35.48	\$66.74	\$21.87	\$41.48	\$35.82	\$67.08
60 to 64	\$28.10	\$51.48	\$46.45	\$83.96	\$28.43	\$51.81	\$46.80	\$84.31
65 to 69	\$35.67	\$61.76	\$57.37	\$97.94	\$36.01	\$62.09	\$57.71	\$98.29
70 to 74	\$50.61	\$82.23	\$80.23	\$130.03	\$50.95	\$82.57	\$80.58	\$130.38
75 to 79	\$61.78	\$95.78	\$103.73	\$154.54	\$62.11	\$96.12	\$104.07	\$154.38
80 to 84	\$74.68	\$116.51	\$125.70	\$187.30	\$75.02	\$116.84	\$126.04	\$187.65
85+	\$105.44	\$131.68	\$176.49	\$216.70	\$105.77	\$132.02	\$176.83	\$217.05

Benefit Amount: \$20,000

Age	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$4.98	\$6.08	\$8.35	\$10.11	\$5.60	\$6.70	\$8.96	\$10.74
25 to 29	\$5.84	\$7.86	\$9.63	\$12.81	\$6.46	\$8.48	\$10.24	\$13.42
30 to 34	\$7.80	\$11.66	\$12.63	\$18.67	\$8.40	\$12.26	\$13.24	\$19.28
35 to 39	\$11.86	\$20.44	\$18.13	\$31.05	\$12.46	\$21.06	\$18.76	\$31.68
40 to 44	\$15.44	\$28.22	\$23.61	\$42.89	\$16.04	\$28.82	\$24.22	\$43.50
45 to 49	\$22.02	\$43.16	\$34.29	\$67.01	\$22.62	\$43.76	\$34.90	\$67.62
50 to 54	\$31.08	\$61.18	\$49.37	\$96.27	\$31.68	\$61.80	\$50.00	\$96.90
55 to 59	\$41.68	\$80.90	\$68.21	\$130.73	\$42.30	\$81.52	\$68.82	\$131.34
60 to 64	\$54.82	\$101.58	\$90.15	\$165.17	\$55.42	\$102.18	\$90.78	\$165.80
65 to 69	\$69.96	\$122.14	\$111.99	\$193.13	\$70.58	\$122.74	\$112.60	\$193.76
70 to 74	\$99.84	\$163.08	\$157.71	\$257.31	\$100.46	\$163.70	\$158.34	\$257.94
75 to 79	\$122.18	\$190.18	\$204.71	\$306.33	\$122.78	\$190.80	\$205.32	\$306.96
80 to 84	\$147.98	\$231.64	\$248.65	\$371.85	\$148.60	\$232.24	\$249.26	\$372.48
85+	\$209.50	\$261.98	\$350.23	\$430.65	\$210.10	\$262.60	\$350.84	\$431.28

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

The policy's rate structure is based on attained age, which means the premium can increase due to the increase in your age.

Important Policy Provisions and Definitions:

Covered Person: An eligible person who is enrolled for coverage under the Policy.

Covered Loss: A loss that is specified in the Policy in the Schedule of Benefits section and suffered by the Covered Person within the applicable time period described in the Policy.

When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, the date we or your employer receive your completed enrollment form, the date you authorize any necessary payroll deductions, or if evidence of insurability is required, after we have approved you (or your dependent) for coverage in writing. Your coverage will not begin unless you are actively at work on the effective date. Coverage for all Covered Persons will not begin on the effective date if the Covered Person is confined to a hospital, facility or at home, disabled or receiving disability benefits or unable to perform activities of daily living.

When your coverage ends: Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your dependent, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued. Be sure to read the provisions in your Certificate about when coverage may continue.)

30 Day Right To Examine Certificate: If a Covered Person is not satisfied with the Certificate of Insurance for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

Benefit Reductions, Common Exclusions and Limitations:

Benefit Limits: No more than 100% of the Benefit Amount will ever be paid per Covered Person (unless Additional Critical Illness Benefit or Recurrence coverage is also provided).

Common Exclusions: In addition to any benefit-specific exclusions, benefits will not be paid for any covered Critical Illness that is caused directly or indirectly, in whole or in part by any of the following: • intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane; • commission or attempt to commit a felony or an assault; • declared or undeclared war or act of war; • a covered Critical Illness that results from active duty service in the military, naval or air force of any country or international organization (upon our receipt of proof of service, we will refund any premium paid for this time; Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days); • voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage; • operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant ("Under the influence of alcohol", for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Loss occurred).

Specific Benefit Exclusions and Limitations:

The date of diagnosis must occur while coverage is in force and the condition definition must be satisfied.

- **Cancer:** Excludes: skin cancers, unless metastatic disease develops or recurrence or metastasis of previously diagnosed cancers if Covered Person prior to being diagnosed while coverage is in force, has not gone 60 months of being treatment free.
- **Stroke:** Excludes: TIAs, brain injury from trauma/hypoxia/anoxia or hypotension, or eye and ear diseases/disorders.
- **Major Organ Failure:** Limit: one benefit for multi-organ transplants.
- **Coronary Artery Disease (Surgery):** Excludes: angioplasty, stent implants, or related procedures. Limit: paid once per lifetime per Covered Person.
- **Carcinoma in Situ:** Excludes: skin cancers (basal/squamous cell carcinoma or melanoma / melanoma in situ). Limit: paid once per lifetime per Covered Person.
- **Health Screening Benefit:** Limit: 1 health screening per year per Covered Person. The Benefit Waiting Period is 30 days following the effective date of the Health Screening Benefit rider, during which time no benefits will be paid.
- **Additional Critical Illness Benefit:** Limit: No more than one Benefit Amount and one Additional Benefit Amount will ever be paid per Covered Person; benefits for Coronary Artery Disease and Carcinoma in Situ are limited to once per lifetime per Covered Person. Unless otherwise stated, no benefits will be paid for a Covered Critical Illness that occurs during the Separation Period.
- **Recurrence Benefit:** Excludes: Cancer, Carcinoma in Situ, and Coronary Artery Disease. Recurrence Benefit is only payable if the Covered Person has not received treatment during the 12 month period between the two diagnoses. As used here, "treatment" does not include medications and follow-up visits to the Covered Person's Physician.

Guaranteed Issue:

If you are a new hire you are not required to provide proof of good health if you enroll during your employer's eligibility waiting period and you choose an amount of coverage up to and including the Guaranteed Issue Amount. If you apply for an amount of coverage greater than the Guaranteed Issue Amount, coverage in excess of the Guaranteed Issue Amount will not be issued until the insurance company approves acceptable proof of good health. Guaranteed Issue coverage may be available at other specified periods of time. Your employer will notify you when these periods of time are available. Your Spouse must be age 18 or older to apply if evidence of insurability is required.

Resources for Life

Legal / Mediation

A free 30-minute consultation with an attorney or mediator.
A 25% discount is available thereafter.

Financial Coaching

Unlimited access to reach your financial goals.

Identity Theft Services

Consultation with a Fraud
Resolution Specialist™ (FRS).

Home Ownership Program

Assistance and discounts for buying,
selling, and refinancing a home.

Resource Retrieval

EAP Specialists will do the research
and get back to you within three
business days.

Childcare & Eldercare

Canopy will locate caregiving
options and resources based
on your family's specifications,
budget, and location.

To access:

call: 800-433-2320

text: 503-850-7721

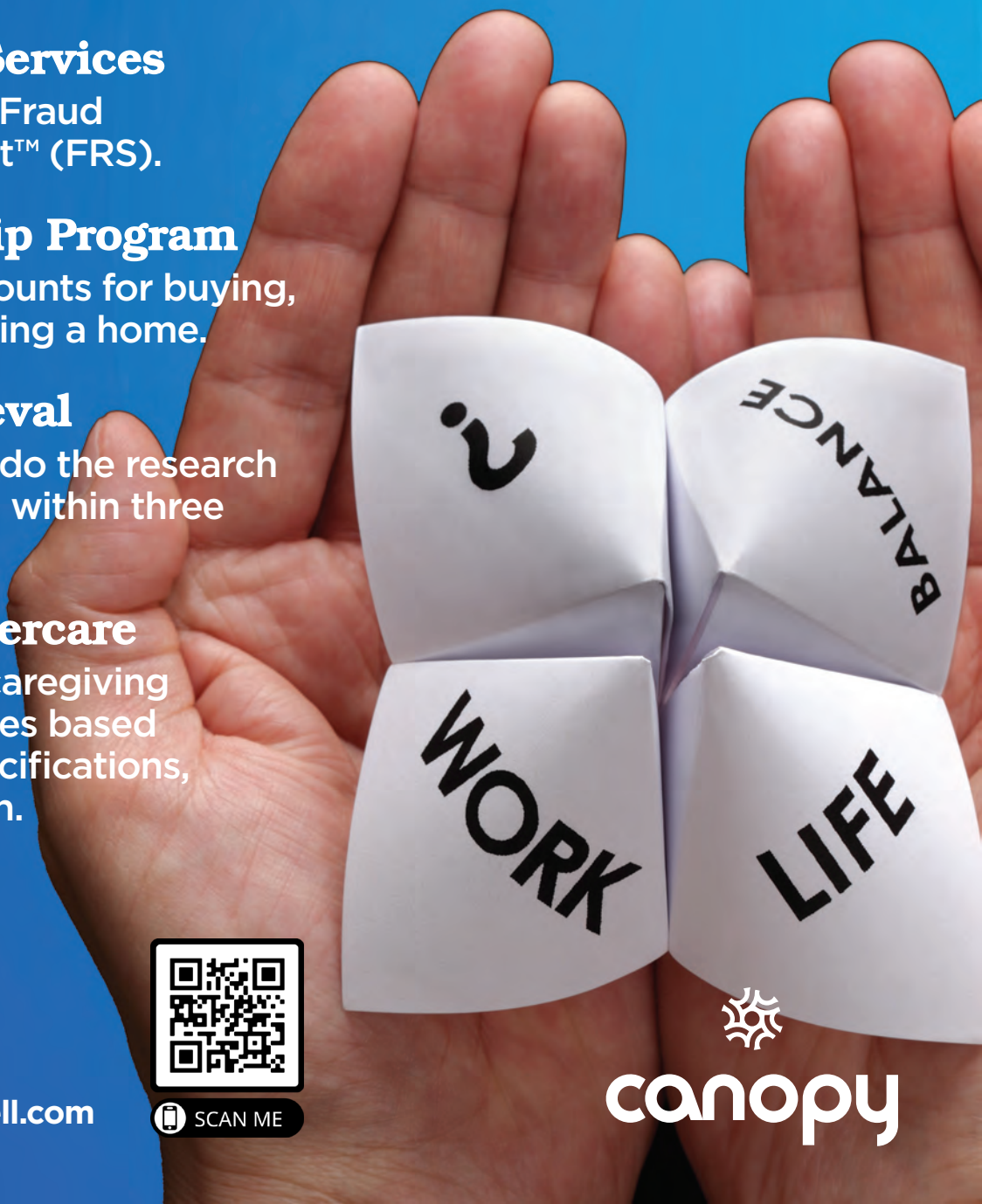
email: info@canopywell.com



SCAN ME



canopy



Mental Health Awareness

You do things for your physical fitness, like eating healthful foods and exercising. How about also boosting your mental fitness?

Canopy is available to support you through life's ups and downs with:

- **Coaching**
- **Counseling**
- **Work/life services**
- **Self-care tools**

Contact Canopy today for resources that enhance your mental fitness, on your own terms

It's free, confidential, and available 24/7



SCAN ME



canopy

Life Coaching



Are you considering a change in your life or working on a new healthy habit?

Access up to three phone or video sessions with a Life Coach to support you with:

- **Goal setting and planning**
- **Healthy habits**
- **Decision making**
- **Communication skills**
- **Career or personal development**

Parenting Support For Those With Furry Kids

- Concierge Support
- New Pet Parent Resources
- Pet Insurance Discounts
- Bereavement Support

Access your Pet Parent Benefits:

1. Go to my.canopywell.com
2. Register as a new user or log in

**It's free and
confidential**

call: 800-433-2320

text: 503-850-7721

visit: canopywell.com




canopy

Housing Support



Canopy offers a variety of services to help everyone with housing

Financial Coaching

1. Education
2. Budgeting and saving
3. Improving credit scores

Renter Resource Retrieval

1. Finding temporary, emergency, or long-term rental housing
2. Resources for housing assistance
3. Rental property alert notifications

Home Ownership Program

1. Credit counseling
2. Down payment resources
3. Education and discounts on buying, selling, or refinancing a home

Contact Canopy for help with reaching your financial and housing goals



canopy

Financial Coaching

Members have unlimited access to free and confidential financial coaching and online resources

Reach your financial goals regarding a variety of topics:

- **Budgeting**
- **Credit Report**
- **Student Loans**
- **Foreclosure Prevention**
- **Debt Management**
- **Retirement**

Contact Canopy to connect with a financial coach or access the Member Site to learn more

1. go to my.canopywell.com
2. Register as a new user or log in



call: 800-433-2320 text: 503-850-7721 canopywell.com



canopy



2023 REQUIRED NOTICES

IMPORTANT NOTICE ABOUT CREDITABLE PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage under the Albertina Kerr Centers Sponsored Health Plan 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 this 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. Albertina Kerr Centers has determined that the prescription drug coverage offered 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 15th through December 7th.

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 while you are covered under the Albertina Kerr Centers Sponsored Health Plan, your Albertina Kerr Centers Sponsored Health Plan may be affected. Your employer sponsored coverage cannot be cancelled due to your Medicare enrollment (See the COBRA Note below.). Medicare and your employer sponsored coverage will coordinate benefits so that you will not receive duplicate benefits.

The Medicare, Who Pays First handbook available from your Medicare representative or on line <https://www.medicare.gov/sites/default/files/2021-10/02179-Medicare-and-other-health-benefits-your-guide-to-who-pays-first.pdf>, has detail on how Medicare coordinates benefits.

Typically, your employer sponsored coverage will pay its benefits without regard to payments that may be made by Medicare. In these cases, your employer sponsored coverage is considered 'primary' and Medicare is 'secondary' coverage. Medicare will only pay after the primary employer sponsored coverage has paid its benefits. Your Medicare coverage will have no effect on your employer sponsored coverage cost sharing such as copayments, deductibles, exclusions or other plan limits.

HOWEVER, there are three instances where Medicare is primary and your employer sponsored coverage is secondary. In these cases Medicare will pay its benefits without regard to payments that may be made under the employer sponsored coverage. The employer sponsored coverage will coordinate benefits so that it does not duplicate benefits paid by Medicare. This will reduce the benefits paid by your employer sponsored coverage. These three instances are when:

- your employer employs less than 20 employees
- your coverage is from a former employer, a retiree plan or COBRA coverage
- you are disabled and the employer sponsored coverage is due to another person working for the employer (examples when allowed – the coverage is under your spouse, your domestic partner, your dependent or grandchild), and the employer has less than 100 employees. When the employer has 100 or more employees then Medicare is secondary.

Notes:

1. If you have end stage renal disease then the employer sponsored coverage is primary for the first 30 months and Medicare is primary after that 30 month period has expired.)
2. If you are enrolled in Medicare prior to electing COBRA, then your Medicare enrollment cannot be used to limit or deny COBRA. If you enroll in Medicare after you elect COBRA then the Medicare enrollment is a terminating event for your COBRA coverage.

If you do decide to join a Medicare drug plan and drop your current Albertina Kerr Centers Sponsored Health Plan, be aware that you and your dependents will have to wait for the next Open Enrollment period, if any are offered by your Employer, or HIPAA Special Enrollment Right be able to get this coverage back.

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 Albertina Kerr Centers 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

Contact the person listed below at the bottom of this Notice for further information or to receive the contact information for someone at the insurance company, third party administrator or service provider who administers the prescription drug program for the Albertina Kerr Centers Sponsored Health Plan.

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 Albertina Kerr Centers changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE 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).

Date: May 24, 2023
Name of Entity/Sender: HR Service Center
Contact - Position/Office: HR Associates
Address: 424 NE 22nd Ave
Portland, OR 97232
Phone Number: 503-262-0145

NEWBORN'S AND MOTHERS' HEALTH PROTECTION ACT NOTICE

Maternity Benefits

Under Federal and state law you have certain rights and protections regarding your maternity benefits under the Plan. Under federal law known as the **Newborns' and Mothers' Health Protection Act of 1996 (Newborns' Act)** group health plans and health insurance issuers generally may not 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 or 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 the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

WOMEN'S HEALTH & CANCER RIGHTS ACT ENROLLMENT NOTICE

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). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending 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 lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, contact Human Resources.

PRIVACY NOTICE REMINDER

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the Albertina Kerr Health and Welfare Plan (the "Plan") to periodically send a reminder to participants about the availability of the Plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI. To obtain a copy of the Privacy Notice contact Human Resources.

SPECIAL ENROLLMENT RIGHTS NOTICE

Under the special enrollment provisions of HIPAA, you may be eligible, in certain situations, to enroll in an Albertina Kerr Centers medical plan during the year, even if you previously declined coverage. This right extends to you and all eligible family members.

- You will be eligible to enroll yourself (and eligible dependents) if, during the year you or your dependents have lost coverage under another plan because:
- Coverage ended due to termination of employment, divorce, death, or a reduction in hours that affected benefits eligibility;
- Employer contributions to the plan stopped;
- The plan was terminated; or
- COBRA coverage ended.

You must notify the plan within 30 days of the loss of coverage in order to enroll on the Albertina Kerr medical plan during the year. Otherwise, you will need to wait until the plan's open enrollment period.

- If you gain a new dependent during the year as a result of marriage, birth, adoption or placement for adoption, you may enroll that dependent, as well as yourself and any other eligible dependents in the plan, even if you previously declined medical coverage.

You must notify the plan within 30 days of the event in order to enroll on the Albertina Kerr medical plan during the year. Otherwise, you will need to wait until the plan's open enrollment period. Coverage will be retroactive to the date of birth or adoption for children enrolled during the year under these provisions.

- Effective April 1, 2009, you will be eligible to enroll yourself and eligible dependents if either of two events occur:
- You or your dependent loses Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible.
- You or your dependent qualifies for state assistance in paying your employer group medical plan premiums.

ALBERTINA KERR EMPLOYEE BENEFITS

Regardless of other enrollment deadlines, you will have 60 days from the date of the Medicaid/CHIP event to request enrollment in the Albertina Kerr's medical plan.

Please note that special enrollment rights allow you to either:

- Enroll in your current medical coverage; or
- Enroll in any medical plan benefit option for which you and your dependents are eligible.

NON-GRANFATHERED PATIENT PROTECTION NOTICE

Kaiser Foundation Health Plan of the Northwest generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact member services at the number listed on your ID card.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Kaiser Foundation Health Plan of the Northwest or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact member services at the number listed on your ID card.

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)**.

ALBERTINA KERR EMPLOYEE BENEFITS

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 January 31, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: <http://myalhipp.com>
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
<http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

IOWA – Medicaid

Website: <http://dhs.iowa.gov/hawk-i>
Phone: 1-800-257-8563

FLORIDA – Medicaid

<http://flmedicaidtprecovery.com/hipp/>
Phone: 1-877-357-3268

GEORGIA – Medicaid

www.medicaid.georgia.gov - Click on Health Insurance Premium Payment (HIPP)
Phone: 404-656-4507

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <http://www.indianamedicaid.com>
Phone 1-800-403-0864

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/>
Phone: 1-785-296-3512

KENTUCKY – Medicaid

Website: <https://chfs.ky.gov>
Phone: 1-800-635-2570

LOUISIANA – Medicaid

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>
Phone: 1-888-695-2447

MAINE – Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>
Phone: 1-800-862-4840

MINNESOTA – Medicaid

<https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739 or 651-431-2670

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084

NEBRASKA – Medicaid

<http://www.ACCESSNebraska.ne.gov>
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

<https://www.dhhs.nh.gov/oii/hipp.htm>
Phone: 603-271-5218
Toll-Free: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP Medicaid

Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392 CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://dma.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <http://www.dhs.pa.gov/provider/medicalassistance/he>

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT – Medicaid

<http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website:
http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Website: <http://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/>
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

<https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/>
Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2019, or for more information on special enrollment rights, contact either:

Employee Benefits Security Administration

U.S. Department of Labor

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

Centers for Medicare & Medicaid Services

U.S. Department of Health and Human Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

COBRA

MODEL COBRA CONTINUATION COVERAGE GENERAL NOTICE

INSTRUCTIONS

The Department of Labor has developed a model Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) continuation coverage general notice that plans may use to provide the general notice. To use this model general notice properly, the Plan Administrator must fill in the blanks with the appropriate plan information. The Department considers use of the model general notice, to be good faith compliance with the general notice content requirements of COBRA. The use of the model notices isn't required. The model notices are provided to help facilitate compliance with the applicable notice requirements.

NOTE: Plans do not need to include this instruction page with the model general notice.

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 four 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, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0123.

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;

- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Albertina Kerr Human Resources Department.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

PRIVACY NOTICE

PLEASE CAREFULLY REVIEW THIS NOTICE. IT DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individual health information by employer health plans. This information, known as protected health information, includes almost all individually identifiable health information held by a plan — whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of these plans: Flexible Spending Account. The plans covered by this notice may share health information with each other to carry out treatment, payment, or health care operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

THE PLAN'S DUTIES WITH RESPECT TO HEALTH INFORMATION ABOUT YOU

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It's important to note that these rules apply to the Plan, not Albertina Kerr as an employer — that's the way the HIPAA rules work. Different policies may apply to other Albertina Kerr programs or to data unrelated to the Plan.

HOW THE PLAN MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities, and health care operations. Here are some examples of what that might entail:

- Treatment includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third

party, and consultation and referrals between providers. For example, the Plan may share your health information with physicians who are treating you.

- Payment includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include determining eligibility, reviewing services for medical necessity or appropriateness, engaging in utilization management activities, claims management, and billing; as well as performing “behind the scenes” plan functions, such as risk adjustment, collection, or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits.
- Health care operations include activities by this Plan (and, in limited circumstances, by other plans or providers), such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include evaluating vendors; engaging in credentialing, training, and accreditation activities; performing underwriting or premium rating; arranging for medical review and audit activities; and conducting business planning and development. For example, the Plan may use information about your claims to audit the third parties that approve payment for Plan benefits. The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses PHI for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.

HOW THE PLAN MAY SHARE YOUR HEALTH INFORMATION WITH ALBERTINA KERR CENTERS

The Plan, or its health insurer or HMO, may disclose your health information without your written authorization to Albertina Kerr for plan administration purposes. Albertina Kerr may need your health information to administer benefits under the Plan. Albertina Kerr agrees not to use or disclose your health information other

than as permitted or required by the Plan documents and by law. Human Resources, Payroll, and Finance staff are the only Albertina Kerr employees who will have access to your health information for plan administration functions. Here’s how additional information may be shared between the Plan and Albertina Kerr, as allowed under the HIPAA rules:

- The Plan, or its insurer or HMO, may disclose “summary health information” to Albertina Kerr, if requested, for purposes of obtaining premium bids to provide coverage under the Plan or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants’ claims information, from which names and other identifying information have been removed.
- The Plan, or its insurer or HMO, may disclose to Albertina Kerr information on whether an individual is participating in the Plan or has enrolled or unenrolled in an insurance option or HMO offered by the Plan.

In addition, you should know that Albertina Kerr cannot and will not use health information obtained from the

Plan for any employment-related actions. However, health information collected by Albertina Kerr from other sources — for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers’ compensation programs — is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

OTHER ALLOWABLE USES OR DISCLOSURES OF YOUR HEALTH INFORMATION

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You’ll generally be given the chance to agree or object to these disclosures (although exceptions may be made — for example, if you’re not present or if you’re incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

Workers’ compensation	Disclosures to workers’ compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with the laws
Necessary to prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of the threat); includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
Public health activities	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
Victims of abuse, neglect, or domestic violence	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you’ll be notified of the Plan’s disclosure if informing you won’t put you at further risk)

Judicial and administrative proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
Law enforcement purposes	Disclosures to law enforcement officials required by law or legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosures about a death that may have resulted from criminal conduct; and disclosures to provide evidence of criminal conduct on the Plan's premises
Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
Organ, eye, or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
Research purposes	Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project
Health oversight activities	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
Specialized government functions	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
HHS investigations	Disclosures of your health information to the Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA privacy rule

Except as described in this notice, other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. If we keep psychotherapy notes in our records, we will obtain your authorization in some cases before we release those records. The Plan will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization with respect to disclosures the Plan has already made. You will be notified of any

unauthorized access, use, or disclosure of your unsecured health information as required by law.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

YOUR INDIVIDUAL RIGHTS

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse:

You have the right to ask the Plan to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

An entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid out of pocket and in full for the item or service.

Right to receive confidential communications of your health information:

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

Right to inspect and copy your health information:

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a "designated record set." This may include medical and billing records maintained for a health care provider; enrollment,

payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. The Plan may deny your right to access, although in certain circumstances, you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request, the Plan will provide you with one of these responses:

- The access or copies you requested.
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint.
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed where to direct your request.

If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan's cost.

Right to amend your health information that is inaccurate or incomplete:

With certain exceptions, you have a right to request that the Plan amend your health information in a designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created

the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will take one of these actions:

- Make the amendment as requested
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request

Right to receive an accounting of disclosures of your health information:

You have the right to a list of certain disclosures of your health information the Plan has made. This is often referred to as an “accounting of disclosures.” You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below. You may receive information on disclosures of your health information for up to six years before the date of your request. You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

- For treatment, payment, or health care operations
- To you about your own health information
- Incidental to other permitted or required disclosures
- Where authorization was provided
- To family members or friends involved in your care (where disclosure is permitted without authorization)
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances
- As part of a “limited data set” (health information that excludes certain identifying information)

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You’ll be notified of the fee in advance and have the opportunity to change or revoke your request.

Right to obtain a paper copy of this notice from the Plan upon request:

You have the right to obtain a paper copy of this privacy notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

Changes to the information in this notice

The Plan must abide by the terms of the privacy notice currently in effect. This notice takes effect on July 1, 2017. However, the Plan reserves the right to change the terms of its privacy policies, as described in this notice, at any time and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan’s privacy policies described in this notice, you will be provided with a revised privacy notice mailed to your home address.

COMPLAINTS

If you believe your privacy rights have been violated or your Plan has not followed its legal obligations under HIPAA, you may complain to the Plan and to the Secretary of Health and Human Services. You won’t be retaliated against for filing a complaint. To file a complaint, please contact Albertina Kerr’s HR Service Center at 503-262-0145.

CONTACT

For more information on the Plan’s privacy policies or your rights under HIPAA, contact Matthew Warner, Chief Human Resources Officer at 503-408-5074.

NEW HEALTH INSURANCE MARKETPLACE COVERAGE: OPTIONS AND YOUR HEALTH COVERAGE

PART A: GENERAL INFORMATION

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

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. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

DOES EMPLOYER HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax 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 meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

HOW CAN I GET MORE INFORMATION?

For more information about your coverage offered by your employer, please check your summary plan description or contact the HR Service Center directly, at 503-262-0145.

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.

¹ An employer-sponsored 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.

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Albertina Kerr Centers		4. Employer Identification Number (EIN) 93-0386780	
5. Employer address 424 NE 22nd Ave		6. Employer phone number 503-262-0145	
7. City Portland	8. State Oregon	9. ZIP code 97232	
10. Who can we contact about employee health coverage at this job? Human Resources			
11. Phone number (if different from above)		12. Email address Human_Resources@AlbertinaKerr.org	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to: All employees. Eligible employees are:

☒ Regular employees who work at least 30 hours or more per week.
Coverage is effective on the 90th day of employment.

☐ Some employees. Eligible employees are:

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are: Spouse, domestic partner, biological, adoptive, step and legal guardianship children up to age 26 (or over age 26 if mentally or physically disabled).

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

****** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. **Completing this section is optional for**

ALBERTINA KERR EMPLOYEE BENEFITS

employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☒ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? 90 Days after hire date (Continue)

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

☒ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$0.00

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☒ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? NA

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ NA

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

An employer-sponsored 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 (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

APPENDICES

OUT-OF-AREA EMPLOYEES

All benefits remain the same.

LONG-TERM DISABILITY

All active full-time employees classified as Senior Leadership, Directors and Medical Staff are eligible for a maximum gross monthly benefit of \$10,000 (or 60% of their monthly covered earnings, whichever is lesser).

All other benefits remain the same.



AlbertinaKerr.org

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