Open Enrollment
Willamette University
2016-17
Key Contact Information
The following table provides important phone numbers and websites that you may need when enrolling for your benefits and throughout the year.

<table>
<thead>
<tr>
<th>Options</th>
<th>Website</th>
<th>Group #</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Online Enrollment Portal</td>
<td></td>
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<tr>
<td>[ ] Benefitfocus</td>
<td><a href="https://willamette.hrintouch.com">https://willamette.hrintouch.com</a></td>
<td>#6533</td>
<td>1.866.822.8688</td>
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<tr>
<td>Health Insurance</td>
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<td>[ ] Added Choice Medical Plan</td>
<td><a href="http://willamette.edu/offices/hr/benefits/medical_insurance/index.html">http://willamette.edu/offices/hr/benefits/medical_insurance/index.html</a></td>
<td>#2014</td>
<td>1.800.813.2000</td>
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<td>[ ] Kaiser Medical Plan</td>
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<td>#02014</td>
<td>503.813.2000</td>
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<td>[ ] LifeMap Plan</td>
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<td>#60026056</td>
<td>1.800.286.1129</td>
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<td>503.813.2000</td>
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<td>Life Insurance</td>
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<td>[ ] Optional Group Term Life and AD&amp;D (Buy-up)</td>
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<td>#00510968</td>
<td>1.800.525.4542</td>
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<td>Flexible Spending Account</td>
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<td>[ ] Health Care</td>
<td><a href="https://www1.tasconline.com/loginproxy/mytasc/index.php">https://www1.tasconline.com/loginproxy/mytasc/index.php</a></td>
<td>MO12</td>
<td>800.422.4661</td>
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<td>[ ] Dependent Care</td>
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<td>[ ] Mass Transit</td>
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<td>Retirement Plans</td>
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<td>[ ] Transamerica Retirement Solutions</td>
<td><a href="https://www.trsretire.com/webportal/retire/index.html">https://www.trsretire.com/webportal/retire/index.html</a></td>
<td>T06944600001</td>
<td>800.676.5512</td>
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<td>AFLAC</td>
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<tr>
<td>[ ] Accident and Lump Sum Critical Illness with Cancer</td>
<td><a href="http://www.willamette.edu/dept/hr/benefits/aflac/index.html">http://www.willamette.edu/dept/hr/benefits/aflac/index.html</a></td>
<td>KA555</td>
<td>(800) 992-3522</td>
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<td>Pre-Paid Legal</td>
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<td>[ ] Family Legal Plan</td>
<td><a href="http://willamette.edu/offices/hr/benefits/legal/index.html">http://willamette.edu/offices/hr/benefits/legal/index.html</a></td>
<td>#37588</td>
<td>(800) 654-7757</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Still Have Questions? We are happy to help you:</td>
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</table>

Human Resources
503-370-6210
hr@willamette.edu
Overview of 2016 Plan Changes:

Willamette is changing its PPO carrier from Pioneer/Regence (medical/dental) to Added Choice (medical) and LifeMap (dental) as of April 1, 2016.

There is NO change to the Kaiser HMO plan.

In the fall, we learned that our health insurance plan with Pioneer Educators Health Trust (Pioneer) would soon face significant changes, including a much higher deductible for individual employees and families. The Benefits Advisory Committee, comprised of faculty and staff representatives, determined that it was in the best interest of the University’s employees to find more affordable options outside Pioneer.

Why the Change?

- To maintain quality of coverage, provider network, and affordability of coverage
- Our current plan administered through Pioneer/Regence is:
  - tripling deductibles for individuals and families
  - significantly increasing premiums

What will happen to my premiums?

- Employee premiums won’t change for employees for the 2016-17 benefit plan year.

What will change?

- Added Choice will administer our new medical benefits in the same way Pioneer/Regence administered benefits previously. LifeMap is owned by Regence and dental coverage will be nearly identical.
- Over 95% of the health care providers seen by employees last year are in the Added Choice network, which means nearly all employees will be able to see the same providers at in-network rates. Added Choice is actively working to bring the remaining 5% of providers in-network.
- 100% of all in-network dental providers are in the LifeMap network which will allow our employees to continue seeing all of the same dentists at the “in-network” discount rate.
- For this year, the University is covering the increased cost in healthcare coverage premiums to minimize the amount of change for employees.

When?

- Added Choice will administer the medical PPO plan as of April 1, 2016.
- LifeMap will administer the dental PPO plan as of April 1, 2016.
**What should I do?**

- Education sessions will be held throughout February and are a great opportunity to get questions answered directly by our benefit providers. We encourage you to attend see the HR website.
- If you participate in the PPO plan, you will automatically receive new insurance cards and the next time that you see your provider you will need to update your information.
- You should check the Added Choice Network to ensure that your providers are in-network. If your provider is not in the Added Choice network please schedule a one-on-one benefits appointment through WISE.
- A few employees who had pre-authorizations for procedures scheduled after April 1 will need to ensure their providers are covered under the new plan and verify pre-authorizations will continue. HR can assist with this process, please schedule a one-on-one benefits appointment through WISE.

**FAQs**

- **Why change plan administrators?**

  The plan administered by Pioneer was facing significant price increases, including much higher deductibles for employees (from $500 to $1,500 for individuals and from $1,500 to $4,500 for families). Premiums were also set to increase again this year. The Benefits Advisory Committee, comprised of Willamette faculty and staff members, recommended leaving Pioneer to find a plan more affordable for employees and families.

- **Is Added Choice the same as Kaiser Permanente’s HMO plan?**

  No. Though Added Choice is administered by Kaiser Permanente, it is managed like a Preferred Provider Organization (PPO) in that you get to pick your own provider - just like you have in the past. You have the added benefit of full access to Kaiser’s HMO network.

- **Will I still get to keep my current provider?**

  The Added Choice plan covers more than 95% of Willamette employees’ current providers. In the event that your provider is not covered by the plan, you should contact (HR) to discuss options. There is NO change to the Kaiser HMO plan.

- **Will my deductible increase?**

  No. Any dollars that you have put towards your out-of-pocket maximums and deductibles in 2016 will be transferring from Regence to Added Choice and LifeMap.

- **Will my premium increase?**

  Not this year. Employee premiums won’t change for employees for the 2016-17 benefit plan year.
- **When will the selections I make during Open Enrollment take effect?**

  Benefit plan elections and beneficiary information are effective April 1, 2016. Premium deduction changes will occur on your March paycheck.

  - **Will my co-insurance/co-pay increase?**

    If you are enrolled in the PPO plan, in some cases your co-insurance/co-pay increase may be slightly higher than what you’ve paid in the past. In some cases, it may be slightly less.

  - **What actions do I need to take?**

    If you are currently enrolled in the Pioneer plan, you will automatically be enrolled in Added Choice or LifeMap. You will receive a new insurance cards and the next time that you see your provider you will need to update your information. If you are currently enrolled in Kaiser HMO plan you will continue to be enrolled in the Kaiser HMO plan.

    - **Would you like to have a flexible spending account next year?**

      You have the opportunity to enroll or re-enroll in the pre-taxed Healthcare, Dependent Care, and Transit Flexible Spending Accounts. If you do not enroll or re-enroll, you will not be participating in flexible spending in 2016-17.

    - **Can I switch plans?**

      Yes, during the Open Enrollment period. If you plan on changing or adding dependents or are enrolling in a University plan for the first time, please be sure you complete an enrollment form. If you are adding a spouse or domestic partner for the first time, please complete the Marriage/Domestic Partner Affidavit. Changes and enrollments need to be submitted to HR by **Friday, February 26, 2016 at 5 PM.**

    - **Can I make changes to my plan other than during this open enrollment period?**

      Outside of the open enrollment period, you can only add coverage for yourself and/or eligible dependents within 30 days of a qualifying life event. Family Status Changes (Qualifying Life Events) include:

      - Marriage/Divorce/Legal Separation
      - Birth/Adoption/Death
      - Loss of dependent status
      - Active employees eligible for Medicare
      - Loss or Acceptance of coverage elsewhere
      - Reduction in work hours
      - Receiving a Qualified Medical Child Support Order (QMCSO)
# Medical and Dental Insurance Rates

## Employee's Salary: $0-$50,000

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<thead>
<tr>
<th>Added Choice (PPO) Medical Plan</th>
<th>Kaiser (HMO) Medical Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee</strong></td>
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<tr>
<td>Total</td>
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## Employee's Salary: $50,001-$100,000

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## Employee's Salary: $100,001+

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<td>LifeMap (PPO) Dental Plan</td>
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*Willamette University*

*2016-17*
## Dental Plan Comparison

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<tr>
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<th>LifeMap PPO Any Licensed Dentist</th>
<th>Kaiser Dental Kaiser Providers</th>
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<td><strong>Annual Deductible</strong></td>
<td>Individual - $50</td>
<td>None</td>
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<td>Family - $150</td>
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<td><strong>Annual Maximum Benefit</strong></td>
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<td>$1,500 per person</td>
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<td><strong>Office Visits</strong></td>
<td>None</td>
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<tr>
<td><strong>Preventive Services</strong></td>
<td>Employee pays 0% (deductible waived)</td>
<td>Fully covered after office visit charge</td>
</tr>
<tr>
<td><em>Exams, cleanings, x-rays, fluoride treatment</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td>Employee pays 20% after deductible</td>
<td>Fully covered after office visit charge</td>
</tr>
<tr>
<td><em>Fillings, simple extractions</em></td>
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<td></td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td>Employee pays 50% after deductible</td>
<td>Employee pays 20%</td>
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<tr>
<td><em>Crowns, Bridges, Dentures</em></td>
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<td></td>
</tr>
<tr>
<td><strong>Emergency Treatment</strong></td>
<td>Employee pays 20% after deductible</td>
<td>$25 co-pay in-network Plan pays up to $100 for out-of-area emergency</td>
</tr>
<tr>
<td><strong>Orthodontia</strong></td>
<td>Employee pays 50%</td>
<td>Employee pays 50%</td>
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<tr>
<td><em>No age limit</em></td>
<td>$1,500 per claimant lifetime maximum% (deductible waived)</td>
<td>$1,500 per claimant lifetime maximum</td>
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<td><strong>Orthodontia Lifetime Maximum</strong></td>
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<td>$1,500</td>
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*Please note: This summary provides a brief description of the Plan benefits. Please refer to the Summary Plan Description for a complete list of benefits, the limitations, and exclusions that apply and a definition of medical necessity.*
**Medical Insurance Comparison**

**Willamette University 2016-17**

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<table>
<thead>
<tr>
<th>Plan Name &amp; Provider Network</th>
<th>Kaiser Medical HMO</th>
<th>Added Choice Tier 1</th>
<th>Added Choice Tier 2</th>
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<td>Kaiser Providers</td>
<td>Kaiser Providers</td>
<td>First Choice PPO Providers</td>
<td>Non-Participating Providers</td>
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<tr>
<td>Annual Deductible (January – December)</td>
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<td>Individual $250 Family $750</td>
<td>Individual $500 Family $1,500</td>
<td>Individual $750 Family $2,250</td>
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<tr>
<td>Annual Out-of-Pocket Maximum *Tier 1 &amp; 2 cross accumulate</td>
<td>Individual $2,250 Family $6,750</td>
<td>Individual $1,750* Family $5,250*</td>
<td>Individual $3,000* Family $9,000*</td>
<td>Individual $4,000 Family $12,000</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>45% coinsurance after deductible</td>
</tr>
<tr>
<td>Primary Care</td>
<td>$15</td>
<td>$20</td>
<td>$30</td>
<td>45% coinsurance after deductible</td>
</tr>
<tr>
<td>Specialty Care</td>
<td>$25</td>
<td>$30</td>
<td>$40</td>
<td>45% coinsurance after deductible</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$35</td>
<td>$40</td>
<td>$50</td>
<td>45% coinsurance after deductible</td>
</tr>
<tr>
<td>Diagnostic Lab &amp; X-Ray</td>
<td>$15 per department visit</td>
<td>$20 per department visit</td>
<td>$30 per department visit</td>
<td>45% coinsurance after deductible</td>
</tr>
<tr>
<td>CT, MRI, PET Scan</td>
<td>$100 per department visit</td>
<td>$100 per department visit</td>
<td>30% Coinsurance after deductible</td>
<td>45% coinsurance after deductible</td>
</tr>
<tr>
<td>Inpatient Stay/Surgery</td>
<td>20% Coinsurance after deductible</td>
<td>20% Coinsurance after deductible</td>
<td>30% Coinsurance after deductible</td>
<td>45% coinsurance after deductible</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>20% Coinsurance after deductible</td>
<td>20% Coinsurance after deductible</td>
<td>30% Coinsurance after deductible</td>
<td>45% coinsurance after deductible</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>20% Coinsurance after deductible</td>
<td></td>
<td>$200 after deductible (waived if admitted)</td>
<td></td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>20% Coinsurance after deductible</td>
<td></td>
<td>20% Coinsurance after deductible</td>
<td></td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>20% Coinsurance after deductible</td>
<td>20% Coinsurance after deductible</td>
<td>30% Coinsurance after deductible</td>
<td>45% coinsurance after deductible</td>
</tr>
<tr>
<td>Alternative Care (Acupuncture, Chiropractic, Massage Therapy, Naturopathic)</td>
<td>$25 per visit for chiropractic, naturopathic and acupuncture visits. $25 per massage therapy visit (up to 12 visits per calendar year). $1,500 benefit maximum for all services combined.</td>
<td>$25 per visit for chiropractic, naturopathic and acupuncture visits. $25 per massage therapy visit (up to 12 visits per calendar year). $1,500 benefit maximum for all services combined.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Retail (Up to 30 – day supply)</td>
<td>$20 generic $40 preferred $60 non-preferred</td>
<td>$20 generic $40 preferred $60 non-preferred</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail Order Prescriptions (Up to 90 – day supply)</td>
<td>$40 generic $80 preferred $120 non-preferred</td>
<td>$40 generic $80 preferred $120 non-preferred</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine Eye Exam</td>
<td>$15 co-pay</td>
<td>$20 co-pay</td>
<td>$30 co-pay</td>
<td>45% coinsurance after deductible</td>
</tr>
<tr>
<td>Vision Hardware and optical services</td>
<td>$250 allowance every 12 months.</td>
<td></td>
<td>$250 allowance every 12 months</td>
<td></td>
</tr>
</tbody>
</table>

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*Please note: This summary provides a brief description of the Plan benefits. Please refer to the Summary Plan Description for a complete list of benefits, the limitations, and exclusions that apply and a definition of medical necessity.*
The summary of the anticipated coverage changes for the coming plan year are as follows:

**Added Choice Medical PPO Plan**

**Coverage Changes**

- Deductibles for individuals and families are staying the same for in-network providers.
- Annual Out-of-Pocket Maximum went down from $3,500 to $3,000 for individuals and from $10,500 to $9,000 for family.
- Primary care copays will increase from $25 to $30.
- Specialty care copays will increase from $25 to $40.
- Urgent care copays will increase from $25 to $50.
- Diagnostic Lab & X-Ray went down from a 20% coinsurance to a flat $30 copay.
- Inpatient Stay/Surgery/Outpatient increased from a 20% coinsurance to a 30% coinsurance after deductible.
- Emergency room visits decreased from a $250 copay, then a 20% coinsurance (deductible waived if admitted) to a flat $200 copay (deductible waived if admitted).
- Durable medical equipment increased from a 20% coinsurance to 30% (after deductible).
- Alternative care reduced from a 20% coinsurance to a flat $25 copay per visit. 12 visit limit per calendar year for massage therapy, and $1,500 calendar year max for all services.
- Prescription Mail order services (90 day supply) increased from $30/$60/$90 to $40/$80/$120. Retail copays remain the same.

**LifeMap Dental PPO Plan**

**Coverage Changes**

- No changes to benefits.

**Kaiser Medical HMO Plan**

**Coverage Changes**

- No changes to benefits.
- Vision benefits are enhanced to allow for a $250 allowance once every calendar year, up from once every 24 months.

**Kaiser Dental HMO Plan**

**Coverage Changes**

- No changes to benefits.
Education Sessions:

The month of February will be full of opportunities to learn more about your benefits. Please see the 2016 Open Enrollment Meeting Schedule and save these dates on your calendar.

**Educational Sessions: February 8 - 24, 2016**
Location: HR Training Room, Executive Building
We encourage you to attend a session to learn about the upcoming changes for 2016. Please sign up for a group open enrollment educational sessions on the HR website.

**Benefits One-on-One Appointments: February 8 - 26, 2016**
Location: HR Training Room, Executive Building
Please schedule your one-on-one benefits appointment through WISE.

**Transamerica Retirement Meeting: February 22 - 24, 2016**
Location: HR Training Room, Executive Building
These personalized sessions allow you to ask specific questions and receive estimates of your retirement benefits.

**Annual Wellness & Benefits Fair: February 25, 2016**
Location: Montag Den
Time: 10 am - 1 pm
An opportunity to meet wellness and benefits vendors. There will be drawings, door prizes, and many giveaways!

Are all of your ducks in a row?
### Willamette University

#### 2016 Open Enrollment Meeting Schedule

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Room</th>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>February 8, 2016</td>
<td>HR Training Room</td>
<td>9 - 10</td>
<td>Group Educational Session</td>
</tr>
<tr>
<td>Monday</td>
<td>February 8, 2016</td>
<td>HR Office</td>
<td>1 – 5</td>
<td>Benefits One-on-One Appointments (30 min times)</td>
</tr>
<tr>
<td>Tuesday</td>
<td>February 9, 2016</td>
<td>HR Training Room</td>
<td>9 - 10</td>
<td>Group Educational Session</td>
</tr>
<tr>
<td>Tuesday</td>
<td>February 9, 2016</td>
<td>HR Office</td>
<td>1:30 - 3</td>
<td>Benefits One-on-One Appointments (30 min times)</td>
</tr>
<tr>
<td>Thursday</td>
<td>February 11, 2016</td>
<td>HR Training Room</td>
<td>9 - 10</td>
<td>Group Educational Session</td>
</tr>
<tr>
<td>Monday</td>
<td>February 15, 2016</td>
<td>HR Office</td>
<td>9 - 12</td>
<td>Benefits One-on-One Appointments (30 min times)</td>
</tr>
<tr>
<td>Monday</td>
<td>February 15, 2016</td>
<td>HR Training Room</td>
<td>1 - 2</td>
<td>Group Educational Session</td>
</tr>
<tr>
<td>Tuesday</td>
<td>February 16, 2016</td>
<td>HR Office</td>
<td>1 – 5</td>
<td>Benefits One-on-One Appointments (30 min times)</td>
</tr>
<tr>
<td>Monday</td>
<td>February 22, 2016</td>
<td>Executive North Conference Room</td>
<td>9 - 5</td>
<td>Transamerica Retirement Meeting (30 min times)</td>
</tr>
<tr>
<td>Tuesday</td>
<td>February 23, 2016</td>
<td>Executive North Conference Room</td>
<td>9 - 5</td>
<td>Transamerica Retirement Meeting (30 min times)</td>
</tr>
<tr>
<td>Wednesday</td>
<td>February 24, 2016</td>
<td>HR Training Room</td>
<td>9 - 10</td>
<td>Group Educational Session</td>
</tr>
<tr>
<td>Wednesday</td>
<td>February 24, 2016</td>
<td>Executive North Conference Room</td>
<td>9 - 5</td>
<td>Transamerica Retirement Meeting (30 min times)</td>
</tr>
<tr>
<td>Thursday</td>
<td>February 25, 2016</td>
<td>Montag Den</td>
<td>10 – 1</td>
<td>Annual Wellness &amp; Benefits Fair</td>
</tr>
<tr>
<td>Friday</td>
<td>February 26, 2016</td>
<td>Executive North Conference Room</td>
<td>9 - 5</td>
<td>Transamerica Retirement Meeting (30 min times)</td>
</tr>
<tr>
<td>Friday</td>
<td>February 26, 2016</td>
<td>HR Office</td>
<td>9 - 3</td>
<td>Benefits One-on-One Appointments (30 min times)</td>
</tr>
</tbody>
</table>

**Group Education Session:**
Human Resources will offer 30 minute information sessions about Open Enrollment changes (effective April 1, 2016) with time for Q & A.

**Benefits One-on-One Appointments (30 min times):**
Please schedule your one-on-one benefits appointment through WISE. Please see the instructions for assistance.

**Transamerica Retirement Meeting (30 min times):**
A Transamerica Retirement Planning Consultant will be available to meet with you for a 30-minute, one-on-one session.

**Annual Wellness & Benefits Fair:**
Over 20 health and wellness vendors to motivate you and answer any questions you have. There will be drawings, door prizes, and many giveaways!
Benefits & Wellness Fair

February 25, 2016
Montag Den 10am – 1pm

PRIZES!
SAMPLES!

Come get your ducks in a row with vendors like Aflac, Costco, LifeSource foods, Liberty Massage & Wellness, and many more!

Questions? Contact Human Resources: (503) 370-6210
Your Added Choice benefit tiers

With Added Choice, you can determine the best balance of cost, choice, and coverage for you. As an Added Choice member, you have access to all that Kaiser Permanente offers, plus the option to seek covered services from licensed providers across the country.

Kaiser Permanente quality care
Here’s what the experts have to say about Kaiser Foundation Health Plan of the Northwest:

- Excellence in heart care. The Center for Heart and Vascular Care at Kaiser Permanente Sunnyside Medical Center received the Society of Thoracic Surgeons’ top ranking — three out of three stars — nine times in a row.¹

¹Kaiser Foundation Health Plan of the Northwest is licensed as a Health Care Services Contractor in the states of Oregon and Washington.²

Based on an analysis of national data covering the period from July 2010 through December 2014.

Tier 1
Tier 1 has the lowest out-of-pocket expenses and lets you see any Select Provider.*

Tier 2
In Tier 2, you pay higher out-of-pocket costs, and you have access to the First Choice Health Network of doctors and facilities. Tier 2 can be a good option for those who want to continue seeing their doctor or specialist who is a PPO provider.¹ Tier 2 is also a cost-effective option if you live outside our service area.

Tier 3
In Tier 3, you pay the highest out-of-pocket costs and have access to licensed providers who are not Select Providers or PPO providers. We refer to these providers as non-participating providers.¹

See your Evidence of Coverage (EOC) or visit kp.org/addedchoice for definitions of Select Provider, PPO provider, and non-participating provider. This brochure is not a contract. Plan details are provided in the EOC. To obtain an EOC for a particular plan, contact Member Services. In the event of any conflict between this brochure and the EOC, the EOC prevails.
Getting started with Added Choice

Determine which tier you’ll use in the Added Choice plan

- Tier 1: Choose a primary care provider* from any of our Select Providers conveniently located throughout our service area. Visit kp.org/choosethedoctor or call Member Services.
- Tier 2: Choose a PPO provider from the First Choice Health Network.
- Tier 3: Choose a provider who is not a Select Provider or PPO provider (a non-participating provider).

Tips for using Tier 1

- Choose a Select Provider as your primary care provider. Regardless of whether you ever see a primary care provider, it’s important to have one. A Select Provider primary care provider has access to Kaiser Permanente HealthConnect® – our electronic health record system – and My Health Manager on kp.org.

Kaiser Permanente HealthConnect gives doctors, nurses, and administrators access to a centrally located health record that keeps all parties connected and informed. This allows your primary care provider to coordinate your care and provide referrals.

More than 3.5 million members use My Health Manager to email their doctor’s office, schedule appointments, refill prescriptions, and view most lab test results online. Registration is easy – just go to kp.org/register to get started. To make an appointment, visit My Health Manager on kp.org or call Member Services.

- To transfer your medical records and prescriptions from your previous health care provider to Kaiser Permanente, visit kp.org/newmember and click on “Transfer your records and prescriptions” to access the release forms. You can also call Member Services to request the forms. Send the completed and signed form to your previous health care provider and have them send your medical records to:

Health Information Management
Regional Process Center
10220 SE Sunnyside Road
Clackamas, OR 97015

- To speak to an advice nurse or to ask other questions, call Member Services.

Tips for using Tier 2 and Tier 3

- To choose a PPO provider or continue to see your existing PPO provider, visit kp.org/addedchoice or call Member Services to confirm that your provider is participating in the network.

- We encourage you to use your Tier 1 benefit and come see us when a PPO provider or non-participating provider orders certain lab tests or radiology procedures or prescribes you medication because it can save you money. However, if you are seeing a PPO provider, we suggest you continue with the PPO provider until that treatment is concluded. The option of moving between the tiers of coverage works very well for services that don’t require a referral.

- Be sure to take your Added Choice ID card with you to your appointment. This will let your provider’s office know that Added Choice uses the First Choice Health Network. It will also help with claims and prior authorization information. See page 5 for more about your ID card.

- Prior authorization² must be obtained for most care except for such services as:
- Emergency services.
- Maternity care.
- Routine office visits that don’t involve outpatient procedures.
- Durable medical equipment. Refer to your EOC for the designated amount.

Your provider must call Resource Stewardship in Portland at 503-813-1031; all other areas: 1-855-281-1840 for prior authorization.

- In most cases, your PPO provider files a claim directly with Kaiser Permanente National Claims Administration – Northwest, PO Box 370050, Denver, CO 80237-9998. If your PPO provider does not file a claim, you will need to file one.

¹In Washington, choose a personal care Select Provider.

²Refer to your EOC for a complete list of covered services that do not require prior authorization.
Contacting your provider
For a list of Select Providers and PPO providers, visit kp.org/addedchoice or call Member Services. Member Services staff are available by telephone from 8 a.m. to 6 p.m., Monday through Friday. You may also sign on to kp.org/myhealthmanager and send us an email.
Portland .................................. 503-813-1031
All other areas .......................... 1-855-281-1840
TTY ...................................... 711
Language interpretation services ....1-800-324-8010

Member Services can help you:
• Choose a primary care provider.
• Get the care and information you need.
• Arrange for transition of care for ongoing conditions.
• Learn about your coverage.
• File claims and understand bills.

Using your Added Choice ID card
Information to share with your PPO provider and pharmacy*

ADDED CHOICE ID CARD
First Choice Health Network is our PPO provider network.

Call Resource Stewardship for prior authorization for services with PPO providers and non-participating providers.

If you don't have your Added Choice ID card yet, ask your benefits administrator for a copy of the group confirmation letter to take to your appointment.

*Not all plans have a network pharmacy benefit, nor do all plans have a Select Pharmacy rider. Consult your benefit summary. Your Evidence of Coverage (EOC) provides a complete definition of Select Pharmacy.
If your plan includes a pharmacy benefit*

When any provider gives you a prescription, you have four choices of where to fill that prescription.

You can take the prescription to a Select Pharmacy (includes Kaiser Permanente pharmacies). If the medication is listed on the formulary, you will pay the Select Pharmacy copayment or coinsurance shown in your benefit summary or Outpatient Prescription Drug Rider.

or

You can use the Mail-Delivery Select Pharmacy to have your prescription mailed to your home. If the medication is listed on the formulary, you will pay the Select Pharmacy copayment or coinsurance shown on your benefit summary or Outpatient Prescription Drug Rider.

Call 503-778-2678 or log on to kp.org to access.

or

You can take the prescription to a network pharmacy. You will pay the network pharmacy copayment or coinsurance shown on your benefit summary or Outpatient Prescription Drug Rider.

You can use the Caremark mail-order pharmacy to have your prescription mailed to your home. You will pay the network pharmacy copayment or coinsurance shown on your benefit summary or Outpatient Prescription Drug Rider.

Call 1-800-237-2767, fax 1-800-323-2445, or log on to caremark.com/micro/kpnw.

If your prescription drug is not on the Select Pharmacy formulary and you wish to use a Select Pharmacy or Mail-Delivery Select Pharmacy to have your prescription mailed to your home, you have two options.

Ask the pharmacist to contact your provider to see if your prescription can be changed to an equivalent drug on the formulary.

or

See a Select Provider, and ask that your prescribed drug be evaluated for a formulary exception. Your provider will evaluate your medical condition. *

*Not all plans have a network pharmacy benefit, nor do all plans have a Select Pharmacy rider. Consult your benefit summary or Outpatient Prescription Drug rider. Your Evidence of Coverage (EOC) provides a complete definition of Select Pharmacy.

*This evaluation may or may not result in an exception.

We’re here to help

- **Select Pharmacies** use a formulary. To find out if a medication is on our formulary, call the Formulary Application Services Team (FAST) at 503-261-7900. The formulary is available upon request.

- If you need help with your network (for example, if your eligibility doesn’t show in the system), call Member Services at 1-800-813-2000.
# Healthy resources

Good health goes beyond the doctor's office. Take a look at all the healthy tools and resources available online, by phone, and at our facilities—and choose the ones that are right for you.

## Get the most out of your health plan

<table>
<thead>
<tr>
<th><strong>Online wellness tools</strong></th>
<th>Visit <a href="http://kp.org/healthyliving">kp.org/healthyliving</a> for helpful articles, wellness information, health calculators, fitness videos, music channels, podcasts, and recipes from world-class chefs.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthy lifestyle programs</strong></td>
<td>Connect to better health. Our online programs can help you lose weight, quit smoking, reduce stress, sleep better, and more—all at no cost. Learn more at <a href="http://kp.org/healthylifestyles">kp.org/healthylifestyles</a>.</td>
</tr>
<tr>
<td><strong>Health classes</strong></td>
<td>Choose from more than 3,800 classes and support groups at our facilities, and get help improving your health.* Find classes near you at <a href="http://kp.org/classes">kp.org/classes</a>.</td>
</tr>
<tr>
<td><strong>Personal wellness coaching</strong></td>
<td>Work one-on-one by phone with a personal wellness coach—at no cost. You can get help and inspiration for reaching a variety of health goals. Find out more at <a href="http://kp.org/wellnesscoach">kp.org/wellnesscoach</a>.</td>
</tr>
<tr>
<td><strong>Special rates for members</strong></td>
<td>Our members get reduced rates on a variety of products and services—like gym memberships, massage therapy, and more. See your options at <a href="http://kp.org/choosehealthy">kp.org/choosehealthy</a>.</td>
</tr>
</tbody>
</table>

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*Classes vary at each Kaiser Permanente facility and some may require a fee.*
Compassionate care

Good health is easier with the right support. Choose your own doctor and work with a care team that uses the latest technology to help give you the care that’s right for you.

Choose your doctor – and change anytime

Getting you connected with a doctor who suits your individual needs is our top priority. When you have a doctor you connect with, it’s easier to stay healthy.

Finding the right doctor
Browse our online doctor profiles at kp.org/searchdoctors to see your options. You’ll find information on a wide range of great doctors, including their education, credentials, and specialties. Then choose the one who’s right for you.

You can choose your doctor from:
- Adult medicine/internal medicine
- Family medicine
- Pediatrics/family medicine (for children up to 18)

Choose one doctor for your whole family or a different doctor for each family member. You can also change your doctor anytime.

Seeing specialists – often without a referral
You don’t need a referral for obstetrics-gynecology, optometry, psychiatry, chemical dependency, or addiction medicine. For other specialties, your doctor can easily refer you.

Great doctors working together as a team

With Kaiser Permanente, you get the support of a team of doctors, nurses, and specialists focused on your good health. They’re connected to each other – and to you – through your electronic health record, so you get personalized care every time.

Care focused on you
Your entire care team works together – often under one roof – sharing information to give you the care you need. And with access to your electronic health record, they know your medical history, test results, medications, and allergies. This helps them individualize your care for you.

Care for diverse and cultural needs

Great care isn’t one-size-fits-all. That’s why we have programs that tailor care for our diverse membership. We’re one of the only care providers with an institute dedicated to culturally competent care, where we do research to help improve the health of our members. We’ve already improved outcomes among different ethnicities for conditions like high blood pressure, diabetes, and colon cancer.

Because good communication is also key to getting quality care, we focus on hiring doctors, nurses, and staff who speak more than one language and come from different backgrounds. And our members have access to interpreter services in person or by phone in more than 140 languages.
## Convenience

**Experience the Kaiser Permanente difference**

<table>
<thead>
<tr>
<th>The experience...</th>
<th>Without Kaiser Permanente</th>
<th>With Kaiser Permanente*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choosing your doctor</td>
<td>All you know is that your doctor accepts your insurance.</td>
<td>You can search our doctor profiles on kp.org and choose the one who’s right for you. You can even change your doctor anytime.</td>
</tr>
<tr>
<td>Getting care in your language</td>
<td>Some health plans have few multilingual doctors.</td>
<td>We have multilingual doctors and staff, and we offer interpretation services by phone in 140+ languages.</td>
</tr>
<tr>
<td>Choosing how you get care</td>
<td>Even for minor concerns, you usually make an appointment, drive to the doctor’s office, and sit in the waiting room.</td>
<td>For minor concerns, you can request a phone appointment or email your doctor’s office with routine questions.</td>
</tr>
<tr>
<td>Calling for advice</td>
<td>When your child has a late-night fever, there’s often no medical advice available.</td>
<td>Specially trained Kaiser Permanente nurses can offer medical advice by phone, 24/7.</td>
</tr>
<tr>
<td>Making an appointment</td>
<td>Calling and waiting to schedule an appointment can take forever.</td>
<td>You can schedule routine appointments from your computer or mobile device—anytime, anywhere.</td>
</tr>
<tr>
<td>Seeing your doctor</td>
<td>Your doctor may need to flip through your files, hunting for details and looking for answers you’ve already given.</td>
<td>Your doctor has your medical history and prescriptions right at his or her fingertips through your electronic health record.</td>
</tr>
<tr>
<td>Remembering what your doctor said</td>
<td>Take lots of notes during your visit or trust your memory later.</td>
<td>You can view your past visit summaries and most lab test results online, whenever you want.</td>
</tr>
</tbody>
</table>

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

Get the care you need to stay your healthiest. From preventive screenings to care for serious conditions, we’ve got you covered. And it’s all backed by advanced medical technology and research.

Preventive care that keeps you healthy

We help you protect your health, even when you’re healthy. To catch problems early, before they get serious, we offer preventive screenings, routine appointments, and more.

Through your electronic health record, your care team knows what you’re due for and can help keep you up-to-date. With this focus on prevention, our members can rely on impressive results.

Leaving the way in prevention

- We have the highest rating for breast and colon cancer screenings.*
- We’re in the top 10% for cervical cancer screenings.*
- 89% of members diagnosed with high blood pressure now have it under control, compared to 63% nationally.†

Comprehensive care when you need it

Along with our commitment to prevention, we’re here for you if you get sick. You get great doctors, state-of-the-art facilities, and the latest technology—all combined to help you get healthy quickly.

Managing ongoing conditions

If you have a condition like diabetes or heart disease, you’re automatically enrolled in a disease management program to help you get it under control. And we start managing your condition right away, with care supported by proven best practices and advanced technology.

Innovation working for you

We’re always looking for new and better ways to prevent and treat health problems. With our commitment to medical research, we’re able to offer the most advanced treatments and care.

Cutting-edge research and care

Kaiser Permanente research centers make up one of the largest nonacademic research programs in the country. We have about 2,000 studies happening at any given time. And our clinical trials program drives cutting-edge cancer research, which leads to better care for members.

Through our innovative electronic health record system, your care team stays up-to-date—not only about each patient’s needs but also about the latest medical research and the safest, most effective treatments.

* Ratings based on Breast Cancer Screening, Colorectal Cancer Screening, and Controlling High Blood Pressure 2013 performance results and Cervical Cancer Screening 2012 performance results for commercial and Medicare plans from the Healthcare Effectiveness Data and Information Set (HEDIS) published by the National Committee for Quality Assurance. For more information, visit ncaq.org.
† Kaiser Permanente program average is the weighted average of each regional health plan’s screening data and its eligible population.
Extra value discounts for members

At Kaiser Permanente, you can enjoy free and discounted online tools, classes, programs, and activities that can help keep you happy and healthy. Visit kp.org/memberdiscounts for more information.

Member discounts

- **CHP Active and Healthy.** Save money on theater, movie, and symphony tickets; sporting activities; and more. Visit chpactiveandhealthy.com for more information.
- **Alternative care and chiropractic.** Get discounts on naturopathic medicine, chiropractic care, massage, and other alternative therapies from providers belonging to The CHP Group network. Visit chpgroup.com.
- **Comfort Keepers.** Get a 5 percent discount on services from Comfort Keepers, a leader in nonmedical, in-home services. Members are also eligible for a complimentary, no-obligation home safety assessment and more. In Oregon, call 503-855-4415. In Washington, call 360-687-0025. For TTY, call 711. Visit comfortkeepers.com for more information.
- **LifeStation medical alert.** Members who are permanent residents of the Northwest Region qualify for a discounted rate on round-the-clock medical alert services from LifeStation, one of the nation’s largest medical alert service providers. Call 1-866-745-7575 (toll free) for more information.
- **Mom’s Meals NourishCare.** Members receive a special price of $5.98 for a meal, plus sides, and free shipping on fresh-made, fully prepared, ready-to-eat meals delivered to your door. Meals arrive in fresh-lock packaging, stay fresh in the refrigerator for two weeks, and are available to meet gluten-free, low-sodium, vegetarian, and other needs. Call 1-866-224-9483 Monday through Friday from 6 a.m. to 4 p.m., Pacific time, or visit MomsMealsNC.com.
- **ChooseHealthy.** Online resource for health information, health and fitness tools, and discounts on health products. For details, go to kp.org/choosehealthy.

Free, personalized online programs

We invite you to take an active role in improving your health with free programs that help you create a healthier lifestyle at kp.org/healthylifestyle. Some of the programs available are:

- Lose weight with HealthMedia* Balance*.
- Quit smoking with HealthMedia* Breathe*.
- Manage diabetes with HealthMedia* Care* for Diabetes.
- Some programs are available in Spanish at kp.org/visadana.

Talk with a health coach

A health coach can help you set health goals and develop a wellness plan. Coaches are available Monday through Friday, 8 a.m. to 5 p.m., at 503-286-6816 or 1-866-301-3866 (toll free). Select option 2. This service is free for Kaiser Permanente members.

Total health assessment

In a simple online survey, members answer questions about their physical activity and eating habits to get a customized action plan. Members can even link their results to their electronic health record to review with their physician. Visit kp.org/tha.

These products and services are provided by entities other than Kaiser Foundation Health Plan of the Northwest (KFHPNW). Certain KFHPNW benefit plans include coverage for some of these discounted services. Check your Evidence of Coverage for details. KFHPNW disclaims any liability for these discounted products and services. Should a problem arise, you may take advantage of our grievance process by calling Member Services at 1-800-813-2000.
GET THE RIGHT CARE AT THE RIGHT TIME

URGENT CARE LOCATIONS*

PORTLAND AREA
Beaverton Medical Office
4855 SW Western Ave.
Beaverton, OR 97005
Monday through Friday, 6 p.m.-10 p.m.
weekends and holidays, 9 a.m.-6 p.m.

Interstate Medical Office East
3550 N. Interstate Ave.
Portland, OR 97227
Monday through Friday, 6 p.m.-10 p.m.
weekends and holidays, 9 a.m.-6 p.m.

Mt. Scott Medical Office
9800 SE Sunnyside Road
Clackamas, OR 97015
Monday through Friday, 6 p.m.-10 p.m.
weekends and holidays, 9 a.m.-6 p.m.

SALEM
North Lancaster Medical Office
2400 Lancaster Drive NE
Salem, OR 97305
Monday through Friday, 1 p.m.-10 p.m.
weekends and holidays, 9 a.m.-6 p.m.

VANCOUVER
Cascade Park Medical Office
12607 SE Mill Plain Blvd.
Vancouver, WA 98684
Monday through Friday, 6 p.m.-10 p.m.
weekends and holidays, 9 a.m.-6 p.m.

LONGVIEW
Longview-Kelso Medical Office
1230 Seventh Ave.
Longview, WA 98632
Monday through Friday, 6 p.m.-9 p.m.
Saturdays and holidays, 9 a.m.-6 p.m.
(closed Sundays, Thanksgiving, and Christmas)

*Urgent Care hours subject to change. Go to kp.org/facilities for the latest hours.

PRIMARY CARE
Your primary care doctor can help with routine and preventive care. For your convenience, we work to keep same-day appointments available.

APPOINTMENTS AND 24-HOUR ADVICE NURSE
All areas.................................................................1-800-813-2000
TTY.................................................................711
Language interpretation services...........1-800-324-8010

URGENT CARE
When an illness or injury is not life-threatening or limb-threatening, but can’t wait until the next day, Urgent Care provides high-quality care, right when you need it. Urgent Care is open seven days a week, including evenings, weekends, and holidays, on a walk-in basis. Appointments are not needed.

EMERGENCY CARE
If you believe you have a life-threatening or limb-threatening medical or psychiatric condition, call 911 or go to the nearest emergency room. If you are admitted to a hospital outside the Kaiser Permanente network, please call us at 503-735-2595 or 1-877-813-5993 (toll free) within 24 hours, or as soon as possible.

Download the free Kaiser Permanente app from the App Store® or Google Play®.

©2015 Kaiser Foundation Health Plan of the Northwest
Find a dentist for your pearly whites.

2. Enter your ZIP code or address in the Provider Quick Search tool at the right.
3. Click Search.

Questions? Just give us a call.
1 (800) 794-5390
Your dental benefits are just a click away.

Here’s how to sign up for the LifeMap Dental Center:

2. In the New User box, click Register Now.
3. Complete the registration fields.
4. Create a password and PIN.
5. Click Register.
6. Check your email and follow the instructions to complete your registration.

Questions? Just give us a call.
1 (800) 286-1129
Determine Your FSA Elections

To enroll in FlexSystem FSA, you must first choose which Flexible Spending Account(s) you wish to participate in for the Plan Year (as offered by your employer).

Next, determine your elections to be contributed pre-tax into each type of FSA from your payroll over the course of the Plan Year. Your elections are specific to each FSA and may be used for expenses incurred for that account type only, meaning that dollars set aside for dependent care may be used for dependent care expenses only and not for medical expenses.

Easy Online Enrollment

Online enrollment into FlexSystem FSA is available 24-hours a day from the convenience and privacy of your own home. Once enrolled, you may access your FlexSystem accounts online at any time.

Watch this helpful video to learn more about online enrollment:
http://portal.sliderocket.com/BOORR/FX_1021_102313-FlexSystem-Online-Enrollment

New Enrollees (new to the Plan):
You must obtain the Client ID from your employer. Then go to www.tasconline.com/tasconline/flexsystem/enroll to establish your personal username and password. (Please note, a valid email address is required to authenticate your account. If you do not have an email address, you may set one up for free with an email hosting service such as Gmail, Hotmail, or Yahoo.) Follow the system prompts to enroll.

Renewing Enrollees:
Enter your 12-digit TASC ID (located on your TASC Card or Request for Reimbursement Form) as your username along with your password. If you have forgotten your password, simply select the Can’t Access My Account link and follow the prompts. An email with your password will be sent to you.

Steps to Re-Enroll Online:
1. Go to www.tasconline.com/tasconline/flexsystem/enroll or log in to your MyTASC account at www.tasconline.com and click the Enrollment tab in the top blue navigation bar.
2. Follow the prompts to make your election for the new Plan Year.

For enrollment assistance, contact Customer Care via a MyService Request (from MyTASC, click Contact Us) or call 608-241-1900 or toll-free 800-422-4661.
FlexSystem FSA increases your take-home pay by reducing your taxable income. A Flexible Spending Account (FSA) allows you to save up to 30% on your eligible healthcare and/or dependent care expenses every year by using pre-tax dollars.

Consider how much you spend on healthcare and/or dependent care expenses for you and your qualified dependents in one year:

- prescription drugs/medications.
- medical/dental office visit co-pays.
- eye exams and prescription glasses/lenses.
- vaccinations.
- daycare tuition.

Why not reduce these expenses by using pre-tax dollars instead of after-tax dollars? With rising healthcare costs, every penny counts! By using pre-tax dollars, you are taxed on a lower gross salary, thereby saving money that would otherwise be spent on federal, state and FICA taxes, and thereby you increase your take home pay!

Employee salary reductions to a medical Flexible Spending Account (FSA) are limited to $2,500 (2014) and $2,550 (2015) per Plan Year, indexed for inflation. Check with your employer for your Plan’s maximum annual election amount.

Putting money in an FSA is smart and safe! If you have medical FSA funds leftover at the end of the Plan Year and your employer has elected Carryover, you may carryover up to $500 from year to year with no cost or penalty.

How FlexSystem Works

FlexSystem FSA is offered through your employer and is administered by TASC. When you choose to enroll in a FlexSystem FSA Healthcare and/or Dependent Care, you choose the dollar amount you want to contribute to each account based on your estimated expenses for the upcoming Plan Year. Your contributions will be deducted in equal amounts from each paycheck, pre-tax, throughout the Plan Year. The more you contribute to these accounts, the more you save by paying less in taxes!

Your total Healthcare FSA annual contribution amount is available immediately at the start of the Plan Year; Dependent Care FSA funds are available up to the current account balance only.

Reimbursements and the TASC Card

As you incur eligible expenses, simply swipe your TASC Card. The card automatically pays for and substantiates most eligible expenses at the point of purchase. If you do not use the TASC Card to pay for an eligible expense, simply submit a request for reimbursement via the MyTASC Mobile App, online Request for Reimbursement form in MyTASC, text message, fax, or mail.

Your reimbursement is deposited in your MyCash account. You can access your MyCash funds in three ways: (1) swipe your TASC Card at any merchant that accepts major credit cards, (2) withdraw at an ATM using your TASC Card (with PIN), or (3) transfer to a personal bank account from MyTASC.
Important Considerations

FSA Funds do not Rollover:
It is important to be conservative in making elections because any unused funds left in your FSA at the close of the Plan Year are not refundable to you. (The only exception to this rule is for the Healthcare FSA where funds may carryover to the next Plan Year’s healthcare FSA (up to $500) when elected by your employer.) You are urged to take precautionary steps, such as tracking account balances on the FlexSystem website and/or using the Interactive Voice Response System, to avoid having funds remaining in your account at year-end.

Changing Elections During the Plan Year:
You may change your FSA elections during the Plan Year only if you experience a change of status such as:

- a marriage or divorce
- birth or adoption of a child, or
- a change in employment status

Refer to the Change of Election Form (available from your employer) for a complete list of circumstances acceptable for changing elections mid-year.

Multiple Methods for Account Management
You may use any of the following self-service options to access your FlexSystem accounts and TASC Card transactions:

- MyTASC Text Messaging: Elect through your MyTASC account online.

Experts say savings range from 25% to 40% with those in higher tax brackets saving more.

Chicago Tribune, September 2012

FSA Eligible Expenses
FlexSystem FSA funds may only be used for eligible expenses under your healthcare FSA and/or dependent care FSA. Some eligible expenses include:

- Medical care services
- Dental care services
- Vision care expenses
- Prescriptions
- Certain over-the-counter medications
- Daycare tuition

More detailed lists can be found at www.irs.gov in IRS Publications 502 & 503. Please note insurance premiums are NOT eligible for reimbursement.

Online enrollment and account management.

Online tax-savings calculator to help determine how much to contribute.

Convenient pre-tax payroll deductions.

Benefits debit card for eligible purchases.

Mobile app for account access on the go.

Multiple self-service tools.

Fast reimbursements.

Sign up for FlexSystem and keep more money in your pocket!
FSA Eligible Expenses

Healthcare expenses eligible for reimbursement.

Below is a sample list of permissible expenses reimbursable through a full scope Healthcare Flexible Spending Account (FSA) that are incurred by you, your spouse, or qualified dependents. Please note, a limited purpose Healthcare FSA only allows dental and vision expenses.

Medical Expenses

- Acupuncture
- Artificial limbs
- Bandages
- Birth control, contraceptive devices
- Birthing classes/Lamaze – only the mother’s portion (not the coach/spouse) and the class must be only for birthing instruction, not child rearing
- Blood pressure monitor
- Blood sugar test kits/test strips
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductible and co-insurance
- Diabetic supplies
- Eye exams
- Eyeglasses, contacts, or safety glasses, prescription only (warranties are not reimbursable)
- Flu shots
- Hearing aids and hearing aid batteries (warranties are not reimbursable)
- Heating pad
- Incontinence supplies
- Infertility treatments
- Insulin
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery; LASIK
- Legal sterilization
- Medical supplies to treat an injury or illness
- Mileage to and from doctor appointments
- Nasal strips
- Optometrist’s or ophthalmologist’s fees
- Orthopedic inserts
- Physicals
- Physical therapy (as medical treatment)
- Physician’s fee and hospital services
- Pregnancy test
- Prescription drugs and medications
- Psychotherapy, psychiatric and psychological service
- Reading glasses
- Sales tax on eligible expenses
- Services connected with donating an organ
- Sleep apnea services/products (as prescribed)
- Smoking cessation programs
- Treatment for alcoholism or drug dependency
- Vaccinations
- Wrist supports, elastic wraps
- X-ray fees

OTC Medicines and Drugs

Over-the-counter (OTC) medicines and drugs, except for insulin, require a prescription from your physician to be reimbursable. The prescription will need to be included with each request for reimbursement.

- Bengay, Flexall, pain relieving creams or gels
- Calamine lotion
- Canker/cold sore relievers
- Cold medicines
- Corn removal
- Diaper rash ointment
- GasX, baby gas drops
- Hemorrhoid creams and treatments
- Hydrogen Peroxide or rubbing alcohol
- Indigestion or anti-acid relievers
- Laxatives
- Nicotine patch
- Pain relievers (Tylenol, Advil, Aspirin, etc.)
Dependent Care Expenses

- Sinus medicines
- Suppositories
- Teething gel
- Wart removal medication

Dental Expenses

- Braces and orthodontic services
- Cleanings
- Crowns
- Deductibles, co-insurance
- Dental implants
- Dentures, adhesives
- Fillings

For the Disabled

- Automobile equipment and installation costs for a disabled person in excess of the cost of an ordinary automobile; device for lifting a mobility impaired person into an automobile
- Braille books/magazines in excess of cost of regular editions
- Note-taker for a hearing impaired child in school
- Seeing eye dog (buying, training, and maintaining)
- Special devices, such as a tape recorder or typewriter for a visually impaired person
- Visual alert system in the home or other items such as a special phone required for a hearing impaired person
- Wheelchair or autoette (cost of operating/maintaining)

Requiring Additional Documentation

The following expenses are eligible only when incurred to treat a diagnosed medical condition. Such expenses require a Letter of Medical Necessity from your physician, containing the medical necessity of the expense, diagnosed condition, onset of condition, and physician's signature.

- Ear plugs
- Massage treatments
- Nursing services for care of a special medical ailment
- Orthopedic shoes (excess cost of ordinary shoes)
- Oxygen equipment and oxygen
- Support hose
- Varicose vein treatment
- Veneers
- Vitamins and supplements
- Wigs (for mental health condition of individual who loses hair because of a disease)

Dependent Care Expenses

- Day camp (primary purpose must be custodial care and not educational in nature)
- Dependent care expenses that are necessary for you (and your spouse) to work, actively look for work, or attend school full-time
- Dependent care for children under the age of 13 or for elderly dependents who reside with you

- FICA/FUTA taxes of day care provider
- Late pick-up fees
- Nanny expenses attributed to dependent care
- Nursery school (preschool)
- Registration fees (allocated to dependent care services)
- Does not cover medical costs; use Healthcare FSA for medical expenses incurred by you or your dependents.

Ineligible Medical Expenses

- Athletic mouth guards
- Auto insurance providing medical coverage
- Chapstick/lip balm
- Contributions to state disability funds
- Cosmetic surgery, dentistry, or other cosmetic procedures
- Cosmetic supplies (makeup, cleansers, moisturizers, etc.)
- Deodorant
- Dental floss
- Diaper service
- Diet (cost of special foods taken as substitute for regular diet)
- Dietary and fiber supplements
- Divorce (when recommended by doctor or psychiatrist)
- Distilled water purchased to avoid drinking fluoridated city water or for use in medical equipment
- Domestic help (companion, babysitter, chauffeur who primarily renders services of a non-medical nature)
- Electrolysis/hair removal
- Exercise equipment and fees
- Eye drops for general comfort
- Eyeglass cases
- Hand sanitizer
- Health club or athletic club membership fees
- Herbal supplements
- Illegal treatment or medication
- Insurance premiums, all types
- Lanyards
- Lotions or skin moisturizers
- Marriage counseling
- Maternity clothes
- Mattress
- Medicare premiums
- Medicated shampoos, conditioners, and soaps
- Mobile telephone used for personal and physician calls
- Nursemaids or practical nurses who render general care for healthy infants
- Pajamas/slippers purchased to wear in hospital
- Personal use items (toothbrush, pillow, shampoo, mattress, etc.)
- Physical treatment unrelated to specific health problems (massage for general well-being, stress, depression, or chiropractic wellness)
- Premiums for coverage through other medical plans (spouse's employer-sponsored plan or individual plan)
- Safety glasses (non-prescription)
- Special foods purchased to replace nutrition or for general health needs (such as diet foods)
- Sunglasses (non prescription) and sun clips
- Teeth whitening products
- Toiletries
- Toothbrush (includes prescribed electric ones) and toothpaste
- Vacuum cleaner purchased by an individual with dust allergy
- Vitamins and supplements for well-being
- Warranties
- Weight loss drugs/programs for general well being
Getting started with your self-referred
Alternative care benefit

We want to help you thrive — in mind, body, and spirit. To help you achieve total health, some of our medical plans include a self-referred alternative care benefit. Depending on your plan, chiropractic, naturopathic, and massage therapy services and/or acupuncture treatments may be covered without a referral.*

See your Benefit Summary and Evidence of Coverage (EOC) for details. If your plan includes an alternative care benefit, your per-visit charge, annual benefit maximum, and exclusions and limitations are available in your Benefit Summary and EOC.

Five steps to get started

1. **Choose your alternative care provider at chpgroup.com.** For your convenience, no referral is required and you are free to choose from more than 700 qualified and credentialed complementary and alternative medicine providers throughout our service area.† To be covered by your benefit, you must receive care from a provider in our service area who is part of The CHP Group network.† Please note that the provider list is subject to change. If you do not have Internet access, please call Member Services at the number below for a printed copy of alternative care providers.

2. **Schedule your appointment.** Call the provider you select to schedule an appointment at a time that works for you. When you schedule your appointment, make sure to confirm your provider's participation before receiving care.†

3. **Determine the amount you will pay.** We want to help you be informed of any out-of-pocket costs. Please see your Benefit Summary and EOC for details. The amount you pay for visits to alternative care providers varies by the type of service.

4. **Some services are not covered even if ordered by the provider.** We review procedures for safety and effectiveness. Exclusions and limitations apply even if your plan covers the service when it is ordered by a participating provider. See your EOC for details.

5. **If you have questions, we are here to help.** Member Services is your one-stop resource for answers. Call us at 1-800-813-2000, 8 a.m. to 6 p.m., Monday through Friday. For TTY, call 711. For language interpretation services, call 1-800-324-8010. You may also sign on to kp.org/myhealthmanager and email us.

*In Washington, coverage for acupuncture treatments may be covered without referral. Please refer to your EOC for specific details.

†If you are on an Added Choice plan with an alternative care benefit, you may use your benefits at The CHP Group (located in our service area). First Choice Health, or any licensed non-participating providers and facilities. The amount an Added Choice member pays is based on the provider.
EAP Summary of Services
A Benefit for you and your family members provided by Willamette University

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, such as:

- Marital conflict
- Conflict at work
- Depression
- Stress management
- Family relationships
- Anxiety
- Alcohol or drug abuse
- Grieving a loss
- Career development services

Personal Consultation with an EAP Professional
Access up to five (5) counseling sessions face to face, over the phone, or online. Cascade EAP professionals will help identify problems, establish goals, make recommendations, and develop action plans.

E-Support
A live online virtual session (video or chat) with an EAP professional. For additional information, or to set up a session, please visit www.cascadecenters.com or email esupport@cascadecenters.com

Crisis Counseling
Available on a 24 hour 7 days a week basis.

Work / Family / Life
Cascade will do the research for you. We will help locate resources and information related to Eldercare, Childcare, Identity Theft or anything else you may need.

Legal Consultations / Mediation
Call Cascade for a thirty-minute office or telephone consultation at no cost with a network attorney/mediator. If you decide to retain the attorney/mediator after the initial consultation, a 25% discount from the attorney's/mediator's normal hourly rate is available.

Financial Coaching
Coaches will provide 30 consecutive days of unlimited financial coaching, developing a needs analysis and an online written action plan to help develop better spending habits, reduce debt, improve credit, increase savings, and plan for retirement.

Home Ownership Program
If you are looking to buy, sell, refinance, or invest in a home, this program offers a network of prescreened service providers that offer free consultations. Also available are pre-negotiated discounts for select services. To access or for more information, call 866-505-3244.

Legal Tools
Free online legal forms for areas such as creating a will, financial power of attorney, living will or final arrangements. Complete instructions on the proper signing and specific witnesses requirements are provided. To Access:
1) Go to www.cascadecenters.com 2) Hover on the Employee Assistance tab and Click Legal Tools
3) Click visit Legal/Financial Library 4) Click on Legal Tools

Cascade Personal Advantage
Innovative educational tools allowing you to manage your stress and improve quality of life. Chat live with an EAP counselor, take self-assessments, view videos, access personal growth courses, download documents, and more. To Access:
1) Go to www.cascadecenters.com 2) Click “Member Log-In” 3) Register as a new user
4) For company name enter: Willamette University

Cascade Personal Wellness
Unlimited access to wellness coaches for assistance in making life style changes, Health Risk Assessment, Tip Sheets, Recipes, Activity Tracking, Challenge Portal, and more. To Access:
1) Log onto Cascade Personal Advantage 2) Click the ‘My Benefits’ Tab 3) Select Personal Wellness
Cascade’s Employee Assistance Services

**Employee Assistance**
- Face to Face and Phone Counseling
- 24 Hour Crisis Line
- Live Video Support
- Instant Messaging
- Text Connect

**Online Tools**
- Free Legal Forms and Simple Will
- Health Assessments
- Financial Calculators
- Personal Growth Training Programs
- Live and Archived Webinars

**Work / Family / Life Balance**
- Financial Coaching
- Legal and Mediation Consultations
- Eldercare / Childcare Services
- Home Ownership Program
- Concierge Services

**Personal Wellness**
- Personal Wellness Coaches
- Online Workshops and Tutorials
- Progress Trackers
- Competitions and Campaigns
- Gym Membership Discounts

Cascade Employee Assistance Program
Call: 800-433-2320
Text: 503-980-1777
www.cascadecenters.com
Annual Legal Notices

NOTICE OF PRIVACY PRACTICES
The HIPAA privacy standards guarantee to individuals the right to adequate notice of the University’s policies and procedures related to protected health information. The Notice of Privacy Practices describes how the University may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. A copy of The Notice of Privacy Practices for the Willamette University employee benefits plans is available upon request. Please submit your written request to Katie Lahey, Willamette University 900 State Street, Salem, OR  97301

THE WOMEN’S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)
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 lymphedema. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

NEWBORNS ACT DISCLOSURE – FEDERAL
Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF PREEXISTING CONDITIONS
If applicable, the existence and terms of a pre-existing condition exclusion clause are disclosed in your benefit booklet. Individuals have a right to request a certificate of creditable coverage from a prior plan or insurance issuer. If necessary, the plan can assist you in obtaining a certificate of creditable coverage. Please contact human resources for more information or to request assistance.

NOTICE OF SPECIAL ENROLLMENT RIGHTS
If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:
- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance. To request special enrollment or obtain more information, contact person listed at the end of this summary.

NOTICE OF PATIENT PROTECTIONS THAT REQUIRE DESIGNATION OF A PCP
Kaiser group health plans generally requires 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 Kaiser Customer Service. For children, you may designate a pediatrician as the primary care provider.
MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP) OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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 one of these programs, you can either 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan. Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. You should contact your State for further information on eligibility –

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<tr>
<th>STATE</th>
<th>Medicaid and CHIP</th>
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<tr>
<td>OREGON – Medicaid and CHIP</td>
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<tr>
<td>Medicaid &amp; CHIP Website:</td>
<td><a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a></td>
</tr>
<tr>
<td>Medicaid &amp; CHIP Phone:</td>
<td>1-877-314-5678</td>
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STATEMENT OF ERISA RIGHTS:

As a participant in the plan you are entitled to certain rights and protections under the employee retirement income security act of 1974 (“erisa”). Erisa provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator’s office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan’s annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage: If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights. If you have creditable coverage from another plan, you may be entitled to a reduction or elimination of exclusionary periods (if applicable) of coverage for preexisting conditions under your group health plan. You should be provided a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the plan, when you become entitled to COBRA continuation of coverage, when COBRA continuation of coverage ceases, if you request before losing coverage or if you request it up to 24 months after losing coverage. Without evidence of prior creditable coverage, you may be subject to a preexisting condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in your coverage.

Prudent Actions by Plan Fiduciaries: In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called “fiduciaries” of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants. No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights: If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim. Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available
claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees. **Assistance with your Questions:** If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

**DISCLOSURE OF PLAN INFORMATION UNDER ERISA FOR WILLAMETTE UNIVERSITY EMPLOYEE BENEFIT PLANS**

The Employee Retirement Income Security Act of 1974 (ERISA) requires that we provide you annually with information - known as a Summary Annual Report - on the financial information filed with the Internal Revenue Service and the U.S. Department of Labor for the plans listed below in which you may be a participant, eligible to participate, or a beneficiary. As permitted by Department of Labor regulations, in lieu of a Summary Annual Report, a copy of the Annual Return/Report filed on behalf of the plan will be furnished to you free of charge, upon receipt of a written request.

Reports are available for the following:

- Willamette University Defined Contribution 403(b) Retirement Plan
- Willamette University Long Term Disability Insurance Plan
- Willamette University Group Life Insurance Plan and ADD-Basic and Voluntary
- Willamette University Employee Welfare Benefit Plans, including:
  - Willamette University Flexible Spending Plan
  - Kaiser Permanente Health Plan
  - Employee Assistance Program

A copy of the Form 5500 and the “Disclosure of Plan Information under ERISA” Notice will be sent to you within 30 days of your request. Please submit your written request to:

Katie Lahey
Senior Human Resources Generalist
Willamette University
900 State Street
Salem, OR 97301
Important-Time Sensitive

Open Enrollment Information

2016