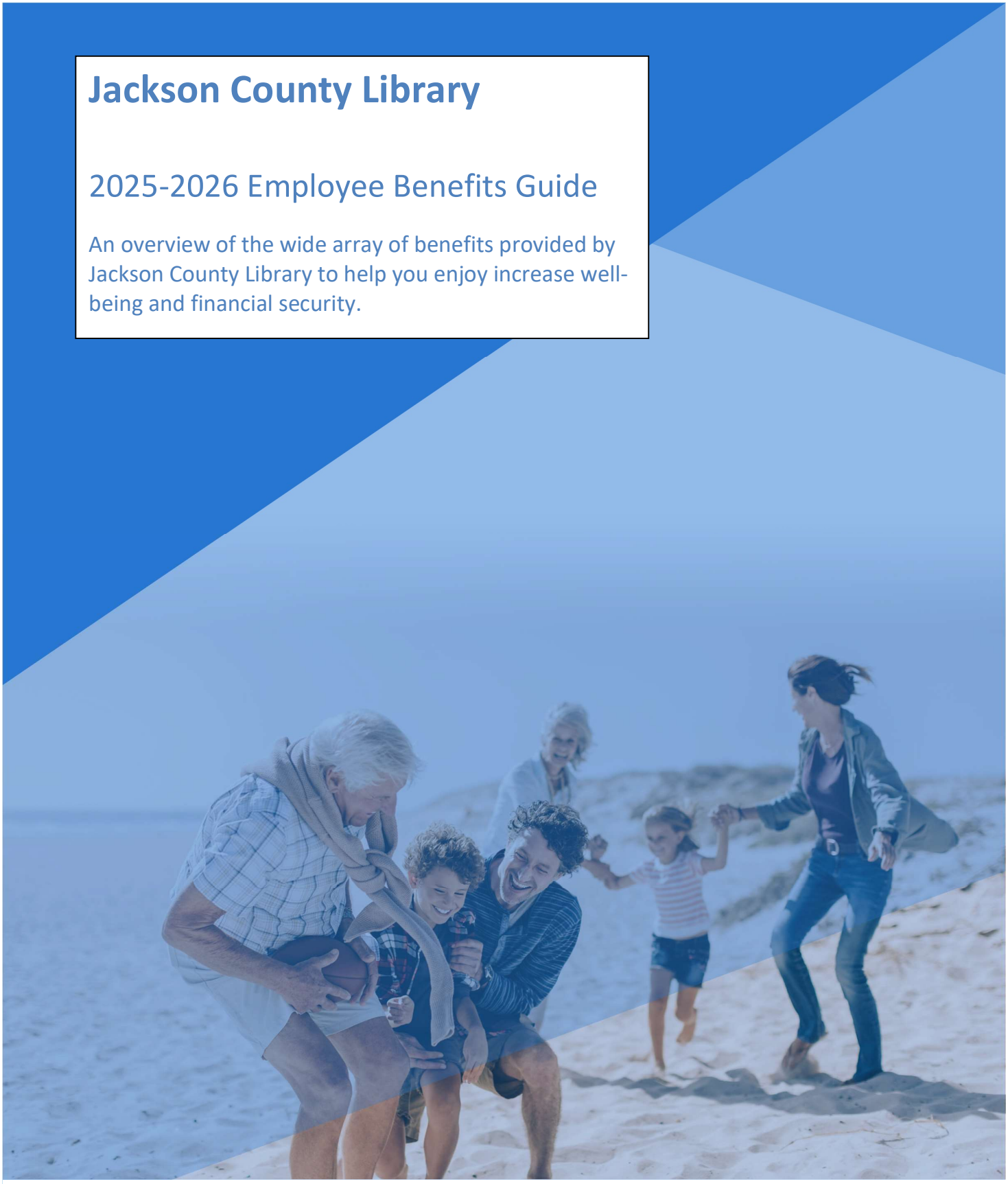
Jackson County Library

2025-2026 Employee Benefits Guide

An overview of the wide array of benefits provided by Jackson County Library to help you enjoy increase well-being and financial security.



Prepared by Asure for Jackson County Library District

Introduction

As an employee of Jackson County Library enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important, not only to your well-being, but ultimately, in terms of achieving the goals of our organization.

For the 2025 - 2026 plan year, Jackson County Library District has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and Jackson County Library District is offering an overall benefits package that can be shaped and molded by you to fit your needs.

This benefits booklet is a summary description of your Jackson County Library District benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this benefits booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.

Medical HSA Plan

Summary of Coverage

How do I locate a provider?
Medical - Go to www.Regence.com > "Find a Doctor" and scroll down to "For Guests" or you can register for the Member Portal once you receive your Regence ID Card. The network is "Preferred"

	In Network	Out Of Network
Deductible and MOOP Accumulation	Calendar Year	Calendar Year
Deductible (Ind/Family)	$3,300/$6,600	$6,000/$12,000
Deductible Type	Aggregate	Aggregate
Co-Insurance	20%	50%
Out-of-Pocket Limit: (Ind/Family)	$6,000/$12,000	$7,000/$14,000
Preventive Care	0%	50% after ded.
Inpatient Facility	20% after ded.	50% after ded.
Outpatient Services	20% after ded.	50% after ded.
PCP Visits 1-3	0% after ded.	50% after ded.
PCP Visits 3+	20% after ded.	50% after ded.
Specialist/ Urgent Care/ ER	20% after ded.	50% after ded.
Lab/Xray/ Radiology	20% after ded.	50% after ded.
Vision - Routine Eye Exam	$25 copay; 1 per year	$25 copay; 1 per year
Vision - Hardware	$250 Allowance per year	$250 Allowance per year
Prescription Drugs	20% after ded.	50% after ded.

24 pays	Full-Time	Part-Time
Employee Only	$23.92	$74.75
Employee + Spouse	$47.84	$149.50
Employee + Child(ren)	$44.24	$138.25
Family	$68.16	$213.00

Medical PPO Copay Plan

Summary of Coverage

How do I locate a provider?
Medical - Go to www.Regence.com > "Find a Doctor" and scroll down to "For Guests" or you can register for the Member Portal once you receive your Regence ID Card. The network is "Preferred"

	In Network	Out Of Network
Deductible and MOOP Accumulation	Calendar Year	Calendar Year
Deductible (Ind/Family)	$1,500/$3,000	$1,500/$3,000
Deductible Type	Imbedded	Imbedded
Co-Insurance	20%	40%
Out-of-Pocket Limit: (Ind/Family)	$5,000/$13,500	$5,000 Individual
Preventive Care	0%	40% after ded.
Inpatient Facility	20% after ded.	40% after ded.
Outpatient Services	20%	40% after ded.
PCP Visits 1-3	$0 Copay	40% after ded.
PCP Visits 3+	$25 Copay	40% after ded.
Specialist/ Urgent Care	$25 Copay	40% after ded.
ER	$250 Copay	40% after ded.
Lab/Xray/ Radiology	20%	40% after ded.
Vision - Routine Eye Exam	$25 copay; 1 per year	$25 copay; 1 per year
Vision - Hardware	$300 Allowance per year	$300Allowance per year
Prescription Drugs	$10/$30/$50	40% after ded.

24 pays	Full-Time	Part-Time
Employee Only	$48.72	$117.74
Employee + Spouse	$97.50	$235.63
Employee + Child(ren)	$90.18	$217.94
Family	$138.90	$335.68

Dental Core Plan - All Benefit Eligible Employees

Summary of Coverage

How do I locate a dentist? WWW.PRINCPAL.COM/DENTIST

	In Network	Out Of Network
Deductible: Single/ 3 Family	$50/$150	$50/$150
Preventative	100%	80%
Basic	80%	80%
Major	50%	50%
Annual Maximum	$1,000	$1,000
Ortho	N/A	N/A
Lifetime Ortho Max	N/A	N/A

24 pays	Per Pay Period Pricing
Employee Only	$1.54
Employee + Spouse	$3.09
Employee + Child(ren)	$3.74
Family	$5.29

Dental Buy-Up 3000 Plan All Eligible Employees

Summary of Coverage

How do I locate a dentist? WWW.PRINCPAL.COM/DENTIST

	In Network	Out Of Network
Deductible: Single/ 3 Family	$50/$150	$50/$150
Preventative	100%	100%
Basic	100%	80%
Major	50%	50%
Annual Maximum	$3,000	$1,500
Ortho	50%	50%
Lifetime Ortho Max	$3,000	$3,000

24 pays	Per Pay Period Pricing
Employee Only	$2.64
Employee + Spouse	$5.29
Employee + Child(ren)	$6.26
Family	$8.90

Group Long Term Disability

Long Term Disability coverage is provided to benefit eligible employees insured through MetLife. As an employee of Jackson County Library District, you are eligible for up to 60% of your salary (up to a monthly maximum of $5,000) if you have a disabling event requiring you to be away from work for 91 days or more. This benefit requires no underwriting and is 100% paid by Jackson County Library District.

Group Life and AD&D

Jackson County Library District provides $25,000 of Guarantee Issues Basic Life & Accidental Death/Dismemberment coverage to all benefit eligible employees. This benefit is 100% paid by Jackson County Library District and requires no medical underwriting.

Employee Assistance Program (EAP)

Included in your life and disability coverage provided by MetLife is a robust Employee Assistance Program. This program includes five (5) in-person visits and UNLIMTED 27/7 telephone consultations. This benefit extends to an employee's family, and it is completely confidential.

Health Savings Account

Jackson County Library District provides a Health Savings Account with a very generous contribution.

- For Full Time Employees electing the HSA Medical option, the district contributes $63.46 per pay period, calculated out at $1,650 Annually.
- For Part Time Employees electing the HSA Medical option, the district contributes $47.60 per pay period, calculated out at $1,237 Annually.

Voluntary Benefits Summary

There are several voluntary benefits available to you to help financially protect you and your family.

Colonial Life
Making benefits count.

Short Term Disability Insurance: Substitute a portion of your income if you become disabled from an off-job covered accident or illness.

Accident Insurance: Helps offset unexpected medical expenses, such as deductibles and co-payments that can result from a fracture, dislocation or other covered accidental injury.

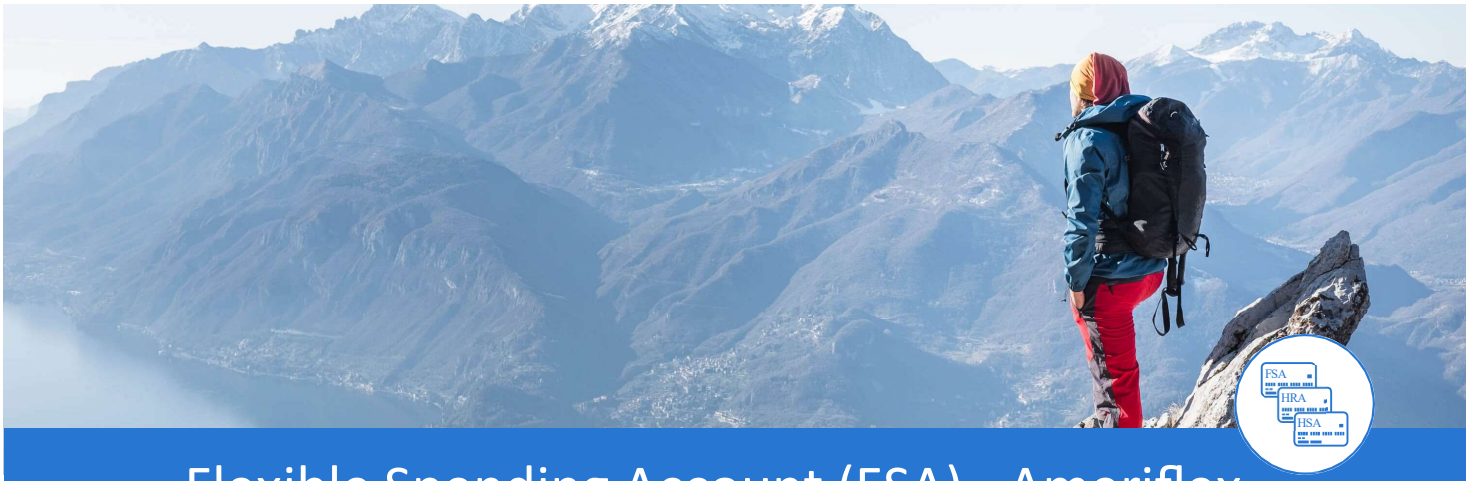
Critical Illness Insurance includes Cancer benefit: Provides a lump-sum benefit to help offset medical and nonmedical expenses related to a covered critical illness including cancer.

Hospital Plan: Provides a lump-sum benefit for covered hospital confinement to help offset the gaps caused by co-payments and deductibles in most major-medical plans.

Life Insurance: Provides financial security for loved ones by customizing coverage. Available Options: 10-, 15-, 20-, & 30-year Term Life Insurance & Whole Life Insurance.

For more information or to enroll in any of the above benefits, please email us your contact information. Our team at Savoy Associates is happy to assist you!

worksite@savoyassociates.com



Flexible Spending Account (FSA) - Ameriflex

This is how an FSA works:

- You set aside money for your FSA from your paycheck before taxes are taken out.
- You then use your pre-tax FSA funds throughout the plan year to pay for eligible health care or dependent care expenses.
- You save money on expenses you're already paying for.

The 2025 annual pre-tax contribution is $3,300. You may also be able to carry over up to $660 of unused funds to the following year. Refer to your FSA documenta on for more details.

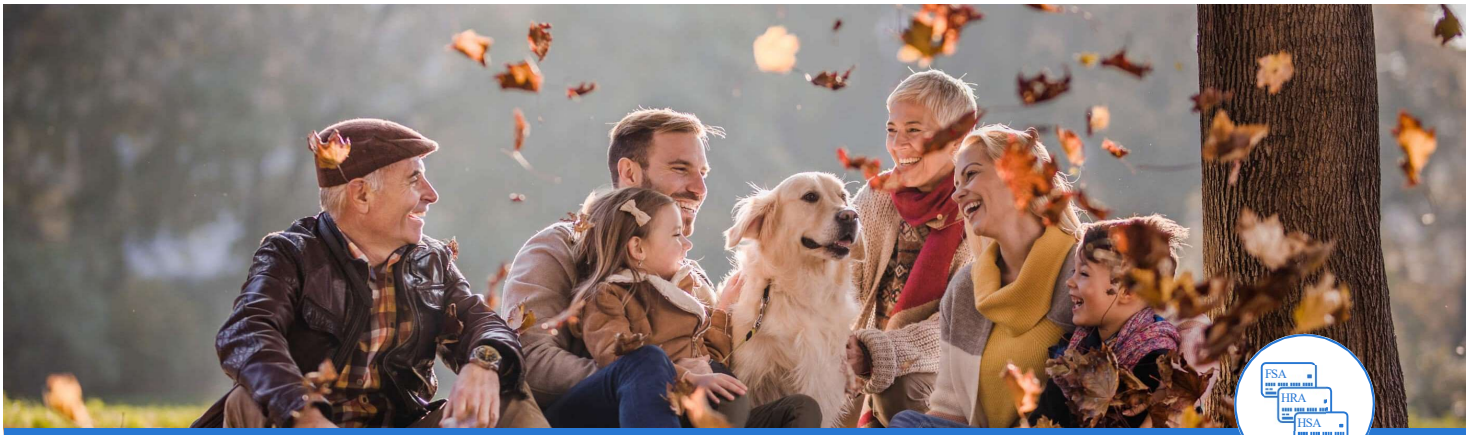
Health FSA Eligible Expenses

- Medical expenses: copays, coinsurance and deductibles
- Dental expenses: exams, cleanings, X-rays and braces
- Vision expenses: exams, contact lenses, eyeglasses and laser eye surgery
- Professional services: physical therapy, chiropractic and acupuncture
- Prescription drugs and insulin
- Over-the-counter health care items such as bandages, pregnancy test kits and blood pressure monitors

Dependent Care FSA Eligible Expenses

- Care for your child who is under the age of 13
- Before- and after-school care
- Babysitting and nanny expenses
- Day care, nursery school and preschool
- Summer day camp
- Care for a relative who is physically or mentally incapable of self-care and lives in your home

Refer to your FSA documentation for more information.



Health Savings Account (HSA) - Available with the 3300 HSA Plan only

This is how an HSA works:

A health savings account (HSA) is a health care account and savings account in one. The main purpose of this account is to offset the cost of a qualifying high deductible health plan (HDHP) and provide savings for your out-of-pocket eligible health care expenses - those you and your tax dependents may have now, in the future and during your retirement.

After you set up your account, it's yours to keep, even if you change jobs or retire.

Once your HSA is established, money is contributed to your account by you, Jackson County Library District or friends and family; and you can then use your HSA dollars tax-free to pay for eligible health care expenses. You save money on expenses you're already paying for, like doctors' office visits, prescription drugs and much more. Best of all, you decided how and when to use your HSA dollars.

Why is it a good idea to have an HSA?

HSAs benefit everyone who is eligible to have this account, including single individuals, families and soon-to-be retirees. You save money on taxes in three ways:

- Tax-free deposits - The money you contribute to your HSA isn't taxed (up to the IRS annual limit).
- Tax-free earnings - Your interest and any investment earnings grow tax-free.
- Tax-free withdrawals - The money used toward eligible health care expenses isn't taxed - now or in the future.

Setting aside pre-tax dollars into your HSA means you pay fewer taxes and increase your take-home pay by your tax savings. You save money on eligible expenses that you are paying for out of your pocket. The amount you save depends on your tax bracket. For example, if you are in the 30% tax bracket, you can save $30 on every $100 spent on eligible health care expenses.

HSA funds roll over from year to year and accumulate in your account. There is no "use-it-or-lose-it" rule with HSAs, and you decide how and when to use your HSA funds, which can be used for eligible expenses you have now, in the future or during retirement. And when you have a certain balance in your HSA, investment opportunities are available.

Refer to your HSA documentation for more information.

Medical plan info

Annual Deductible

The amount you have to pay each year before the plan starts paying a portion of medical expenses. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).

Out-of-Pocket Maximum

This is the total amount you can pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible*, copays and coinsurance. *Except for Grandfathered medical plans

Copays and Coinsurance

These expenses are your share of cost paid for covered health care services. Copays are a fixed dollar amount, and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service, and is generally billed to you after the health insurance company reconciles the bill with the provider.

Plan Types

- EPO/PPO – A network of doctors, hospitals and other health care providers
- HMO - A network that requires you to select a Primary Care Physician (PCP) who coordinates your health care.
- POS - Combines aspects of a PPO and HMO
- HDHP - A plan that has higher annual deductibles in exchange for lower premiums

Dental plan info

Summary of coverage

Dental coverage is similar to regular medical insurance—you pay a premium and then your insurance will cover part or all of the cost for many dental services.

Preventative care

Professional dental care can diagnose or help prevent common dental problems, including toothaches, inflamed gums, tooth decay, bad breath and dry mouth. If conditions like these remain untreated, they can worsen into painful and expensive problems, such as gum disease or even tooth loss.

Diagnostic care

Additionally, dental health professionals are able to spot more serious health issues, including some types of cancer. That makes it even more important to see a dentist regularly.

Great for families

This coverage is also great for families. Since dental work can be very expensive, proactive dental care, such as routine cleanings, can help save children from costly issues as they age.

Specialized treatments

With dental insurance, you're investing in your smile and overall health. Beyond cleanings and routine care, dental coverage may also help pay for more specialized treatments, such as root canals or fillings.

Routine care

Dental coverage allows you to visit a dentist whenever you need to inexpensively receive preventive and diagnostic care.

See everything your plan covers by reviewing the benefits statement and overview. Reach out to HR with any questions.

Preventative Care

Wellness and Health Management

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by Jackson County Library District, all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**

Which preventative care services are covered?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year:

- Routine physical exam
- Well baby and child care
- Well women visits
- Immunizations
- Routine bone density test
- Routine breast exam
- Routine gynecological exam
- Screening for Gestational diabetes
- Obesity screening and counseling
- Routine digital rectal exam
- Routine colonoscopy
- Routine colorectal cancer screening
- Routine prostate test
- Routine lab procedures
- Routine mammograms
- Routine pap smear
- Smoking cessation
- Health education/counseling services
- Health counseling for STDs and HIV
- Testing for HPV and HIV
- Screening and counseling for domestic violence

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SDIS SPECIAL DISTRICTS INSURANCE SERVICES

SDIS HSA Plan

Effective July 1, 2025 through June 30, 2026

Cost Share Details		In-Network	Out-of-Network
Annual Deductible	The total deductible you pay per Calendar year	$3,300 Individual $6,600 Family	$6,000 Individual $12,000 Family
Annual Out-of-Pocket Maximum	The combined total for your deductible, coinsurance and copays per calendar year	$6,000 Individual $12,000 Family	$7,000 Individual $14,000 Family

The In-Network Out-of-Pocket Maximum for any Member on Family Coverage is not to exceed $6,580, including the In-Network Deductible. If a Member reaches this maximum amount prior to satisfying the In-Network Family Out-of-Pocket Maximum, including the In-Network Deductible, benefits will be paid at 100% of the Allowed Amount for that Member.

Be aware that your actual costs for Covered Services provided by an Out-of-Network provider may exceed the Out-of-Pocket Maximum amount. In addition, Out-of-Network providers can bill you for the difference between the amount charged and our allowed amount and that amount does not count toward any Out-of-Pocket Maximum.

Medical Benefits (unless stated otherwise, a deductible applies)		What You Pay	
Primary Care Visits (for Illness or Injury)	Visiting a Blue Distinction Total Care (BDTC) provider will result in a lower out-of-pocket expense for most office visits. Coinsurance waive for first 3 primary care/behavioral health visits after deductible has been met	20% coinsurance	50% coinsurance
Specialist Visits		20% coinsurance	50% coinsurance
Urgent Care Visits		20% coinsurance	50% coinsurance
Other Professional Services		20% coinsurance	50% coinsurance
Preventive Care/Immunizations		0% coinsurance, deductible waived	50% coinsurance
Acupuncture	• Limit: 30 visits per Calendar year	20% coinsurance	50% coinsurance
Ambulance Services		0% coinsurance	0% coinsurance
Ambulatory Surgical Center		20% coinsurance	50% coinsurance
Emergency Room (Including Professional Charges)		20% coinsurance	20% coinsurance
Hearing Aids & Evaluations	• 1 hearing aid per ear, every calendar year	20% coinsurance	50% coinsurance
Hearing Examinations	• Limit: 1 exam per Calendar year	20% coinsurance	50% coinsurance
Home Health Care	• Limit: 130 visits per Calendar year	20% coinsurance	50% coinsurance
Hospice Care	• Limit: 30 inpatient or outpatient respite care days per lifetime	20% coinsurance	50% coinsurance
Hospital Care		20% coinsurance	50% coinsurance
Infertility (Diagnosis, treatment, and assisted reproduction)	• $5,000 limit per lifetime • Dollar limit shared with pharmacy	20% coinsurance, deductible waived	50% coinsurance
Massage Therapy	• Limit: 12 visits per Calendar year • Licensed Massage Therapists only	20% coinsurance	50% coinsurance
Maternity Care		20% coinsurance	50% coinsurance
Behavioral Health - Inpatient	• Mental health, behavioral health, or substance abuse services	20% coinsurance	50% coinsurance
Behavioral Health - Outpatient	Coinsurance waive for first 3 primary care/behavioral health visits after deductible has been met • Mental health, behavioral health, or substance abuse services	20% coinsurance	50% coinsurance

Medical Benefits (unless stated otherwise, a deductible applies)		**What You Pay**	
Neurodevelopmental Therapy	• Limit: 30 visits per Calendar year	20% coinsurance	50% coinsurance
Newborn Home Visits	• Within 6 months of age, at least one visit during first 3 months, with up to 3 more available	0%, deductible waived	Not covered
Nutritional Counseling	• Limit: 5 visits per lifetime	20% coinsurance	50% coinsurance
Radiology and Laboratory - Outpatient		20% coinsurance	50% coinsurance
Advanced Imaging	• CT, PET, MRA, SPECT, Bone Density, MRI	20% coinsurance	50% coinsurance
Rehabilitation Services - Inpatient	• Limit: 30 days per Calendar year	20% coinsurance	50% coinsurance
Rehabilitation Services - Outpatient	• Limit: 30 visits combined per Calendar year	20% coinsurance	50% coinsurance
Skilled Nursing Facility (SNF) Care	• Limit: 60 days per Calendar year	20% coinsurance	50% coinsurance
Spinal Manipulations	• Limit: 30 visits per Calendar year	20% coinsurance	50% coinsurance
Vendor Telehealth - MDLIVE		10% coinsurance	N/A
Virtual Care - Telehealth		20% coinsurance	50% coinsurance

VSP Vision Benefits		**What You Pay**	
Routine Eye Exam	• Limit: 1 per Calendar year	$25 copay, deductible waived	No charge up to $45
Contact Lens Fitting	• Limit: 1 per Calendar year	No charge	Applies to the hardware limit
Hardware		No charge up to $250 maximum per year	No charge up to $250 maximum per year

Prescription Medication Benefits (unless stated otherwise, a deductible applies)		**What You Pay**
Annual Deductible	The total deductible you pay per calendar year	Shared with medical
Annual Out-of-Pocket Maximum	The combined total for your deductible, coinsurance and copays per calendar year	Shared with medical
Tier 1	30-day supply for retail, 90-day supply for mail order	20% coinsurance, retail or mail order prescription
Tier 2	30-day supply for retail, 90-day supply for mail order	20% coinsurance, retail or mail order prescription
Tier 3	30-day supply for retail, 90-day supply for mail order	20% coinsurance, retail or mail order prescription
Tier 4	30-day supply for retail	20% coinsurance
Compound Medications	30-day supply for retail	50% coinsurance

$35 cap on member cost share per 30 day retail supply insulin, deductible waived
$105 cap on member cost share for up to 90 day supply of mail order insulin, deductible waived
More information about prescription drug coverage is available at https://regence.com/go/2024/OR/4tier

Frequently Asked Questions	
How is my privacy protected?	Regence is committed to the confidentiality and security of your personal information. We maintain physical, administrative and technical safeguards to protect against unauthorized access, use, or disclosure of your personal information. You can view our full privacy practices online at regence.com.
What if I need access to specialty care? Do I need a referral?	You can receive care from any in-network provider without a referral. For some services, prior authorization may be required.

This benefit summary provides a brief description of your plan benefits, limitations and/or exclusions under your plan and is not a guarantee of payment. Once enrolled, you can view your benefits booklet online at regence.com. **PLEASE REFER TO YOUR BENEFITS BOOKLET OR SUMMARY PLAN DESCRIPTION FOR A COMPLETE LIST OF BENEFITS, THE LIMITATIONS AND/OR EXCLUSIONS THAT APPLY, AND A DEFINITION OF MEDICAL NECESSITY**. Regence is providing this benefit summary for illustrative purposes only. Regence makes no warranties or representations regarding compliance with applicable federal, state, or local laws, or the accuracy of the benefit summary. This document is not the legally required Summary of Benefits and Coverage that an employer is required to provide to employees and members under Federal law, and the group must provide a legally compliant Summary of Benefits and Coverage to its employees and members.

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SDIS SPECIAL DISTRICTS INSURANCE SERVICES

Special Districts Insurance Services

SDIS Blue V Plan

Effective July 1, 2025 through June 30, 2026

Cost Share Details		In-Network	Out-of-Network
Annual Deductible	The total deductible you pay per calendar year	$1,500 Individual $3,000 Family	
Annual Out-of-Pocket Maximum	The combined total for your deductible, coinsurance and copays per calendar year	$5,000 Individual $13,500 Family	$5,000 Individual

Be aware that your actual costs for Covered Services provided by an Out-of-Network provider may exceed the Out-of-Pocket Maximum amount. In addition, Out-of-Network providers can bill you for the difference between the amount charged and our allowed amount and that amount does not count toward any Out-of-Pocket Maximum.

Medical Benefits (unless stated otherwise, a deductible applies)		What You Pay	
Primary Care Visits (for Illness or Injury)	First 3 upfront visits combined for primary care and behavioral health services.	$5 copay, deductible waived/ first 3 visits $25 copay per visit, after 3 upfront visits, deductible waived	40% coinsurance
Specialist Visits		$25 copay per visit, deductible waived	40% coinsurance
Urgent Care Visits		$25 copay per visit, deductible waived	40% coinsurance
Other Professional Services		20% coinsurance	40% coinsurance
Preventive Care/Immunizations	• Preventive services and immunizations are covered according to guidelines set forth by the United States Preventive Services Task Force (USPSTF), Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA)	0% coinsurance, deductible waived	40% coinsurance
Acupuncture	• Limit: 30 visits per Calendar year	$25 copay per visit, deductible waived	40% coinsurance
Ambulance Services		0% coinsurance, deductible waived	0% coinsurance, deductible waived
Ambulatory Surgical Center		20% coinsurance	40% coinsurance
Emergency Room (Including Professional Charges)		$250 copay per visit; deductible waived	$250 copay per visit; deductible waived
Hearing Aids & Evaluations	• 1 hearing aid per ear, every calendar year	20% coinsurance	40% coinsurance
Hearing Examinations	• Limit: 1 exam per Calendar year	$25 copay per visit, deductible waived	40% coinsurance
Home Health Care	• Limit: 130 visits per Calendar year	20% coinsurance	40% coinsurance
Hospice Care	• Limit: 30 inpatient or outpatient respite care days per lifetime	20% coinsurance	40% coinsurance
Hospital Care		20% coinsurance	40% coinsurance
Infertility (Diagnosis, treatment, and assisted reproduction)	• $5,000 limit per lifetime • Dollar limit shared with pharmacy	20% coinsurance, deductible waived	40% coinsurance
Massage Therapy	• Limit: 12 visits per Calendar year • Licensed Massage Therapists only	$25 copay per visit, deductible waived	40% coinsurance
Maternity Care - Professional Services		$200 copay per pregnancy, deductible waived	40% coinsurance
Maternity Care - Other	• Office visits and facility services	20% coinsurance	40% coinsurance

Medical Benefits (unless stated otherwise, a deductible applies)		What You Pay	
Behavioral Health - Inpatient	• Mental health, behavioral health, or substance abuse services	20% coinsurance	40% coinsurance
Behavioral Health - Outpatient	First 3 upfront visits combined for primary care and behavioral health services. • Mental health, behavioral health, or substance abuse services	$5 copay, deductible waived/ first 3 visits $25 copay per visit, after 3 upfront visits, deductible waived	40% coinsurance
Neurodevelopmental Therapy	• Limit: 30 visits per Calendar year	20% coinsurance, deductible waived	40% coinsurance
Newborn Home Visits	• Within 6 months of age, at least one visit during first 3 months, with up to 3 more available	0%, deductible waived	Not covered
Nutritional Counseling	• Limit: 5 visits per lifetime	20% coinsurance	40% coinsurance
Radiology and Laboratory - Outpatient		20% coinsurance, deductible waived	40% coinsurance
Advanced Imaging	• CT, PET, MRA, SPECT, Bone Density, MRI	20% coinsurance	40% coinsurance
Rehabilitation Services - Inpatient	• 30 days per Calendar year	20% coinsurance	40% coinsurance
Rehabilitation Services - Outpatient	• 30 visits combined per Calendar year	20% coinsurance, deductible waived	40% coinsurance
Skilled Nursing Facility (SNF) Care	• Limit: 60 days per Calendar year	20% coinsurance	40% coinsurance
Spinal Manipulations	• Limit: 30 visits per Calendar year	$25 copay per visit, deductible waived	40% coinsurance
Virtual Care - Telehealth		**Vendor: MDLive** $0 copay per session, deductible waived **In-Network non-Vendor Provider:** $0 copay per visit, deductible waived	N/A 40% coinsurance

VSP Vision Benefits		What You Pay	
Routine Eye Exam	• Limit: 1 per Calendar year	$25 copay, deductible waived	No charge up to $45
Contact Lens Fitting	• Limit: 1 per Calendar year	No charge	Applies to the hardware limit
Hardware		No charge up to $300 maximum per year	No charge up to $300 maximum per year

Prescription Medication Benefits		What You Pay
Annual Deductible	The total deductible you pay per calendar year	$0
Annual Out-of-Pocket Maximum	The combined total for your deductible, coinsurance and copays per calendar year	Shared with medical
Tier 1	30-day supply for retail, 90-day supply for mail order	$10 retail prescription / $10 mail order prescription / $10 for each self-administrable Cancer Chemotherapy medication
Tier 2	30-day supply for retail, 90-day supply for mail order	$30 retail prescription / $60 mail order prescription / $50 for each self-administrable Cancer Chemotherapy medication
Tier 3	30-day supply for retail, 90-day supply for mail order	$50 retail prescription / $100 mail order prescription / $100 for each self-administrable Cancer Chemotherapy medication
Tier 4	30-day supply for retail	30% Coinsurance to $200 maximum per prescription
Compound Medications	30-day supply for retail	50% coinsurance

$35 cap on member cost share per 30 day retail supply insulin, deductible waived
$105 cap on member cost share for up to 90 day supply of mail order insulin, deductible waived
More information about prescription drug coverage is available at https://regence.com/go/2024/OR/4tier

Frequently Asked Questions	
How is my privacy protected?	Regence is committed to the confidentiality and security of your personal information. We maintain physical, administrative and technical safeguards to protect against unauthorized access, use, or disclosure of your personal information. You can view our full privacy practices online at regence.com.
What if I need access to specialty care? Do I need a referral?	You can receive care from any in-network provider without a referral. For some services, prior authorization may be required.

This benefit summary provides a brief description of your plan benefits, limitations and/or exclusions under your plan and is not a guarantee of payment. Once enrolled, you can view your benefits booklet online at regence.com. **PLEASE REFER TO YOUR BENEFITS BOOKLET OR SUMMARY PLAN DESCRIPTION FOR A COMPLETE LIST OF BENEFITS, THE LIMITATIONS AND/OR EXCLUSIONS THAT APPLY, AND A DEFINITION OF MEDICAL NECESSITY**. Regence is providing this benefit summary for illustrative purposes only. Regence makes no warranties or representations regarding compliance with applicable federal, state, or local laws, or the accuracy of the benefit summary. This document is not the legally required Summary of Benefits and Coverage that an employer is required to provide to employees and members under Federal law, and the group must provide a legally compliant Summary of Benefits and Coverage to its employees and members.

1 (866) 240-9580 - TTY: 711 | 100 SW Market Street, Portland, OR 97201 | regence.com

NONDISCRIMINATION NOTICE

Regence complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Regence does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Regence:
Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, and accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services listed above, please contact:

Medicare Customer Service
1-800-541-8981 (TTY: 711)

Customer Service for all other plans
1-888-344-6347 (TTY: 711)

If you believe that Regence has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our civil rights coordinator below:

Medicare Customer Service
Civil Rights Coordinator
MS: B32AG, PO Box 1827
Medford, OR 97501
1-866-749-0355, (TTY: 711)
Fax: 1-888-309-8784
medicareappeals@regence.com

Customer Service for all other plans
Civil Rights Coordinator
MS CS B32B, P.O. Box 1271
Portland, OR 97207-1271
1-888-344-6347, (TTY: 711)
CS@regence.com

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 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 20201

1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Language assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-344-6347 (TTY: 711).

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1-888-344-6347 (TTY: 711)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-344-6347 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-344-6347 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-344-6347 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-344-6347 (телетайп: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-344-6347 (ATS : 711)

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。1-888-344-6347（TTY:711）まで、お電話にてご連絡ください。

D77 baa ak0 n7n7zin: D77 saad bee y1n7[ti'go **Diné Bizaad**, saad bee 1k1'1n7da'1wo'd66', t'11 jiik'eh, 47 n1 h0l=, koj8' h0d77lnih 1-888-344-6347 (TTY: 711.)

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea te ke lava 'o ma'u ia. ha'o telefonimai mai ki he fika 1-888-344-6347 (TTY: 711)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-344-6347 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711)

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-888-344-6347 (TTY: 711)។

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-344-6347 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachdienstleistungen zur Verfügung. Rufnummer: 1-888-344-6347 (TTY: 711)

ማስታወሻ:- የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፤ በሚከተለው ቁጥር ይደውሉ 1-888-344-6347 (መስማት ለተሳናቸው:- 711)።

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-344-6347 (телетайп: 711)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-888-344-6347 (टिटिवाइ: 711

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-344-6347 (TTY: 711)

MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-344-6347 (TTY: 711)

โปรดทราบ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-344-6347 (TTY: 711)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-888-344-6347 (TTY: 711)

Afaan dubbattan Oroomiffaa tiif, tajaajila gargaarsa afaanii tola ni jira. 1-888-344-6347 (TTY: 711) tiin bilbilaa.

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-344-6347 (TTY: 711) تماس بگیرید.

ملحوظة: إذا كنت تتحدث فاذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-344-6347 (رقم هاتف الصم والبكم TTY: 711)

Regence

OREGON

VSP

Eye care made easy

Your eyes bring you the world. Keep them healthy with your Regence Exam-Plus-Allowance Vision plan. We make it simple with open access to eye doctors and preventive care that helps catch problems before they start.

Designed to meet your needs

Eye care is a cinch when convenience and flexibility are built right into your plan.

See the doctor who's right for you

Whether it's your neighborhood optometrist or someone at your favorite retail store, we've got you covered. Pick from nearly 119,000 provider access points across the country in the VSP Choice network for even greater savings.

Be priority no. 1

VSP doctors' personalized care focuses on keeping you and your eyes healthy year after year. Plus, when you see a VSP provider, you'll get the most out of your benefits and have lower out-of-pocket costs.

Have an annual exam

Get your VSP WellVision Exam, included in your plan, and you could prevent health problems down the road. This screening helps your optometrist spot a range of vision troubles, like glaucoma and complications from diabetes, and signs of serious health conditions, like high blood pressure and cholesterol. Wear glasses or contacts? Your exam will ensure your prescription is up-to-date, too.

Pick the eyewear you like best

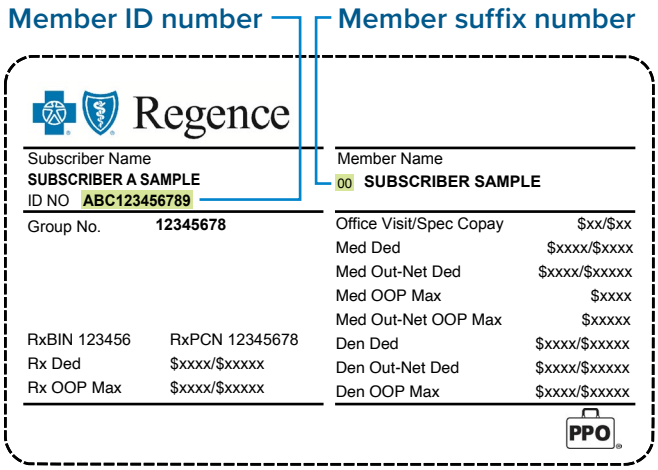
VSP doctors offer hundreds of frames to choose from, so if you need glasses, you can find the ones that most suit you.

Know before you go

Check your or your covered family members' benefits before your appointment for more details on your plan and what you can expect to pay. Sign in to vsp.com to access your vision benefits. Family members covered by your health plan can see their benefits this way, too.

Don't have a VSP account? To create one, you'll need your Regence member ID card with your **member ID number** and **member suffix number**.

Use the **member ID number** and the **dependent member suffix** to set up a dependent account to view dependent coverage.



You can view your Summary of Benefits Coverage or Regence Exam-Plus-Allowance Vision booklet on **regence.com** for full details on your vision benefits.

Find an eye doctor

Here are three easy ways to find a VSP doctor and save:

1. **Search for a doctor on vsp.com**
2. **Call VSP at 1-844-299-3041**
3. **Find a doctor on regence.com**

At your appointment, tell them you have VSP and show them your Regence member ID card.

Regence

Regence BlueCross BlueShield of Oregon
is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueCross BlueShield of Oregon
200 SW Market Street, 11th Floor | Portland, OR 97201

REG-OR-1207928-23/12-101+ ASO Exam + Allowance

canopy

EAP Summary of Services

The Employee Assistance Program (**EAP**) is a **FREE** and **CONFIDENTIAL** benefit for you and your family members provided by **Special Districts Insurance Services**

Counseling
Six (6) sessions in-person, on the phone or virtually for concerns such as:

- **Depression**
- **Anxiety**
- **Relationships and family**
- **Workplace challenges**
- **Stress management**
- **Alcohol or substance misuse**
- **Grief and loss**
- **Professional development**

Resources for Life
Assistance in finding childcare, adult care, caregiving resources, and more.

Legal Consultations/Mediation
Free 30-minute consultation and a 25% discount on services thereafter.

Financial Coaching
Unlimited guidance to improve spending, debt reduction, credit enhancement, savings, and retirement planning.

Identity Theft
60-minute consultation with a Fraud Resolution Specialist™ to restore identity and credit.

Home Ownership and Housing Support
Aid and discounts for home transactions and housing assistance resources.

Coaching
Six (6) phone or video sessions with a Coach for goal setting, healthy habits, and personal development.

Pet Parent Resources
Information, support, and discounts for pet owners.

Wellbeing Tools
Fertility health support, wellness resources, and gym discounts.

Member Site
Personal and professional development videos, webinars, self-assessments, online legal tools and more at **my.canopywell.com.** Log-in or register as a new user with organization name: **SDIS**

Self-Scheduling Portal
Register with your work email address for online provider search and appointment management.

Canopy EAP App
Download the app by searching for "**Canopy EAP**" in Google Play or the App Store.

Canopy is committed to creating a safe, inclusive, and equitable society for all.

> Crisis Counselors are available by phone **24/7/365**

800-433-2320
503-850-7721
my.canopywell.com

Policyholder: Jackson County Library Services

Group dental insurance
Benefit summary for
all members electing low plan

Your coverage renews every July 1
This summary was created on 04/15/2024 and shows benefits available at that time.

What's available to me?

Dental insurance helps pay for all, or a portion, of the costs associated with dental care, from routine cleanings to root canals.

Eligibility				
Eligible employees	All active, full-time employees			
	Calendar-year deductible		Coinsurance your policy pays	
	In-network	Out-of-network	In-network	Out-of-network
Preventive	$0	$0	100%	80%
Basic	$50	$50	80%	80%
Major	$50	$50	50%	50%
Additional provisions				
Family deductible	3 times the per person deductible amount			
Combined deductible	Your deductibles that are in and out-of-network for basic and major services are combined.			
Combined maximum	Maximums for preventive, basic, and major procedures are combined. In-network calendar year maximums are $1,000 per person or non-network calendar year maximums are $1,000 per person.			
Maximum accumulation	Included			
Plan type	Scheduled			

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees aren't eligible.
  - o If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - o You must enroll within 31 days of being eligible. If you don't, you'll have to wait until the next open enrollment period, or qualifying event.

Additional eligibility requirements may apply.

Which procedures are covered, and how often?

Preventive	
Routine exams	Twice per calendar year
Routine cleanings	Twice per calendar year
Bitewing X-rays	Twice per calendar year
Full mouth X-rays	Once every 60 months
Fluoride	Once per calendar year (covered only for dependent children under age 14)
Sealants	Covered only for dependent children under age 14; once per tooth each 36 months

Basic	
Emergency exams	Subject to routine exam frequency limit
Periodontal maintenance	If three months have passed since active surgical periodontal treatment; subject to routine cleaning frequency limit
Fillings	Replacement fillings every 24 months
Oral surgery	Simple and complex
General anesthesia / IV sedation	Covered only for specific procedures
Simple endodontics	Root canal therapy for anterior teeth
Complex endodontics	Root canal therapy for molar teeth
Non-surgical periodontics, including scaling and root planing	Once per quadrant per 24 months
Periodontal surgical procedures	Once per quadrant per 36 months
Harmful habit appliance	Covered only for dependent children under age 14

Major	
Crowns	Each 60 months per tooth if tooth cannot be restored by a filling
Core buildup	Each 60 months per tooth
Implants	Each 60 months per tooth
Bridges	60 months old (initial placement / replacement)
Dentures	60 months old (initial placement / replacement)
Repairs	Partial denture, bridge, crown, relines, rebasing, tissue conditioning and adjustment to bridge/denture, within policy limitations

Additional benefits

Scheduled / MAC design	In and out-of-network claim payments are based on the amounts agreed to by network dentist, known as a negotiated fee schedule. If the submitted charge is more than the scheduled amount you may be responsible for paying the difference for out of network claims.
Maximum accumulation	Some of your unused annual benefit maximum can be carried over to the next year. To qualify, you must have had a dental service performed within the calendar year and used less than the maximum threshold. The threshold is equal to the lesser of 50% of the out-of-network maximum benefit or $1,000. If the qualification is met, 50% of the threshold is carried over to next year's maximum benefit. Individuals with fourth quarter effective dates will start qualifying for rollover at the beginning of the next calendar year. You can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year
Periodontal program	If you're pregnant or have diabetes or heart disease, you may receive scaling and root planing covered at 100% (if dentally necessary), or one additional cleaning (routine or periodontal) subject to deductible and coinsurance.
Second opinion program	You may be eligible for second opinions from dental providers at 100%. This program makes sure you get the best advice to make an informed decision about your care.
Cancer treatment oral health program	If you have cancer and are undergoing chemotherapy or head/neck radiation therapy, you may receive up to three fluoride treatments every 12 months covered at 100% plus one additional routine cleaning.
General anesthesia program	If you have autism, Down syndrome, cerebral palsy, muscular dystrophy, or spina bifida you may receive general anesthesia or intravenous sedation coverage. Services must be administered in a dental office. All other contractual limitations apply.

How do I find a network dentist?

When you receive services from a dentist in our network, your cost may be lower. Network dentists agree to lower their fees for dental services and not charge you the difference. You'll have access to the Principal Plan Dental network, with more than 117,000 dentists nationwide. Visit principal.com/dentist to find a dentist or call 800-247-4695.

What if my dentist isn't in the network?

You can refer your dentist to our network. Please submit the dentist's name and information by calling 800-247-4695, or submitting a form at principal.com/refer-dental-provider.

What are the limitations and exclusions of my coverage?

- Missing tooth provision –This means the initial placement of bridges, partials, dentures, and implant services to replace teeth missing before this coverage starts may not be covered. If the policy your employer purchased replaces coverage with another carrier, continuous coverage under the prior plan may be applied and you may be eligible for coverage to replace teeth missing before this coverage started. Your effective date with your current employer, along with the employer's effective date with Principal are used to determine coverage. MIssing tooth provision doesn't apply to pediatric essential benefits.
- Frequency limitations for services are calculated to the month and exact date from the last date of service or placement date.

There are additional limitations to your coverage. Please review your booklet for more information. We strongly recommend submitting a predetermination to determine benefits.

Principal®

principal.com

This is a summary of dental coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

Policyholder: Jackson County Library Services

Group dental insurance
Benefit summary for
all members electing high plan

Your coverage renews every July 1
This summary was created on 04/15/2024 and shows benefits available at that time.

What's available to me?

Dental insurance helps pay for all, or a portion, of the costs associated with dental care, from routine cleanings to root canals.

Eligibility				
Eligible employees	All active, full-time employees			
	Calendar-year deductible		Coinsurance your policy pays	
	In-network	Out-of-network	In-network	Out-of-network
Preventive	$0	$0	100%	100%
Basic	$50	$50	100%	80%
Major	$50	$50	50%	50%
Orthodontia	$0	$0	50%	50%
Additional provisions				
Family deductible	3 times the per person deductible amount			
Combined deductible	Your deductibles that are in and out-of-network for basic and major services are combined.			
Combined maximum	Maximums for preventive, basic, and major procedures are combined. In-network calendar year maximums are $3,000 per person or non-network calendar year maximums are $1,500 per person.			
Orthodontia lifetime maximum	$3,000 PPO in-network maximum / $1,500 PPO out-of-network maximum			
Maximum accumulation	Included			
Plan type	Unscheduled			

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees aren't eligible.
  - o If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - o You must enroll within 31 days of being eligible. If you don't, you'll have to wait until the next open enrollment period, or qualifying event.

Additional eligibility requirements may apply.

Which procedures are covered, and how often?

Preventive	
Routine exams	Twice per calendar year
Routine cleanings	Twice per calendar year
Bitewing X-rays	Twice per calendar year
Full mouth X-rays	Once every 60 months
Fluoride	Once per calendar year (covered only for dependent children under age 14)
Sealants	Covered only for dependent children under age 14; once per tooth each 36 months

Basic	
Emergency exams	Subject to routine exam frequency limit
Periodontal maintenance	If three months have passed since active surgical periodontal treatment; subject to routine cleaning frequency limit
Fillings	Replacement fillings every 24 months
Oral surgery	Simple and complex
General anesthesia / IV sedation	Covered only for specific procedures
Simple endodontics	Root canal therapy for anterior teeth
Complex endodontics	Root canal therapy for molar teeth
Non-surgical periodontics, including scaling and root planing	Once per quadrant per 24 months
Periodontal surgical procedures	Once per quadrant per 36 months
Harmful habit appliance	Covered only for dependent children under age 14

Major	
Crowns	Each 60 months per tooth if tooth cannot be restored by a filling
Core buildup	Each 60 months per tooth
Implants	Each 60 months per tooth
Bridges	60 months old (initial placement / replacement)
Dentures	60 months old (initial placement / replacement)
Repairs	Partial denture, bridge, crown, relines, rebasing, tissue conditioning and adjustment to bridge/denture, within policy limitations

Orthodontia	
Coverage	For your dependent children. Bands that are placed on a dependent child's teeth before age 19 may be covered.

Additional benefits

Prevailing charge	When you receive care from an out-of-network-provider, benefits will be based on the 95th percentile of the usual and customary charges.
Maximum accumulation	Some of your unused annual benefit maximum can be carried over to the next year. To qualify, you must have had a dental service performed within the calendar year and used less than the maximum threshold. The threshold is equal to the lesser of 50% of the out-of-network maximum benefit or $1,000. If the qualification is met, 50% of the threshold is carried over to next year's maximum benefit. Individuals with fourth quarter effective dates will start qualifying for rollover at the beginning of the next calendar year. You can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year
Periodontal program	If you're pregnant or have diabetes or heart disease, you may receive scaling and root planing covered at 100% (if dentally necessary), or one additional cleaning (routine or periodontal) subject to deductible and coinsurance.
Second opinion program	You may be eligible for second opinions from dental providers at 100%. This program makes sure you get the best advice to make an informed decision about your care.
Cancer treatment oral health program	If you have cancer and are undergoing chemotherapy or head/neck radiation therapy, you may receive up to three fluoride treatments every 12 months covered at 100% plus one additional routine cleaning.
General anesthesia program	If you have autism, Down syndrome, cerebral palsy, muscular dystrophy, or spina bifida you may receive general anesthesia or intravenous sedation coverage. Services must be administered in a dental office. All other contractual limitations apply.

How do I find a network dentist?

When you receive services from a dentist in our network, your cost may be lower. Network dentists agree to lower their fees for dental services and not charge you the difference. You'll have access to the Principal Plan Dental network, with more than 117,000 dentists nationwide. Visit principal.com/dentist to find a dentist or call 800-247-4695.

What if my dentist isn't in the network?

You can refer your dentist to our network. Please submit the dentist's name and information by calling 800-247-4695, or submitting a form at principal.com/refer-dental-provider.

What are the limitations and exclusions of my coverage?

- Missing tooth provision –This means the initial placement of bridges, partials, dentures, and implant services to replace teeth missing before this coverage starts may not be covered. If the policy your employer purchased replaces coverage with another carrier, continuous coverage under the prior plan may be applied and you may be eligible for coverage to replace teeth missing before this coverage started. Your effective date with your current employer, along with the employer's effective date with Principal are used to determine coverage. MIssing tooth provision doesn't apply to pediatric essential benefits.
- Frequency limitations for services are calculated to the month and exact date from the last date of service or placement date.

There are additional limitations to your coverage. Please review your booklet for more information. We strongly recommend submitting a predetermination to determine benefits.

What are the restrictions of my coverage?

Orthodontia	If there is orthodontia (ortho) treatment in progress on the coverage effective date and you are covered under any prior group coverage for ortho, there will be immediate coverage for treatment if proof is submitted that shows: 1) The lifetime maximum under any prior group coverage has not been exceeded, 2) Ortho treatment was started and bands or appliances were inserted while insured under any prior group coverage, and 3) Ortho treatment has been continued while insured under this policy. Principal Life will credit payments made by the prior carrier toward the Principal Life lifetime ortho payment limit. You will not be covered if ortho treatment is in progress prior to the effective date with Principal Life and you are not covered under any prior group coverage for ortho.

Basic Term Life / AD&D

Metropolitan Life Insurance Company

Plan Design for: Jackson County Library District
Original Plan Effective Date: January 1, 2023
For All Active Employees working at least 20 hours per week

Basic Life	$25,000
Accidental Death & Dismemberment	An amount equal to Your Basic Life Insurance.
Plan Maximum	$25,000
Non-Medical Maximum	$25,000
Age Reduction Formula (reduces by)	Other
Employee Contribution • **Basic Life** • **AD&D**	 0% 0%

Term Life Features (1):

- Continuation of Life insurance while totally disabled as defined by the Group Policy (2)
- Accelerated Benefits Option (3)
- Life Settlement Account (4)
- Portability (5)
- Grief Counseling (6)
- Funeral Discounts and Planning Services (7)

Additional Features:

- WillsCenter.com (8)

AD&D Features (1):

- Seat Belt Benefit (9)
- Child Care Benefit
- Life Settlement Account (4)
- Air Bag Benefit
- Common Carrier Benefit
- Travel Assistance and Identity Theft Solutions (10)

200 Park Ave., New York, NY 10166
MetLife Services and Solutions, LLC

What Is Not Covered?

Like most insurance plans, this plan has exclusions. In addition, a reduction schedule may apply. Please see your benefits administrator or certificate for specific details.

Accidental Death & Dismemberment insurance does not include payment for any loss which is caused by or contributed to by: physical or mental illness, diagnosis of or treatment of the illness; an infection, unless caused by an external wound accidentally sustained; suicide or attempted suicide; injuring oneself on purpose; the voluntary intake or use by any means of any drug, medication or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion or riot; committing or trying to commit a felony; any poison, fumes or gas, voluntarily taken, administered or absorbed; service in the armed forces of any country or international authority, except the United States National Guard; operating, learning to operate, or serving as a member of a crew of an aircraft; while in any aircraft for the purpose of descent from such aircraft while in flight (except for self preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99 or G2130-S) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates when your employment ceases when your Life and AD&D contributions cease, or upon termination of the group insurance policy. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and your employer. Specific details regarding these provisions can be found in the certificate. If you have additional questions regarding the Life Insurance program underwritten by MetLife, please contact your benefits administrator or MetLife. Like most group life insurance policies, MetLife group policies contain exclusions, limitations, terms and conditions for keeping them in force. Please see your certificate for complete details.

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(1) Features may vary depending on jurisdiction.

(2) Total disability or totally disabled means your inability to do your job and any other job for which you may be fit by education, training or experience, due to injury or sickness. Please note that this benefit is only available after you have participated in the Basic/Supplemental Term Life Plan for 1 year and it is only available to the employee.

(3) When life expectancy is certified by a physician to be 12 months or less. The Accelerated Benefits Option (ABO) is subject to state availability and regulation. The ABO benefits are intended to qualify for favorable federal tax treatment in which case the benefits will not be subject to federal taxation. This information was written as a supplement to the marketing of life insurance products. Tax laws relating to accelerated benefits are complex and limitations may apply. You are advised to consult with and rely on an independent tax advisor about your own particular circumstances. Receipt of ABO benefits may affect your eligibility, or that of your spouse or your family, for public assistance programs such as medical assistance (Medicaid), Temporary Assistance to Needy Families (TANF), Supplementary Social Security Income (SSI) and drug assistance programs. You are advised to consult with social service agencies concerning the effect that receipt of ABO benefits will have on public assistance eligibility for you, your spouse or your family.

(4) Subject to state law, and/or group policyholder direction, the Total Control Account is provided for all Life and AD&D benefits of $5,000 or more. The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. The assets backing TCA are maintained in MetLife's general account and are subject to MetLife's creditors. MetLife bears the investment risk of the assets backing the TCA, and expects to earn income sufficient to pay interest to TCA Accountholders and to provide a profit on the operation of the TCAs. Guarantees are subject to the financial strength and claims paying ability of MetLife.

(5) Subject to state availability. To take advantage of this benefit, coverage of at least $20,000 must be elected.

(6) Grief Counseling services are provided through an agreement with LifeWorks US Inc. LifeWorks is not an affiliate of MetLife, and the services LifeWorks provides are separate and apart from the insurance provided by MetLife. LifeWorks has a nationwide network of over 30,000 counselors. Counselors have masters or doctoral degrees and are licensed professionals. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues, or marital/relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources department about available company resources. This program is available to insureds, their dependents and beneficiaries who have received a serious medical diagnosis or suffered a loss. Events that may result in a loss are not covered under this program unless and until such loss has occurred. Services are not available in all jurisdictions and are subject to regulatory approval. Not available on all policy forms.

(7) Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers are pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for

services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the discount is available for "At Need" services only. Not approved in AK, FL, KY, MT, ND, NY and WA.

(8) WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. is not affiliated with MetLife and the WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters.

(9) The Seat Belt Benefit is payable if an insured person dies as a result of injuries sustained in an accident while driving or riding in a private passenger car and wearing a properly fastened seat belt _or a child restraint if the insured is a child_. In such case, his or her benefit can be increased by 10 percent of the Full Amount — but not less than $1,000 or more than $25,000.

(10) Travel Assistance and Identity Theft Solutions services are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Certain Underwriters at Lloyd's London (not incorporated) through Lloyd's Illinois, Inc. Neither AXA Assistance USA Inc. nor the Lloyd's entities are affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.

Long Term Disability

Metropolitan Life Insurance Company

Jackson County Library District Plan Benefits
Original Plan Effective Date: January 1, 2023

Explore the coverage that helps you protect your income and your lifestyle.

What is Long Term Disability insurance?

Long Term Disability (LTD) insurance helps replace a portion of your income for an extended period of time.

How is "Disability" defined under the Plan?

Generally, you are considered disabled and eligible for long term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and are complying with the requirements of the treatment and you are unable to earn more than 80% of your predisability earnings at your own occupation for any employer in your local economy, and you are unable to perform each of the material duties of your own occupation.

Following the Own Occupation period, you are considered disabled if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of treatment and you are unable to earn 80% of your predisability earnings for any employer in your local economy and you are unable to perform the duties of any gainful occupation for which you are reasonably qualified taking into account your training, education and experience.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance/Summary Plan Description provided by your Employer or contact your MetLife benefits administrator with any questions.

What is the benefit amount?

Long Term Disability:

The Long Term Disability benefit replaces a portion of your predisability monthly earnings, less other income you may receive from other sources[1] during the same Disability (e.g., Social Security, Workers' Compensation, vacation pay etc.).

The Benefit amount is 60% of your predisability monthly earnings.

What is the maximum monthly benefit?

The amount of Long Term Disability benefit may not exceed the maximum monthly benefit established under the plan, regardless of your annual salary amount. The maximum under this plan is $5,000.

When do benefits begin and how long do they continue?

Long Term Disability:

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Long Term Disability is 90 days.

Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance provided by your Employer.

Additional Disability Plan Benefits:

Coverage with Your Best Interests in Mind…

When you are ill or injured for a long time, MetLife® believes you need more than a supplement to your income. That's why we offer return-to-work services and financial incentives and assistance in obtaining Social Security Disability Benefits to help you get the maximum benefits from your coverage.

Services to Help You Get Back to Work Can Include:

Nurse Consultant or Case Manager Services:
Specialists who personally contact you, your physician and your employer to coordinate an early return-to-work plan when appropriate.

Vocational Analysis:
Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your employer.

Job Modifications:
Adjustments (e.g., redesign of work station tools) that enable you to return to work.

Retraining:
Development programs to help you return to your previous job or educate you for a new one.

Financial Incentives:
Allow employees to receive Disability benefits or partial benefits while attempting to return to work.

The Services of Social Security Specialists:
Once you are approved for Disability benefits, Metlife can help you obtain Social Security Disability benefits. Our specialists can guide you through the initial application and appeals processes and may also help you access legal assistance from attorneys or vendors to pursue Social Security benefits.

Answers to Some Important Questions…

Q. Can I still receive benefits if I return to work part time?

A. Yes. As long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted disability benefits.

Your plan offers financial and Rehabilitation incentives designed to help you to return to work when appropriate, even on a part-time basis when you participate in an approved Rehabilitation Program. While disabled, you may receive up to 100% of your predisability earnings when combining benefits, Rehabilitation Incentives and other income sources such as Social Security Disability Benefits and state disability benefits, and part-time earnings.

With the Rehabilitation Incentive you can get a 10% increase in your monthly benefit.

The Family Care Incentive provides reimbursement up to $400 per month for eligible expenses, such as child care during the first 24 months of disability.

You may be eligible for the Moving Expense Incentive if you incur expenses in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

Q. Is there a pre-existing conditions provision?

A. Yes. Your plan may not cover a sickness or accidental injury that arose in the months prior to your participation in the plan. A complete description of the pre-existing condition exclusion is included in the Certificate of Insurance/Summary Plan Description provided by your Employer.

Q. Are there any exclusions to my coverage?

A. Yes. Your plan does not cover any Disability which results from or is caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection or rebellion;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide;
- Commission of or attempt to commit a felony.

For Long Term Disability, limited benefits apply for specific conditions, such as, mental or nervous disorders or diseases, alcohol, drug, or substance abuse or addiction.

Other limitations or exclusions to your coverage may apply. Please review your Certificate of Insurance provided by your Employer for specific details or contact your benefits administrator with any questions.

The "Plan Benefits" provides only a brief overview of the LTD plan. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Long Term Disability ("LTD") coverage is provided under a group insurance policy (Form GPNP99) issued to your employer by MetLife. This LTD coverage terminates when your employment ceases, when you cease to be an eligible employee, when your LTD contributions cease (if applicable) or upon termination of the group contract by your employer. Like most insurance policies, insurance policies offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details. State variations may apply.

[1] Under certain circumstances, MetLife may estimate the amount of income you may receive from other sources.