

# Employee Benefits Guide

2026






### About this guide

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions and limitations, please refer to the individual summary plan descriptions, plan document or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail. OHSU reserves the right to make changes at any time to the benefits, costs and other provisions relative to benefits.

# Table of contents

<b>Enrollment</b> .....	6	<b>Disability insurance</b> .....	52
When can I enroll? .....	6	<b>Hospital indemnity insurance</b> .....	54
How do I enroll? .....	6	<b>Critical illness insurance</b> .....	56
<b>Eligibility</b> .....	7	<b>Trauma coverage</b> .....	58
Who can I cover?.....	7	<b>Identity theft protection</b> .....	59
<b>Overview of your benefits options</b> .....	8	<b>Legal assistance</b> .....	60
<b>Opting out of medical coverage</b> .....	10	<b>Auto and homeowners insurance</b> .....	60
<b>Medical plan options</b> .....	11	<b>Spark</b> .....	61
Choosing the right plan.....	11	The Personify Health Wellness platform .....	62
What it means to be self-insured.....	12	Free health evaluation.....	63
How a high deductible plan works.....	13	More Spark services and benefits .....	64
Access to virtual providers for your mental health needs .....	13	<b>Additional benefits</b> .....	65
<b>Medical benefits summary</b> .....	14	Childcare .....	65
Finding medical network providers .....	17	Education assistance .....	65
2026 plan networks.....	18	Fiducius (student loan assistance).....	65
<b>Prescription drug benefits summary</b> .....	19	Seasonal flu immunizations.....	65
<b>Dental benefits summary</b> .....	22	Travel assistance.....	65
<b>Vision benefits summary</b> .....	24	Employee discounts.....	65
<b>The cost of your benefits</b> .....	27	Will preparation.....	66
Virtual Benefits Assistant Sofia <sup>SM</sup> .....	27	Paid parental leave.....	66
UA, research, faculty, House Officers Union and		Care.com membership.....	66
Postdoc Workers United.....	28	Bereavement leave .....	66
AFSCME Local 328.....	32	<b>Retirement plan options</b> .....	67
ONA/AURN .....	36	Unclassified (UA, research, faculty) .....	68
OHSU Police Association .....	40	AFSCME Local 328 .....	70
<b>Spending accounts</b> .....	44	ONA/AURN.....	72
Health care accounts .....	44	OHSU Police Association.....	74
Dependent Care Flexible Spending Account .....	45	House Officers Union and Postdoc Workers United.....	76
<b>Life insurance</b> .....	48	<b>What if things change</b> .....	77
Core life insurance .....	48	<b>Leaving OHSU employment</b> .....	77
Voluntary life insurance and accidental death and		<b>You have a voice: the Employee Benefits Council</b> .....	78
dismemberment coverage.....	48	<b>Contact information</b> .....	80
Voluntary employee life insurance costs for 2026 .....	50		





OHSU knows how important it is to have good, affordable health and wellness benefits. That's why we offer competitive benefits that can provide protection, peace of mind and savings. From health care to income protection and other benefits, we've got you covered.

Use this guide to help you select the coverage that is right for you and your family.

# Enrollment

## When can I enroll?

### New employees

As a new employee, you have 31 days from your date of hire to enroll in benefits. Your benefits will go into effect on the 1st of the month following your date of hire.\* If you do not enroll, OHSU will enroll you by default for employee-only coverage in OHSU PPO medical, Delta Dental and VSP core vision. Our benefit plan year runs from Jan. 1 through Dec. 31.

Upon hire, you may begin contributing to a retirement savings account through payroll deduction. You may also be eligible for an OHSU-paid contribution to a retirement savings plan. (See page 67 for more information.) Enrollment in a retirement plan is separate from benefits enrollment.

### Open Enrollment

As a benefits-eligible employee, you have an opportunity once each year to enroll in or make changes to your benefits plans during the Open Enrollment period. Open Enrollment is typically held in the fall. **Open Enrollment for 2026 benefits is Oct. 20 through Nov. 7, 2025 with elections effective Jan. 1, 2026.** Retirement benefits are not included in Open Enrollment.

*Note:* If you do not make changes during Open Enrollment, your current benefits elections will remain in place through the following calendar year — with the exception of flexible spending accounts and opting out of medical coverage. FSA and opt-out elections do not carry over from year to year. **If you want to contribute to an FSA or opt out of medical coverage for the 2026 plan year, you must take action during Open Enrollment.**

## How do I enroll?

All benefits enrollments are completed online at **benefits.ohsu.edu**. Use your OHSU username and password to log on to the system.

Before logging on, have a list of your benefits choices and changes, as well as the names, Social Security numbers, birthdates and addresses of those you wish to designate as beneficiaries or enroll as dependents.

To begin contributing to a retirement savings plan through payroll deduction, visit O2 and search “Voluntary Savings Plans.”

Once you become eligible to enroll into an OHSU funded retirement plan, you will receive an email to your OHSU email account from the OHSU Retirement Team notifying you of your eligibility and how to enroll.

\*If your hire date is the 1st of the month, your benefits go into effect immediately.

# Eligibility

## Who can I cover?

You can enroll yourself in the benefits listed in this guide if you are a 0.5 FTE or greater and are working in a benefits-eligible position. For more detailed information on employee and dependent eligibility, visit the Benefits website at [o2.ohsu.edu/benefits](https://o2.ohsu.edu/benefits).

If you participate in OHSU benefits, you may also enroll:

- Your spouse (opposite or same sex), or domestic partner (opposite or same sex; registered or unregistered). A domestic partnership must meet the following criteria:
  1. Have resided together for at least 12 months and intend to do so for the foreseeable future;
  2. Share joint financial responsibility for basic living expenses (e.g., food, shelter, medical expenses, etc.);
  3. Not related by blood to a degree of closeness that would prohibit marriage;
  4. Both 18 years or older;
  5. Not in a relationship with or married to anyone else.
- Your child(ren) (including child[ren] of a domestic partner or spouse) up to age 26. This applies regardless of the child's marital, employment or student status.
- Your child(ren) of any age who is incapable of supporting himself or herself due to a mental or physical disability and who is totally dependent on you.\*
- Your child(ren) by adoption or court-ordered judgment who otherwise meets these dependent eligibility requirements.

OHSU requires documentation to prove a dependent's eligibility upon initial enrollment.

*Note:* Domestic partners and children of domestic partners do not qualify for pre-tax benefits and the additional premiums to enroll them will be taxable as imputed income according to the Internal Revenue Service (IRS).

Benefits selected during Open Enrollment will provide coverage for you and your qualified dependents the entire plan year, from Jan. 1, 2026 to Dec. 31, 2026. IRS regulations state that you can change your benefits selections during the plan year only if you have an eligible change in family status (also known as a Qualifying Life Event). Any other changes can be made only during annual Open Enrollment.

A Qualifying Life Event (QLE) is a change in your life that can make you eligible for a Special Enrollment Period to enroll in or change benefit elections. Examples of qualifying life events include a dependent losing coverage through another employer's plan or gaining or losing dependents (for example, if you marry, divorce, or have a baby).

\*Coverage subject to approval by Moda's medical director.

# Overview of your benefits options

BENEFIT	OPTIONS
<b>Medical</b> (includes prescription drug benefits) <i>(page 11 and 19)</i>	<ul style="list-style-type: none"> <li>• OHSU EPO plan</li> <li>• OHSU PPO plan</li> <li>• High Deductible with HSA plan</li> <li>• Kaiser Permanente plan (available only to employees hired before certain dates in 1998)</li> </ul>
<b>Dental</b> <i>(page 22)</i>	<ul style="list-style-type: none"> <li>• Delta Dental</li> <li>• Kaiser Permanente</li> <li>• Willamette Dental Group</li> </ul>
<b>Vision</b> <i>(page 24)</i>	<ul style="list-style-type: none"> <li>• Core plan</li> <li>• Premium plan</li> <li>• Deluxe plan</li> </ul>
<b>Health care spending accounts</b> <i>(page 44)</i>	<ul style="list-style-type: none"> <li>• Health Care FSA – Employee may contribute up to \$3,300 per year for eligible health care expenses.</li> <li>• Health Savings Account – Funded through OHSU contributions with optional employee contributions; can be used to pay for eligible health care expenses (available only to employees who enroll in the High Deductible with HSA plan for medical).</li> <li>• Limited Purpose FSA – Employee may contribute up to \$3,300 per year for eligible vision and dental care expenses (available only to employees who enroll in the High Deductible with HSA plan for medical).</li> </ul>
<b>Dependent Care Flexible Spending Account</b> <i>(page 45)</i>	Employee may contribute up to \$7,500 annually per household for eligible child and elder care expenses.
<b>Life insurance</b> <i>(page 48)</i>	<ul style="list-style-type: none"> <li>• Core – \$50,000 of life insurance, for employee only, at no cost</li> <li>• Voluntary – Additional life insurance available for employee and/or spouse or domestic partner</li> <li>• Dependent – \$4,000 per dependent, for any eligible dependent</li> <li>• Accidental Death and Dismemberment – Employee or family coverage</li> </ul>
<b>Disability insurance</b> <i>(page 52)</i>	<ul style="list-style-type: none"> <li>• Short-term coverage for disabilities up to 89 days, with varying waiting periods.</li> <li>• Long-term coverage for disabilities beyond 89 days.</li> <li>• Disability plans can be selected to cover 50 or 65 percent of pay.</li> </ul>

BENEFIT	OPTIONS
<p><b>Supplemental insurance</b> (page 54)</p>	<ul style="list-style-type: none"> <li>• Hospital indemnity - Additional coverage for unexpected hospital stays (fully paid by OHSU for employees who enroll in the High Deductible with HSA plan for medical; employees who elect other medical plans may voluntarily purchase).</li> <li>• Critical illness – Additional coverage for serious medical conditions such as cancer, heart attack or stroke.</li> <li>• Identity theft protection – Identity theft monitoring of you and your family’s personal and financial data.</li> <li>• Trauma coverage – Provides benefits to assist you and your loved ones in recovering from a traumatic incident.</li> <li>• Legal assistance – Services include unlimited phone and in-person consultations and representation in court for covered matters.</li> <li>• Auto and homeowners – Coverage through Farmers Insurance with group savings, good driver rewards, multi-policy discounts and more.</li> </ul>
<p><b>Retirement</b> (page 67)</p>	<ul style="list-style-type: none"> <li>• Voluntary retirement plans – Employees may contribute percentage of pay through payroll deduction to a 403(b) and/or 457(b) plan (does not include stipend paid employees except GRU-represented employees, who may only contribute into the 457(b) plan).</li> <li>• 401(a) University Pension Plan (UPP)– Retirement savings plan that includes OHSU-paid contributions.</li> <li>• 403(b) Match – Retirement savings plan for eligible employees enrolled in the University Pension Plan; includes additional OHSU-paid contributions to match employee’s own contributions.</li> <li>• 401(a) Clinical Retirement Plan (CRP) – Retirement savings plan for faculty working in the OHSU Practice Plan (OPP) that includes OHSU-paid contributions.</li> <li>• Oregon Public Service Retirement Plan – Retirement savings plan through Oregon PERS that includes OHSU-funded retirement benefit.</li> </ul>

# Opting out of medical coverage

You must enroll in medical coverage unless you have coverage elsewhere. When opting out, you will be required to attest that you currently have other medical coverage. **You must actively opt out of medical coverage in the online benefits system each year during Open Enrollment.** If you take no action during Open Enrollment after previously opting out, you will be enrolled in employee-only coverage in the OHSU PPO medical plan. Dental and vision opt out elections will carry over.

If you choose to opt out you will receive an opt out credit, as shown under the rates by representation group beginning on page 31.

*Note:* If you lose coverage under your outside medical plan during the year, you must enroll in OHSU medical coverage within 31 days of losing coverage.

## Helpful terms

**Deductible:** The amount you pay “out-of-pocket” before the health plan will start to pay its share of covered expenses.

**Coinsurance:** A percentage of costs you pay “out-of-pocket” for covered expenses *after* you meet the deductible.

**Copay (copayment):** A fixed fee you pay “out-of-pocket” for certain services, such as a provider’s office visit or a prescription drug. If you must pay a copay for a service, this means that you will not be required to meet your deductible or pay coinsurance for that service **in most cases**.

**Extra billing (or balance billing):** When a provider bills you for the difference between the provider’s charge and the allowed amount that your insurance will cover. For example, if the provider’s charge is \$800 and your insurance’s allowed amount is \$500, the provider may bill you for the remaining \$300, in addition to coinsurance, copays and deductibles. You may be subject to extra billing if you see a non-contracted provider.

**Network:** Doctors, pharmacists and other health care providers who make up the plan’s preferred providers. When you use network providers, you pay less because they have agreed to negotiated pricing. For more on finding network providers, see page 17.

**Out-of-pocket maximum:** The most you pay each year out of your own pocket for covered expenses. Once you’ve reached the out-of-pocket maximum, the health plan pays 100 percent for covered services. The OHSU PPO and EPO plans have separate out of pocket maximums for medical and pharmacy benefits, while the high-deductible plan has one shared maximum.

**Prior authorization:** Some procedures or tests require prior authorization in order for the service to be covered. For details, refer to the Moda member handbook which can be found at [o2.ohsu.edu/benefits](https://o2.ohsu.edu/benefits).

# Medical plan options

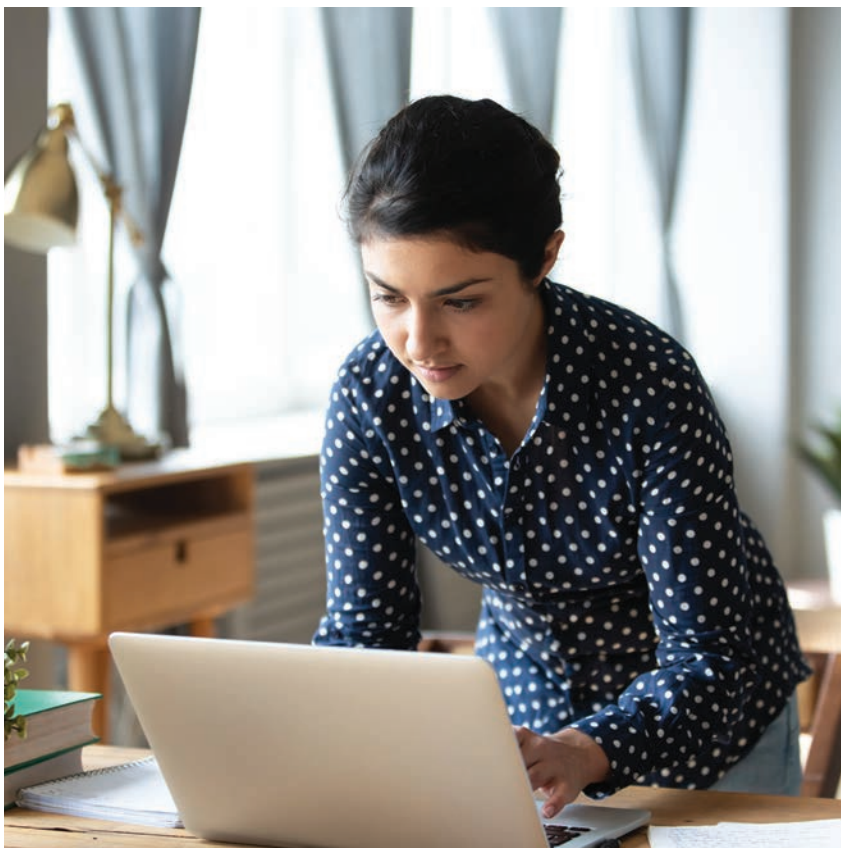
All benefits-eligible employees have a choice of three medical plans: the OHSU EPO, the OHSU PPO and the High Deductible with HSA plan. All plans are administered by Moda Health. Some employees hired before certain dates in 1998 may choose the Kaiser Permanente plan.

## Choosing the right plan

Choosing the right medical plan for your family requires careful consideration. OHSU offers different types of plans; you may also be eligible for coverage through a spouse, partner or parent, or may be considering coverage through Medicare, Medicaid, or Healthcare.gov. Invest time in exploring your options, including reviewing the material in this guide and the Summary of Benefits Coverage which can be found at [o2.ohsu.edu/benefits](https://o2.ohsu.edu/benefits).

Another important consideration is whether the primary hospitals, clinics or providers you and your family use today will be covered. The OHSU PPO, OHSU EPO and High Deductible with HSA plans have two networks of providers; one at a higher coverage level and one at a lower coverage level. For more on which providers are covered at which level, see pages 14-15. Note that, unlike the other plan options, the OHSU EPO has no out-of-network coverage.

When you evaluate your health care costs, you'll want to think about not only what you pay each month in premiums, but what you'll pay when you receive health care services. This includes out-of-pocket expenses to meet your deductible, copayments, and coinsurance. The table on pages 14-16 summarizes these costs by plan.



### When you need immediate care

OHSU's immediate care clinics offer treatment seven days a week for minor illnesses and injuries. To make an appointment with OHSU immediate care, call 503-494-1700.

## What it means to be self-insured

The OHSU PPO, OHSU EPO, and High Deductible with HSA plans are self-insured by OHSU. Being self-insured means that OHSU, not an insurance company, directly pays the cost of the medical claims of its employees and their families. While this means greater financial risk to OHSU, there are also several advantages to being self-insured, including:

- OHSU has greater flexibility in designing health plans that meet the diverse needs and interests of its employees, rather than being limited to a standard plan offered by an insurance company.
- OHSU is free to contract with the providers or provider network that best serves employees.
- OHSU sets its own premium rates and determines plan design, including things like deductibles, copayments and out-of-pocket maximums. This means OHSU has autonomy to address increasing costs by determining the balance of cost sharing between employees and the organization.



## How a high deductible plan works

The High Deductible with HSA option is a health insurance plan paired with a Health Savings Account. As the name implies, the plan has a higher deductible than other medical plans, meaning you will pay more for medical care before your insurance will pay anything. When you need to see a doctor for an illness or injury, have lab tests done, fill a prescription, or get other medical care, you pay the entire cost until your deductible is met. (Preventive care is an exception; it's covered right away by insurance.)

The High Deductible plan with HSA has lower monthly premiums than the other plans offered, and the Health Savings Account allows you to set aside money tax-free to pay for medical expenses, including your deductible. Funds in your HSA accounts are yours to keep, and you can use them as soon as they accrue, or let them grow in anticipation of larger medical expenses in the future. OHSU contributes a set amount to your HSA each pay period, and you can contribute directly to your HSA through payroll deduction (see page 44 for additional information on the HSA).

## Access to virtual providers for your mental health needs

Whether you choose the OHSU PPO, OHSU EPO or High Deductible plan, you will have additional access to mental health services through Spring Health. The team at Spring Health will assess your current needs, create a personalized care plan, and match you with an experienced provider to receive the care you and your family members need. You will have access to telehealth services via phone, tablet or computer that include: mental health therapy, psychiatry, care navigation, and digital cognitive behavioral therapy. On average, care is available within two business days.

KEY FEATURES	OHSU PPO		
	OHSU PPO Network <sup>1</sup>	Synergy Network/ Aetna PPO <sup>2</sup>	Non-contracted provider
<b>Annual calendar year deductible</b>	\$500/person or \$1,400/family		\$750/person or \$2,150/family
<b>Medical out-of-pocket (OOP) maximum</b> (includes deductible)	\$1,875/person or \$3,800/family	\$3,775/person or \$7,550/family	\$4,525/person or \$9,300/family
<b>Primary care, doctor's office, and urgent care visits</b>	Plan pays 100% after \$30 copay <sup>4</sup>	Plan pays 100% after \$45 copay	Plan pays 50% of allowable charges
<b>Specialists</b>	Plan pays 100% after \$30 copay	Plan pays 100% after \$45 copay	Plan pays 50% of allowable charges
<b>Preventive care</b> (frequency limitations apply)	Plan pays 100%, not subject to deductible	Plan pays 100%, not subject to deductible	Plan pays 50% of allowable charges
<b>Diagnostic lab and X-ray services</b> (in a hospital outpatient facility)	Plan pays 80% after deductible is met	Plan pays 70% after deductible is met	Plan pays 50% of allowable charges
<b>Hospital services</b> Inpatient (per admission) or outpatient	Plan pays 80% after deductible is met	Plan pays 70% after deductible is met	Plan pays 50% of allowable charges
<b>Fertility services</b>	Plan pays \$5,000 lifetime maximum for medical treatment, services and supplies and must be provided by the OHSU Fertility Clinic or Spring Fertility Portland Clinic, not subject to deductible		
<b>Emergency room facility</b> (copay waived if admitted)	\$200 copay, then plan pays 80% of allowable charges after deductible is met		
<b>Outpatient rehabilitation</b> Physical, occupational and speech therapies (Combined 60 session limit per year. Proof of medical necessity required after 25 visits.) <sup>3</sup>	Plan pays 80% after deductible is met	Plan pays 70% after deductible is met	Plan pays 50% of allowable charges
<b>Acupuncture and chiropractic care</b> (60 session limit per year. Proof of medical necessity required after 30 visits.)	Plan pays 70% after deductible is met	Plan pays 70% after deductible is met	Plan pays 70% of allowable charges
<b>Mental health outpatient services</b>	Plan pays 100%, not subject to deductible.	Plan pays 100% not subject to deductible	Plan pays 50% of allowable charges

<sup>1</sup> The OHSU PPO and OHSU EPO networks are not limited to OHSU providers only. Both networks include Adventist Health Portland, Hillsboro Medical Center, and ZoomCare. Additionally, the OHSU PPO network includes a large group of physicians and clinicians, primary care clinics and health systems across the state of Oregon, Southwest Washington and Western Idaho.

<sup>2</sup> **Members who reside outside of Oregon and Southwest Washington use the Aetna PPO network with the exception of members who reside in Idaho and Alaska. Members in Idaho use the First Health network, and members in Alaska use the Moda Connexus network.**

<sup>3</sup> Medical necessity required after 25 visits for the OHSU PPO and High Deductible with HSA plans. Each type of therapy is counted separately. For the OHSU EPO, medical necessity is required after 12 visits of any type of therapy or combined types of therapies.

OHSU EPO			HIGH DEDUCTIBLE WITH HSA		
OHSU EPO Network <sup>1</sup>	Synergy Network	Non-contracted provider	OHSU PPO Network <sup>1</sup>	Synergy Network/Aetna PPO <sup>2</sup>	Non-contracted provider
\$500/person or \$1,400/family	\$1,100/person or \$3,200/family	Not covered	\$1,700/person or \$3,400/family <sup>5</sup>		\$3,400/person or \$6,800/family <sup>5</sup>
\$1,875/person or \$3,800/family	\$4,175/person or \$8,350/family	Not covered	\$3,400/person or \$6,800/family <sup>5</sup>		\$6,800/person or \$13,600/family <sup>5</sup>
Plan pays 100% after \$30 copay <sup>4</sup>	Plan pays 70% after deductible is met	Not covered	Plan pays 80% after deductible is met <sup>4</sup>	Plan pays 70% after deductible is met	Plan pays 50% of allowable charges
Plan pays 100% after \$30 copay	Plan pays 70% after deductible is met	Not covered	Plan pays 80% after deductible is met	Plan pays 70% after deductible is met	Plan pays 50% of allowable charges
Plan pays 100% not subject to deductible	Plan pays 100% not subject to deductible	Not covered	Plan pays 100%, not subject to deductible	Plan pays 100%, not subject to deductible	Plan pays 50% of allowable charges
Plan pays 80% after deductible is met	Plan pays 60% after deductible is met	Not covered	Plan pays 80% after deductible is met	Plan pays 70% after deductible is met	Plan pays 50% of allowable charges
Plan pays 80% after deductible is met	Plan pays 60% after deductible is met	Not covered	Plan pays 80% after deductible is met	Plan pays 70% after deductible is met	Plan pays 50% of allowable charges
Not covered			Plan pays \$5,000 lifetime maximum for medical treatment, services and supplies and must be provided by OHSU Fertility Clinic or Spring Fertility Portland Clinic, after deductible is met		
\$300 copay, then plan pays 80% of allowable charges after deductible is met			Plan pays 80% of allowable charges after deductible is met		
Plan pays 80% after deductible is met	Plan pays 60% after deductible is met	Not covered	Plan pays 80% after deductible is met	Plan pays 70% after deductible is met	Plan pays 50% of allowable charges
Not covered			Plan pays 70% after deductible is met	Plan pays 70% after deductible is met	Plan pays 70% of allowable charges
Plan pays 100%, not subject to deductible.	Plan pays 100% not subject to deductible	Not covered	Plan pays 100% after deductible is met	Plan pays 100% after deductible is met	Plan pays 50% of allowable charges

<sup>4</sup> For ZoomCare visits only: Under the PPO and EPO plans, plan pays 100% after \$10 copay; under the High Deductible with HSA plan, plan pays 90% after deductible is met.

<sup>5</sup> Includes pharmacy costs. Individual deductibles apply to employee-only coverage. If you cover dependents, you must meet the family deductible amount before any co-insurance is paid by the plan, regardless of whether you or a dependent has met the individual amount.

KEY FEATURES	KAISER PERMANENTE
	<b>Network provider only</b>
<b>Requirements</b>	Available only to AFSCME-represented employees hired before 10/1/1998 and ONA-represented and unclassified employees hired before 1/1/1998. All care must be received by a participating Kaiser Permanente facility except for true emergencies.
<b>Annual calendar year deductible</b>	None
<b>Medical out-of-pocket (OOP) maximum</b> (includes deductible)	\$1,000/person or \$2,000/family <sup>1</sup>
<b>Primary care, doctor's office, and urgent care visits</b>	Plan pays 100% after \$15 copay
<b>Specialists</b>	\$15 copay
<b>Preventive care</b> (frequency limitations apply)	Plan pays 100%
<b>Diagnostic lab and X-ray services</b> (in a hospital outpatient facility)	Plan pays 100%
<b>Hospital services</b> Inpatient (per admission) or outpatient	\$200 copay per visit for hospital/facility charge
<b>Fertility services</b>	N/A
<b>Emergency care</b> (copay waived if admitted)	Plan pays 100% after \$75 copay
<b>Outpatient rehabilitation</b> Physical, occupational and speech therapies (Combined 60 session limit per year. Proof of medical necessity required after 25 visits.)	Plan pays 100% after \$15 copay 20 visit limit
<b>Acupuncture and chiropractic care</b> (60 session limit per year. Proof of medical necessity required after 25 visits.)	N/A
<b>Mental health outpatient services</b>	\$15 copay

<sup>1</sup> Includes pharmacy costs.

## Finding medical network providers

Before you see a provider, find out which network they are in. This will help you avoid any unexpected charges when you receive the bill. Your plan may offer several provider networks or tiers:

- For the OHSU PPO, OHSU EPO and High Deductible with HSA plans, you can choose from several network tiers that provide different levels of coverage (see pages 14-15).
- For Kaiser, you can choose only Kaiser providers (except for emergencies).

To search for providers and their networks for the OHSU PPO, OHSU EPO, and High Deductible with HSA plans, as well as the Delta Dental plan:

1

Go to [www.modahealth.com](http://www.modahealth.com). You do not need to be a Moda member. You may be asked to enter your state.

2

On the left, click **Find Care** to search for a doctor, dentist or clinic.

3

Under **Search by network**, choose **Search as a guest** to search for providers in networks outside your current plan. Click **Go**.

4

Next, select the type of provider you are seeking – medical or dental.

Finally, narrow your search to hone in on specific networks or providers:

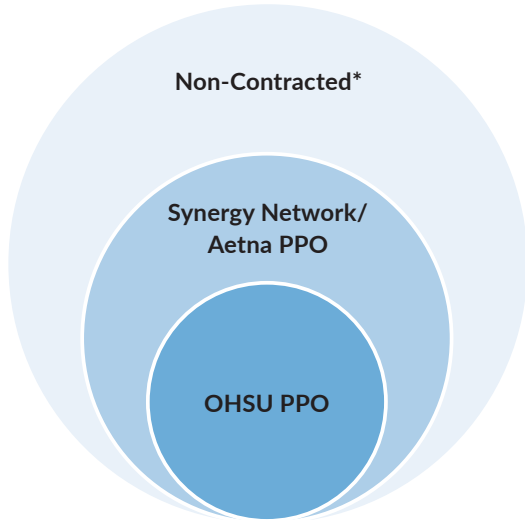
5

- To see all providers in a specific network, open the **Network/networks** drop-down box.
- Similarly, to see a specific provider and their associated networks, type their name in the **Provider or facility name** field and click **Search**.

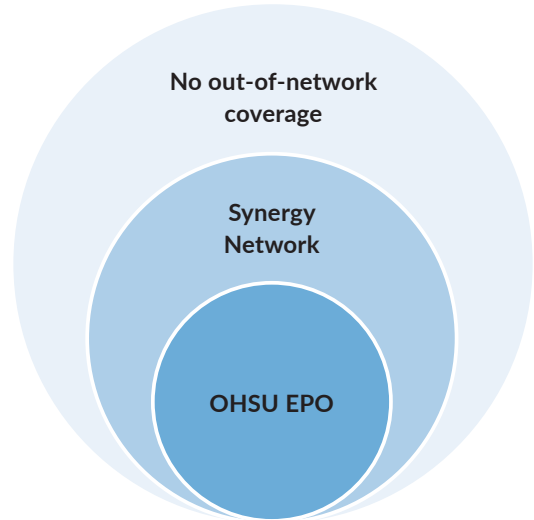
The search results will give you both a map and an alphabetical list.

## 2026 PLAN NETWORKS

### OHSU PPO and High Deductible with HSA



### OHSU EPO



\* Member may be balance billed for charges above Moda Health / Aetna PPO reimbursement determination. Employees in Alaska and Idaho will access the networks outlined on page 14.

# Prescription drug benefits summary

All OHSU medical plans provide pharmacy coverage, which is included in the cost of your medical premium. The Kaiser Permanente plan provides coverage through Kaiser Permanente pharmacies.

The OHSU PPO, OHSU EPO, and High Deductible with HSA plans have networks of pharmacies. Most major pharmacies — except Walgreens, CVS and affiliates — are in network. Visit [www.ohsu.edu/pbm](http://www.ohsu.edu/pbm) to search for network pharmacies. You may see additional savings when you use an OHSU Pharmacy.

If you have medical coverage through Kaiser Permanente, your prescription drug benefits are through a Kaiser network provider only. You will pay a \$15 copay per formulary prescription.

This is only a summary of your pharmacy coverage. For more information visit [o2.ohsu.edu/benefits](http://o2.ohsu.edu/benefits)

	OHSU PPO AND OHSU EPO	HIGH DEDUCTIBLE WITH HSA	KAISER PERMANENTE
<b>Prescription deductible</b>	\$0	<i>In-network pharmacy:</i> \$1,700/person or \$3,400/family  <i>Non-contracted pharmacy:</i> \$3,400/person or \$6,800/family (included in medical deductible)	\$0
<b>Prescription out-of-pocket maximum</b>	\$1,700/person or \$2,900/family	<i>In-network pharmacy:</i> \$3,400/person or \$6,800/family  <i>Non-contracted pharmacy:</i> \$6,800/person or \$13,600/family (included in medical OOP maximum)	\$1,000/person or \$2,000/family (included in medical OOP maximum)

KEY FEATURES	OHSU PPO AND HIGH DEDUCTIBLE WITH HSA*			
Networks	OHSU Pharmacies		Other in-network pharmacies	
Retail prescription drug (30 day supply)	Plan pays	You pay	Plan pays	You pay
Valued generic and brand		\$5		\$10
Preferred generic	80%	20%, \$10 min up to \$75 max	70%	30%, \$20 min up to \$150 max
Non-preferred generic and preferred brand	70%	30%, \$15 min up to \$100 max	60%	40%, \$30 min up to \$200 max
Non-preferred brand**	60%	40%, \$20 min up to \$150 max	50%	50%, \$40 min up to \$300 max
Retail and mail-order prescription drug (31 to 90-day supply)	Plan pays	You pay	Not covered	
Valued generic and brand		\$10		
Preferred generic	80%	20%, \$20 min up to \$150 max		
Non-preferred generic and preferred brand	70%	30%, \$30 min up to \$200 max		
Non-preferred brand**	60%	40%, \$40 min up to \$300 max		
Specialty prescription drug (30 day supply)***	Plan pays	You pay	Plan pays	You pay
Valued generic and brand	N/A		N/A	
Preferred generic	80%	20%, up to \$100 max	80%	20%, up to \$100 max
Non-preferred generic and preferred brand	70%	30%, up to \$150 max	70%	30%, up to \$150 max
Non-preferred brand**	50%	50%, up to \$200 max	50%	50%, up to \$200 max

\* For employees and their dependents enrolled in the High Deductible with HSA plan, these rates only apply after the annual deductible is met. Prior to meeting the deductible, you will pay the full cost of the prescription drug.

\*\* If a brand medication is dispensed when a generic equivalent is available, you may be responsible for the difference in cost between the generic and brand medication. The amount you pay toward non-covered expenses does not accrue toward the out-of-pocket maximum or, if applicable, the deductible.

\*\*\*Specialty medications must be accessed through the exclusive specialty pharmacy network.

OHSU EPO

OHSU Pharmacies		Other in-network pharmacies	
Plan pays	You pay	Plan pays	You pay
	\$5		\$10
80%	20%, \$10 min up to \$100 max	70%	30%, \$20 min up to \$200 max
70%	30%, \$15 min up to \$150 max	60%	40%, \$35 min up to \$300 max
60%	40%, \$20 min up to \$200 max	50%	50%, \$50 min up to \$400 max
Plan pays	You pay	Not covered	
	\$10		
80%	20%, \$20 min up to \$200 max		
70%	30%, \$30 min up to \$300 max		
60%	40%, \$40 min up to \$400 max		
Plan pays	You pay	Plan pays	You pay
N/A		N/A	
80%	20%, up to \$100 max	80%	20%, up to \$100 max
70%	30%, up to \$200 max	70%	30%, up to \$200 max
50%	50%, up to \$300 max	50%	50%, up to \$300 max

To learn more about valued, preferred, and non-preferred generic and brand medications, visit [o2.ohsu.edu/benefits](https://o2.ohsu.edu/benefits).

## Dental benefits summary

Dental coverage is key to your overall health and wellness. You can enroll yourself and your family in dental benefits with Delta Dental (Moda), Kaiser Permanente or Willamette Dental Group. Kaiser Permanente and Willamette Dental Group both cover services only at their own facilities. Delta Dental will cover services from providers in the Delta Dental PPO or Premier networks (see page 17 for instructions). You are responsible for any coinsurance amounts shown in the chart below. This is only a summary of dental coverage. For more information visit [o2.ohsu.edu/benefits](https://o2.ohsu.edu/benefits).



KEY FEATURES	DELTA DENTAL*	KAISER PERMANENTE	WILLAMETTE DENTAL GROUP
Annual deductible	\$50 per person or \$150 per family	None	None
Preventive and diagnostic services**	Plan pays 100%, not subject to deductible	Plan pays 100%	Plan pays 100%
Annual maximum benefit	\$1,500** per person	None	None
Routine fillings	Plan pays 80% after deductible is met	Plan pays 100%	Plan pays 100%
Root canals	Plan pays 80% after deductible is met	Plan pays 100%	Plan pays 100%
Prosthodontic care (crowns, bridges and dentures)	Plan pays 50% after deductible is met	Plan pays 100% after \$75 copay per procedure/unit; \$25 copay for relines and rebases	Plan pays 100% after \$75 copay per procedure/unit
Orthodontia services	Plan pays 50% (\$2,000 lifetime maximum per person)	Plan pays 50% up to a lifetime maximum of \$2,000	Plan pays 100% after \$150 copay for pre-orthodontia; \$1,200 copay for comprehensive orthodontia (no lifetime maximum)
Dental implants	Plan pays 50% after deductible is met	Not covered	Plan pays 100% up to an annual maximum of \$1,500. Limit one implant per year, referral required.

\* A non-participating dentist or dental care provider has the right to bill the difference between Delta Dental's maximum plan allowance and the actual charge. This difference will be the member's responsibility.

\*\*Preventive services do not count towards the annual maximum benefit for Delta Dental.

# Vision benefits summary

If you are enrolled in the Kaiser Permanente medical plan, your vision plan will be automatically covered through Kaiser Permanente at no additional cost to you.

If you are enrolled in the OHSU PPO, OHSU EPO, High Deductible with HSA or opted out of medical coverage, OHSU offers you three vision options: core, premium and deluxe vision plans. You can choose between the available vision plans or opt out of vision coverage. You do not have to enroll in medical coverage to enroll in vision coverage.

VSP does not provide members with an ID card, instead, the VSP provider will use your demographics to verify your coverage. To locate a VSP doctor, visit [www.vsp.com](http://www.vsp.com) or call 1-800-877-7195.

This information is only a summary of vision coverage. For more information, visit [www.vsp.com](http://www.vsp.com) or [www.kp.org](http://www.kp.org).



KEY FEATURES	CORE	
	VSP provider	Non-VSP provider*
<b>Providers</b>		
<b>Exam</b>	Plan pays 100%	Plan reimburses up to \$50
<b>Lenses</b>	Plan pays 100% after \$25 copay	
Single vision	Plan pays 100% after copay	Plan reimburses up to \$50
Lined bifocal	Plan pays 100% after copay	Plan reimburses up to \$75
Lined trifocal	Plan pays 100% after copay	Plan reimburses up to \$100
<b>Lens options</b>	35-40% off	N/A
Progressives	35-40% off	Plan reimburses up to \$75
A/R coating	35-40% off	N/A
<b>Frames</b>	Plan reimburses up to \$150 or \$80 at Costco	Plan reimburses up to \$70
<b>Contacts</b>	Plan reimburses up to \$140 for elective contacts in lieu of glasses	Plan reimburses up to \$140 for elective contacts and contact lens exam in lieu of glasses
Contact lens exam	Up to \$60 copay	
<b>Frequency Exam</b>	Every calendar year	
Lenses	Every other calendar year	
Frames	Every other calendar year	
Contacts in lieu of glasses	Every other calendar year	

PREMIUM		DELUXE	
VSP provider	Non-VSP provider*	VSP provider	Non-VSP provider*
Plan pays 100%	Plan reimburses up to \$50	Plan pays 100%	Plan reimburses up to \$50
Plan pays 100% after \$25 copay		Plan pays 100% after \$25 copay	
Plan pays 100% after copay	Plan reimburses up to \$50	Plan pays 100% after copay	Plan reimburses up to \$50
Plan pays 100% after copay	Plan reimburses up to \$75	Plan pays 100% after copay	Plan reimburses up to \$75
Plan pays 100% after copay	Plan reimburses up to \$100	Plan pays 100% after copay	Plan reimburses up to \$100
35-40% off	N/A	35-40% off	N/A
Plan pays 100% after \$30 copay	Plan reimburses up to \$75	Plan pays 100% after \$30 copay	Plan reimburses up to \$75
Plan pays 100% after \$30 copay	N/A	Plan pays 100% after \$30 copay	N/A
Plan reimburses up to \$200 or \$110 at Costco	Plan reimburses up to \$70	Plan reimburses up to \$200 or \$110 at Costco	Plan reimburses up to \$70
Plan reimburses up to \$200 for elective contacts in lieu of glasses	Plan reimburses up to \$185 for elective contacts and contact lens exam in lieu of glasses	Plan reimburses up to \$200 for elective contacts. <b>Additional pair of eyewear: \$25 for frame and lenses</b> <b>\$200 frame allowance or \$200 contacts allowance every calendar year</b>	Plan reimburses up to \$185 for elective contact lens exam
Up to \$60 copay		Up to \$60 copay	
Every calendar year		Every calendar year	
Every calendar year		Every calendar year	
Every calendar year		Every calendar year	
Every calendar year		Every calendar year	

\* You must request reimbursement from VSP by submitting the bill and a VSP out of network reimbursement form within 12 months from your date of service. Out of network reimbursement forms are available at [www.vsp.com](http://www.vsp.com) or by calling VSP at 1-800-877-7195.



# The cost of your benefits

OHSU contributes a set amount of monthly funds towards your health insurance. If the OHSU contribution does not cover the complete cost of the benefits you choose, you will pay the difference. The difference will be deducted from the first two paychecks each month (24 times per year).

The amount of OHSU's monthly benefits contribution is based on whether you are a part-time or full-time employee, the medical, dental and vision plan you select and the type of coverage you select (employee only, employee and spouse, etc.).

On the following pages are monthly premium rates by plan for each employee group.

## Virtual Benefits Assistant Sofia<sup>SM</sup>

Who is Sofia? She's your personal benefits assistant. Sofia is available 24 hours a day and she speaks more than 20 languages.

If you can't remember which of your dependents is enrolled in your medical plan, ask Sofia. If you need some info about how your deductible works, just ask Sofia. If you don't know how much you can contribute to a flexible spending account, ask Sofia.

You can find Sofia at the lower right on every page of our benefits website and on the MyChoice<sup>®</sup> Mobile App.

### MyChoice<sup>®</sup> Mobile App

The MyChoice Mobile App gives you the option to manage your benefits from any device. The app lets you view and compare all your benefits options, upload dependent verification documents, view your plan details, and process your enrollment, all from the palm of your hand.



**Benefit costs for all unclassified administrative, research, faculty and employees represented by House Officers Union and Postdoc Workers United**

	MONTHLY RATE IF ENROLLED IN THE OHSU PPO MEDICAL PLAN					
	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$1,010.00	\$1,010.00	\$0.00	\$1,010.00	\$757.50	\$252.50
Employee and spouse/ domestic partner	\$2,018.00	\$1,775.84	\$242.16	\$2,018.00	\$1,331.88	\$686.12
Employee and children	\$1,817.00	\$1,598.96	\$218.04	\$1,817.00	\$1,199.22	\$617.78
Employee and family	\$2,823.00	\$2,484.24	\$338.76	\$2,823.00	\$1,863.18	\$959.82

	MONTHLY RATE IF ENROLLED IN THE OHSU EPO MEDICAL PLAN					
	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$908.00	\$933.00	\$0.00*	\$908.00	\$757.50	\$150.50
Employee and spouse/ domestic partner	\$1,817.00	\$1,648.96	\$168.04	\$1,817.00	\$1,331.88	\$485.12
Employee and children	\$1,633.00	\$1,487.06	\$145.94	\$1,633.00	\$1,199.22	\$433.78
Employee and family	\$2,542.00	\$2,311.96	\$230.04	\$2,542.00	\$1,863.18	\$678.82

**MONTHLY RATE IF ENROLLED IN THE OHSU HIGH DEDUCTIBLE MEDICAL PLAN**

	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$920.00	\$1,010.00	\$0.00*	\$920.00	\$757.50	\$162.50
Employee and spouse/ domestic partner	\$1,837.00	\$1,775.84	\$61.16	\$1,837.00	\$1,331.88	\$505.12
Employee and children	\$1,662.00	\$1,598.96	\$63.04	\$1,662.00	\$1,199.22	\$462.78
Employee and family	\$2,540.00	\$2,484.24	\$55.76	\$2,540.00	\$1,863.18	\$676.82

**MONTHLY RATE IF ENROLLED IN THE KAISER MEDICAL PLAN\*\***

	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$1,862.88	\$1,010.00	\$852.88	\$1,862.88	\$757.50	\$1,105.38
Employee and spouse/ domestic partner	\$3,717.10	\$1,775.84	\$1,941.26	\$3,717.10	\$1,331.88	\$2,385.22
Employee and children	\$3,346.24	\$1,598.98	\$1,747.26	\$3,346.24	\$1,199.22	\$2,147.02
Employee and family	\$5,200.48	\$2,484.26	\$2,716.22	\$5,200.48	\$1,863.18	\$3,337.30

**Tobacco surcharge**

Employees or covered dependents who have used tobacco products within the last 30 days at the time of enrollment are required to pay a \$50 per month surcharge. You will be asked about tobacco use when you enroll for benefits. Please note that providing false, misleading or incomplete information when you enroll may result in discipline, up to and including termination of employment.

\* Cashback will be added to your paycheck if the employer contribution is more than the medical plan cost.

\*\* Available only to unclassified employees hired before 1/1/1998.

### DELTA DENTAL MONTHLY RATE

	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
	Employee only	\$48.54	\$48.54	\$0.00	\$48.54	\$36.40
Employee and spouse/ domestic partner	\$105.62	\$92.94	\$12.68	\$105.62	\$69.72	\$35.90
Employee and children	\$117.94	\$103.78	\$14.16	\$117.94	\$77.84	\$40.10
Employee and family	\$170.96	\$150.44	\$20.52	\$170.96	\$112.84	\$58.12

### WILLAMETTE DENTAL MONTHLY RATE

	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
	Employee only	\$64.86	\$48.54	\$16.32	\$64.86	\$36.40
Employee and spouse/ domestic partner	\$132.68	\$92.94	\$39.74	\$132.68	\$69.72	\$62.96
Employee and children	\$120.36	\$103.78	\$16.58	\$120.36	\$77.84	\$42.52
Employee and family	\$206.24	\$150.44	\$55.80	\$206.24	\$112.84	\$93.40

### KAISER DENTAL MONTHLY RATE

	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
	Employee only	\$101.06	\$48.54	\$52.52	\$101.06	\$36.40
Employee and spouse/ domestic partner	\$202.10	\$92.94	\$109.16	\$202.10	\$69.72	\$132.38
Employee and children	\$181.90	\$103.78	\$78.12	\$181.90	\$77.84	\$104.06
Employee and family	\$303.16	\$150.44	\$152.72	\$303.16	\$112.84	\$190.32

	CORE VISION					
	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$6.36	\$6.36	\$0.00	\$6.36	\$4.78	\$1.58
Employee and spouse/ domestic partner	\$12.72	\$11.18	\$1.54	\$12.72	\$8.38	\$4.34
Employee and children	\$11.46	\$10.08	\$1.38	\$11.46	\$7.56	\$3.90
Employee and family	\$18.46	\$16.24	\$2.22	\$18.46	\$12.18	\$6.28

	PREMIUM VISION					
	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$13.28	\$6.36	\$6.92	\$13.28	\$4.78	\$8.50
Employee and spouse/ domestic partner	\$26.84	\$11.18	\$15.66	\$26.84	\$8.38	\$18.46
Employee and children	\$24.16	\$10.08	\$14.08	\$24.16	\$7.56	\$16.60
Employee and family	\$38.92	\$16.24	\$22.68	\$38.92	\$12.18	\$26.74

	DELUXE VISION					
	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$19.26	\$6.36	\$12.90	\$19.26	\$4.78	\$14.48
Employee and spouse/ domestic partner	\$38.92	\$11.18	\$27.74	\$38.92	\$8.38	\$30.54
Employee and children	\$35.04	\$10.08	\$24.96	\$35.04	\$7.56	\$27.48
Employee and family	\$56.44	\$16.24	\$40.20	\$56.44	\$12.18	\$44.26

	OPT-OUT CREDIT		
	Medical	Dental	Vision
Unclassified/House Officers/Postdoc	\$70.00	\$20.00	\$10.00

## Benefit costs for employees represented by AFSCME Local 328

MONTHLY RATE IF ENROLLED IN THE OHSU PPO MEDICAL PLAN						
	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$1,010.00	\$1,010.00	\$0.00	\$1,010.00	\$757.50	\$252.50
Employee and spouse/ domestic partner	\$2,018.00	\$1,775.84	\$242.16	\$2,018.00	\$1,331.88	\$686.12
Employee and children	\$1,817.00	\$1,598.96	\$218.04	\$1,817.00	\$1,199.22	\$617.78
Employee and family	\$2,823.00	\$2,484.24	\$338.76	\$2,823.00	\$1,863.18	\$959.82

MONTHLY RATE IF ENROLLED IN THE OHSU EPO MEDICAL PLAN						
	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$908.00	\$908.00	\$0.00	\$908.00	\$681.00	\$227.00
Employee and spouse/ domestic partner	\$1,817.00	\$1,817.00	\$0.00	\$1,817.00	\$1,362.75	\$454.25
Employee and children	\$1,633.00	\$1,633.00	\$0.00	\$1,633.00	\$1,224.75	\$408.25
Employee and family	\$2,542.00	\$2,542.00	\$0.00	\$2,542.00	\$1,906.50	\$635.50

**MONTHLY RATE IF ENROLLED IN THE OHSU HIGH DEDUCTIBLE MEDICAL PLAN**

	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$920.00	\$1,010.00	\$0.00*	\$920.00	\$757.50	\$162.50
Employee and spouse/ domestic partner	\$1,837.00	\$1,775.84	\$61.16	\$1,837.00	\$1,331.88	\$505.12
Employee and children	\$1,662.00	\$1,598.96	\$63.04	\$1,662.00	\$1,199.22	\$462.78
Employee and family	\$2,540.00	\$2,484.24	\$55.76	\$2,540.00	\$1,863.18	\$676.82

**MONTHLY RATE IF ENROLLED IN THE KAISER MEDICAL PLAN\*\***

	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$1,862.88	\$1,010.00	\$852.88	\$1,862.88	\$757.50	\$1,105.38
Employee and spouse/ domestic partner	\$3,717.10	\$1,775.84	\$1,941.26	\$3,717.10	\$1,331.88	\$2,385.22
Employee and children	\$3,346.24	\$1,598.98	\$1,747.26	\$3,346.24	\$1,199.22	\$2,147.02
Employee and family	\$5,200.48	\$2,484.26	\$2,716.22	\$5,200.48	\$1,863.18	\$3,337.30

**Tobacco surcharge**

Employees or covered dependents who have used tobacco products within the last 30 days at the time of enrollment are required to pay a \$50 per month surcharge. You will be asked about tobacco use when you enroll for benefits. Please note that providing false, misleading or incomplete information when you enroll may result in discipline, up to and including termination of employment.

\* Cashback will be added to your paycheck if the employer contribution is more than the medical plan cost.

\*\* Available only to AFSCME-represented employees hired before 10/1/1998.

### DELTA DENTAL MONTHLY RATE

	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
	Employee only	\$48.54	\$48.54	\$0.00	\$48.54	\$36.40
Employee and spouse/ domestic partner	\$105.62	\$92.94	\$12.68	\$105.62	\$69.72	\$35.90
Employee and children	\$117.94	\$103.78	\$14.16	\$117.94	\$77.84	\$40.10
Employee and family	\$170.96	\$150.44	\$20.52	\$170.96	\$112.84	\$58.12

### WILLAMETTE DENTAL MONTHLY RATE

	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
	Employee only	\$64.86	\$48.54	\$16.32	\$64.86	\$36.40
Employee and spouse/ domestic partner	\$132.68	\$92.94	\$39.74	\$132.68	\$69.72	\$62.96
Employee and children	\$120.36	\$103.78	\$16.58	\$120.36	\$77.84	\$42.52
Employee and family	\$206.24	\$150.44	\$55.80	\$206.24	\$112.84	\$93.40

### KAISER DENTAL MONTHLY RATE

	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
	Employee only	\$101.06	\$48.54	\$52.52	\$101.06	\$36.40
Employee and spouse/ domestic partner	\$202.10	\$92.94	\$109.16	\$202.10	\$69.72	\$132.38
Employee and children	\$181.90	\$103.78	\$78.12	\$181.90	\$77.84	\$104.06
Employee and family	\$303.16	\$150.44	\$152.72	\$303.16	\$112.84	\$190.32

	CORE VISION					
	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$6.36	\$6.36	\$0.00	\$6.36	\$4.78	\$1.58
Employee and spouse/ domestic partner	\$12.72	\$11.18	\$1.54	\$12.72	\$8.38	\$4.34
Employee and children	\$11.46	\$10.08	\$1.38	\$11.46	\$7.56	\$3.90
Employee and family	\$18.46	\$16.24	\$2.22	\$18.46	\$12.18	\$6.28

	PREMIUM VISION					
	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$13.28	\$6.36	\$6.92	\$13.28	\$4.78	\$8.50
Employee and spouse/ domestic partner	\$26.84	\$11.18	\$15.66	\$26.84	\$8.38	\$18.46
Employee and children	\$24.16	\$10.08	\$14.08	\$24.16	\$7.56	\$16.60
Employee and family	\$38.92	\$16.24	\$22.68	\$38.92	\$12.18	\$26.74

	DELUXE VISION					
	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$19.26	\$6.36	\$12.90	\$19.26	\$4.78	\$14.48
Employee and spouse/ domestic partner	\$38.92	\$11.18	\$27.74	\$38.92	\$8.38	\$30.54
Employee and children	\$35.04	\$10.08	\$24.96	\$35.04	\$7.56	\$27.48
Employee and family	\$56.44	\$16.24	\$40.20	\$56.44	\$12.18	\$44.26

	OPT-OUT CREDIT		
	Medical	Dental	Vision
AFSCME-represented	\$70.00	\$20.00	\$10.00

## Benefit costs for employees represented by ONA/AURN

MONTHLY RATE IF ENROLLED IN THE OHSU PPO MEDICAL PLAN						
	Full-time (0.75-1.0)***			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$1,010.00	\$1,010.00	\$0.00	\$1,010.00	\$757.50	\$252.50
Employee and spouse/ domestic partner	\$2,018.00	\$1,775.84	\$242.16	\$2,018.00	\$1,331.88	\$686.12
Employee and children	\$1,817.00	\$1,598.96	\$218.04	\$1,817.00	\$1,199.22	\$617.78
Employee and family	\$2,823.00	\$2,484.24	\$338.76	\$2,823.00	\$1,863.18	\$959.82

MONTHLY RATE IF ENROLLED IN THE OHSU EPO MEDICAL PLAN						
	Full-time (0.75-1.0)***			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$908.00	\$908.00	\$0.00	\$908.00	\$681.00	\$227.00
Employee and spouse/ domestic partner	\$1,817.00	\$1,817.00	\$0.00	\$1,817.00	\$1,362.75	\$454.25
Employee and children	\$1,633.00	\$1,633.00	\$0.00	\$1,633.00	\$1,224.75	\$408.25
Employee and family	\$2,542.00	\$2,542.00	\$0.00	\$2,542.00	\$1,906.50	\$635.50

**MONTHLY RATE IF ENROLLED IN THE OHSU HIGH DEDUCTIBLE MEDICAL PLAN**

	Full-time (0.75-1.0)***			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$920.00	\$1,010.00	\$0.00*	\$920.00	\$757.50	\$162.50
Employee and spouse/ domestic partner	\$1,837.00	\$1,775.84	\$61.16	\$1,837.00	\$1,331.88	\$505.12
Employee and children	\$1,662.00	\$1,598.96	\$63.04	\$1,662.00	\$1,199.22	\$462.78
Employee and family	\$2,540.00	\$2,484.24	\$55.76	\$2,540.00	\$1,863.18	\$676.82

**MONTHLY RATE IF ENROLLED IN THE KAISER MEDICAL PLAN\*\***

	Full-time (0.75-1.0)***			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$1,862.88	\$1,010.00	\$852.88	\$1,862.88	\$757.50	\$1,105.38
Employee and spouse/ domestic partner	\$3,717.10	\$1,775.84	\$1,941.26	\$3,717.10	\$1,331.88	\$2,385.22
Employee and children	\$3,346.24	\$1,598.98	\$1,747.26	\$3,346.24	\$1,199.22	\$2,147.02
Employee and family	\$5,200.48	\$2,484.26	\$2,716.22	\$5,200.48	\$1,863.18	\$3,337.30

**Tobacco surcharge**

Employees or covered dependents who have used tobacco products within the last 30 days at the time of enrollment are required to pay a \$50 per month surcharge. You will be asked about tobacco use when you enroll for benefits. Please note that providing false, misleading or incomplete information when you enroll may result in discipline, up to and including termination of employment.

\* Cashback will be added to your paycheck if the employer contribution is more than the medical plan cost.

\*\* Available only to ONA- represented employees hired before 1/1/1998.

\*\*\*ONA-represented employees hired prior to July 1, 2017, are eligible for full-time rates at .70 FTE or above.

### DELTA DENTAL MONTHLY RATE

	Full-time (0.75-1.0)***			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$48.54	\$48.54	\$0.00	\$48.54	\$36.40	\$12.14
Employee and spouse/ domestic partner	\$105.62	\$92.94	\$12.68	\$105.62	\$69.72	\$35.90
Employee and children	\$117.94	\$103.78	\$14.16	\$117.94	\$77.84	\$40.10
Employee and family	\$170.96	\$150.44	\$20.52	\$170.96	\$112.84	\$58.12

### WILLAMETTE DENTAL MONTHLY RATE

	Full-time (0.75-1.0)***			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$64.86	\$48.54	\$16.32	\$64.86	\$36.40	\$28.46
Employee and spouse/ domestic partner	\$132.68	\$92.94	\$39.74	\$132.68	\$69.72	\$62.96
Employee and children	\$120.36	\$103.78	\$16.58	\$120.36	\$77.84	\$42.52
Employee and family	\$206.24	\$150.44	\$55.80	\$206.24	\$112.84	\$93.40

### KAISER DENTAL MONTHLY RATE

	Full-time (0.75-1.0)***			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$101.06	\$48.54	\$52.52	\$101.06	\$36.40	\$64.66
Employee and spouse/ domestic partner	\$202.10	\$92.94	\$109.16	\$202.10	\$69.72	\$132.38
Employee and children	\$181.90	\$103.78	\$78.12	\$181.90	\$77.84	\$104.06
Employee and family	\$303.16	\$150.44	\$152.72	\$303.16	\$112.84	\$190.32

\*\*\*ONA-represented employees hired prior to July 1, 2017, are eligible for full-time rates at .70 FTE or above.

	CORE VISION					
	Full-time (0.75-1.0)***			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$6.36	\$6.36	\$0.00	\$6.36	\$4.78	\$1.58
Employee and spouse/ domestic partner	\$12.72	\$11.18	\$1.54	\$12.72	\$8.38	\$4.34
Employee and children	\$11.46	\$10.08	\$1.38	\$11.46	\$7.56	\$3.90
Employee and family	\$18.46	\$16.24	\$2.22	\$18.46	\$12.18	\$6.28

	PREMIUM VISION					
	Full-time (0.75-1.0)***			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$13.28	\$6.36	\$6.92	\$13.28	\$4.78	\$8.50
Employee and spouse/ domestic partner	\$26.84	\$11.18	\$15.66	\$26.84	\$8.38	\$18.46
Employee and children	\$24.16	\$10.08	\$14.08	\$24.16	\$7.56	\$16.60
Employee and family	\$38.92	\$16.24	\$22.68	\$38.92	\$12.18	\$26.74

	DELUXE VISION					
	Full-time (0.75-1.0)***			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$19.26	\$6.36	\$12.90	\$19.26	\$4.78	\$14.48
Employee and spouse/ domestic partner	\$38.92	\$11.18	\$27.74	\$38.92	\$8.38	\$30.54
Employee and children	\$35.04	\$10.08	\$24.96	\$35.04	\$7.56	\$27.48
Employee and family	\$56.44	\$16.24	\$40.20	\$56.44	\$12.18	\$44.26

	OPT-OUT CREDIT		
	Medical	Dental	Vision
ONA-represented	\$120.00	\$20.00	\$10.00

## Benefit costs for employees represented by the OHSU Police Association

MONTHLY RATE IF ENROLLED IN THE OHSU PPO MEDICAL PLAN						
	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$1,010.00	\$1,010.00	\$0.00	\$1,010.00	\$757.50	\$252.50
Employee and spouse/ domestic partner	\$2,018.00	\$1,775.84	\$242.16	\$2,018.00	\$1,331.88	\$686.12
Employee and children	\$1,817.00	\$1,598.96	\$218.04	\$1,817.00	\$1,199.22	\$617.78
Employee and family	\$2,823.00	\$2,484.24	\$338.76	\$2,823.00	\$1,863.18	\$959.82

MONTHLY RATE IF ENROLLED IN THE OHSU EPO MEDICAL PLAN						
	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$908.00	\$1,010.00	\$0.00*	\$908.00	\$757.50	\$150.50
Employee and spouse/ domestic partner	\$1,817.00	\$1,775.84	\$41.16	\$1,817.00	\$1,331.88	\$485.12
Employee and children	\$1,633.00	\$1,598.96	\$34.04	\$1,633.00	\$1,199.22	\$433.78
Employee and family	\$2,542.00	\$2,484.24	\$57.76	\$2,542.00	\$1,863.18	\$678.82

**MONTHLY RATE IF ENROLLED IN THE OHSU HIGH DEDUCTIBLE MEDICAL PLAN**

	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$920.00	\$1,010.00	\$0.00*	\$920.00	\$757.50	\$162.50
Employee and spouse/ domestic partner	\$1,837.00	\$1,775.84	\$61.16	\$1,837.00	\$1,331.88	\$505.12
Employee and children	\$1,662.00	\$1,598.96	\$63.04	\$1,662.00	\$1,199.22	\$462.78
Employee and family	\$2,540.00	\$2,484.24	\$55.76	\$2,540.00	\$1,863.18	\$676.82

**Tobacco surcharge**

Employees or covered dependents who have used tobacco products within the last 30 days at the time of enrollment are required to pay a \$50 per month surcharge. You will be asked about tobacco use when you enroll for benefits. Please note that providing false, misleading or incomplete information when you enroll may result in discipline, up to and including termination of employment.

\* Cashback will be added to your paycheck if the employer contribution is more than the medical plan cost.

### DELTA DENTAL MONTHLY RATE

	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
	Employee only	\$48.54	\$48.54	\$0.00	\$48.54	\$36.40
Employee and spouse/ domestic partner	\$105.62	\$92.94	\$12.68	\$105.62	\$69.72	\$35.90
Employee and children	\$117.94	\$103.78	\$14.16	\$117.94	\$77.84	\$40.10
Employee and family	\$170.96	\$150.44	\$20.52	\$170.96	\$112.84	\$58.12

### WILLAMETTE DENTAL MONTHLY RATE

	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
	Employee only	\$64.86	\$48.54	\$16.32	\$64.86	\$36.40
Employee and spouse/ domestic partner	\$132.68	\$92.94	\$39.74	\$132.68	\$69.72	\$62.96
Employee and children	\$120.36	\$103.78	\$16.58	\$120.36	\$77.84	\$42.52
Employee and family	\$206.24	\$150.44	\$55.80	\$206.24	\$112.84	\$93.40

### KAISER DENTAL MONTHLY RATE

	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
	Employee only	\$101.06	\$48.54	\$52.52	\$101.06	\$36.40
Employee and spouse/ domestic partner	\$202.10	\$92.94	\$109.16	\$202.10	\$69.72	\$132.38
Employee and children	\$181.90	\$103.78	\$78.12	\$181.90	\$77.84	\$104.06
Employee and family	\$303.16	\$150.44	\$152.72	\$303.16	\$112.84	\$190.32

	CORE VISION					
	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$6.36	\$6.36	\$0.00	\$6.36	\$4.78	\$1.58
Employee and spouse/ domestic partner	\$12.72	\$11.18	\$1.54	\$12.72	\$8.38	\$4.34
Employee and children	\$11.46	\$10.08	\$1.38	\$11.46	\$7.56	\$3.90
Employee and family	\$18.46	\$16.24	\$2.22	\$18.46	\$12.18	\$6.28

	PREMIUM VISION					
	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$13.28	\$6.36	\$6.92	\$13.28	\$4.78	\$8.50
Employee and spouse/ domestic partner	\$26.84	\$11.18	\$15.66	\$26.84	\$8.38	\$18.46
Employee and children	\$24.16	\$10.08	\$14.08	\$24.16	\$7.56	\$16.60
Employee and family	\$38.92	\$16.24	\$22.68	\$38.92	\$12.18	\$26.74

	DELUXE VISION					
	Full-time (0.75-1.0)			Part-time (0.50-.74)		
	Monthly Premium	Employer Cost	Employee Cost	Monthly Premium	Employer Cost	Employee Cost
Employee only	\$19.26	\$6.36	\$12.90	\$19.26	\$4.78	\$14.48
Employee and spouse/ domestic partner	\$38.92	\$11.18	\$27.74	\$38.92	\$8.38	\$30.54
Employee and children	\$35.04	\$10.08	\$24.96	\$35.04	\$7.56	\$27.48
Employee and family	\$56.44	\$16.24	\$40.20	\$56.44	\$12.18	\$44.26

	OPT-OUT CREDIT		
	Medical	Dental	Vision
OHSUPA- represented	\$70.00	\$20.00	\$10.00

# Spending accounts

## Health care accounts

Depending on the medical plan you enroll in, you have several options for setting aside money to help pay for health care expenses.

### Health Care Flexible Spending Account

The Health Care FSA allows you to set aside pre-tax money to use for eligible expenses for you and your family. FSA funds can be used for qualified medical, dental and vision expenses, including deductibles, copays, coinsurance, and other amounts that exceed plan limits. You can also use your FSA for hearing care and many other services and products. For a full list of covered expenses, go to [www.wexinc.com/resources/benefits-toolkit/eligible-expenses/](http://www.wexinc.com/resources/benefits-toolkit/eligible-expenses/). You may contribute up to \$3,300 per year (current limit) to your Health Care FSA, with a minimum of \$24 per year. FSA elections must be made each year and will remain in effect for the entire calendar year unless you experience a qualifying life event that qualifies for an FSA contribution changes.

There will be no need to verify medically eligible purchases made with your WEX debit card when used at designated OHSU Health facilities. Please note that non-healthcare purchases will still be denied.

Expenses incurred for your domestic partner and/or your domestic partner's children are not eligible for flexible spending account reimbursement unless they are qualified federal tax dependents. Please see your tax professional for more information.

The Health Care FSA is a roll over plan. At the end of the calendar year, you may carry forward up to \$660 of unused funds into the next calendar year to be used by Dec. 31. You must still enroll in the plan each year, however, if you want to continue making contributions in the next calendar year.

If you lose eligibility to participate in the FSA during the year, **coverage ends at the end of the month** and you will be offered the opportunity to continue coverage through COBRA. If you do not elect to continue contributions to your Health Care FSA, you have 90 days from a non-eligible status or date of termination to file a reimbursement claim for eligible expenses that you incurred while actively covered.

You can elect to participate in the Health Care FSA if you are enrolled in the OHSU PPO, OHSU EPO, or Kaiser medical plan. You can also elect to participate even if you choose not to enroll in any other OHSU benefits (e.g., medical, dental, or vision benefits).

### Health Savings Account

The Health Savings Account is a tax-advantaged account available only to those who are enrolled in the High Deductible with HSA medical plan. Like an FSA, the funds contributed to an HSA are not subject to federal income tax at the time of deposit and can be used to pay for qualified medical expenses, including deductibles, copayments and coinsurance.

If you are enrolled in the High Deductible with HSA medical plan, OHSU will automatically set up a Health Savings Account in your name and contribute \$500 (employee-only coverage) or \$1,000 (employee and dependents) annually to your HSA on your behalf. Contributions will be prorated by pay period. You can also personally fund your HSA through payroll deduction. IRS contribution limits for 2026 are \$4,400 for individual plans and \$8,750 for family

plans. There is an additional \$1,000 catch-up contribution allowed for those over age 55. (*Note:* The OHSU-paid contribution counts toward the annual IRS maximum.)

You can start, stop or change your HSA contributions at any time. You can use the money in your HSA to pay for health care expenses right away, or let the funds grow in anticipation of larger expenses in the future. Any unused funds roll over year to year, and if you choose to leave OHSU employment, you take the account with you.

If you are turning 65, please be aware that you are ineligible to contribute to an HSA if you are participating in a Medicare plan. If you do contribute, you will be subject to additional excise taxes.

### **Limited Purpose Flexible Spending Account**

If you are enrolled in the High Deductible with HSA medical plan, you have the option to enroll in a Limited Purpose Flexible Spending Account. Since you cannot participate in both a Health Care Flexible Spending Account and a Health Savings Account, the Limited Purpose Flexible Spending Account allows you to set aside money specifically for dental and vision expenses.

When coordinated with an HSA, the Limited Purpose FSA can further reduce your taxes while allowing you to allocate HSA funds to other purposes – including retirement. By eliminating the need to use your HSA funds for dental and vision expenses, you have more to spend on regular medical expenses or set aside for retirement.

### **Dependent Care Flexible Spending Account**

All benefits-eligible employees may enroll in the Dependent Care Flexible Spending Account. The dependent care FSA account is generally used for childcare services (for children up to 12), but can also be used to provide care and services to a spouse or tax dependent who is physically or mentally incapable of self-care. The program is designed to assist with dependent care expenses which allow you to be gainfully employed. As an eligible employee, you can contribute up to \$7,500 each plan year (\$3,750 for those married and filing separately) to a Dependent Care FSA. If filing jointly with another individual, make sure that you do not exceed a combined \$7,500 contribution.



**Household maximum** – Maximums for Dependent Care FSAs are per household. If you and your spouse both can enroll, the maximum total for both of your accounts combined is \$7,500. Contributing over the annual maximum for your household will have tax implications.

**Eligible dependents** – Not all dependents are eligible for FSA coverage. Domestic partners are not considered to be eligible dependents by the IRS, but they are allowed on OHSU benefits. Because FSAs are regulated by the IRS, you cannot use your FSA dollars toward expenses for domestic partners or children of domestic partners.

The IRS has a strict “use it or lose it” rule that applies to some FSA contributions. If you don’t use the full amount you contribute to your Dependent Care FSA for eligible expenses during 2026, you will lose any remaining funds. You have until the end of March 2027 to submit claims from 2026.

Expenses incurred for your domestic partner and/or your domestic partner’s children are not eligible for flexible spending account reimbursement unless they are qualified federal tax dependents. Please see your tax professional for more information.

In general, you can use a Dependent Care FSA instead of (but not in addition to) taking the Child and Dependent Care Credit when you file your tax return. However, certain circumstances may allow for both. Please consult a tax professional or the IRS website to get the latest information on the Child & Dependent Care Credit in order to make the best choice for you.



To help you determine how much money you should set aside for your spending account(s), use this worksheet to calculate your out-of-pocket expenses for the year.

Fill in the following:

**Medical expenses not covered by insurance\***

**Annual estimate**

Deductibles, copays, coinsurance

\_\_\_\_\_

Prescription drugs

\_\_\_\_\_

Over-the-counter items

\_\_\_\_\_

**Dental expenses not covered by insurance**

Checkups and cleanings

\_\_\_\_\_

Fillings, X-rays, crowns, bridges

\_\_\_\_\_

Dentures, inlays

\_\_\_\_\_

Orthodontia

\_\_\_\_\_

**Vision and hearing expenses not covered by insurance**

Exams

\_\_\_\_\_

Prescription eyeglasses

\_\_\_\_\_

Contact lenses and cleaning solution

\_\_\_\_\_

Corrective eye surgery (LASIK, cataract, etc.)

\_\_\_\_\_

Hearing aids and batteries

\_\_\_\_\_

**Total healthcare expenses**

\$ \_\_\_\_\_

**Dependent care expenses**

Licensed day care, nursery or preschool

\_\_\_\_\_

Before and after school programs

\_\_\_\_\_

Summer day camps

\_\_\_\_\_

**Total dependent care expenses**

\$ \_\_\_\_\_

\*Medical expenses are not eligible for Limited Purpose Flexible Spending Accounts.

# Life insurance

OHSU provides eligible employees with a variety of plans to provide replacement income to you or your beneficiaries in the event of disability, accident or death. This information is a summary of coverage only. Refer to your certificates of coverage for more detail, located at [o2.ohsu.edu/benefits](https://o2.ohsu.edu/benefits).

Lincoln Financial Group provides all life and accidental death and dismemberment insurance for OHSU employees.

## Evidence of insurability

For new hires and newly benefits-eligible employees, evidence of insurability (medical certification) is required for life insurance policies above \$300,000 for yourself and above \$50,000 for a spouse or domestic partner.

## Core life insurance

OHSU provides all benefits-eligible employees with a core life insurance policy in the amount of \$50,000 at no cost to you.

## Voluntary life insurance and accidental death and dismemberment coverage

You can purchase additional life and AD&D insurance for yourself, your spouse/domestic partner and child(ren):

- **Yourself (voluntary employee life insurance):** In increments of \$25,000, up to a maximum of \$975,000.
  - Employees can increase their voluntary plans by one increment annually subject to the \$300,000 guaranteed issue amount.
- **Your spouse/domestic partner (voluntary spouse/domestic partner life insurance):** In increments of \$25,000, up to a maximum of 50 percent of the amount of employee life insurance coverage.
  - Spouses can increase their voluntary plans by one increment annually subject to the \$50,000 guaranteed issue amount.
- **Dependent life insurance:** For any eligible dependent, available in the amount of \$4,000 per dependent. This is separate from and in addition to spouse/domestic partner life insurance.

AD&D coverage is different from life insurance in that it pays benefits if you are killed or seriously injured (such as losing a limb) in an accident. You may elect Employee AD&D insurance to cover yourself or Family AD&D to cover yourself and other eligible members of your household. Both policies are available in increments of \$50,000, up to \$500,000. Monthly costs for voluntary life insurance and AD&D coverage are on pages 49-51. Evidence of insurability is not required for AD&D coverage.

EMPLOYEE AD&D COSTS FOR 2026 (monthly)		FAMILY AD&D COSTS FOR 2026 (monthly)	
Amount	Premium	Amount	Premium
\$50,000	\$0.55	\$50,000	\$1.10
\$100,000	\$1.10	\$100,000	\$2.20
\$150,000	\$1.65	\$150,000	\$3.30
\$200,000	\$2.20	\$200,000	\$4.40
\$250,000	\$2.75	\$250,000	\$5.50
\$300,000	\$3.30	\$300,000	\$6.60
\$350,000	\$3.85	\$350,000	\$7.70
\$400,000	\$4.40	\$400,000	\$8.80
\$450,000	\$4.95	\$450,000	\$9.90
\$500,000	\$5.50	\$500,000	\$11.00

**VOLUNTARY EMPLOYEE LIFE INSURANCE COSTS FOR 2026 (monthly)**

Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Amount												
\$25,000	\$0.35	\$0.35	\$0.43	\$0.63	\$1.00	\$1.60	\$2.63	\$3.73	\$5.30	\$8.45	\$14.85	\$18.30
\$50,000	\$0.70	\$0.70	\$0.85	\$1.25	\$2.00	\$3.20	\$5.25	\$7.45	\$10.60	\$16.90	\$29.70	\$36.60
\$75,000	\$1.05	\$1.05	\$1.28	\$1.88	\$3.00	\$4.80	\$7.88	\$11.18	\$15.90	\$25.35	\$44.55	\$54.90
\$100,000	\$1.40	\$1.40	\$1.70	\$2.50	\$4.00	\$6.40	\$10.50	\$14.90	\$21.20	\$33.80	\$59.40	\$73.20
\$125,000	\$1.75	\$1.75	\$2.13	\$3.13	\$5.00	\$8.00	\$13.13	\$18.63	\$26.50	\$42.25	\$74.25	\$91.50
\$150,000	\$2.10	\$2.10	\$2.55	\$3.75	\$6.00	\$9.60	\$15.75	\$22.35	\$31.80	\$50.70	\$89.10	\$109.80
\$175,000	\$2.45	\$2.45	\$2.98	\$4.38	\$7.00	\$11.20	\$18.38	\$26.08	\$37.10	\$59.15	\$103.95	\$128.10
\$200,000	\$2.80	\$2.80	\$3.40	\$5.00	\$8.00	\$12.80	\$21.00	\$29.80	\$42.40	\$67.60	\$118.80	\$146.40
\$225,000	\$3.15	\$3.15	\$3.83	\$5.63	\$9.00	\$14.40	\$23.63	\$33.53	\$47.70	\$76.05	\$133.65	\$164.70
\$250,000	\$3.50	\$3.50	\$4.25	\$6.25	\$10.00	\$16.00	\$26.25	\$37.25	\$53.00	\$84.50	\$148.50	\$183.00
\$275,000	\$3.85	\$3.85	\$4.68	\$6.88	\$11.00	\$17.60	\$28.88	\$40.98	\$58.30	\$92.95	\$163.35	\$201.30
\$300,000	\$4.20	\$4.20	\$5.10	\$7.50	\$12.00	\$19.20	\$31.50	\$44.70	\$63.60	\$101.40	\$178.20	\$219.60
\$325,000	\$4.55	\$4.55	\$5.53	\$8.13	\$13.00	\$20.80	\$34.13	\$48.43	\$68.90	\$109.85	\$193.05	\$237.90
\$350,000	\$4.90	\$4.90	\$5.95	\$8.75	\$14.00	\$22.40	\$36.75	\$52.15	\$74.20	\$118.30	\$207.90	\$256.20
\$375,000	\$5.25	\$5.25	\$6.38	\$9.38	\$15.00	\$24.00	\$39.38	\$55.88	\$79.50	\$126.75	\$222.75	\$274.50
\$400,000	\$5.60	\$5.60	\$6.80	\$10.00	\$16.00	\$25.60	\$42.00	\$59.60	\$84.80	\$135.20	\$237.60	\$292.80
\$425,000	\$5.95	\$5.95	\$7.23	\$10.63	\$17.00	\$27.20	\$44.63	\$63.33	\$90.10	\$143.65	\$252.45	\$311.10
\$450,000	\$6.30	\$6.30	\$7.65	\$11.25	\$18.00	\$28.80	\$47.25	\$67.05	\$95.40	\$152.10	\$267.30	\$329.40
\$475,000	\$6.65	\$6.65	\$8.08	\$11.88	\$19.00	\$30.40	\$49.88	\$70.78	\$100.70	\$160.55	\$282.15	\$347.70
\$500,000	\$7.00	\$7.00	\$8.50	\$12.50	\$20.00	\$32.00	\$52.50	\$74.50	\$106.00	\$169.00	\$297.00	\$366.00
\$525,000	\$7.35	\$7.35	\$8.93	\$13.13	\$21.00	\$33.60	\$55.13	\$78.23	\$111.30	\$177.45	\$311.85	\$384.30
\$550,000	\$7.70	\$7.70	\$9.35	\$13.75	\$22.00	\$35.20	\$57.75	\$81.95	\$116.60	\$185.90	\$326.70	\$402.60
\$575,000	\$8.05	\$8.05	\$9.78	\$14.38	\$23.00	\$36.80	\$60.38	\$85.68	\$121.90	\$194.35	\$341.55	\$420.90
\$600,000	\$8.40	\$8.40	\$10.20	\$15.00	\$24.00	\$38.40	\$63.00	\$89.40	\$127.20	\$202.80	\$356.40	\$439.20
\$625,000	\$8.75	\$8.75	\$10.63	\$15.63	\$25.00	\$40.00	\$65.63	\$93.13	\$132.50	\$211.25	\$371.25	\$457.50
\$650,000	\$9.10	\$9.10	\$11.05	\$16.25	\$26.00	\$41.60	\$68.25	\$96.85	\$137.80	\$219.70	\$386.10	\$475.80
\$675,000	\$9.45	\$9.45	\$11.48	\$16.88	\$27.00	\$43.20	\$70.88	\$100.58	\$143.10	\$228.15	\$400.95	\$494.10
\$700,000	\$9.80	\$9.80	\$11.90	\$17.50	\$28.00	\$44.80	\$73.50	\$104.30	\$148.40	\$236.60	\$415.80	\$512.40
\$725,000	\$10.15	\$10.15	\$12.33	\$18.13	\$29.00	\$46.40	\$76.13	\$108.03	\$153.70	\$245.05	\$430.65	\$530.70
\$750,000	\$10.50	\$10.50	\$12.75	\$18.75	\$30.00	\$48.00	\$78.75	\$111.75	\$159.00	\$253.50	\$445.50	\$549.00
\$775,000	\$10.85	\$10.85	\$13.18	\$19.38	\$31.00	\$49.60	\$81.38	\$115.48	\$164.30	\$261.95	\$460.35	\$567.30
\$800,000	\$11.20	\$11.20	\$13.60	\$20.00	\$32.00	\$51.20	\$84.00	\$119.20	\$169.60	\$270.40	\$475.20	\$585.60
\$825,000	\$11.55	\$11.55	\$14.03	\$20.63	\$33.00	\$52.80	\$86.63	\$122.93	\$174.90	\$278.85	\$490.05	\$603.90
\$850,000	\$11.90	\$11.90	\$14.45	\$21.25	\$34.00	\$54.40	\$89.25	\$126.65	\$180.20	\$287.30	\$504.90	\$622.20
\$875,000	\$12.25	\$12.25	\$14.88	\$21.88	\$35.00	\$56.00	\$91.88	\$130.38	\$185.50	\$295.75	\$519.75	\$640.50
\$900,000	\$12.60	\$12.60	\$15.30	\$22.50	\$36.00	\$57.60	\$94.50	\$134.10	\$190.80	\$304.20	\$534.60	\$658.80
\$925,000	\$12.95	\$12.95	\$15.73	\$23.13	\$37.00	\$59.20	\$97.13	\$137.83	\$196.10	\$312.65	\$549.45	\$677.10
\$950,000	\$13.30	\$13.30	\$16.15	\$23.75	\$38.00	\$60.80	\$99.75	\$141.55	\$201.40	\$321.10	\$564.30	\$695.40
\$975,000	\$13.65	\$13.65	\$16.58	\$24.38	\$39.00	\$62.40	\$102.38	\$145.28	\$206.70	\$329.55	\$579.15	\$713.70

**VOLUNTARY SPOUSE LIFE INSURANCE COSTS FOR 2026 (monthly)**

Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
<b>Amount</b>												
\$25,000	\$0.58	\$0.58	\$0.78	\$1.18	\$1.35	\$2.33	\$3.70	\$5.25	\$7.58	\$13.60	\$24.88	\$24.88
\$50,000	\$1.15	\$1.15	\$1.55	\$2.35	\$2.70	\$4.65	\$7.40	\$10.50	\$15.15	\$27.20	\$49.75	\$49.75
\$75,000	\$1.73	\$1.73	\$2.33	\$3.53	\$4.05	\$6.98	\$11.10	\$15.75	\$22.73	\$40.80	\$74.63	\$74.63
\$100,000	\$2.30	\$2.30	\$3.10	\$4.70	\$5.40	\$9.30	\$14.80	\$21.00	\$30.30	\$54.40	\$99.50	\$99.50
\$125,000	\$2.88	\$2.88	\$3.88	\$5.88	\$6.75	\$11.63	\$18.50	\$26.25	\$37.88	\$68.00	\$124.38	\$124.38
\$150,000	\$3.45	\$3.45	\$4.65	\$7.05	\$8.10	\$13.95	\$22.20	\$31.50	\$45.45	\$81.60	\$149.25	\$149.25
\$175,000	\$4.03	\$4.03	\$5.43	\$8.23	\$9.45	\$16.28	\$25.90	\$36.75	\$53.03	\$95.20	\$174.13	\$174.13
\$200,000	\$4.60	\$4.60	\$6.20	\$9.40	\$10.80	\$18.60	\$29.60	\$42.00	\$60.60	\$108.80	\$199.00	\$199.00
\$225,000	\$5.18	\$5.18	\$6.98	\$10.58	\$12.15	\$20.93	\$33.30	\$47.25	\$68.18	\$122.40	\$223.88	\$223.88
\$250,000	\$5.75	\$5.75	\$7.75	\$11.75	\$13.50	\$23.25	\$37.00	\$52.50	\$75.75	\$136.00	\$248.75	\$248.75
\$275,000	\$6.33	\$6.33	\$8.53	\$12.93	\$14.85	\$25.58	\$40.70	\$57.75	\$83.33	\$149.60	\$273.63	\$273.63
\$300,000	\$6.90	\$6.90	\$9.30	\$14.10	\$16.20	\$27.90	\$44.40	\$63.00	\$90.90	\$163.20	\$298.50	\$298.50
\$325,000	\$7.48	\$7.48	\$10.08	\$15.28	\$17.55	\$30.23	\$48.10	\$68.25	\$98.48	\$176.80	\$323.38	\$323.38
\$350,000	\$8.05	\$8.05	\$10.85	\$16.45	\$18.90	\$32.55	\$51.80	\$73.50	\$106.05	\$190.40	\$348.25	\$348.25
\$375,000	\$8.63	\$8.63	\$11.63	\$17.63	\$20.25	\$34.88	\$55.50	\$78.75	\$113.63	\$204.00	\$373.13	\$373.13
\$400,000	\$9.20	\$9.20	\$12.40	\$18.80	\$21.60	\$37.20	\$59.20	\$84.00	\$121.20	\$217.60	\$398.00	\$398.00
\$425,000	\$9.78	\$9.78	\$13.18	\$19.98	\$22.95	\$39.53	\$62.90	\$89.25	\$128.78	\$231.20	\$422.88	\$422.88
\$450,000	\$10.35	\$10.35	\$13.95	\$21.15	\$24.30	\$41.85	\$66.60	\$94.50	\$136.35	\$244.80	\$447.75	\$447.75
\$475,000	\$10.93	\$10.93	\$14.73	\$22.33	\$25.65	\$44.18	\$70.30	\$99.75	\$143.93	\$258.40	\$472.63	\$472.63
\$500,000	\$11.50	\$11.50	\$15.50	\$23.50	\$27.00	\$46.50	\$74.00	\$105.00	\$151.50	\$272.00	\$497.50	\$497.50

Dependent life coverage is available for \$1.96 per month for \$4,000 of coverage.

# Disability insurance

A disability is an illness or injury that prevents you from working and receiving your normal earnings. Disability insurance is provided through Lincoln Financial Group Insurance Company. You can buy short-term disability (STD) and long-term disability insurance (LTD). STD is designed to cover you during a disability that's shorter than 89 days, including recovery from giving birth or from surgery. LTD is designed to cover you during a disability lasting longer than 89 days, generally up to normal social security retirement age.

Disability premiums are based on the higher of either your base compensation as of Oct. 1, 2025, or your actual total pay from July 1, 2024 - June 30, 2025. This amount is called your frozen compensation. The premium does not change throughout the calendar year, regardless of income or job changes. The frozen compensation amount will be updated each October for the following calendar year. (If you are hired after Oct. 1, your compensation amount will be your annual salary as recorded in Oracle.)

You may choose disability pay-out benefits of either 50% or 65% of your frozen compensation; a lower benefit percentage means lower premiums.

- **Short-term disability insurance:** Benefits are paid weekly and based on your frozen compensation and plan selection, up to the \$3,500 weekly maximum. Payments are coordinated with other income and benefits (such as payments from a state paid leave program), and are subject to the terms of the policy – limitations apply.\*

Plans offered include a 14- or 29-day waiting period, and a 50 percent or 65 percent income replacement option. Short-term disability provides coverage up to 89 days from the date of disability, as determined by your medical provider, which will include your selected waiting period.

- **Long-term disability insurance:** LTD benefits begin after 89 days of disability (subject to plan limitations). Plans offered include 50 percent and 65 percent income replacement options. Benefits are paid monthly based on your frozen compensation and plan selections, up to the maximum of \$15,000 per month.

Monthly costs for disability insurance are listed below. Disability payments are not taxable upon payment.

DISABILITY COSTS FOR 2026 (monthly)				
	Percent of salary	Example of monthly premiums for \$50,000 annual salary	My annual pay as of Oct. 1, 2025	My monthly premium cost
STD 14 day 65%	0.140%	\$5.83	\$_____ x .0014 / 12	\$_____
STD 14 day 50%	0.090%	\$3.75	\$_____ x .0009 / 12	\$_____
STD 29 day 50%	0.067%	\$2.79	\$_____ x .00067 / 12	\$_____
STD 29 day 65%	0.100%	\$4.16	\$_____ x .001 / 12	\$_____
LTD 50%	0.20%	\$8.33	\$_____ x .0020 / 12	\$_____
LTD 65%	0.505%	\$21.04	\$_____ x .00505 / 12	\$_____

## Pre-existing conditions

**Short-term disability** plans do not provide coverage for pre-existing conditions (including pregnancy), unless you are enrolling as a new hire or are newly eligible for benefits. If you have a condition and are planning to enroll in or change disability coverage for that condition, you should consult Lincoln Financial or OHSU Benefits to determine if that condition is likely to be covered.

**Long-term disability** excludes pre-existing sicknesses or injuries that the employee was treated for in the three months prior to the employee's coverage effective date.

The pre-existing condition exclusions apply during the first 12 months of the employee's coverage, or an increase in coverage under the STD or LTD plans

For questions about either short-term or long-term disability, please contact the OHSU Benefits Office and review the following resource pages on O2: Pay and Benefits While on Leave; Pregnancy, Birth and Adoption Leave Guide; Disability Insurance Plan Certificates. To inquire about additional state leaves outside of Oregon and Washington please email [askhr@ohsu.edu](mailto:askhr@ohsu.edu).

## Waiting period

The minimum number of calendar days you must wait from your date of disability before beginning to receive disability payments.

## Sick Pay

You can choose whether or not to use sick pay\* available to you while STD benefits are payable. If you choose to use sick pay your disability payments will be coordinated with your sick pay. This means that you can use your sick accruals in addition to receiving disability payments as long as the combined amount does not exceed 100% of your normal pay.

\* Sick pay means paid sick leave, extended illness bank, annual or personal leave pay, severance pay or other salary continuation, including donated amounts (but not vacation pay or paid parental leave).

## Oregon workers

If you work in Oregon (including teleworking), or if you work a hybrid schedule between Oregon and Washington, you may be eligible for payments from Paid Leave Oregon.

If you receive payments through the state's paid leave program Paid Leave Oregon, your disability insurance payments will be coordinated with payments from Paid Leave Oregon. This means that if your payments from the state paid leave program are equal or greater than the disability insurance payments, the disability payments will be reduced to the minimum weekly amount. If your payments from the state paid leave program are lesser than the disability insurance payments, the disability payments will compensate you up to the disability insurance amount.

When completing your Paid Leave Oregon application please use the following employer name and address: Oregon Health and Science University (no abbreviation), 2525 S.W. 3rd Ave., Ste 100 Portland, Oregon, 97201-4901. When applying, employees must use their first and last name as showing in OHSU's system. If your name is showing incorrectly, please reach out to the HR Records department. You may use your sick pay\* up to your full FTE while receiving payments through Paid Leave Oregon.

For more information please visit O2 and search "Paid Leave Oregon".

## Washington workers

If you work in the state of Washington (including teleworking), you may be eligible for payments from the Washington Paid Family & Medical Leave program (WA PFML).

If you receive payments from WA PFML, your disability payments will be coordinated with payments from WA PFML. This means that if your payments from the state paid leave program are equal or greater than the disability insurance payments, the disability payments will be reduced to the minimum weekly amount. If your payments from the state paid leave program are lesser than the disability insurance payments, the disability payments will compensate you up to the disability insurance amount.

You may use your sick pay\* in addition to receiving payments from WA PFML.

For more information please visit O2 and search "Washington Paid Family & Medical Leave".

# Hospital indemnity insurance

Hospital indemnity is a supplemental insurance plan that provides coverage for unexpected hospital stays. While medical insurance pays for covered medical services minus your deductible or copayments, hospital indemnity benefits pay out when you check into a hospital for an overnight stay related to an accident or illness.

When you submit a claim under your hospital indemnity plan, the benefits are paid directly to you. You can use this payment however you choose. The benefits can help pay for out-of-pocket costs related to the hospital stay, like your medical insurance deductible, or can be used to cover household costs or other personal expenses.

If you enroll in the High Deductible with HSA medical plan, you will be automatically enrolled in the MetLife Hospital Indemnity plan at no cost to you. All other benefits eligible employees have the option to purchase the MetLife Hospital Indemnity plan through payroll deduction.

SCHEDULE OF BENEFITS	
Benefit type	MetLife hospital indemnity insurance pays
<b>Hospital coverage (accident)</b>	
<b>Admission</b> Must occur within 180 days after the accident	\$1,300 per accident (non-ICU), \$1,300 per accident (ICU)
<b>Confinement</b> Must occur within 180 days after the accident	\$200 per day (non-ICU) for up to 30 days \$200 per day (ICU) for up to 30 days
<b>Inpatient rehab</b> Stay must occur immediately following hospital confinement and occur within 365 days of accident	\$200 per day, for up to 15 days per accident and 30 days per calendar year
<b>Hospital coverage (sickness)</b>	
<b>Admission</b> Payable one time per calendar year	\$1,300 (non-ICU), \$1,300 (ICU)
<b>Confinement</b> Paid per sickness	\$200 per day (non-ICU) for up to 30 days \$200 per day (ICU) for up to 30 days
<b>Other benefits</b>	
<b>Health screening (Wellness)</b> Benefit provided if the covered insured takes one of the covered screening/prevention tests Payable one time per calendar year	\$50
<b>Newborn care in hospital</b>	\$50 per day for up to 2 days

## HOSPITAL INDEMNITY COSTS FOR 2026 (monthly)\*

Tier	Premium
Employee only	\$22.52
Employee and spouse	\$45.13
Employee and children	\$35.61
Family	\$58.22

\*OHSU pays the full premium for employees and their dependents enrolled in the High Deductible with HSA medical plan. All other employees pay the premium through payroll deduction.

### Payment example: How hospital indemnity insurance works

Susan wakes up in the middle of the night experiencing chest pain. An ambulance takes her to the emergency room at a local hospital. Upon arrival, the ER doctor examines Susan and advises that she requires immediate admission to the Intensive Care Unit for further evaluation and treatment. After one day in the ICU, Susan moves to a standard room and spends two additional days recovering in the hospital. Susan is released to her primary care physician for follow-up treatment and observation. Her primary doctor is now keeping a close watch over Susan's overall health.

Depending on her medical plan, Susan's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance copayments and deductibles. Under the MetLife Hospital Indemnity Plan, Susan will receive:

Hospital admission – ICU coverage (sickness):	\$1,300
Confinement for one day – ICU coverage (sickness):	\$200
Confinement for two days – Hospital coverage (sickness):	\$400
<b>Total benefit:</b>	<b>\$1,900</b>

Susan can use this \$1,900 payment from MetLife to cover the unexpected costs related to her hospital stay or to cover other personal expenses.

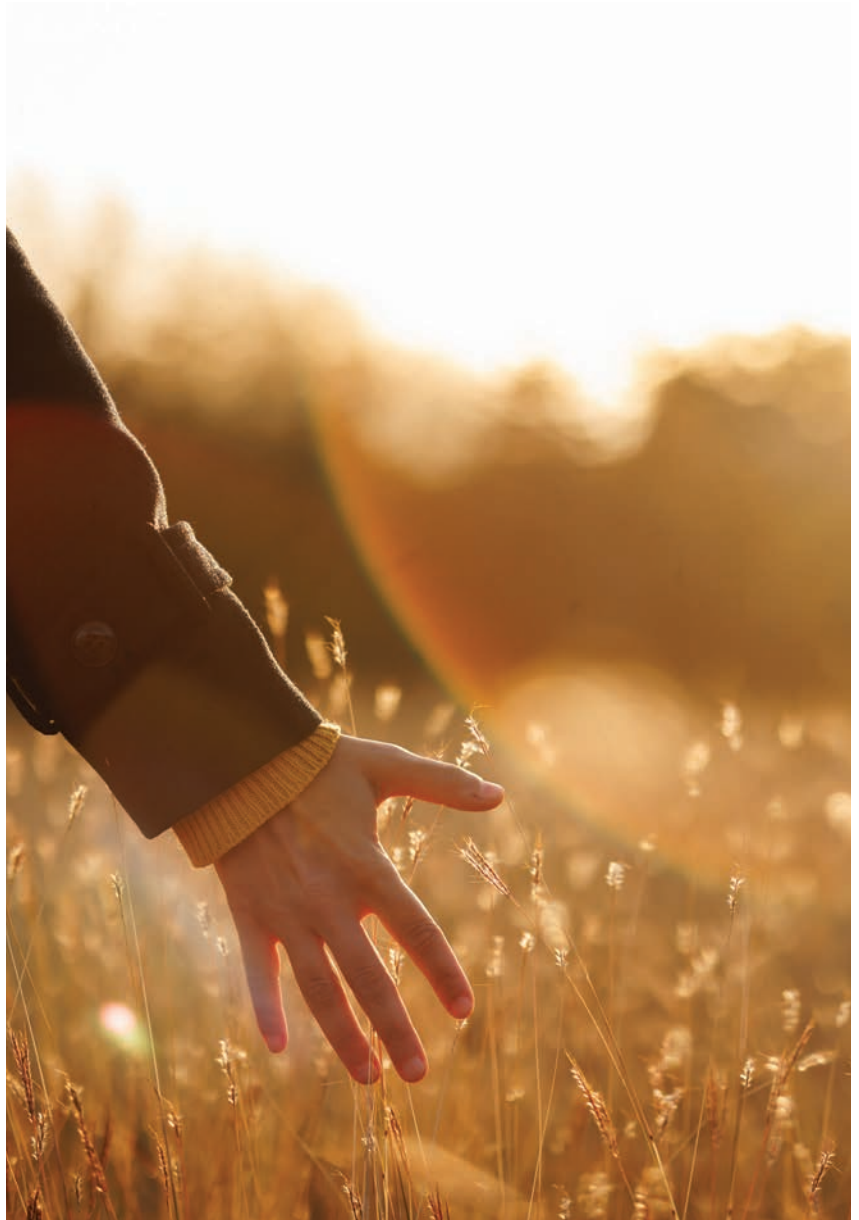
# Critical illness insurance

Critical illnesses can happen when you least expect them – and they can be costly. Costs like plan deductibles, copayments for doctor visits and extra costs for out-of-network care can add up fast. A critical illness insurance policy provides financial support you may need, which means less worry for you and your family.

OHSU offers multiple critical illness coverage options to meet a variety of needs. You can cover yourself only, or yourself and your dependents. You can select an initial benefit amount of \$10,000, \$20,000, \$30,000, \$40,000 or \$50,000. The initial benefit is a lump sum payment upon the first diagnosis of a covered condition. Covered conditions include some types of cancer, a heart attack, stroke, kidney failure and Alzheimer's. Visit [o2.ohsu.edu/benefits](https://o2.ohsu.edu/benefits) for a complete list of covered conditions.

## Critical illness costs for 2026 (monthly)

Monthly premium costs are per \$10,000 elected as the initial benefit. For example, the premium for employee-only coverage for a 47-year-old, non-tobacco user who elects a \$20,000 initial benefit would be \$19.60 per month (\$9.80 x 2).



NON-TOBACCO USER					
Tier	Coverage amount	Employee only	Employee and spouse	Employee and children	Family
<25	\$10,000	\$2.30	\$3.90	\$3.60	\$5.20
25-29	\$10,000	\$2.40	\$4.10	\$3.70	\$5.40
30-34	\$10,000	\$3.20	\$5.40	\$4.50	\$6.70
35-39	\$10,000	\$4.40	\$7.30	\$5.70	\$8.60
40-44	\$10,000	\$6.80	\$10.90	\$8.10	\$12.20
45-49	\$10,000	\$9.80	\$15.80	\$11.10	\$17.00
50-54	\$10,000	\$13.70	\$22.20	\$15.00	\$23.50
55-59	\$10,000	\$19.00	\$30.90	\$20.30	\$32.20
60-64	\$10,000	\$26.60	\$43.60	\$27.90	\$44.90
65-69	\$10,000	\$38.70	\$63.20	\$40.00	\$64.50
70+	\$10,000	\$56.10	\$90.10	\$57.40	\$91.40

TOBACCO USER					
Tier	Coverage amount	Employee only	Employee and spouse	Employee and children	Family
<25	\$10,000	\$3.00	\$4.90	\$4.30	\$6.20
25-29	\$10,000	\$3.20	\$5.40	\$4.50	\$6.70
30-34	\$10,000	\$4.70	\$7.60	\$6.00	\$8.90
35-39	\$10,000	\$6.80	\$11.00	\$8.10	\$12.30
40-44	\$10,000	\$11.10	\$17.50	\$12.40	\$18.80
45-49	\$10,000	\$16.50	\$26.20	\$17.80	\$27.40
50-54	\$10,000	\$23.70	\$37.90	\$24.90	\$39.20
55-59	\$10,000	\$33.10	\$53.60	\$34.40	\$54.90
60-64	\$10,000	\$46.80	\$76.30	\$48.10	\$77.60
65-69	\$10,000	\$68.60	\$111.70	\$69.90	\$113.00
70+	\$10,000	\$99.50	\$159.60	\$100.70	\$160.80

# Trauma coverage

Experiencing a traumatic incident can have dramatic and lasting effects on you and your loved ones. Trauma insurance helps empower your recovery by providing financial security, physical recuperation and recovery care. There are no health questions or physical exams required, no waiting period or age limitations for coverage, and you can cover your spouse and children.

Trauma coverage provides benefits to those who are:

- Sexually or physically assaulted
- Infected by a disease at work or school
- Traumatized at work or school
- A victim of a mass shooting or a terrorist act

Benefits include:

- **Financial security** – Receive 100% of your regular pay while you are unable to work due to a traumatic incident without a waiting period to receive benefits. Beneficiaries of each insured will receive their policy maximum due to their loss of life from an accidental death.
- **Recovery care** – Reimbursement for out-of-pocket expenses including copays and deductibles for medical, dental, vision, hearing, and pharmaceuticals. Family members providing supportive service can also receive 100% of their regular pay as part of this benefit.
- **Trauma counseling** – This confidential, measurement-based program empowers recovery after traumatic incidents. Counseling sessions are available via phone, video, and text.

TRAUMA COVERAGE COSTS FOR 2026 (monthly)				
Coverage	\$50,000	\$100,000	\$150,000	\$200,000
Rate	\$10.00	\$15.00	\$20.00	\$25.00
Individual and family counseling	\$5,000	\$5,000	\$5,000	\$5,000
Maximum in lost wages	\$5,000	\$10,000	\$15,000	\$20,000
Maximum for expense reimbursement or lost wages of a family member	\$5,000	\$10,000	\$15,000	\$20,000
Accidental death benefit	\$50,000	\$100,000	\$150,000	\$200,000
Maximum benefit per policy period (1 year)	\$50,000	\$100,000	\$150,000	\$200,000

# Identity theft protection

Digital thieves constantly discover new ways to extract your personal information, open credit accounts in your name, sell your sensitive data on the dark web, and take over your financial accounts. The Identity Theft Protection plan is an affordable solution to a growing problem. The plan provides comprehensive, proactive identity theft monitoring and dedicated recovery assistance. By constantly monitoring you and your family's personal and financial data, this service catches fraud early and helps you act quickly to limit the damage of stolen information. Protection services include:

- Enhanced identity monitoring
- Dark web monitoring
- High-risk transaction monitoring
- Account activity alerts
- Financial activity monitoring
- Social media monitoring
- IP address monitoring
- Solicitation reduction
- Credit monitoring and alerts
- Credit assistance
- Identity theft insurance
- Lost wallet protection
- Digital exposure reports
- Data breach notification
- Sex offender registry

## IDENTITY THEFT PROTECTION COSTS FOR 2026 (monthly)

Employee only	\$9.96
Family	\$17.96

- Stolen fund reimbursement up to \$1 million
- **New:** Personal device security (antivirus protection, safe browsing, phishing protection, missing and stolen device tools, webcam protection, firewall, safe pay, Android smart watch protection, file shredder, and anti-tracking), VPN with anti-tracking and ad-blocking, password manager, network security, and family mobile and desktop device protection for up to 10 devices.

## Legal assistance

Affordable legal assistance can sometimes be difficult to find. With a high-quality Legal Insurance Plan, you get more than a valuable service — you gain peace of mind knowing that good legal help is within reach. When you enroll in the Legal plan, you'll have access to a network of attorneys who can assist you by providing unlimited phone and in-person consultations and representation in court. Examples of covered legal matters include:

- Debt collection defense
- Tax audits defense
- Civil lawsuit defense
- Simple and complex will preparation
- Real estate legal services
- Traffic ticket defense
- Power of attorney
- Eviction defense
- Sale or purchase of home
- Reproductive assistance law

### LEGAL ASSISTANCE PLAN COSTS FOR 2026 (monthly)

Employee only

\$18.50

- Adoption assistance
- Divorce
- Protection from domestic violence
- Immigration defense

## Auto and homeowners insurance

This voluntary program is conveniently offered as a payroll deduction to employees. Being an OHSU employee gives you additional discounts on top of what you would regularly receive, including a group discount, payroll deduction discount and tenure discount. These additional discounts could total as much as 40% on auto and 25% on home insurance. Additionally, you can receive discounts for **multiple vehicles, multiple policies and good driving**. Coverage is available for boats, condos, recreational vehicles and more.

Unlike the other insurance benefits, you are eligible to enroll in Auto and Home Insurance at any time throughout the year. To request a cost estimate, visit [www.myautohome.farmers.com](http://www.myautohome.farmers.com) or contact Farmers Insurance at **1-800-438-6381**.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable.



# Spark: A wellness program to spark your health into action

To learn more of what Spark offers you:

- Start at: [o2.ohsu.edu/spark](https://o2.ohsu.edu/spark)
- Watch *OHSU Now* blog posts on Wellness Wednesdays for announcements of Spark events and programs, including challenges, opportunity to earn rewards and more. Following are a few of the key highlights of what Spark offers:

## Get healthy and earn rewards on the Personify Health Wellness platform

OHSU recognizes that your health and well-being are essential to achieving the mission of our organization. In fact, it is so important that you feel supported and empowered to live a healthful life that OHSU will reward your participation in Spark.

After you register on the Personify Health Wellness platform (formerly known as Virgin Pulse), you track your healthy activities. Each activity earns you points. Once you earn a certain amount of points, you earn Personify Health Cash. Personify Health Cash is essentially credit that you can spend in the Personify Health Store, to buy a gift card or donate to charity.

### Earn up to \$240 in Personify Health cash in 2026!

Visit: <https://o2.ohsu.edu/spark/incentives-and-prizes.cfm> to learn all the details about how to earn points and get rewarded for your healthy living with Personify Health Cash.

### How to get started

- 1 Sign up for your Personify Health account by going to <https://login.personifyhealth.com/>. Login with your OHSU credentials.
- 2 Accept the terms and conditions, and choose your language and email preferences to get the latest tips and information.
- 3 Connect a fitness tracker to get credit for your steps, active minutes and sleep (Apple Watch, Fitbit, etc.)
- 4 Upload a profile picture and add some friends.
- 5 Set your interests to get personalized daily tips to help you eat healthy, get active, reduce stress, sleep well and more!
- 6 Download the Personify Health mobile app for iOS or Android. Access your account and track your activity anywhere, anytime.

*The more you participate, the better you feel and the greater your chance of winning prizes!*

## Free Health Evaluation

The Spark Health Evaluation, aka the Health Check, is offered for free to OHSU benefits-eligible employees, because your well-being matters. To protect your privacy, you complete your health evaluation on the Personify Health platform. By completing your Spark Health Evaluation, you automatically earn \$50 in Personify Health Cash! Completion of the Spark Health Evaluation includes two parts:

1

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**Health Risk Assessment.** This brief questionnaire is found on the Personify Health portal, which you can access from <https://login.personifyhealth.com/> or via the Personify Health mobile app. *To participate via paper or in a language other than English, contact Personify Health at 1-888-671-9395 or email [support@personifyhealth.com](mailto:support@personifyhealth.com).*

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2

**A biometric screening.** This screening is free and provides you with essential information about your disease risk by measuring your blood pressure, body mass index, cholesterol, triglyceride and blood glucose levels.

**You have three options for completing the Spark biometric screening:**

- 1. Test at a partner lab.** You can have the screening done at a LabCorps.
  - 2. Screen with your provider.** After completing your biometric screening with your provider, ask their office to complete the Physician Verification Form found on the Personify Health platform.  
*Note: this option is not free of charge. You or your insurance will be billed.*
  - 3. Home Test Kit.** A screening test kit can be mailed to your home, at no cost to you. You will receive instructions to administer the screening yourself and mail the samples to LabCorps for processing.
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## What do I get for completing the Health Evaluation?

The Health Evaluation is a starting point. A first step. It is the launching pad onto your personal wellness journey. Through the Health Evaluation, you will more fully understand your health status and what risk factors you may face. From there, it's time to take action.

- **A personalized health action plan.** You will receive a unique action plan on the Personify Health wellness portal based on your answers on the questionnaire and your biometric screening results.
- **Spark Health Enhancement programs.** Spark offers benefits-eligible employees enrollment, at no cost to you, in one of four Health Enhancement Programs. More information can be found at [o2.ohsu.edu/spark](http://o2.ohsu.edu/spark). Spark Health Enhancement Programs Include:
  - Medical Exercise Program
  - The National Diabetes Prevention Program (DPP)
  - Mindfulness Based Stress Reduction
  - Behavior Change for Weight Loss

Once you complete one of these programs, you automatically earn \$50 in Personify Health Cash!

## More Spark services and benefits

### Spark Heart-Healthy Meal

*Marquam Hill and CHH2:* During the first full week of each month, employees can get a free grab n’ go salad from an OHSU cafe on one day of their choice.

*West Campus:* If you are stationed full-time at West Campus, you get a free salad during the first full calendar week of each month at Ann’s Deli located on campus. In order to redeem your salad, you must show your punch card and OHSU employee ID at the register. To inquire about a punch card, contact [askHR@ohsu.edu](mailto:askHR@ohsu.edu).

### Financial coaching

Free online program to help you develop better spending habits, reduce debt, improve credit, increase savings, and plan for retirement. Visit: [www.sparkworklife.com](http://www.sparkworklife.com) or call 1-800-433-2320 to sign up.

### Spark Employee Assistance Program (EAP) and Work-Life Wellness – Making work and life easier

The new Virtual Care Navigator (VCN) connects you to the appropriate level of care, based on your needs. You get:

- A personalized wellness plan that matches your needs
- Immediate access to coaching and counseling, financial, family and legal resources, and digital tools and training.

To access:

1. login at [sparkworklife.com](http://sparkworklife.com) with your OHSU credentials.
2. Click on “My Plan”
3. Answer a few quick questions to create your personal care plan

### Counseling and coaching

Nine free sessions with a professionally trained counselor or coach, available in person, over the phone or online, to work on anything from achieving your career goals, managing your stress, to rising above conflicts at work or at home. You can request a counselor that is in-network with Moda so you can continue working with them for a \$0 co-pay per session after the nine free sessions. Counseling and crisis support are available 24/7 by visiting [www.sparkworklife.com](http://www.sparkworklife.com) or calling 1-800-433-2320.

Enlight is a free app for OHSU employees and your families to help you find new ways to improve the way you feel. Through this new Spark benefit, you will get instant connection to personalized goal setting and action plans. Look for Enlight wherever you download apps. Once downloaded, login with your OHSU username and password. When asked for employer, simply enter ‘OHSU’. Learn more at: [www.sparkworklife.com](http://www.sparkworklife.com)

### Legal consultations / mediation / accounting

A free 30-minute office or telephone consultation with legal counsel, followed by a 25 percent discount from the attorney’s/mediator’s normal hourly rate.

### Concierge resource retrieval

Free help locating resources related to eldercare, childcare, identity theft or anything else you may need.

### **Identity theft resolution**

This service provides members with up to a 60-minute free consultation with a highly trained Fraud Resolution Specialist™ (FRS) who will conduct emergency response activities and assist members with restoring their identity, good credit, and dispute fraudulent debts.

### **Home ownership program**

Assistance and discounts for buying, selling, and refinancing.

To access any of these resources or services go to: [www.sparkworklife.com](http://www.sparkworklife.com) or call 1-800-433-2320.

## **Additional benefits**

### **Childcare**

OHSU employees are eligible for priority enrollment and discounted tuition rates at Healthy Starts Children's Center, located at the South Waterfront. Tuition discounts are also available at other participating locations. For more information, visit [o2.ohsu.edu/human-resources/healthy-starts-childrens-center](http://o2.ohsu.edu/human-resources/healthy-starts-childrens-center).

### **Education assistance**

To help you offset the cost of furthering your education, OHSU offers tuition reimbursement, tuition discount for certain nursing programs, and a professional development reimbursement program. For more information, visit [o2.ohsu.edu/search?keys=Education+assistance](http://o2.ohsu.edu/search?keys=Education+assistance).

### **Fiducius (student loan assistance)**

All OHSU employees can access free support through OHSU's partnership with Fiducius. Fiducius provides in-depth education and comprehensive support to help you navigate and understand your options with your student loans, including refinancing, loan consolidation and eligibility for the Public Service Loan Forgiveness program. Employees can work directly with a financial counselor who can help them find ways to save costs.

### **Seasonal flu immunizations**

All OHSU employees can receive a flu vaccination free of charge each year through OHSU Occupational Health. For more information, visit [o2.ohsu.edu/occupational-health](http://o2.ohsu.edu/occupational-health).

### **Travel assistance**

Services are available to you when traveling for business or pleasure more than 100 miles away from home and for 90 days or less. For more information, visit [o2.ohsu.edu/human-resources/travel-assistance](http://o2.ohsu.edu/human-resources/travel-assistance).

### **Employee discounts**

Many companies and organizations offer discounted services and products to OHSU employees. For more information, search employee discounts on O2.

### **Will preparation**

Through Spark Wellness, you can create a simple, legally binding will quickly and conveniently online. For more information, visit [www.sparkworklife.com](http://www.sparkworklife.com).

### **Paid parental leave**

Paid parental leave (PPL) is three calendar weeks of leave that is paid by OHSU at 100% of the employee's pay for time away from work due to the birth or adoption of a child.

Employees in faculty, research and unclassified administrative roles who are receiving PTO and EIB accruals are eligible for PPL if they meet several eligibility requirements at the time leave is requested. For more information and to apply, visit [o2.ohsu.edu/human-resources/paid-parental-leave](http://o2.ohsu.edu/human-resources/paid-parental-leave).

### **Care.com membership**

OHSU partners with **Care.com** to provide family care services to benefits-eligible employees in unclassified administrative, faculty and research positions and who accrue PTO. Services include free access to Care.com's database of providers and senior care planning. For more information, visit [o2.ohsu.edu/human-resources/carecom](http://o2.ohsu.edu/human-resources/carecom).

## **Bereavement leave for employees represented by AFSCME**

### **Paid bereavement leave**

AFSCME Employees shall receive twenty (20) hours paid bereavement leave per year. Unused bereavement hours will expire on January 1st of the following year. Unused bereavement leave is not subject to cashout or otherwise payable upon termination of employment. Use of paid bereavement leave is subject to the rules outlined in Section 14.2.4 (Bereavement Leave).

## **Bereavement leave for employees represented by ONA/AURN**

### **Paid bereavement leave**

ONA-represented employees receive 12 hours paid bereavement leave. Additionally, they are eligible to use leave accruals (vacation, sick or comp time) for up to two weeks if eligible for bereavement leave under the Oregon Family Leave Act (OFLA), or as required by law, for absence resulting from the death of a family member, a member of the employee's household, or (with manager approval) another significant to the employee's life, within 60 days of the date on which the employee receives notice of death.

Employees who have no accrued leave may take leave without pay. For purposes of this leave, family member is defined as the employee's spouse, domestic partner, parent (including biological, adoptive or foster parent, parent-in-law, or parent of domestic partner), child (including biological, adopted, step or foster child, child-in-law or child of domestic partner), brother, sister, grandparent or grandchild. Household member is defined as a person who lives in the same residence as the employee over a sustained period of time.

## Retirement plan options

Retirement may be just around the corner or it may be far on the horizon – it's never too late or too early to start saving. OHSU encourages you to take care of your future by planning well today.

OHSU offers employees a combination of voluntary retirement plans and OHSU funded retirement plans, including a PERS-sponsored Retirement Plan, so you can choose the options that best meet your individual goals.



## Retirement plan for Unclassified Administrative, Research, and Faculty employees

### Voluntary retirement plans

From your date of hire, all employees are eligible to contribute to the Voluntary Retirement plans through payroll deduction. You can contribute from 1 percent up to 75 percent of your pre-tax and/or ROTH to a 403(b) and/or 457(b) plan (subject to IRS maximum deferral limits). OHSU partners with Fidelity Investments, allowing you to choose from a variety of mutual funds.

There are slight differences between the 403(b) and 457(b) such as the ability to withdraw funds while still employed or request a hardship withdrawal. Please visit O2 and search “Voluntary Savings Plans” to learn more.

Visit [netbenefits.com/OHSU](https://netbenefits.com/OHSU) to register your account, set up contributions, and use Fidelity’s planning tools.

Voluntary Retirement contribution percentages can be updated any time, and do not require a qualifying life event.

### OHSU funded retirement plans

Faculty, Research and Unclassified Administrative employees eligible for the UPP and PERS OPSRP will receive enrollment notification to their OHSU e-mail account from the OHSU Retirement Team approximately two months after their date of hire.

Employees choosing to be enrolled in a PERS-sponsored plan must reply to the e-mail notification to be enrolled in that plan. All other employees will automatically be enrolled in the UPP. Once enrolled in the UPP, you are not able to transfer to the PERS OPSRP. Visit [www.oregon.gov](http://www.oregon.gov) to learn more about OPSRP.

The eligibility and contribution guidelines for the UPP, CRP, and 403(b) match is based on the employee’s Representation Group (ie Faculty, Research and Unclassified Admin, etc.).

#### For more information

Visit [o2.ohsu.edu/human-resources/retirement-plans](https://o2.ohsu.edu/human-resources/retirement-plans) and [www.oregon.gov/PERS](http://www.oregon.gov/PERS) to learn more about your options.

WHO IS ELIGIBLE	WHEN ELIGIBLE
<b>Unclassified Administrative/ Research</b>	<p>UPP – The month following three full calendar months of employment in a qualifying position</p> <p>PERS – The month following six full calendar months of employment in a qualifying position</p>
<b>Faculty</b>	<p>UPP – The month following three full calendar months of employment in a qualifying position</p> <p>PERS – The month following six full calendar months of employment in a qualifying position</p>
<b>Clinical Faculty</b>	<p><b>Clinical Retirement Plan (CRP)</b> – The month following three full calendar months of employment in a qualifying position</p> <p>PERS – The month following six full calendar months of employment in a qualifying position</p>

*Employees working on a J-1 or F-1 visa are excluded from OPSRP participation.*

	UPP/CRP	PERS OPSRP
<b>Unclassified Administrative/ Research retirement benefit</b>	<p>A 6% OHSU paid pre-tax contribution that is 100% vested after three years of service, or age 50 while employed.</p> <p>403(b) employer match.</p> <p>A 6% employee contribution guarantees the maximum employer match:</p> <p>25% up to 1.5% upon 401(a) UPP enrollment  50% up to 3.0% after 3 years of service  75% up to 4.5% after 5 years of service  100% up to 6% after 7 years of service  100% vested immediately.</p>	<p>Employee paid 6% pre-tax to the Individual Account Program (IAP) and the Employee Pension Stability Account (EPSA)</p> <p>OHSU remits the assigned contribution rate to PERS to fund the lifetime pension benefit at retirement</p> <p>0-4 years of PERS qualifying service = 0% vested in pension benefit</p>
<b>Faculty retirement benefit</b>	<p>A 6% OHSU paid pre-tax contribution that is 100% vested immediately, and an additional 6% OHSU-paid contribution that is 100% vested after three years of service, or age 50 while employed.</p>	<p>5+ years of PERS qualifying service = 100% vested in pension benefit</p>
<b>Clinical Faculty retirement benefit</b>	<p>A 12% OHSU paid pre-tax contribution that is 100% vested immediately.</p>	<p>Reaching age 65+ as an active member = 100% vested in pension benefit</p>

**For more information**

Visit [o2.ohsu.edu/human-resources/retirement-plans](https://o2.ohsu.edu/human-resources/retirement-plans) and [www.oregon.gov/PERS](https://www.oregon.gov/PERS) to learn more about your options.

## Retirement plan for employees represented by AFSCME Local 328

### Voluntary retirement plans

From your date of hire, you are eligible to contribute to the Voluntary retirement plans through payroll deduction. You can contribute from 1 percent up to 75 percent of your pre-tax and/or post-tax pay to a 403(b) and/or 457(b) plan (subject to IRS maximum deferral limits). OHSU partners with Fidelity Investments, allowing you to choose from a variety of mutual funds.

There are slight differences between the 403(b) and 457(b) such as the ability to withdraw funds while still employed or request a hardship withdrawal. Please visit O2 and search “Voluntary Savings Plans” to learn more.

Visit [netbenefits.com/OHSU](https://netbenefits.com/OHSU) to register your account, set up contributions, and use Fidelity’s planning tools.

Voluntary Retirement contribution percentages can be updated any time, and do not require a qualifying life event.

### OHSU funded retirement plans

Employees eligible for the UPP and PERS OPSRP will receive enrollment notification to their OHSU e-mail account from the OHSU Retirement Team approximately two months after their date of hire. Employees choosing to be enrolled in a PERS-sponsored plan must reply to the e-mail notification to be enrolled in that plan. All other employees will automatically be enrolled in the UPP. Once enrolled in the UPP, you are not able to transfer to the PERS OPSRP.

#### For more information

Visit [o2.ohsu.edu/human-resources/retirement-plans](https://o2.ohsu.edu/human-resources/retirement-plans) and [www.oregon.gov/PERS](https://www.oregon.gov/PERS) to learn more about your options.

	UPP	OPSRP
	Defined contribution	Hybrid defined benefit/ defined contribution
<b>When OHSU contributions start</b>	After 3 full calendar months of employment	After 6 full calendar months of employment
<b>Contribution paid by OHSU</b>	6% pre-tax contribution	OHSU remits the assigned contribution rate to PERS to fund the lifetime pension benefit at retirement
<b>Contribution paid by employee</b>	0%	6% pre-tax to the Individual Account Program (IAP) and the Employee Pension Stability Account (EPSA)
<b>Vesting</b>	100% after working 3 years or upon reaching age 50 while still employed, whichever comes sooner	0-4 years of PERS qualifying service = 0% vested in pension benefit 5+ years of PERS qualifying service = 100% vested in pension benefit Reaching age 65+ as an active member = 100% vested in pension benefit

*Employees working on a J-1 or F-1 visa are excluded from OPSRP participation.*

**For more information**

Visit [o2.ohsu.edu/human-resources/retirement-plans](http://o2.ohsu.edu/human-resources/retirement-plans) and [www.oregon.gov/PERS](http://www.oregon.gov/PERS) to learn more about your options.

## Retirement plan for employees represented by ONA/AURN

### Voluntary retirement plans

From your date of hire, you are eligible to contribute to the Voluntary retirement plans through payroll deduction. You can contribute from 1 percent up to 75 percent of your pre-tax and/or post-tax pay to a 403(b) and/or 457(b) plan (subject to IRS maximum deferral limits). OHSU partners with Fidelity Investments, allowing you to choose from a variety of mutual funds.

There are slight differences between the 403(b) and 457(b) such as the ability to withdraw funds while still employed or request a hardship withdrawal. Please visit O2 and search “Voluntary Savings Plans” to learn more.

Visit [netbenefits.com/OHSU](https://netbenefits.com/OHSU) to register your account, set up contributions, and use Fidelity’s planning tools.

Voluntary Retirement contribution percentages can be updated any time, and do not require a qualifying life event.

### OHSU funded retirement plans

ONA represented employees eligible for the UPP and PERS OPSRP will receive enrollment notification to their OHSU e-mail account from the OHSU Retirement Team approximately two months after their date of hire. Employees choosing to be enrolled in a PERS-sponsored plan must reply to the e-mail notification to be enrolled in that plan. All other employees will automatically be enrolled in the UPP. Once enrolled in the UPP, you are not able to transfer to the PERS OPSRP.

If enrolled in the 401(a) UPP, employee is defaulted to contributing 6% pre-tax to a 403(b) plan. The enrolled employee may elect their preferred contribution, including no contribution. The default contribution rate will provide you with the maximum 403(b) Employer Match described below. Employee may change 403(b) plan contribution or opt out at any time.

#### For more information

Visit [o2.ohsu.edu/human-resources/retirement-plans](https://o2.ohsu.edu/human-resources/retirement-plans) and [www.oregon.gov/PERS](https://www.oregon.gov/PERS) to learn more about your options.

	UPP	OPSRP
	Defined contribution	Hybrid defined benefit/ defined contribution
<b>When OHSU contributions start</b>	After 3-6 full calendar months of employment	After 6 full calendar months of employment
<b>Contribution paid by OHSU</b>	5% pre-tax contribution at UPP enrollment, 6% pre-tax contribution after 3 years of employment	OHSU remits the assigned contribution rate to PERS to fund the lifetime pension benefit at retirement
<b>Contribution paid by employee</b>	0%	6% pre-tax to the Individual Account Program (IAP) and the Employee Pension Stability Account (EPSA)
<b>403(b) Employer Match 100% vested immediately</b>	50% up to 2% upon 401(a) UPP enrollment 75% up to 3% after 3 years of service 100% up to 4% after 5 years of service 100% up to 5% after 7 years of service 100% up to 6% after 10 years of service	Not available
<b>Vesting</b>	100% after working 3 years or upon reaching age 50 while still employed, whichever comes sooner	0-4 years of PERS qualifying service = 0% vested in pension benefit 5+ years of PERS qualifying service = 100% vested in pension benefit Reaching age 65+ as an active member = 100% vested in pension benefit

*Employees working on a J-1 or F-1 visa are excluded from OPSRP participation.*

**For more information**

Visit [o2.ohsu.edu/human-resources/retirement-plans](https://o2.ohsu.edu/human-resources/retirement-plans) and [www.oregon.gov/PERS](https://www.oregon.gov/PERS) to learn more about your options.

## Retirement plan for employees represented by the OHSU Police Association

### Voluntary retirement plans

From your date of hire, you are eligible to contribute to the Voluntary Retirement plans through payroll deduction. You can contribute from 1 percent up to 75 percent of your pre-tax and/or post-tax pay to a 403(b) and/or 457(b) plan (subject to IRS maximum deferral limits). OHSU partners with Fidelity Investments, allowing you to choose from a variety of mutual funds.

There are slight differences between the 403(b) and 457(b) such as the ability to withdraw funds while still employed or request a hardship withdrawal. Please visit O2 and search “Voluntary Savings Plans” to learn more.

Visit [netbenefits.com/OHSU](https://netbenefits.com/OHSU) to register your account, set up contributions, and use Fidelity’s planning tools.

Voluntary Retirement contribution percentages can be updated any time, and do not require a qualifying life event.

### OHSU funded retirement plans

Employees eligible for the UPP and PERS OPSRP will receive enrollment notification to their OHSU e-mail account from the OHSU Retirement Team approximately two months after their date of hire. Employees choosing to be enrolled in a PERS-sponsored plan must reply to the e-mail notification to be enrolled in that plan. All other employees will automatically be enrolled in the UPP. Once enrolled in the UPP, you are not able to transfer to the PERS OPSRP.

#### For more information

Visit [o2.ohsu.edu/human-resources/retirement-plans](https://o2.ohsu.edu/human-resources/retirement-plans) and [www.oregon.gov/PERS](https://www.oregon.gov/PERS) to learn more about your options.

	UPP	OPSRP
	Defined contribution	Hybrid defined benefit/ defined contribution
<b>When OHSU contributions start</b>	After 3 full calendar months of employment	After 6 full calendar months of employment
<b>Contribution paid by OHSU</b>	6% pre-tax contribution	OHSU remits the assigned contribution rate to PERS to fund the lifetime pension benefit at retirement
<b>Contribution paid by employee</b>	0%	6% pre-tax to the Individual Account Program (IAP) and the Employee Pension Stability Account (EPSA)
<b>Vesting</b>	100% after working 3 years or upon reaching age 50 while still employed, whichever comes sooner	0-4 years of PERS qualifying service = 0% vested in pension benefit 5+ years of PERS qualifying service = 100% vested in pension benefit Reaching age 65+ as an active member = 100% vested in pension benefit

*Employees working on a J-1 or F-1 visa are excluded from OPSRP participation.*

**For more information**

Visit [o2.ohsu.edu/human-resources/retirement-plans](http://o2.ohsu.edu/human-resources/retirement-plans) and [www.oregon.gov/PERS](http://www.oregon.gov/PERS) to learn more about your options.

## Retirement plan for employees represented by House Officers Union and Postdoc Workers United

### Voluntary retirement plans

House Officers and Postdoc Workers with a regular salary are eligible to contribute to the voluntary retirement plans through payroll deduction from your date of hire. You can contribute from 1 percent up to 75 percent of your pre-tax and/or post-tax pay to a 403(b) and/or 457(b) plan (subject to IRS maximum deferral limits). OHSU partners with Fidelity Investments, allowing you to choose from a variety of mutual funds.

There are slight differences between the 403(b) and 457(b) plans, such as the ability to withdraw funds while still employed or request a hardship withdrawal. Please visit O2 and search “Voluntary Savings Plans” to learn more.

Visit [netbenefits.com/OHSU](https://netbenefits.com/OHSU) to register your account, set up contributions, and use Fidelity’s planning tools.

Voluntary retirement contribution percentages can be updated any time, and do not require a qualifying life event.

Postdoc Workers paid through a stipend are not eligible to contribute to the voluntary retirement plans.

### OHSU funded retirement plans

House staff (interns and residents) working in the Graduate Medical Education (GME) program may be eligible for the 457(b) House Officer Retirement Plan. Post Doctoral Scholars may be eligible for the 457(b) Post Doctoral Scholar Retirement Plan. Both plans consist of a 3 percent OHSU-paid contribution. The 457(b) House Officer Retirement Plan contribution is automatically paid each June and the 457(b) Post Doctoral Scholar Retirement Plan contribution is automatically paid each August. No enrollment is required for either of these two plans for eligible employees to be entitled to receive the contribution. The programs are not a match, and no voluntary contribution is required to receive the 3 percent contribution. You can learn more on the O2 *457(b) House Officer* and *457(b) Postdoctoral Scholar* pages.

#### For more information

Visit [o2.ohsu.edu/human-resources/retirement-plans](https://o2.ohsu.edu/human-resources/retirement-plans) and [www.oregon.gov/PERS](https://www.oregon.gov/PERS) to learn more about your options.

## What if things change?

The benefits you choose will be effective through the end of the calendar year. You cannot make changes to your coverage during the year, unless you have a “qualifying life event” in which case you can make certain changes depending on the event.

To make a change due to a qualifying life event, you must complete your enrollment change online within 31 days of the event, in most cases. You have 60 days if you, your spouse or eligible dependent child loses coverage under Medicaid or a state Children’s Health Insurance Program (CHIP) or becomes eligible for state-provided premium assistance.

A description of qualifying life events and allowable changes for each are available on [o2.ohsu.edu/benefits](https://o2.ohsu.edu/benefits).

## Leaving OHSU employment

Sometimes opportunities or circumstances arise that result in an employee ending employment with OHSU. Regardless of the reason, leaving employment is a major transition and it is important to understand what happens with your benefits.

All coverage will end as of the last day of the month in which your employment ends. You will be given the option to continue your medical, dental, vision, Spark Services, Health Care FSA or Limited Purpose FSA for a specified period of time under COBRA. If you do not elect to continue contributions to your Health Care FSA or Limited Purpose FSA, you have 90 days from a non-eligible status or date of termination to file a reimbursement claim for eligible expenses that you incurred while actively covered.

If you are enrolled in the Health Savings Account, no COBRA rules apply. Your HSA is like a personal bank account; the funds belong to you and you take the account with you.

If you are 55 with a minimum of 8 consecutive years of service with OHSU, or have 30 years of service with OHSU at any age, you may be eligible to participate in OHSU non-Medicare eligible retiree benefits. You may enroll in either COBRA or the OHSU non-Medicare eligible retiree benefits.

If you are over 65 and being offered COBRA, we recommend that you review your Medicare eligibility prior to enrolling in COBRA. The Plan will not pay for any part of a covered expense to the extent the expense is actually paid under Medicare part A or B, or would have been paid under Medicare Part B had the member properly enrolled in Medicare and applied for benefits. The Plan will estimate what Medicare would have paid and reduce benefits based on the estimate.

You have 31 days following your date of termination to convert your employee life insurance and spouse/domestic partner life insurance to a self-pay individual whole life policy. Individual whole life policies are generally more expensive than the group term life insurance coverage you have now. You also have a portability option of “porting” coverage to another group term life policy, provided you have not yet reached your Social Security full retirement age. Lincoln Financial is available to help you decide the best option: 1-888-787-2129.

AD&D, disability, and dependent care flexible spending account coverage do not have COBRA rights or conversion rights. You have 90 days from a non-eligible status or date of termination to file a reimbursement claim for eligible dependent care expenses that you incur.

To access your retirement funds, contact the appropriate plan.

## You have a voice: the Employee Benefits Council

The EBC is comprised of your fellow employees who represent different areas of OHSU. The council meets regularly to discuss important benefit topics — like what medical plans you are offered — and to make decisions on how to move forward with your needs in mind.

OHSU believes you know yourself best and should have a voice in the benefits available to you. It's important that you and your family have excellent, affordable health, welfare and income-protection benefits.

The EBC represents you to make sure you have an array of health, wellness and financial components available for your total compensation and rewards at OHSU. For more information about the EBC, visit [o2.ohsu.edu/benefits](https://o2.ohsu.edu/benefits).





## CONTACT INFORMATION

For individual benefits...	Contact	Call	Visit
<b>OHSU PPO, OHSU EPO and High Deductible with HSA plans</b>	Moda Health Group #10001819	1-855-232-6898	<a href="http://modahealth.com/ohsu">modahealth.com/ohsu</a>
	Prescription: OHSU PBM	1-833-247-6880	<a href="http://www.ohsu.edu/pbm">www.ohsu.edu/pbm</a>
	Vision: VSP Group #12157430	1-800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Kaiser Permanente HMO</b> (medical, prescription and vision)	Kaiser Permanente Group #8553	In Portland: 503-813-2000 Outside Portland: 1-800-813-2000	<a href="http://www.kp.org">www.kp.org</a>
<b>Dental options</b>	Delta Dental Group #10001819	1-833-599-4627	<a href="http://www.deltadentalor.com">www.deltadentalor.com</a>
	Kaiser Permanente Group #8553	In Portland: 503-813-2000 Outside Portland: 1-800-813-2000	<a href="http://www.kp.org">www.kp.org</a>
	Willamette Dental Group Group #OR102	1-855-433-6825	<a href="http://www.willamettedental.com">www.willamettedental.com</a>
<b>Life insurance options</b>	Lincoln Financial Group	1-888-787-2129	<a href="http://www.lincolnfinancial.com">www.lincolnfinancial.com</a>
<b>Disability options</b>	Lincoln Financial Group	1-888-480-9267	<a href="http://www.lincolnfinancial.com">www.lincolnfinancial.com</a>
<b>Voluntary options</b> Hospital indemnity, critical illness, legal	MetLife Group #0216346	1-800-GETMET8 (438-6388)	<a href="https://online.metlife.com/edge/web/public/benefits">https://online.metlife.com/edge/web/public/benefits</a>
Home and auto	Farmers Insurance	1-800-438-6381	<a href="http://www.myautohome.farmers.com">www.myautohome.farmers.com</a>
Identity protection	Allstate Identity Protection	1-800-789-2720	<a href="http://www.allstateidentityprotection.com">www.allstateidentityprotection.com</a>
Trauma coverage	Trauma Coverage Administration	1-855-631-1421	<a href="http://www.traumacoverage.com">www.traumacoverage.com</a>
<b>Spending accounts</b> Health Care, Limited Purpose and Dependent Care FSA; Health Savings Account	WEX	1-866-451-3399	<a href="http://www.wexinc.com">www.wexinc.com</a>
<b>Spark Services</b>	Canopy	1-800-433-2320	<a href="http://www.canopywell.com">www.canopywell.com</a>
<b>COBRA</b>	Benefitsolver	1-877-547-6257	<a href="http://www.benefitsolver.com">www.benefitsolver.com</a>
<b>Leaves of absence</b>	Lincoln Financial Group	1-888-480-9267	<a href="http://www.lincolnfinancial.com">www.lincolnfinancial.com</a>
For all benefits...	Contact	Call	Email or visit
<b>General benefit questions</b>	OHSU Benefits	503-494-8060	<a href="mailto:AskHR@ohsu.edu">AskHR@ohsu.edu</a> <a href="http://o2.ohsu.edu/benefits">o2.ohsu.edu/benefits</a>
	OHSU Retirement	503-494-7483	<a href="mailto:retire@ohsu.edu">retire@ohsu.edu</a>
<b>Retirement</b>	Fidelity	1-800-343-0860	<a href="https://nb.fidelity.com/public/nb/ohsu/home">https://nb.fidelity.com/public/nb/ohsu/home</a>
	PERS	503-598-7377	<a href="http://www.oregon.gov/pers/mem/pages/index.aspx">http://www.oregon.gov/pers/mem/pages/index.aspx</a>