

# Trust

Employee Benefit Trust



## City of Dupont 2026 Benefit Review

January 1, 2026 – December 31, 2026

CHOICE | HEALTH | SERVICE

# Disclaimer

This presentation is intended to provide a brief description of 2026 coverage and is not a complete explanation of covered services, exclusions, limitations, reductions or terms under which a program may be continued in force. This presentation is not a contract. For full coverage provisions, including a description of limitations and exclusions, please contact Human Resources for applicable summary plan documents.



# Medical Plan Options



- High-Deductible Health Plan (HDHP)



- Kaiser – Access PPO

# Member Cost Share

Preventive care not subject to deductible

Regence		Kaiser
Deductible		
	HDHP	Access PPO
	\$1,700/person \$3,400/family	\$250/person \$750/family
Copays		
	No copay	\$10/visit PCP (\$5 enhanced)  \$20/visit Specialist (\$10 enhanced)
Coinsurance		
	20%	10%
Out-of-Pocket Maximum		
	\$5,000/person \$10,000/family	\$2,500/person \$5,000/family



# Preventive Care

- Preventive Care services are always covered at 100% under the guidelines of the Affordable Care Act (ACA). What qualifies as preventive care may depend on your age, gender, and other risk factors.

For example:

- Flu Shot: Considered preventive for all ages
- COVID vaccine and booster
- Diabetes (Type 2) screening: Considered preventive for adults with high blood pressure
- Colorectal cancer screening: Considered preventive for adults age 45 and over
- Osteoporosis screening: Considered preventive for adults over age 60 depending on risk factors
- If you're not sure if a service is preventive, you can always ask your doctor. Regardless of how a service is covered, we always recommend following the doctor's orders!



**Be advised:** In order for your physician to bill an office visit as preventive, they must only administer preventive care services.

As you start going off topic, the purpose of the visit changes, and the doctor may bill you for a different type of visit instead, which will likely not be covered at 100%.



# How your benefits work

		Regence	Kaiser
<b>In Your Physician's Office</b>			
		<b>HDHP</b>	<b>Access PPO</b>
<b>Office Visit</b>		80%	\$10/visit PCP (\$5 enhanced)  \$20/visit Specialist (\$10 enhanced)
<b>Lab, X-ray and Diagnostic</b>		80%	90%
<b>In the Hospital</b>			
<b>Facility:</b> Inpatient		80%	90%
<b>Facility:</b> Outpatient		80%	90%
<b>Facility:</b> Emergency Room		80%	\$150 copay then 90%
<b>Physicians, surgeons, and anesthesiologists</b>		80%	90%

# Rehabilitative Therapy & Spinal Manipulations

	Regence	Kaiser
	HDHP	Access PPO
<b>Rehabilitative Therapy: Outpatient</b> (Includes physical therapy, massage therapy, occupational therapy, and speech therapy)	80% up to 60 visits per calendar year	\$20 copay(\$10 enhanced) up to 60 visits per calendar year
	<b>Prescription required for massage and physical therapy.</b>	
<b>Spinal Manipulations</b>	80% up to 20 visits per calendar year	\$10 copay (\$5 enhanced) then 100% up to 20 visits per calendar year
<b>Acupuncture</b>	80% up to 20 visits per calendar year	\$10 copay (\$5 enhanced) then 100% up to 20 visits per calendar year
<b>Available at No Additional Cost</b>		
<b>Virtual Physical Therapy</b>	<b>Hinge Health</b>	<b>MedBridge</b>



# Specialty Benefits

## Hearing Coverage:

- Routine hearing exam covered at 100% annually
- No limit on hearing aid allowance
- Every 36 months (per ear)



## Infertility:

- \$25,000 Lifetime Maximum
- Must have diagnosis of Infertility & prior authorization
- Benefits include treatments, procedures, and medications associated with infertility
- Artificial Insemination (AI) is not included in medical limit



## Bariatric Surgery:

- \$35,000 Lifetime Maximum





# Telehealth



- Common Cold
- Allergies
- Constipation
- Cough
- Ear Problems
- Fever
- Insect Bites
- Nausea
- Vomiting
- Pink Eye
- Rash
- Sore Throat
- Flu
- UTI
- Headache
- and more!

	Regence	Kaiser
	HDHP	Access PPO
Phone/Video Consultations	Subject to deductible, then 100% (MDLive Network Only)	Virtual Care (online, phone, and secure message), Virtual Visit, and Care Chat  Typically no cost to member
	*Includes behavioral health visits	



# Pharmacy: What your meds will cost you



	Regence	Kaiser
	HDHP	Access PPO
	Tier 1 Tier 2 Tier 3 Tier 4	Preferred Generic/ Preferred Brand Non-Preferred
Pharmacy (30-day supply)	20% coinsurance  (value based drugs not subject to deductible)	\$10 \$35 (\$30 enhanced) \$70 (\$65 enhanced)
Mail Order* (90-day Supply)  Specialty 30-day supply	20% coinsurance (value based drugs not subject to deductible)	2 copays for 3-month supply

\* Regence Asuris: Mail Order available through Express Scripts - specialty medications through Acredo Pharmacy



# Delta Dental Coverage

		Delta Plan E
Class I <i>Diagnostic, Preventative: Exam, X-Ray, Cleaning, Fluoride</i>		100% - 70% incentive
Class II <i>Restorative: restorations, oral surgery, root canals, periodontal</i>		
Class III <i>Major: Crowns, onlays</i>		50%
Class III <i>Prosthetics, bridges, partials, implants</i>		50%
Annual Plan Maximum		\$2,000
TMJ Annual Maximum \$1,000/Lifetime \$5,000		50%
Orthodontia Rider II (children only)	50%	\$1,000 (lifetime maximum)



# Willamette Dental Coverage

	General Dentistry \$10 Copay Specialist \$30 Copay
	No Annual Maximum
Diagnostic & Preventative	\$10 copay per visit, then 100%
Restorative Dentistry <i>Fillings (amalgam), Stainless Steel Crown</i>	
<i>Porcelain-Metal Crown</i>	
Prosthodontics <i>Complete Upper/Lower Denture</i>	
<i>Bridge (per tooth)</i>	
<i>Endodontics/Periodontics</i> <i>Root Canal - Anterior</i>	
<i>Root Canal - Bicuspid</i>	
<i>Root Canal - Molar</i>	
<i>Osseous Surgery (per quadrant)</i>	
<i>Root Planing</i>	
TMJ Benefit	\$1,000 annual / \$5,000 lifetime maximum \$1,500 annual maximum. One implant per year.
Implant Surgery	
Orthodontia	\$150 copay for pre-orthodontic service
	\$1,000 out-of-pocket for comprehensive orthodontic services (\$150 copay is credited)

# Vision coverage – Vision Service Plan (VSP)

	<b>\$0 Copay - 2<sup>nd</sup> Pair Rider</b>
Routine Eye Exam	100% One exam every 12 months per family member. Copay does not apply to eye exam only
Copay	\$0
Lenses: <i>Single Vision</i> <i>Lined Bifocal</i> <i>Lined Trifocal</i>	100% Every 12 months
Frames	100% to allowable amount (\$200) every 24 months
Contact Lenses	\$200 allowance Every 12 months for contacts and the contact lens exam



# Additional Benefits through the AWC Trust



- **Life Insurance**
  - Basic Life & AD&D
  - Additional Life - Employee & Spouse
- **Long-Term Disability**
  - 60% earnings - 90-day Waiting Period
- **Employee Assistance program (1-6 visits)**
  - Confidential counseling: in-person, telephone, video
  - Work-life assistance
  - Financial guidance
  - Legal assistance

1-800-570-9315

[guidanceresources.com](http://guidanceresources.com)

Company Web ID: [trusteap71](#)





# Access Benefit Information and Health Promotion Activities through Health Central

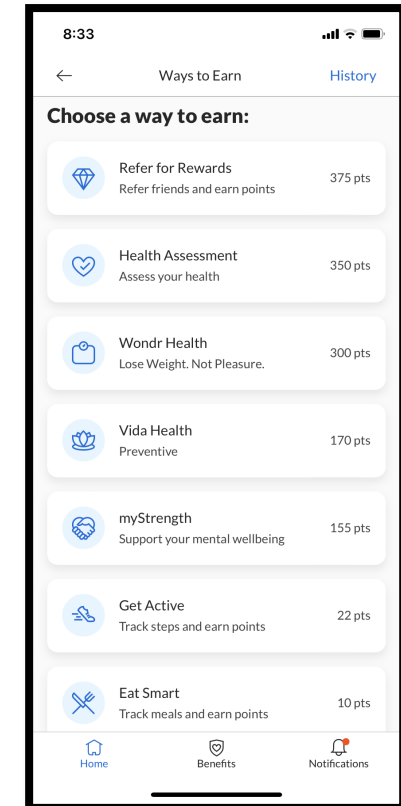
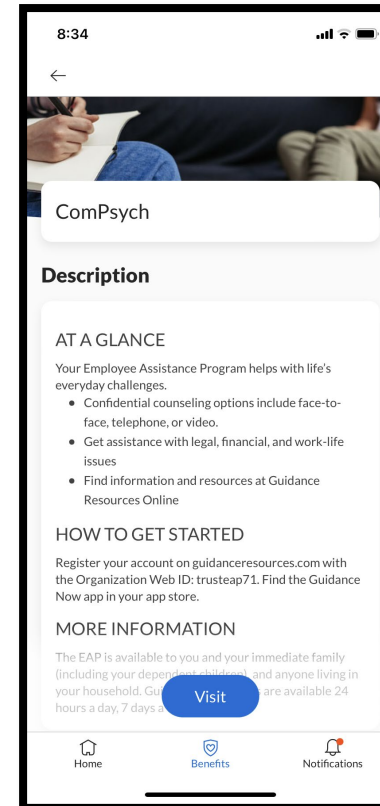


Your personal, secure health and benefits source for information, programs, tools, trackers, and resources. Visit [awctrust.org](http://awctrust.org) or download the Castlight app on your smartphone.



## Benefits:

View your carriers, click through to their website, or call them directly from the app!



# Programs to support your health



- Personalized health coaching
- Utilizes a mind & body approach
- 1:1 video and direct messaging
- Support to help you manage diabetes, reach a healthy weight, reduce stress, & make lifestyle changes.



- Digital weight-management program
- Weekly practices & tracking
- Access for a full year
- Covered 100% as preventive care service, no cost to you





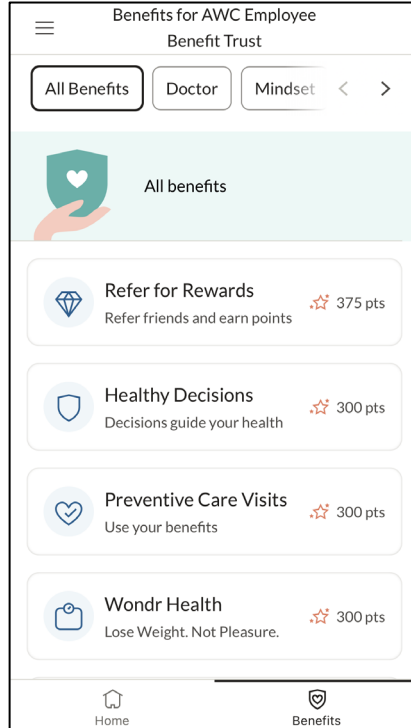


# Health Central powered by Castlight

Get access to benefit information & earn rewards for engaging in wellness activities!

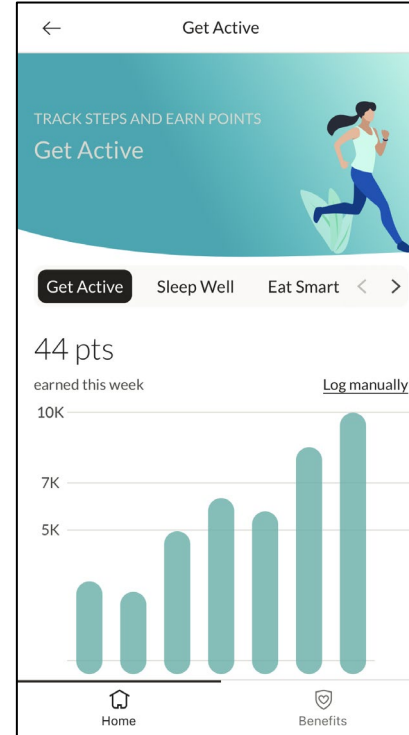
## Benefits & programs

- Healthy Habits
- Health Coaching
- Healthy Decisions video series
- Challenges
- Articles on your interests
- Preventive Care Visit



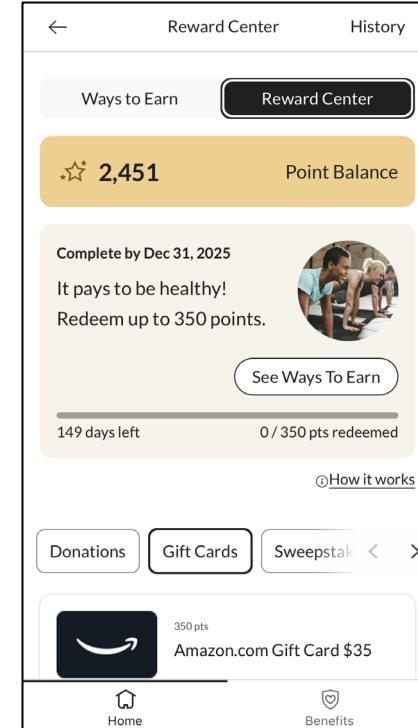
## Activity Tracking

- Physical activity
- Nutrition
- Sleep
- Link a tracker



## Redeem Rewards

- \$35 ecard
- Quarterly drawings



Available to employees, spouses, domestic partners, & retirees. Download the Castlight app in your app store or visit [awctrust.org](https://awctrust.org).

# Post retirement coverage



- COBRA - 18 months
- Deferral option
- Pre-Medicare plans
- Medicare Advantage plans
- Retiree Dental plans
- Eligible at 50 years of age + 5 years government experience

## Considering retirement?

Trust staff is available to assist!

- Call 1-800-562-8981
- Email [benefitinfo@awcnet.org](mailto:benefitinfo@awcnet.org)

# Questions?



- Call us at 1-800-562-8981
- Email us at [benefitinfo@awcnet.org](mailto:benefitinfo@awcnet.org)
- Website: [www.awctrust.org](http://www.awctrust.org)