

Dear Valued District Member,

**Re: Special Districts Insurance 2026 Annual Renewal**

We have concluded our annual review and negotiations for the coming year and are happy to share the information below.

**RENEWAL RATE ACTION**

- **MEDICAL/PHARMACY:** The overall renewal increase for our plans is 6.5%. We're pleased to offer a single digit increase for the third year in a row. (Note: our plans are demographically rated, so the actual renewal increase to your plan may be higher or lower, depending on your plan enrollment. Plan options are available through Regence (Regence Network) and EBMS (First Choice Network). Contact us for additional information. (\*\* OFCA rates and plans differ)
- **DELTA DENTAL:** The overall renewal increase for our plans is 5.8%.
- **WILLAMETTE DENTAL:** Due to higher utilization, the rates for the Standard plan will increase 6.3% and the Enhanced plan will increase by 12.6%.
- **STANDARD LIFE & DISABILITY:** There will be no rate changes at renewal, other than adjustments due to change in covered payroll.

**REMINDERS AND CHANGES EFFECTIVE JULY 1, 2026**

- **DELTA DENTAL PLANS:**
  - Orthodontia coverage will be available to districts of any size (previously there was a minimum of 15 enrolled employees required). If you wish to add orthodontia coverage at renewal, you will find the orthodontia rate on the renewal rate sheet and make this selection on the renewal Master Application.
  - Pediatric Dental out-of-pocket maximum for members under age 19 will increase to \$450/person and \$900/family
- **HDHP:** The individual (embedded) deductible will increase to \$3,400 and family deductible will increase to \$6,800. This change is required to maintain HDHP compliance with the IRS.
- **VSP VISION:** SDIS offers the VSP Choice Exam + Allowance plan with the Choice Network. If a member is unable to locate an in-network VSP provider within 10 miles (urban/suburban) or 25 miles (rural), you may appeal to VSP to allow in-network benefits from an out-of-network provider. ***NOTE that approval is required BEFORE the appointment.***
- **CANOPY EMPLOYEE ASSISTANCE (EAP) PROGRAM:** The Public Safety EAP for First Responder districts will transition to Canopy. This new EAP offering, called SDIS Emergency Services EAP Program, will be available to districts enrolled in the SDIS or OFCA medical plan(s), and will include both full time employees as well as volunteers.

**ANNUAL REMINDERS**

- ✓ Your agent will help your district in completing the 2026 Master Application and the renewal process.
- ✓ If your district also participates in the OFCA benefit package, be aware the plan designs and rates are not the same.

Thank you for your partnership, and the confidence you have in Special Districts as your health plan of choice.

## Master Application Instructions for 2026

### **NO CHANGES? COMPLETE 3 EASY STEPS**

1. **Add district name-** see Page 1, General Information
2. **Check YES box-** see Page 1, General Information

**Renew ALL Coverages AS-IS?**  Yes  No



3. **Add contact information and sign** – see Page 3, Contact Information

Any district making changes to their coverage options must fully complete and sign the Master Application.

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### **ADDING FIRST CHOICE HEALTH PLANS? 4 STEPS**

1. **Request First Choice Master Application** from Special Districts
2. **Add district name-** see Page 1, “General Information” section
3. **Add First Choice Health Option and make plan election(s):** See page 2 “Benefit Plans Requested” section

**NOTE: if you wish to offer both a Regence and a First Choice Health plan, the plan designs must match.** Example: if you offer a SDIS Blue PPO II, select SDIS Green PPO II.

4. **Add contact information and sign:** See Page 3 “Contact Information” section

**NOTE: Employees who are making enrollment changes for our July 1 renewal, please submit any enrollment applications and changes by May 1, 2026.**

Please return all Master Applications by **May 1, 2026**  
to Shelly Barker at Special Districts and your local agent.  
[sbarker@sdao.com](mailto:sbarker@sdao.com)

# SPECIAL DISTRICTS INSURANCE SERVICES

Master Application and Renewal Confirmation Form for Group Benefit Coverage: 2026



## GENERAL INFORMATION

**Legal Name of Employer:** \_\_\_\_\_

Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Billing Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No.:( \_\_\_\_\_ ) \_\_\_\_\_ Fax No.:( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Type of District: \_\_\_\_\_ Federal I.D. No.: \_\_\_\_\_ SIC No. 9199

Name of Contact: \_\_\_\_\_ Title: \_\_\_\_\_

**Renew ALL Coverages AS-IS?**  Yes  No

If you checked **Yes** to Renew ALL coverage AS-IS, please proceed to page 3 and complete Contact Information

### Internal Use Only:

Regence Group#: \_\_\_\_\_ Delta Dental Group#: \_\_\_\_\_ SDIS Group#: \_\_\_\_\_ WD Group# \_\_\_\_\_

## EXISTING INSURANCE INFORMATION

Workers Compensation / State Industrial Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Are you replacing existing **group** insurance?  Yes  No Carrier: \_\_\_\_\_ Group No.: \_\_\_\_\_

## PLAN INFORMATION

The requested **effective date** for the policy is \_\_\_\_\_

**Hours** per week employees must work to be eligible for benefits: \_\_\_\_\_ hours per week (17.5 to 30 hrs.)

Probationary Period - New Employees are eligible for coverage the first of the month following:  Date of hire  30  60 days

If probationary period is "Date of hire", is an employee hired on the first calendar day of the month eligible that same day?  Yes  No

Employer would like to offer domestic partner coverage, for both same-sex and opposite-sex partnership  Yes  No

**Employer contribution** toward employee premium (*percent*): Employee: \_\_\_\_\_ % Dependent: \_\_\_\_\_ %

**Minimum Contribution Requirements:** 75% employees & 0% dependents **-OR-** 50% employees & 50% dependents

**Minimum Participation Requirements:** Dental Only – 100% of eligible employees & 75% of eligible dependents

*Medical or Medical/Dental – 100% of eligible employees & 75% of eligible dependents if less than 5 employees*

*75% of eligible employees & 75% of eligible dependents if 5 or more employees*

*Those employees that waive due to other group coverage are excluded from participation requirements.*

**Does your group have an HRA or HSA?**  Yes  No If yes, what does the employer contribute to the account: \$ \_\_\_\_\_

What is the name of your current health & dental insurance company? Health \_\_\_\_\_ Dental \_\_\_\_\_

## PROBATIONARY PERIOD AND PEOPLE TO BE INSURED

**Applications must be submitted for all employees and dependents to be insured.**

\_\_\_\_\_ Total number of employees (*include those who do not qualify for coverage*)

- \_\_\_\_\_ Number of On-Call, Temporary, Substitute, Leased, and Seasonal employees

- \_\_\_\_\_ Number of employees who do not qualify due to working less than minimum hours

- \_\_\_\_\_ Number of employees who do not qualify due to eligibility waiting period requirement

- \_\_\_\_\_ Number of employees waiving coverage due to other group coverage (*must submit waivers*)

= \_\_\_\_\_ Total actual number of eligible employees to be insured

**Employees on continuation of coverage:** Applications must be submitted for all employees on continuation.

NAME	CONTINUATION EFF DATE	QUALIFYING EVENT
_____	_____	_____
_____	_____	_____
_____	_____	_____

**BENEFIT PLANS REQUESTED**

**REGENCE MEDICAL**  Yes  No **If yes, choose a plan, or plans below.**

Single Option  Dual Option (Available to groups with a minimum of 10 participating employees, with no less than three on a plan.)

**Blue Options – Packaged**

- PPO II – \$200 deductible
- PPO IIA – \$300 deductible
- PPO III – \$500 deductible
- PPO IV – \$1,000 deductible
- PPO V – \$1,500 deductible
- PPO VI – \$2,000 deductible
- PPO VII – \$2,500 deductible

**Red Options – Packaged**

- PPO C – \$300 deductible
- PPO D – \$500 deductible
- PPO E – \$1,000 deductible
- PPO F – \$1,500 deductible
- PPO H – \$2,000 deductible
- PPO J – \$2,500 deductible
- PPO K – \$3,000 deductible
- PPO L – \$5,000 deductible

**HSA Plans**

- HSA 1 – \$3,400 deductible

**All Blue, Red and HSA medical plans include pharmacy, acupuncture/chiropractic, vision and Telehealth/MDLive.**

**DELTA DENTAL PLAN OF OREGON DENTAL**

Yes  No **If yes, choose a plan below.**

- Constant Dental Plan 1 Preventive, \$25 deductible, \$1,500 annual maximum
- Incentive Dental Plan 2 Incentive, \$0 deductible, \$1,500 annual maximum
- Constant Dental Plan 3 Preventive, \$25 deductible, \$2,000 annual maximum
- Incentive Dental Plan 4 Incentive, \$0 deductible, \$2,000 annual maximum

**NOTE: A minimum of 10 employees must be enrolled to elect “dental only” coverage.**

**DELTA DENTAL PLAN OF OREGON DENTAL ORTHODONTIA**

Yes  No

- Ortho 1,500 – 50% to \$1,500 annual max, no age limit
- Ortho 2,000 – 50% to \$2,000 annual max, no age limit

**\*\*Ortho max must match the Dental max**

**WILLAMETTE DENTAL GROUP PLANS**

Yes  No **If yes, choose a plan below**

- Standard Dental Plan 5 \$15 General Office Visit Copay, \$0 Deductible, No Annual Maximum, Orthodontia Co-Pay \$2,500
- Enhanced Dental Plan 6 \$15 General Office Visit Copay, \$0 Deductible, No Annual Maximum, Orthodontia Co-Pay \$1,500

**LIFE & DISABILITY**

Yes  No

**Group Life Insurance**

- Option 1 - \$10,000
- Option 2 - \$20,000
- Option 3 - \$50,000
- Option 4 – 1 x’s Salary
- Option 5 – \$100,000

**Short Term Disability**

- Option 5 – 90 days
- Option 6 – 180 days

**Long Term Disability**

- Option 1 – 90 days
- Option 2 – 180 days

**Select only one (applies to Long Term Disability only):**

- Employer pays 100% of premium
- Employer pays 0% of premium
- Employer & Employee share premium

## Termination of Coverage

Terminate the following coverage at renewal:  Medical  Dental  All Lines of Coverage  
 Other: \_\_\_\_\_

Reason: \_\_\_\_\_ Name of New Carrier: \_\_\_\_\_

### **DOCUMENT DISTRIBUTION**

**Electronic copy:** An electronic copy of your member Summary Plan Description (SPD) and summary (SBC) **will be emailed to you** once your group has been processed. This searchable format can also be saved to your intranet or computer system for employee access.

### **IMPORTANT INFORMATION**

**Affordable Care Act** – For more information on the following brief guidelines, consult with your legal or tax advisors for advice.

- **Probationary** waiting periods cannot exceed 60 calendar days. Groups may select first of the month following 1, 30, or 60 calendar days.
- Groups that have eligibility and benefit packages that favor highly compensated employees may face a penalty. You can offer coverage to all employees that meet your hourly requirement and probationary waiting period **or** conduct IRS **nondiscrimination** testing. Groups must set their hourly requirement at no more than 30 hours per week.
- **Medical plan packages** are packaged with ancillary benefits such as vision.
- **Pediatric** vision and **pharmacy** are required essential health benefits (EHB) for employers and are now in medical coverage.
- **Domestic partners** that meet certain criteria are eligible dependents. If not registered with a state, a signed affidavit must be submitted with the enrollment application.

### **SIGNATURE – PLEASE READ CAREFULLY**

- I understand that eligibility standards must be adhered to for all employees, dependents, and owners. I agree to make all coverage options available to all eligible employees and dependents that satisfy eligibility requirements.
- If I submit my materials after the 10<sup>th</sup> of the prior month, my employees may not receive Member ID Cards before they are effective.
- I understand that I am agreeing to a 12 month contract period for the insurance coverage I have elected for my district.
- I understand that to participate in the SDIS insurance program I must agree to sign the Joinder of Trust Agreement to become a member of Special Districts Insurance Services Trust.

## CONTACT INFORMATION

### **DISTRICT REPRESENTATIVE**

Signature by: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

### **PRODUCER OF RECORD**

Signature by: \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_ Producer No.: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Phone No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_ E-mail: \_\_\_\_\_

## VSP VISION PLAN 2026-2027

SDIS offers vision benefits as part of the medical and pharmacy coverage via VSP Vision.

VSP Vision has been the leader in vision care across the U.S. for many years. More than 85 million members use VSP through 42,000 doctors.

While the VSP network is deep and wide, we know a VSP provider isn't a convenient choice for all our members. This is why we worked with VSP to define an exception process that would allow members with network access challenges to seek care outside of the network when appropriate and receive in-network benefits.

### Who may ask for an exception?

If you are unable to locate an in-network provider within 10 miles (urban/suburban) or 25 miles (rural) of your residence, you may be eligible to request a network exception. VSP will review these requests on a case-by-case basis for the claims to pay as in-network.

### How do I apply for an exception with VSP?

The process must be initiated by the member calling VSP at 1-844-299-3041 **prior to any appointments** to explain an in-network VSP provider is not available within the required distance for urban/suburban or rural. VSP will then review and decide if services can be covered as in-network.

## **VERY IMPORTANT**

***VSP requires the member to call prior to receiving services to request services from an out-of-network provider be covered as in-network due to access. If the member doesn't call in advance of services, the claim will be paid as an out-of-network claim, regardless of circumstances.***

### Do I need to call each time I see an out-of-network vision provider?

Yes. VSP requires a member to call each time they wish to see an out-of-network provider and receive in-network benefits.

### Does each member of a family need to request separate exceptions?

Yes. VSP requires each individual member to request separate exceptions prior to services being rendered.