



Douglas County

Your Benefits

Effective January - December 2026

Making benefit selections

Eligibility

For you

You are eligible for benefits as a full-time employee working at least 30 hours per week.

Covering your family

You may also cover your eligible dependents when you elect coverage for yourself.

Your Spouse or Partner

You may cover your legal spouse or domestic partner.

Your Children

Dependent children are eligible:

- **Medical, dental and vision:** until age 26 regardless of student or marital status
- **Child life insurance:** until age 21, or 26 if a full-time student

Enrolling in coverage

Your benefit plans are in effect January 1 – December 31 each year. In general, there are **three times** you can make benefit selections:

1 When you're first eligible

Your benefits begin on the first day of the month following 30 days of employment; this is your effective date. Be sure to submit your selections within your first 30 days of benefits eligibility.

Your benefit selections will be in effect through December 31.

2 At Open Enrollment

Open Enrollment is your one chance each year to review your coverage options and make changes to your benefits.

Your choices are in effect from January – December of the following year unless you have a qualifying life event.

3 If you have a qualifying life event

Qualifying life events allow you to change your coverage during the year outside of Open Enrollment. These include:

- marriage or divorce,
- birth or adoption,
- death of a covered dependent, and
- a change in eligibility through Medicare, Medicaid, or a spouse or parent's coverage.

You must request a change to your benefits within 30 days of your life event (60 days for changes involving Medicaid eligibility).

Documentation may be required.



Helpful terms & resources

We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits, and we want you to be prepared!

Balance billing

When you use an out-of-network medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays.

Medical: *balance billing is in addition to – and does not count towards – your out-of-pocket maximum.*

Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

In-network

In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

Out-of-pocket maximum

The most you'll pay for covered in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.

The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.

Pre/Prior-authorization

Some specialty medical providers, services and prescriptions require prior authorization from your insurance company. These may include – but are not limited to – surgery, imaging (CT, MRI) and certain prescription medications.

Primary care physician

A primary care physician (**PCP**) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).

Have questions?

Your advocate is here to help you with all things benefits. **See their contact information on the next page.**

Annual Notices

We're required to tell you about certain rights and responsibilities you have as an employee of Douglas County.

You can request a paper copy at no charge from:

Tara Whaley
509-888-6588

[Download now](#)

How to handle medical bills
(2:04)

[Learn more](#)



Contact information

Your advocate, Jessica Carr, is here to help you with claims, ID cards, coverage questions, and more!

253-691-3327
jcarr@onedigital.com

Monday - Friday, 8am-5pm PST

Medical insurance	Uniform Medical Plan through PEBB Group: 900 C97	Customer Service: 1-888-849-3681 24-Hour Nurseline: 1877-375-2599 ump.regence.com/pebb
Health Savings Account (HSA) and Flexible Spending Accounts (FSAs) Health and Dependent Care	Health Equity	1-877-873-8823 www.healthequity.net/pebb
AFLAC Voluntary Plans	AFLAC - Christina Richards Group: 0LQU7	425-503-0928 christina_richards@us.aflac.com
Employee Assistance Program (EAP)	Mutual of Omaha Group: Douglas County	1-800-316-2796 www.mutualofomaha.com/eap
Dental insurance	Delta Dental of WA Group: 03941	1-800-554-1907 www.deltadentalwa.com
Vision insurance	Ameritas Group: 010-065669	1-866-289-0614 www.ameritas.com
Life and AD&D insurance Includes simple will prep	Mutual of Omaha Group Term Life: G000AHXG Voluntary Term Life: GVTL-AHXG	1-800-877-5176 www.mutualofomaha.com
HRA/VEBA		1-888-659-8828 Register here: https://portal.hraveba.org/Account/Register Enroll here: https://portal.hraveba.org/account/Login
Inland Empire Teamsters Trust	Rehn & Assoc Paul Parmely Cell #	1-800-872-8979 206-329-4900 509-961-3439 rehn@rehnonline.com
WA Teamster Welfare Trust	NW Administrators	www.nwadmin.com wa.teamster.welfare.trust@nwadmin.com

2026 Rates

Non-Uniformed Guild

	County Pays Monthly	Employee Pays Monthly	Total Premium
Medical - UMP Classic PPO			
Employee	\$1,046.94	\$0.00	\$1,046.94
Employee & Spouse	\$1,046.94	\$976.68	\$2,023.62
Employee & Child(ren)	\$1,046.94	\$732.51	\$1,779.45
Employee, Spouse and Children	\$1,046.94	\$1,709.19	\$2,756.13
Medical - UMP Select PPO			
Employee	\$984.01	\$0.00	\$984.01
Employee & Spouse	\$984.01	\$913.75	\$1,897.76
Employee & Child(ren)	\$984.01	\$685.31	\$1,669.32
Employee, Spouse and Children	\$984.01	\$1,599.06	\$2,583.07
Medical - UMP CDHP HSA Plan			
Employee	\$964.34	\$0.00	\$964.34
Employee & Spouse	\$964.34	\$892.82	\$1,857.16
Employee & Child(ren)	\$964.34	\$684.20	\$1,648.54
Employee, Spouse and Children	\$964.34	\$1,518.69	\$2,483.03
Dental - Delta Dental of WA PPO			
Employee Only	\$58.53	\$0.00	\$58.53
Employee and Dependents (1+)	\$58.53	\$105.34	\$163.87
Vision - Ameritas Vision Perfect			
Employee	\$11.60	\$0.00	\$11.60
Employee & 1 Dependent	\$11.60	\$11.36	\$22.96
Employee & Children	\$11.60	\$8.64	\$20.24
Employee, Spouse and Children	\$11.60	\$20.00	\$31.60

2026 Rates

Current Expense Union

	County Pays Monthly	Employee Pays Monthly	Total Premium
Medical - UMP Classic PPO			
Employee	\$1,046.94	\$0.00	\$1,046.94
Employee & Spouse	\$1,046.94	\$976.68	\$2,023.62
Employee & Child(ren)	\$1,046.94	\$732.51	\$1,779.45
Employee, Spouse and Children	\$1,046.94	\$1,709.19	\$2,756.13
Medical - UMP Select PPO			
Employee	\$984.01	\$0.00	\$984.01
Employee & Spouse	\$984.01	\$913.75	\$1,897.76
Employee & Child(ren)	\$984.01	\$685.31	\$1,669.32
Employee, Spouse and Children	\$984.01	\$1,599.06	\$2,583.07
Medical - UMP CDHP HSA Plan			
Employee	\$964.34	\$0.00	\$964.34
Employee & Spouse	\$964.34	\$892.82	\$1,857.16
Employee & Child(ren)	\$964.34	\$684.20	\$1,648.54
Employee, Spouse and Children	\$964.34	\$1,518.69	\$2,483.03
Dental - Delta Dental of WA PPO			
Employee Only	\$58.53	\$0.00	\$58.53
Employee and Dependents (1+)	\$58.53	\$105.34	\$163.87
Vision - Ameritas Vision Perfect			
Employee	\$11.60	\$0.00	\$11.60
Employee & 1 Dependent	\$11.60	\$11.36	\$22.96
Employee & Children	\$11.60	\$8.64	\$20.24
Employee, Spouse and Children	\$11.60	\$20.00	\$31.60

2026 Rates

Exempt Excluded

	County Pays Monthly	Employee Pays Monthly	Total Premium
Medical - UMP Classic PPO			
Employee	\$1,046.94	\$0.00	\$1,046.94
Employee & Spouse	\$1,227.94	\$795.68	\$2,023.62
Employee & Child(ren)	\$1,227.94	\$551.51	\$1,779.45
Employee, Spouse and Children	\$1,227.94	\$1,528.19	\$2,756.13
Medical - UMP Select PPO			
Employee	\$984.01	\$0.00	\$984.01
Employee & Spouse	\$1,227.94	\$669.82	\$1,897.76
Employee & Child(ren)	\$1,227.94	\$441.38	\$1,669.32
Employee, Spouse and Children	\$1,227.94	\$1,355.13	\$2,583.07
Medical - UMP CDHP HSA Plan			
Employee	\$964.34	\$0.00	\$964.34
Employee & Spouse	\$1,227.94	\$629.22	\$1,857.16
Employee & Child(ren)	\$1,227.94	\$420.60	\$1,648.54
Employee, Spouse and Children	\$1,227.94	\$1,255.09	\$2,483.03
Dental - Delta Dental of WA PPO			
Employee Only	\$58.53	\$0.00	\$58.53
Employee and Dependents (1+)	\$58.53	\$105.34	\$163.87
Vision - Ameritas Vision Perfect			
Employee	\$11.60	\$0.00	\$11.60
Employee & 1 Dependent	\$11.60	\$11.36	\$22.96
Employee & Children	\$11.60	\$8.64	\$20.24
Employee, Spouse and Children	\$11.60	\$20.00	\$31.60

2026 Rates

Uniformed Sheriff's Guild

	County Pays Monthly	Employee Pays Monthly	Total Premium
Medical - UMP Classic PPO			
Employee	\$1,046.94	\$0.00	\$1,046.94
Employee & Spouse	\$1,877.12	\$146.50	\$2,023.62
Employee & Child(ren)	\$1,669.57	\$109.88	\$1,779.45
Employee, Spouse and Children	\$2,499.75	\$256.38	\$2,756.13
Medical - UMP Select PPO			
Employee	\$984.01	\$0.00	\$984.01
Employee & Spouse	\$1,760.70	\$137.06	\$1,897.76
Employee & Child(ren)	\$1,566.52	\$102.80	\$1,669.32
Employee, Spouse and Children	\$2,343.21	\$239.86	\$2,583.07
Medical - UMP CDHP HSA Plan			
Employee	\$964.34	\$0.00	\$964.34
Employee & Spouse	\$1,723.24	\$133.92	\$1,857.16
Employee & Child(ren)	\$1,545.91	\$102.63	\$1,648.54
Employee, Spouse and Children	\$2,255.23	\$227.80	\$2,483.03
Dental - Delta Dental of WA PPO			
Employee Only	\$58.53	\$0.00	\$58.53
Employee and Dependents (1+)	\$148.07	\$15.80	\$163.87
Vision - Ameritas Vision Perfect			
Employee	\$11.60	\$0.00	\$11.60
Employee & 1 Dependent	\$21.26	\$1.70	\$22.96
Employee & Children	\$18.94	\$1.30	\$20.24
Employee, Spouse and Children	\$28.60	\$3.00	\$31.60

2026 Rates

Teamsters Maintenance, Pro-Tech, and Clerical

	County Pays Monthly	Employee Pays Monthly	Total Premium
Teamsters - Maintenance - Inland Empire Teamsters Trust Composite Plan A			
Total	\$1,067.50	\$342.50	\$1,410.00

Contract Rehn & Associates: 509-534-0600 / 1-800-872-8979

Teamsters - Pro-Tech and Clerical - NW Administrators			
WA Teamsters Welfare Trust	\$1,234.70	\$400.30	\$1,635.00

All Teamsters members are required to participate in teamster's benefits.

Union and Guild Dues

Teamsters

Professional Techs:	\$62 - \$105 per month
Maintenance Techs:	\$56 - \$72 per month
Both Units:	\$25.00 initiation fee

Current Expense - 1.45% of average monthly salary from \$22.21 up to a maximum of \$69.10 per month.

Uniformed Guild Dues - \$75.00 per month

Non-Uniformed Guild Dues - \$75.00 per month

Medical insurance

Mental health support

Select from four medical options from UMP through PEBB.

Both plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are:

- what you pay for the **plan**,
- what you pay when you get **care**,
- how **out-of-network** care is covered, and
- your annual **maximum cost for care** (out-of-pocket maximum).

See your plan details for out-of-network information.



[Find an in-network provider](#)

In-network care	PEBB UMP Classic See plan details	UMP Select/Regence See plan details
Network name:	UMP Classic/Regence	UMP Select/Regence
Annual Deductible (DED) [Calendar year]	\$250 per person up to \$750 family max <div style="border: 1px dashed black; padding: 5px; margin-top: 5px;">Each person has their own deductible with a combined maximum for the family.</div>	\$750 single coverage OR \$2,250 if you cover 2+ people <div style="border: 1px dashed black; padding: 5px; margin-top: 5px;">Each person has their own deductible with a combined maximum for the family.</div>
Out of pocket maximum	\$2,000 per person \$4,000 family max	\$3,500 per person \$7,000 family max
Pre-tax account availability	Health care FSA	Health care FSA
Preventive care	100% covered	100% covered
Primary care visit	DED then you pay 15%	DED then you pay 20%
Specialist visit	DED then you pay 15%	DED then you pay 20%
Urgent care	DED then you pay 15%	DED then you pay 20%
Emergency room	\$75 copay, DED then you pay 15%	\$75 copay, DED then you pay 20%
Inpatient hospital care	\$200 per day copay, not to exceed \$600 per calendar year, DED then you pay 15%	\$200 per day copay, not to exceed \$600 per calendar year, DED then you pay 20%
Outpatient surgery	DED then you pay 15%	DED then you pay 20%
Prescription drugs	(30 days 90 days) Mail order	(30 days 90 days) Mail order
Prescription deductible	\$100 per person up to \$300 family max	\$250 per person up to \$750 family max
Prescription annual maximum	\$2,000 individual \$4,000 family	\$2,000 individual \$4,000 family
Generic	95% to \$10 \$30	95% to \$10 \$30
Preferred brand	90% to \$25 \$75	90% to \$25 \$75
Non-preferred brand	70% to \$75 \$225	70% to \$75 \$225

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

Medical insurance

continued

In-network care	PEBB CDHP HSA Plan See plan details	PEBB UMP Retiree w/ Medicare See plan details
Network name:	UMP CDHP/Regence	UMP Classic/Regence
Annual Deductible (DED) [Calendar year]	\$1,650 per person up to \$3,300 family max Each person has their own deductible with a combined maximum for the family.	\$250 single coverage OR \$750 if you cover 2+ people Each person has their own deductible with a combined maximum for the family.
Out of pocket maximum	\$4,200 per person \$8,400 family max	\$2,500 per person \$5,000 family max
Pre-tax account availability	Health Savings Account (HSA)	Health care FSA
Preventive care	100% covered	100% covered
Primary care visit	DED then you pay 15%	DED then you pay 15%
Specialist visit	DED then you pay 15%	DED then you pay 15%
Urgent care	DED then you pay 15%	DED then you pay 15%
Emergency room	DED then you pay 15%	\$75 copay, DED then you pay 15%
Inpatient hospital care	DED then you pay 15%	\$200 copay per day, not to exceed \$600 per calendar year, DED then you pay 15%
Outpatient surgery	DED then you pay 15%	DED then you pay 15%
Prescription drugs	(30 days 90 days) Mail order	(30 days 90 days) Mail order
Prescription deductible	Subject to medical deductible	\$100 per person up to \$300 family max
Prescription annual maximum	None	\$2,000 individual \$4,000 family
Generic	DED then you pay 15%	DED then you pay xx%
Preferred brand	DED then you pay 15%	DED then you pay xx%
Non-preferred brand	DED then you pay 15%	DED then you pay xx%

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

Health Savings Account (HSA)

An HSA through Health Equity is paired with a High Deductible Health Plan (HDHP).

Save pre-tax money for health care expenses – or retirement!



Contributions

Douglas County contributes to your Health Savings Account (HSA) when you elect the HDHP medical plan and meet IRS eligibility requirements.

You may also contribute tax-free funds to save for current and future health expenses:

	If you cover yourself only	If you cover dependents
PEBB contributes:	\$58.34 per month	\$116.67 per month
You may also contribute:	\$3,700	\$7,350
2026 IRS maximum contribution	\$4,400	\$8,750

Douglas County's contributions are made on a monthly basis.

55 or older? You can contribute an extra **\$1,000** per year in catch-up contributions.

Eligibility

In order to make – or receive – contributions to a Health Savings Account (HSA), you must:

- **be enrolled** in a qualified High Deductible Health Plan (HDHP),
- **not be covered** under any other non-HDHP health coverage, including a full health care FSA through your spouse,
- **not** be anyone else's tax dependent, and
- **not** be enrolled in Medicare A or B, Tricare, or certain VA benefits.

HSA funds

Using your money

- Spend your HSA balance on health care expenses (medical, prescription, dental, and vision) for you and your tax dependents, OR
- Let your balance grow for retirement.

The money in your HSA is **always yours** and available for qualified health care expenses – even if you change jobs or health plans. Before retirement, any funds used for non-healthcare expenses are subject to tax penalties.

Keep your receipts!

Growing your money + tax savings

HSA dollars go in tax-free, grow tax-free, and come out tax-free when you use them for qualified health expenses. You may also be able to invest part of your balance once it meets a certain level.

In retirement

At age 65, you can withdraw the funds in your HSA for any use (not just health care!) without tax penalties; regular income tax will still apply.



Learn how HSAs can help you save for today and tomorrow.

[Learn more](#)



Flexible Spending Accounts (FSAs)

Pay for qualifying expenses with tax-free money using your Flexible Spending Account through AFLAC.

Health and dependent care expenses can add up. Paying with tax-free funds can help. Enroll in one or more flexible spending accounts (FSAs) depending on your needs.



Eligible expenses

Health care

Health care FSA

[See plan details](#)

Pay for eligible medical, prescription, dental, and vision expenses.

Maximum contribution \$600

Enrolled in an **HDHP** plan and eligible for HSA contributions? You may use the FSA only for dental and vision expenses.

Dependent care FSA

[See plan details](#)

Pay for eligible child or disabled adult care while you work or attend school.

2026 maximum contribution \$7,500

Married filing separately: contribute up to \$3,750 per person.

Only the amount you've **actually contributed** is available for use at any one time.

Estimate carefully! Unused funds will be forfeited at the end of the year per IRS regulations.

Employee Assistance Program (EAP)

Care for your mind – and your life – with support through Mutual of Omaha.

Confidential care designed for all that life brings.

[See plan details](#)

Everyone needs support sometimes (even superheroes)

Our Employee Assistance Plan (EAP) is a confidential service with access to guidance and resources **at no cost** for:

- mental health concerns (including substance abuse or addiction),
- adoption, parenting, or caregiving needs,
- financial or legal support,
- familial relationships and friendships,
- coping with day-to-day challenges, and
- so much more.

Essentially, if it's part of your life, our EAP is here for you.

Access support face-to-face, or over the phone. 24/7/365.

When needed, each person can receive up to 3 face-to-face (or virtual) visits with a licensed counselor per issue per year. At no cost. Additional visits – if needed – will go through your health insurance.

EAP features:

- **Confidential.** No one at Douglas County will ever know you called or what was discussed.
- **Available 24/7/365.** Life doesn't happen during office hours. The EAP is here when you need them.
- **Family care is included.** Anyone living in your home is eligible for EAP services at no cost.



24/7/365 access to care.

1-800-316-2796

www.mutualofomaha.com/eap

Dental insurance

Your dental coverage is through Delta Dental of WA.

You'll get in-network preventive care at 100% along with coverage for basic and major dental services.

Orthodontic care is covered.



[Learn about dental care categories](#)

Dental plan

[See plan details](#)

In-network care

Network name:	Delta Dental PPO
Annual Deductible (DED)	\$50 per person \$150 family max
Annual maximum benefit	\$2,000 per person
Preventive care	100% covered
Basic care	You pay 20% (10% through a Delta Dental PPO dentist)
Major care	You pay 50%
<i>Implant coverage:</i>	<i>Included</i>
Orthodontic care	
Coverage	Adult & Child at 50%
Lifetime maximum benefit	\$2,000



Stay in-network to avoid balance billing (the difference between what an out-of-network provider charges and the amount your insurance pays).

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

Vision insurance



Your vision coverage is through Ameritas.

You'll get an annual exam with coverage for lenses and frames, or contacts in lieu of glasses.

NOTE: Claims must be submitted within 90-days from the date of service.

Vision plan

In-network care

[See plan details](#)

Network name:	Vision Perfect
----------------------	-----------------------

Annual reimbursement maximum	\$250
-------------------------------------	-------

Eye exam	Every 12 months
-----------------	-----------------

Lenses	Every 12 months
---------------	-----------------

Frames	Every 12 months
---------------	-----------------

Contact lenses	Every 12 months
-----------------------	-----------------

Your vision plan covers either glasses (lenses and frames) **or** contact lenses each year. If you receive contact lenses, they will be instead of your glasses benefit.

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

Life and AD&D insurance

Financial peace of mind through Mutual of Omaha.

Life insurance pays a benefit if you pass away while you're covered. Accidental Death and Dismemberment (AD&D) insurance offers additional support if you pass away or are seriously injured due to an accident.

Simple will preparation available at www.willprepservices.com

Basic life and AD&D insurance

[See plan details](#)

Douglas County provides life and AD&D insurance at no cost to you.

	Basic life	Basic AD&D
Douglas County provides	\$12,000	\$12,000

A **\$1,000 dependent life benefit** is also available. Children are covered until 21 or 25 if they are a full-time student.

Make sure to designate a **beneficiary** for your life insurance coverage to ensure your family is cared for according to your wishes.

Additional life and AD&D insurance

[See plan details](#)

You may also purchase additional coverage for you, your spouse, and your eligible child(ren).

	For you	For your spouse	For your child(ren)
Coverage increments	\$10,000	\$5,000	\$1,000
Coverage maximum	6x your annual earnings to \$500,000	50% of your (employee) coverage amount to \$250,000	50% of your (employee) coverage amount to \$10,000
Guarantee issue amount	Up to \$100,000	Up to \$50,000	Up to \$10,000



What's AD&D?

Accidental death and dismemberment (AD&D) insurance may pay:

- **your beneficiary** if you pass away due to an accident
- **you** a partial benefit if you lose specified bodily functions (sight, limbs, etc.)

[Simple Will Preparation Service](#)

Medical question limit

When you're first eligible (a new hire), you can purchase additional life insurance up to this limit without any medical questions required.

Medical questions and approval will be required for all future increase and purchase requests.

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.



LIFE FLIGHT NETWORK MEMBERSHIP PROGRAM GROUP MEMBERSHIP CRITERIA

We invite your group, organization, or business to take advantage of the Life Flight Network membership group discount. Following, are the benefits of Life Flight Network Membership:

MEMBERSHIP PROGRAM INFORMATION:

Life Flight Network's Membership Program is designed to benefit patients who are transported by Life Flight Network under emergent, medically necessary circumstances. If you or an eligible member of your household is flown, Life Flight Network will bill your insurance company and accept whatever they pay as payment-in-full. If there is a balance, and there usually is, Life Flight Network will not charge you for the remaining amount. As a member of Life Flight Network you have no out-of-pocket expense for emergent, medically necessary air transport by Life Flight Network or our reciprocal partners.

- » Membership benefits are extended to the primary member, his/her spouse or domestic partner, and dependents claimed on their income tax return. Elderly (65+) or disabled family members living in the same household are also covered.
- » Life Flight Network has aircraft located at bases throughout Idaho, Oregon, Washington, and Montana. EMS helicopters typically operate within a 175-mile radius of their base, but have the capability to fly longer distances. Fixed-wing aircraft can transport patients throughout the nation. A map of Life Flight Network's service area can be viewed here: www.lifeflight.org/service-area/
- » Life Flight Network reciprocates with other flight programs, which means if one of our members is transported by a reciprocal program, they receive membership benefits according to that program's rules. A list of Life Flight Network's reciprocal partners can be found at www.lifeflight.org/membership.

HOW IT WORKS:

We offer groups the opportunity to set up membership at a reduced rate of \$75 per year (vs. \$85 per year), per member household. To qualify:

- » Your group must have ten or more people
- » Payment and applications must be submitted together with one check

If you have any questions about the Life Flight Network Membership Program, contact the membership services office at 800-982-9299 or go to www.lifeflight.org/membership

If you are interested in forming a group membership, contact Amber Hanes-Miller at 971-227-1281 or ahmiller@lifeflight.org

To learn more about Life Flight Network, visit www.lifeflight.org

Medicare Part D Notice

IMPORTANT NOTICE FROM DOUGLAS COUNTY ABOUT YOUR PRESCRIPTION DRUG COVERAGE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Douglas County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plan offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may offer more coverage for a higher monthly premium.

2. Douglas County has determined that the prescription drug coverage offered by its medical plan options are, on average, for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and are therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage if You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Douglas County coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under Douglas County is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your current Douglas County prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

When Will You Pay a Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Douglas County and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

Medicare Part D Notice (continued)

For More Information About This Notice Or Your Current Prescription Drug Coverage.

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Douglas County changes. You also may request a copy of this notice at any time.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (penalty).

Date:	Jan 1, 2026
Name of Entity/Sender Contact:	Douglas County Tara Whaley
Address:	140 19th Street NW East Wenatchee, WA 98802
Phone:	509-888-6588



2026 benefits Douglas County