



Chair Enrique Farrera will convene a regular meeting of the OEGB Board on Tuesday, January 6, 2026, at 1:00 p.m. via Microsoft Teams. The link and documents for the meeting can be found on the OEGB website - [Meeting link and documents](#)

OEGB BOARD AGENDA

January 6, 2026

[Click here to join the meeting](#)

- | | | |
|-------|--|--|
| I. | 1:00 p.m. – 1:05 p.m.
Attachment 1
ACTION | Welcome & approval of December 2, 2025, Board Meeting Minutes
<i>Enrique Farrera, Chair</i> |
| II. | 1:05 p.m. – 1:20 p.m.
Attachment 2 | Moda Dental Innovations
<i>Teri L Barichello, DMD, Vice President, Chief Dental Officer</i> |
| III. | 1:20 p.m. – 1:45 p.m.
Attachment 3 | Renewal Primer and Open Enrollment Results
<i>Kirsten Staveland, Principal and John Kessler, Principal, Mercer</i> |
| IV. | 1:45 p.m. – 2:15 p.m.
Attachment 4 | RFP Discussion
<i>Kirsten Staveland, Principal and John Kessler, Principal Mercer</i> |
| | 2:15 p.m. – 2:25 p.m. | BREAK |
| V. | 2:25 p.m. – 2:55 p.m.
Attachment 5 | GLP-1 Update
<i>Sara Drake, Mercer</i> |
| VI. | 2:55 p.m. – 3:25 p.m.
Attachment 6 | Canopy EAP Annual Report
<i>Humberto Chacon, Customer Success & Business Development and Kelsey Nordlund</i> |
| VII. | 3:25 p.m. – 3:35 p.m. | Health Equity Committee Update
<i>Charna Freehan, OHA</i> |
| VIII. | 3:35 p.m. – 3:45 p.m. | SEOW Update
<i>Glenn Baly, OHA</i> |
| IX. | 3:45 p.m. – 3:55 p.m. | Innovation Workgroup Update
<i>Margaret Smith-Isa, OHA</i> |
| X. | 3:55 p.m. – 4:00 p.m. | Other Business/Public Comment |

1. OPC 1 – OEGB Advisory Committee
Adjourn



Oregon Educators Benefit Board Meeting Minutes December 2, 2025

The Oregon Educators Benefit Board held a regular meeting on December 2, 2025, via Microsoft Teams. Chair Enrique Farrera called the meeting to order at 1:00 p.m.

Attendees

Board Members:

Enrique Farrera, Chair
Andrea Lara, Vice Chair
Michelle DuBarry
Sally Duerfeldt
Bill Graupp
Rick Larson
Bonnie Luisi
Tony Mann
Susan Miller
Misty Wharton

Board Members Excused/Absent:

Robert Young

OEBB Staff:

Ali Hassoun, Director
Barry Burke, Deputy Director
Cindy Bowman, Director of Operations
Margaret Smith-Isa, Program Development Coordinator
Glenn Baly, Policy Program Liaison
Rose Mann, Board Policy and Program Coordinator

Consultants and Carrier Presenters:

Kirsten Staveland, Mercer
John Kessler, Mercer
Sara Drake, Mercer
Khang Nguyen, MD, Kaiser Permanente NW
Lindsay Liewergen, MBA, Kaiser Permanente NW Dental
Shilo Smith, Moda Health
April Canetto, Moda Health
Christine Wienecke, Willamette Dental
Dr. Mark Chambers, Willamette Dental



Louis Martinez, VSP



Welcome & approval of October 7, 2025, Board Meeting Minutes (Attachment 1)

Enrique Farrera, Chair

Chair Enrique Farrera welcomed the Board and participants and asked if anyone had any questions or changes to the minutes of October 7, 2025, and requested a motion to approve.

MOTION: Bonnie Luisi moved to approve the meeting minutes of the October 7, 2025, OEBC Board Meeting. Bill Graupp seconded the motion. The motion carried unanimously.

November Retreat Follow-up (Attachment 2)

Kirsten Staveland, John Kessler and Sara Drake, Mercer provided a follow-up to the November Retreat dental cost and utilization that was not covered due to a lack of time.

Sara Drake reviewed what is happening in pharmacy regarding various drugs making their way through the FDA review process or clinical trial process and are expected to hit the market in the next 18 to 24 months.

Carrier Innovations – Kaiser Permanente (Attachment 3)

Khang Nguyen MD, Assistant Executive Medical Director for Care Transformation presented information on current use of Artificial Intelligence within Kaiser Permanente.

Artificial Intelligence is a tool for KP members to assist with self-service options that are powered by virtual care. Artificial intelligence is here to augment actual intelligence. KP is looking at augmented intelligence that provides AI solutions. AI is not being used to replace anything – it is used to support and provide predictive analytics.

AI provides 24/7 virtual access care called Get Care (app) that has the ability to get to a clinician 24/7 that has the patient's medical records in front of them

KP has created a virtual ICU where people with remote monitors are being monitored by clinicians.

Kaiser Permanente is at the leading edge of AI or integrated care delivery systems.

Lindsay Liewergen, MBA, Vice President, Dental Services presented KP Dental innovations.

- On-line Appointments
 - ✓ Scheduling Tickets: Initiated through a member's treatment plans, allows members to book most dental appointments directly via kp.org or the mobile app. If no appointments are available, members can opt in to receive notifications when preferred time slots open.
- Self-appointing: Member with kp.org access can self-initiate scheduling online for emergency care, new patients, and select hygiene visits
- Additional features available on kp.org and the mobile app include:
 - ✓ Canceling and rescheduling appointments
 - ✓ Receiving reminders for upcoming appointments
- Kaiser Permanente Dental provides flu vaccines at its dental locations.
- Technology and Scheduling Enhancements – end-to-end evaluation of scheduling system underway
- Ideation Efforts
 - ✓ Pediatric specialty care & coordination of appointments
 - ✓ Evaluate all dental specialties for improvement
 - ✓ Expand schedules for 6-month hygiene appointments
- Refined Staffin Strategies
 - ✓ Reimagining out approach to coordinated care
 - ✓ Hygienist additions in Salem and Hillsboro
 - ✓ Broader team growth planned for 2026
 - ✓ Diversity (ScoH)
- Talent Acquisition – region-wide hiring event at Kaiser Permanente Townhall targeting hygienists and dental assistants

Carrier Innovations – Moda Health (Attachment 4)

Shilo Smith, Director Behavioral Health and April Canetto, Director Population Health presented Moda Health innovations.

- Behavioral Health 360 Experience
 - Find a local mental health professional that's right for the member
 - Get the care and support they need quickly and easily
 - Verify provider availability to make it easy for them to book appointments
 - Self-guided assessment
 - Screens for depression (PHQ-9) and anxiety (GAD-7)
 - Matches members with the best fit behavioral health resources
 - Refers members to Social Determinants of Health (SDoH) advocates if social needs are identified
 - Connects members with BH 360 Champion for added support
- Springhealth
 - Mental Health Therapy
 - Psychiatry



- Care Navigation
- Digital CBT
- Ages 6+
- Outcome Informed Care
- 30+ languages
- LGBTQ+
- 47% of providers BIPOC
- 89% of providers offer after-hours appointments
- Rapid Access
- Members creating accounts: 3,925
- Members with 1+ appointments: 3,872
- Average number of appointments: 13.5
- Members improved depression symptoms: 83.7%
- Members improved anxiety symptoms: 83.0%
- Future Innovations
 - Guarantee access in Bend, Redmond, Eugene, Salem, Woodburn and Portland
 - In-person therapy
 - Coordination through BH Champions
 - Intake within 7 calendar days
 - Therapy appointment within 10 business days
- Social Determinants of Health – Social Wellness Advocate Program
 - Targeting Population Health opportunities allows Moda to improve health disparities and reduce barriers to care by connecting OEGB members with resources
 - Medical care accounts for 10-20% of health outcomes
 - While 80 -90% of health outcomes are attributed to demographic, environmental, and socioeconomic factors.
 - Studies show 1 in 5 individuals have at least one SDoH challenge.
 - Improve outcomes to better manage avoidable costs.
- Social Wellness Advocate Overview – providing social-needs-informed care to support and empower members in the ever-changing landscape of the health care industry by prioritizing sensitive topics, perpetuating an inclusive environment, and getting them access to needs for improved health outcomes.

Carrier Innovations – Willamette Dental (Attachment 5)

Cristine Wienecke, MBA, SHRM-CP and Dr. Mark Chambers, Director of Clinical Operations

- Willamette Dental is the forefront of dental innovation as an organization led by clinicians focused on advancing dental healthcare through research.
- Our dedicated research institute, the Skourtes Institute, is a hub for innovation, focusing on clinical studies and advancements in dental care.



- WD have more than 27 published peer review articles in peer-reviewed journals, including the Journal of the American Dental Association.

Treatment Philosophy – at Willamette Dental, we believe dental care should do more than fix problems – it should prevent them. Through checkups, early detection, and personalized care plans, we help patients maintain their oral health and avoid unnecessary procedures.

Evidence-based customized treatment plans.

Dental Sealants: preventing tooth decay

Initiatives to improve patient access:

- In the last 24 months, decreased open positions by 50%
- 2025 YTD filled 81 clinical positions
- Average access time 2025 YTD Oregon and SW Washington – 24 days
- Emergency appointments available within 48 hours

Using innovation to improve member health

- State of the art technology
 - ✓ Electronic dental health records
 - ✓ Digital radiography
 - ✓ Digital crowns, dentures
 - ✓ Scheduling through online chat and text
- Connecting with patients: Outreach, support, and equity
 - ✓ Recalls and reminders
 - ✓ Language support
 - ✓ Equitable access

Carrier Innovations – VSP (Attachment 6)

Services Provided:

- Onsite Eyes mobile optometric service
- 1 VSP-credentialed Optometrist and 2 Opticians
- In-network coverage
- Members are only responsible for their normal copays
- 250 Designer Frames and selection of non-prescription sunglasses all offering exclusive extra \$50 discount and 20% off balance above allowance
- Expanded the event to include CIS, OEBC and OEBC Moda members

Utilization Results:

- 53 Eye Exams – 4 VSP and 18 Moda Exam Claims
- Dispensed 36 pairs of glasses



Key Lessons

- Leverage VisionWorks for doctor options
- 1 doctor/day, per 300 members
- Add additional days vs doctor lanes
- Expanded marketing to include posters and announcements from management worked well
- Spanish Member Materials: Translated all member materials and Client Specific Website in advance of October due date.
- March Vision Awareness Month: VSP Ambassador's Dr. Hardan and Dr. Turin hosted three live events educating members about eye health and why eye exams are an essential part of healthcare.
- Performance Guarantees: VSP has met all performance measures 1st Quarter 2024 thru 2nd Quarter 2025
- Network Utilization: Remains high at 96% in-network. In March of 2025 VSP acquired Eye Mart Express and added 5 rural retail locations.
- Member Savings: VSP cost controls and negotiates discounts off U&C for Exams, Lenses, Frames, Covered and Non-Covered Lens Options. After premiums were deducted members saved \$9 million by having VSP coverage.

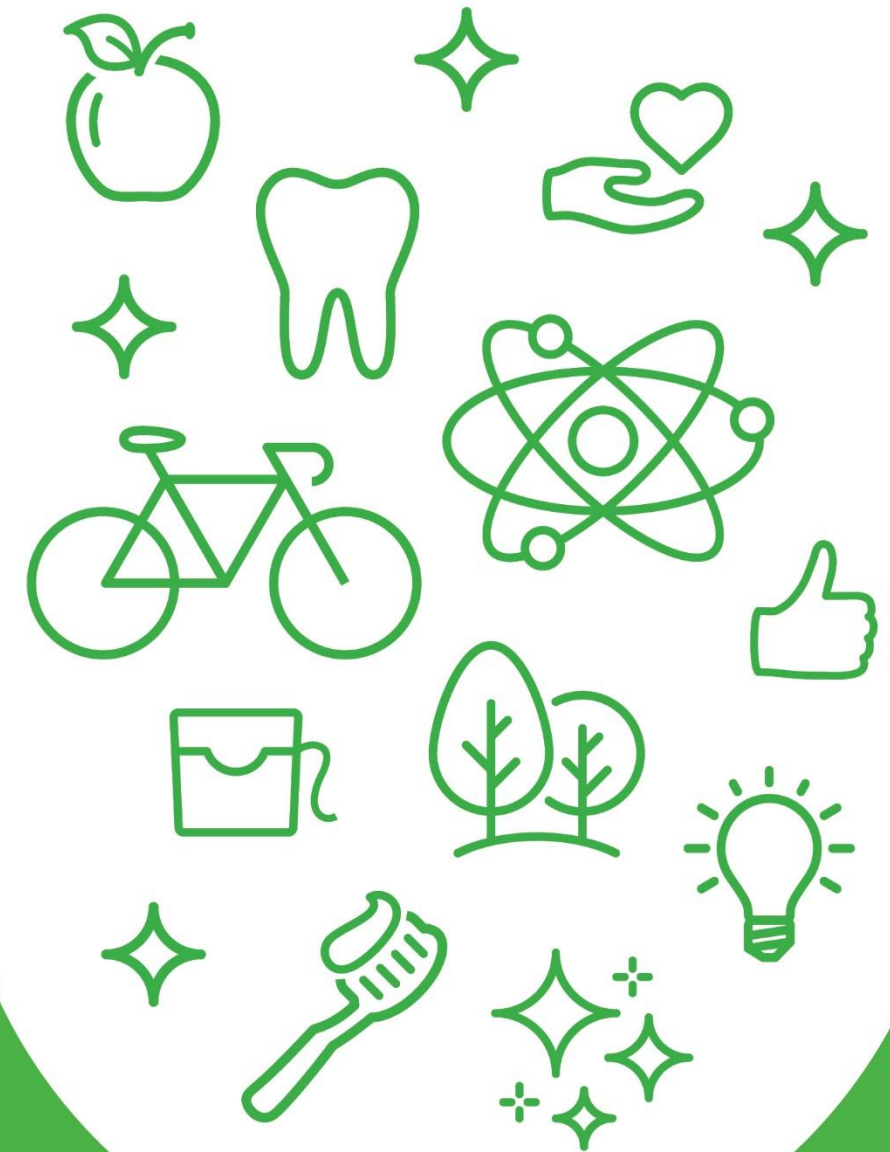
Other Business/Public Comment

The Board received one written public comment on GLP1 coverage for PCOS 2.

There being no further business to come before the Board, Chair Enrique Farrera adjourned the meeting at 3:55 p.m.

Dental Initiatives

*Teri L. Barichello, DMD
Vice President, Chief Dental Officer
OEBB Board Meeting
January 6, 2025*



Delta Dental of Oregon & Alaska



Agenda

- Provider network management strategies
- Member utilization
- Provider diversity
- Innovative partnerships

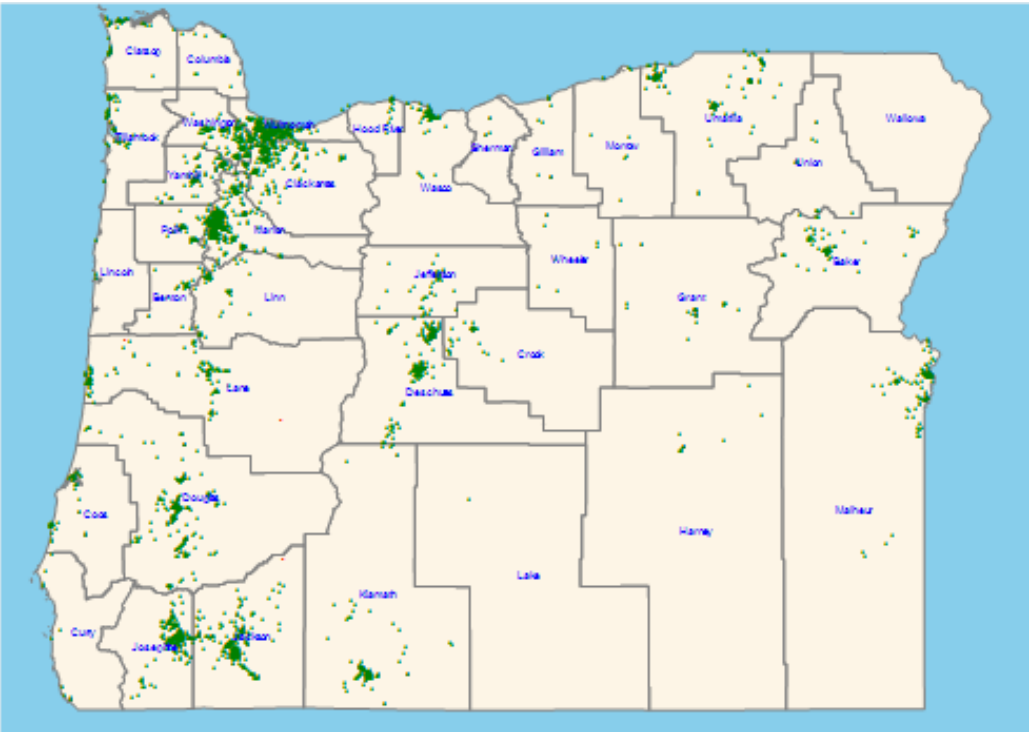
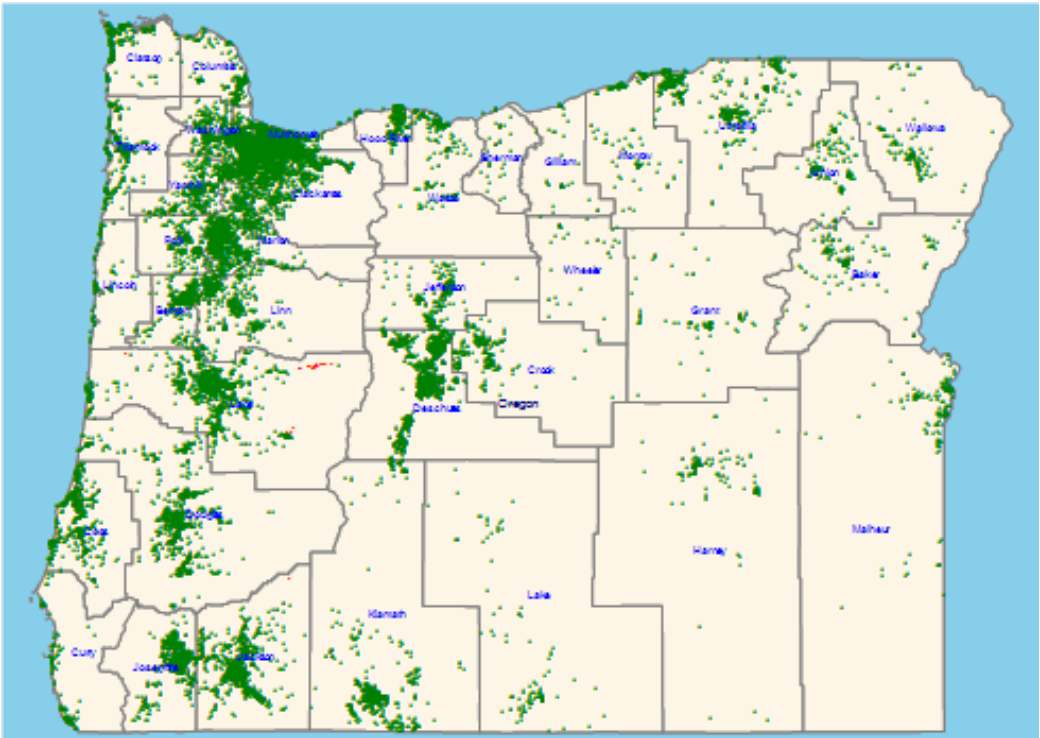
Provider network management strategies

Geo-access overview*

*As of December 18, 2025

44,319 OEGB Employees in Oregon

- With access
- Without access



Access Standard definitions

Large metro & metro areas = 5/30 miles

Micro and rural areas = 1/60 miles

CEAC areas = 1/110 miles

	W/ access	W/O access
Premier	40,741	30
PPO	3,575	3

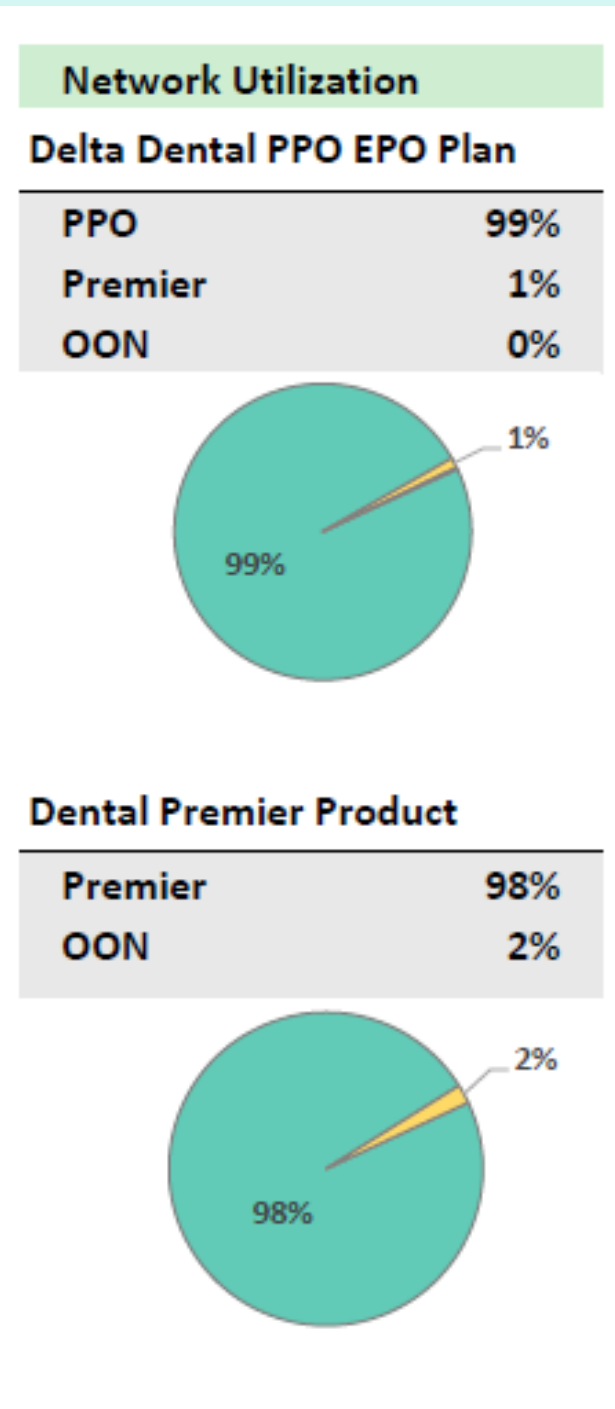
Provider	Premier Avg	PPO Avg
1 st closest	2.5 miles	3.3 miles
2 nd closest	2.9 miles	3.8 miles
3 rd closest	3.2 miles	4.1 miles

Access by utilization

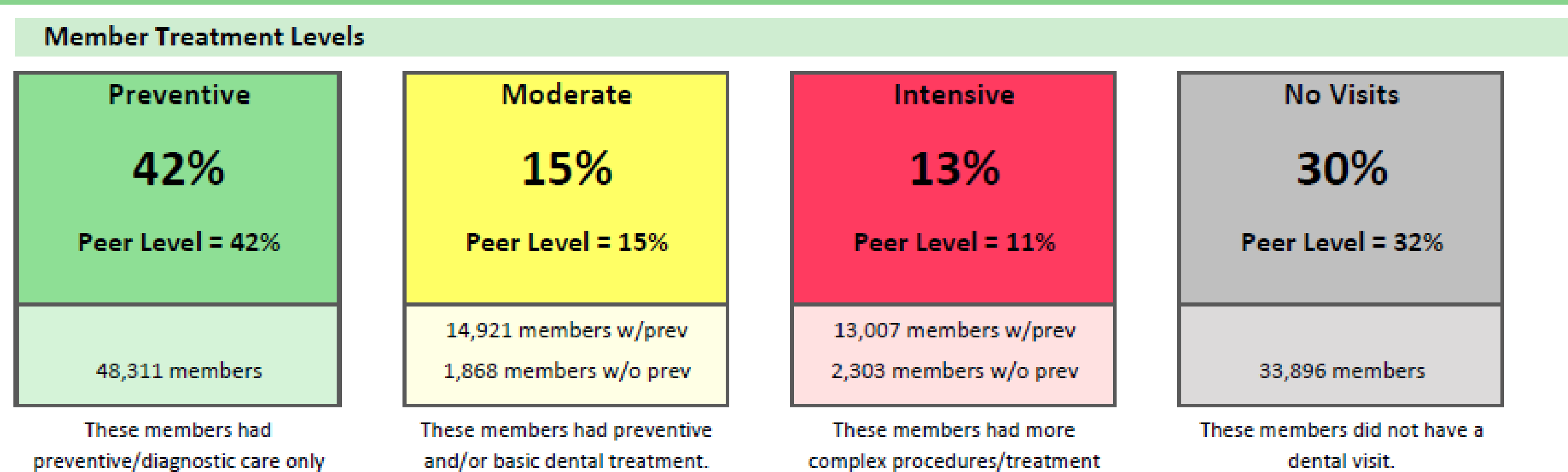
Overall, **99 %** of OEGB members' claims on the EPO plan and 98% claims on the Premier plans were processed as in-network (based on claims 10/1/2023 – 9/30/2024)

Nationally, in 2024, **79%** of dental services were provided by in-network dentists

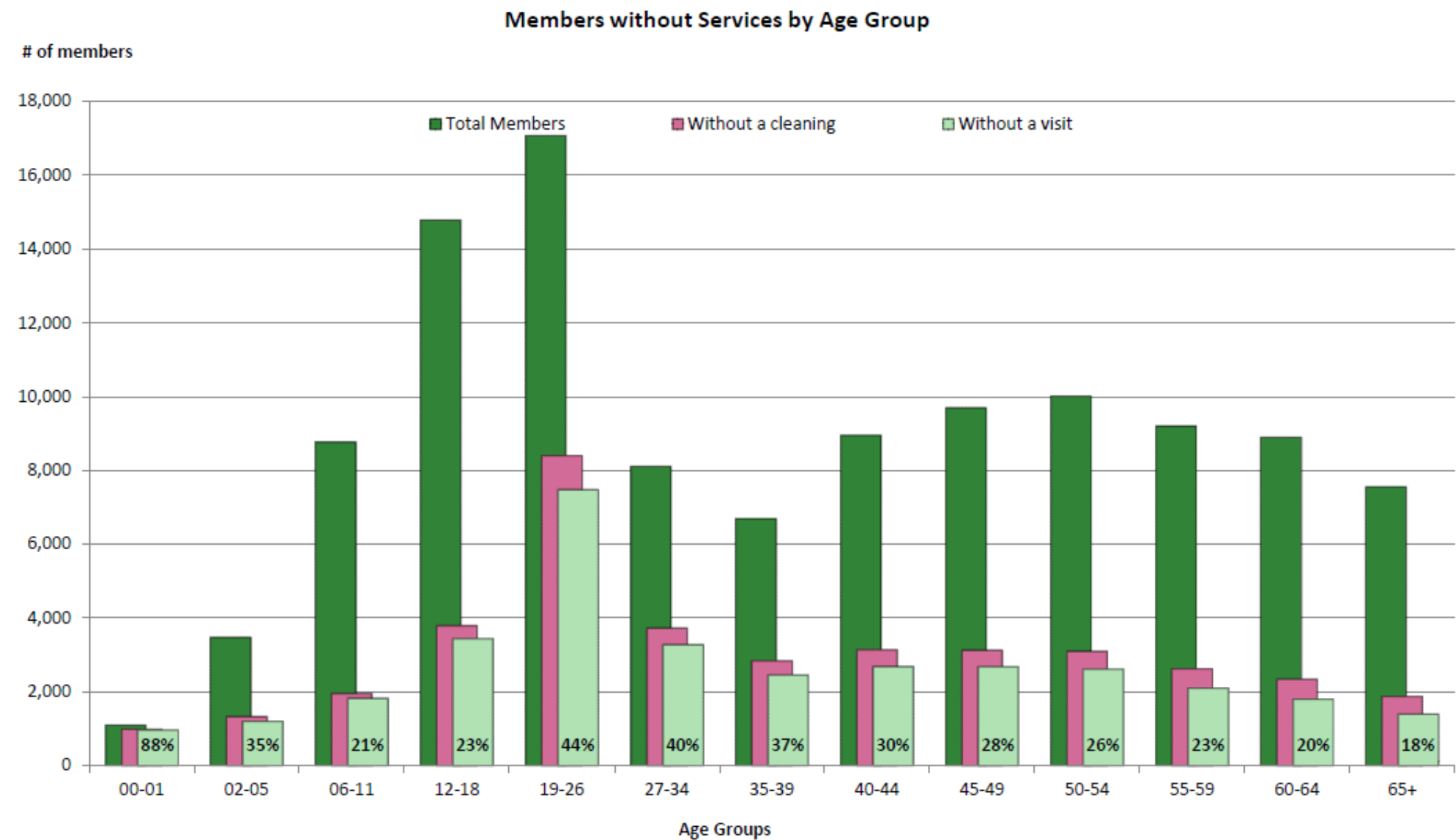
(Source: Fluent's multi-payer database)



Utilization by acuity 2023-24



Utilization by age group 2024



Only 14.9% of continuously enrolled members did not have a dental visit in the last 2 plan years

Strategies to maintain utilization rates

- Benefit design
 - IDD enhancement
- Oral wellness programs
- Teledentistry access effective 01/01/26

powered by

teledentistry
24/7 care



**Need dental help?
Access 24/7 virtual
dental care services**

Delta Dental Plan of Oregon and Delta Dental of Alaska insurance subscribers have 24/7 access to online dental care and virtual emergency dental services.

Call **(866) 966-3115** or click below to get started.

[Talk to a dentist now](#)



Provider Diversity

DDOR provider race and ethnicity

Ongoing provider survey project

Race	2025
Total providers on report	2,562
American Indian or Alaskan Native	3
Asian	98
Black	4
Hispanic or Latin X	7
Native Hawaiian or Islander	2
Other	31
Prefer not to say	224
White	520

Ethnicity	2025
Hispanic or Latin X	13
Not available	797
Not Hispanic or Latin X	507
Prefer not to say	266
Null	979



DENTISTS DEMOGRAPHICS

Oregon
2023

All Dentists
2,693

Per 100,000
63.6

RACE AND ETHNICITY



Geography
Oregon

Year
2023



Delta Dental Future Workforce Fund



2025 AWARDEES

ADEA



adha



HDA
HISPANIC DENTAL ASSOCIATION

deltadentalinstitute.com/fund

As we embark on this **transformative journey** with the Delta Dental Future Workforce Fund, the Building our Leaders in Dentistry (BOLD) program is **dedicated to empowering underrepresented minorities to envision futures in dentistry**. By fostering mentorship and providing essential resources, we are **not only shaping the next generation of dental professionals** but also **enriching our communities**. Together, we are committed to breaking barriers and **cultivating a workforce that reflects the rich variety of our nation**.

~Luis C. Yepes, DDS
President, Hispanic Dental Association



FindCare search fields

moda | Find Care [Contact us](#) [modahealth.com](#)

Welcome, guest
[Search as a member](#)

Type of search
Dental

Network ?
Delta Dental PPO

Name of provider
Enter doctor name

Specialty ?
- Any specialty -

Location
97204
- State - ZIP
100 miles

More search options
☐ Accepting new patients
☐ Teledentistry provider ?

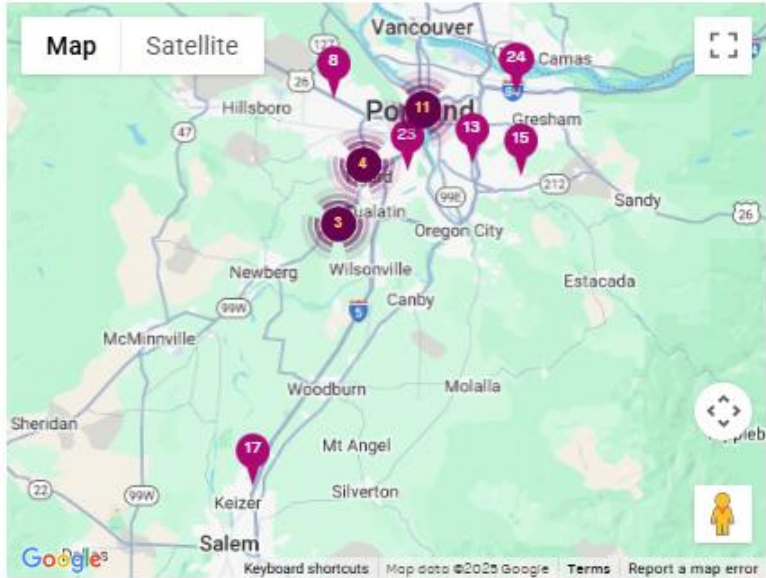
[Search](#)

The providers displayed in results are contracted with one of the Moda Health networks. Moda Health contracts with other provider networks. To find out which network you belong to, please contact a Moda Health customer service representative.

Sort by Distance A - Z 1 - 10 of 1067 1 2 3 4 5 > >>

Show per page: 50 25 10

Map Satellite



Download/print [Compact](#) or [Detailed](#) results

Timber Dental Downtown LLC Dentist - General Practice

1 Distance: 0.3 mi
310 SW 4th Ave Ste 100
Portland, OR 97204
503-922-2207



Accepting new patients

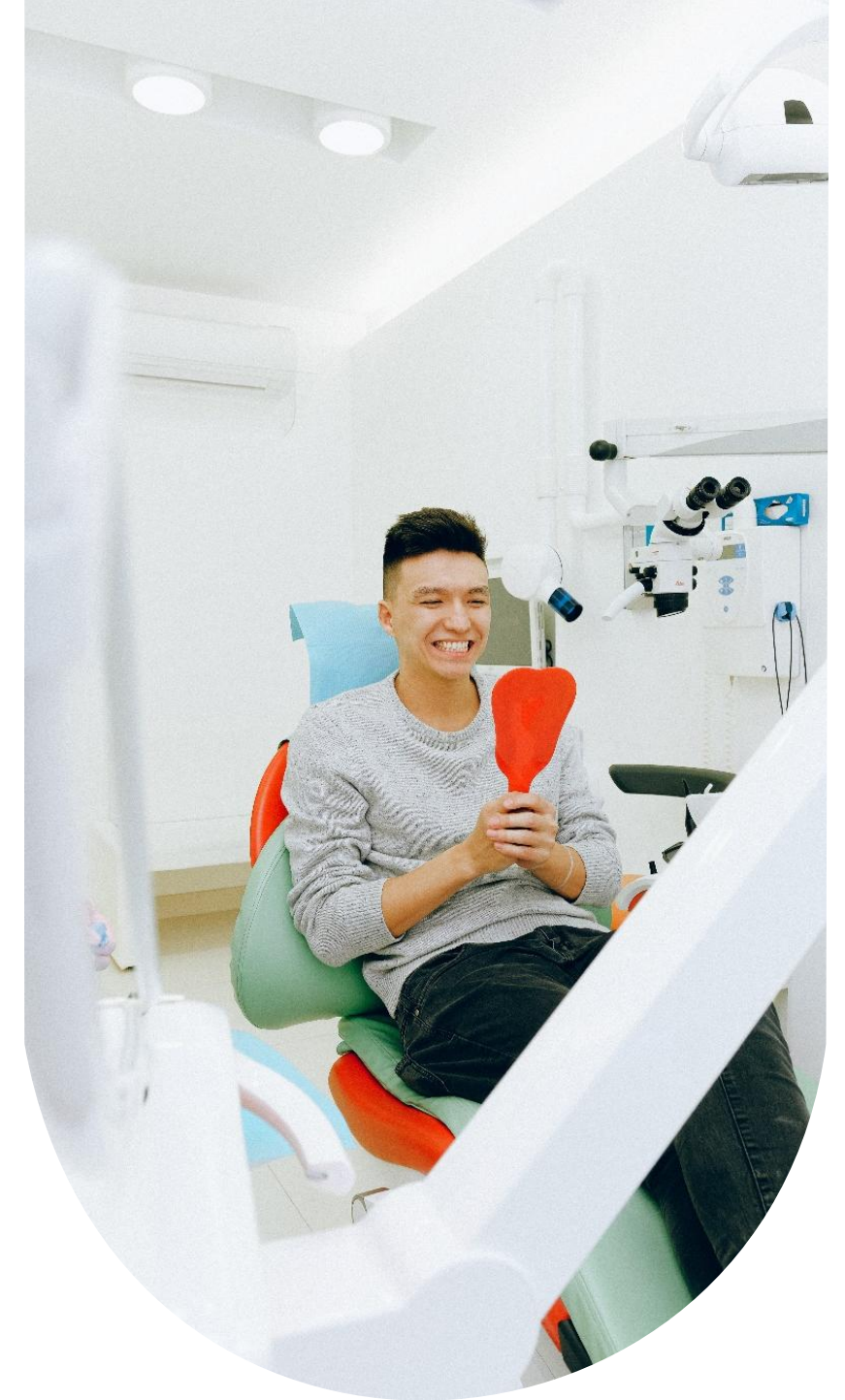
- Race
- Ethnicity
- Gender identity
- Preferred pronouns
- Ages serviced
- Professional expertise
- Cultural competency training completed
- ADA Accessibility
- Materials available in other formats
- Bi-lingual staff available

Network management strategies

Recruitment and retention remain the highest priorities for our Dental Professional relations team

Ongoing activities include:

- Provider nominations
- Targeted outreach including in-person visits
 - 93 in office visits in OR in 2025
 - Medford, Grants Pass, Ashland, Roseburg, Bend, Redmond, Ontario, Baker City, Vale, Union, La Grande, Elgin, Pendleton & The Dalles
- Provider workshops
- Virtual trainings



Innovative Partnerships



American Heart Association®

Healthy Smiles, Healthy Hearts™



Bridging the Gap Between Oral Health and Cardiovascular Health

The American Heart Association's Healthy Smiles, Healthy Hearts™ initiative, in collaboration with Delta Dental, aims to improve health and well-being by helping dental care teams, primary care teams and patients to better understand and address the connection between oral and cardiovascular health.

Professional and patient resources

- Blood pressure screening and referral implementation guide
- Evidence –based guidelines for blood pressure screening, management and referral pathways
- Professional continuing education
- Patient education resources
- Posters, handouts and conversation guides



Lobby Poster

Sets the expectation that the dental clinic checks blood pressure and reinforces that oral health is part of the whole-person care.

Blood Pressure Cards



A memorable way to celebrate optimal blood pressure readings and educate patients when readings are elevated, turning routine check into an educational moment.

All of these materials and more are available in English and Spanish at heart.org/HealthySmiles.

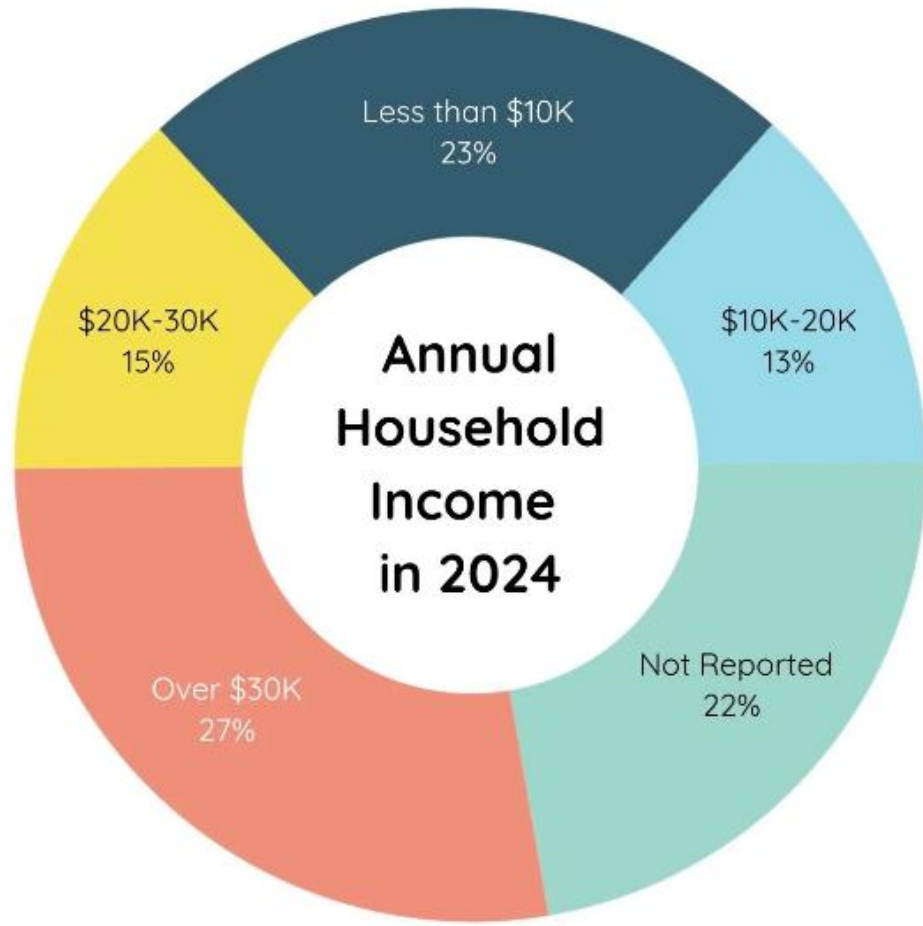
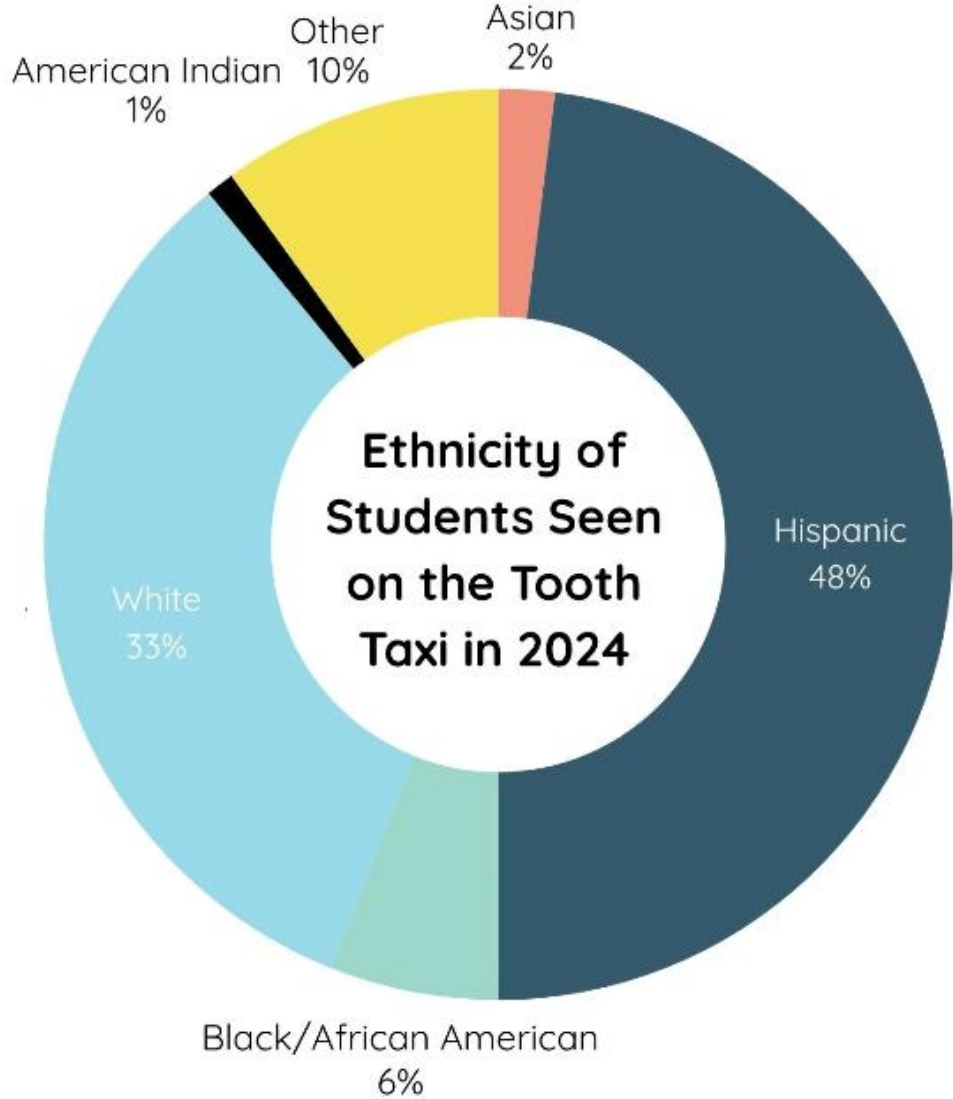


Program origin



Who We Serve

We Help Any Child Needing Dental Care



More than half of the children seen on the Tooth Tax live in homes with income of \$30K annually or less

Tooth Taxi impact

Results September 2008 – Dec 12, 2025

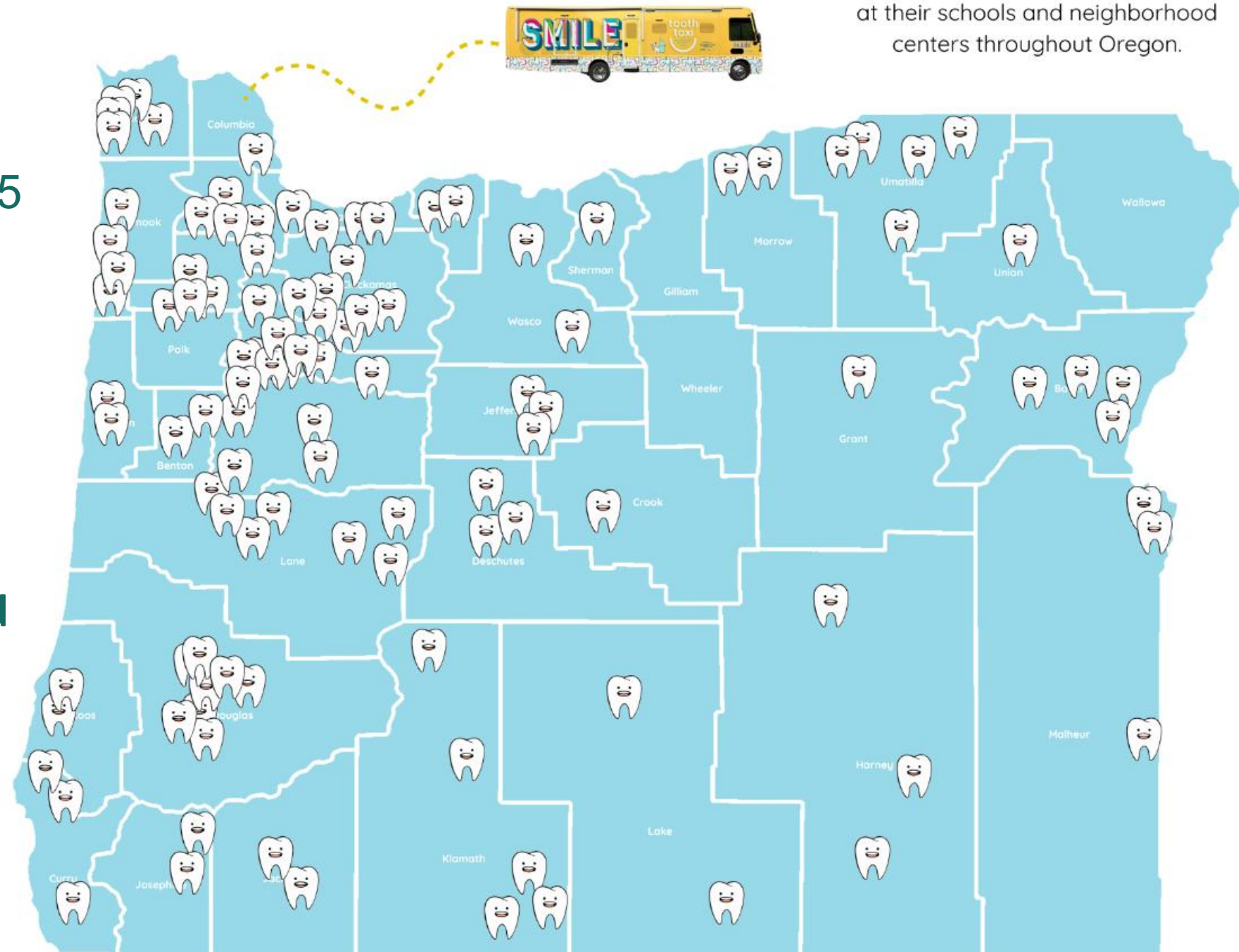
27,429 patients screened

17,076 appointments on the van

25,775 students received OHI education

27 schools visited in 2025

\$9,861,588 total value of services provided



We serve children and young people at their schools and neighborhood centers throughout Oregon.

Thank you



Delta Dental of Oregon & Alaska

Renewal Primer

Attachment 3

January 6, 2026

Kirsten Staveland, Principal
John Kessler, Principal

A business of Marsh McLennan



Welcome and Happy New Year!

- Preparing for the 2026–27 renewal
- Upcoming Board meetings are critical — February, March, and April Board meetings focus on:
 - Evaluating renewal proposals
 - Negotiating higher value
 - Balancing options
 - Making final decisions
- Board decisions impact OEGB members and communities across the state
- Renewal primer will prepare you to be an active and informed participant



Our Commitment

- Achieve:
 - OEBC mission
 - OEBC vision
 - Board goals
- Improve the health and well-being of Oregonians:
 - Oregon educators, assistants, and their families
 - Members from local governments and special districts
 - Communities across the state benefit from OEBC's innovative work



OEBB Mission, Vision, and Goals

Quick reference guide

Mission

- Help people and communities achieve optimal physical, mental, and social well-being through partnerships, prevention, and access to quality affordable healthcare
- Oregon Health Authority will transform the healthcare system of Oregon by:
 - Improving the lifelong health of Oregonians
 - Increasing the quality, reliability, and availability of care for all Oregonians
 - Lowering or containing the cost of care to be affordable to everyone

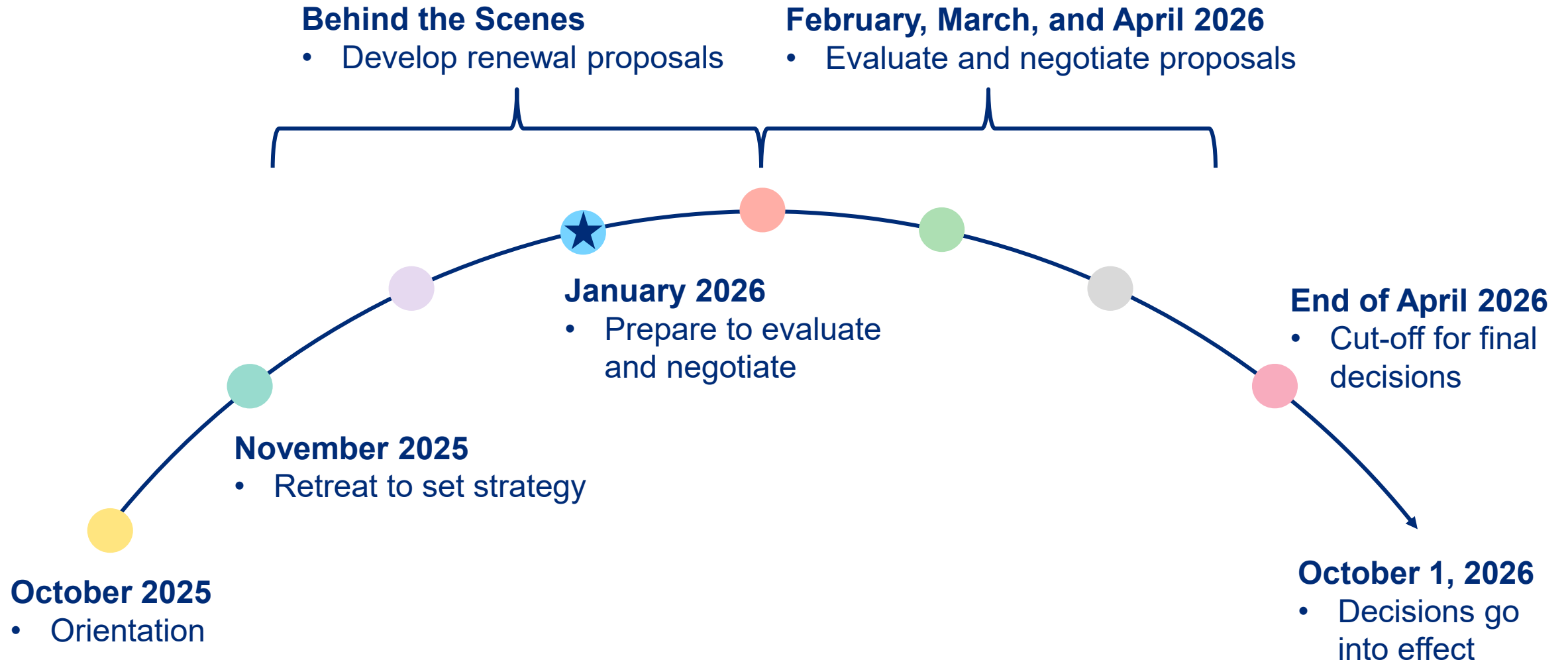
Vision

- OEBB will work collaboratively with districts, members, carriers, and providers to offer value-added benefit plans that:
 - Support improvement in members' health status
 - Hold carriers and providers accountable for outcomes
 - Provide affordable benefits and services
 - Support Oregon's health system transformation efforts to promote better health, better care, and lower costs
 - Embrace the Coordinated Care Model (CCM)

Goals

- Provide high-quality affordable care to members and their families
- Grow OEBB membership by attracting more school districts, local governments, and special districts
- Reduce out-of-pocket expenses for members
- Explore an RFP
- Provide member education

Renewal Timeline



Leading up to Today

Quick recap

Sep 2, 2025

- First meeting of the year
- Director's update
- New plan year kick-off
- Health equity reporting guidelines
- Performance guarantee update
- SEOW Summer Research Group update

Oct 7, 2025

- Welcome Rick Larson
- Population-wide cost and utilization review
- Health equity strategy kick-off
- SEOW and Innovation Workgroup updates

Nov 4, 2025

- Retreat
 - Build community
 - Recap success achieving goals
 - Identify health equity opportunities
 - Establish renewal strategy and priorities
 - Endorse health equity strategy

Dec 2, 2025

- Innovation
 - Moda Health
 - Kaiser Permanente
 - Willamette Dental Group
 - VSP
- Retreat follow up
- Develop renewal letters

Call to Action

Key opportunities for board to advocate for member needs

- January Board meeting
 - Moda Dental Innovations
 - Renewal Primer and Open Enrollment Results
 - RFP Discussion
 - GLP-1 Update
 - Canopy EAP Annual Report
 - Committee Updates
- February Board meeting
 - Non-medical Renewals
- March through April renewal decision-making process
 - Evaluate proposals through members' perspective
 - Negotiate better value on behalf of members
 - Balance diverse member needs



In the Months Ahead

Feb 3, 2026

- Evaluate Round 1 Non-medical
 - Initial premium changes
 - Initial proposals for changes to existing benefits/programs

Mar 3, 2026

- Evaluate Round 2 Non-medical
 - Revised premium changes
 - Revised proposals changes to existing benefits/programs
- Evaluate Round 1 Medical
 - Initial premium changes
 - Initial proposals for changes to existing benefits/programs

Apr 7 & 28, 2026

- Evaluate Round 3 Non-medical
 - Final premiums reflecting changes to existing benefits/programs
- Evaluate Round 2 Medical
 - Revised premium changes
 - Revised proposals changes to existing benefits/programs
- Evaluate Round 3 Medical
 - Final premiums reflecting changes to existing benefits/programs

- | | |
|---|--|
| • Balance <ul style="list-style-type: none">– Maintaining existing benefits/programs– Protecting premium affordability | • Decide <ul style="list-style-type: none">– Renew or terminate existing benefits/programs– Change existing benefits/programs |
|---|--|

Negotiate Quality, Equity, Value, and Cost

Renewal Changes

- As part of the annual renewal cycle, the Board can change:
 - **How many plans** each Carrier offers — Add / terminate plans
 - **Plan designs** of each plan — Change benefit designs including deductible, out-of-pocket maximum, coinsurance, copay
 - **Network design** of each plan — Change network coverage to exclude out-of-network providers or to include only a subset of in-network providers (a "narrow" network plan)
 - **Plan costs** — Carriers can reduce their administrative fees, provide fee guarantees, make cost concessions, improve provider contract terms
 - **Which services / conditions** should be addressed by **supplemental vendor partnerships** — Carriers partner with vendors to provide specialized treatment support and/or expand access
 - **Performance guarantees** — Carriers can make improvements to financial and clinical performance guarantees
 - **Covered services** — Carriers revisit services covered by the plan
- What the Board cannot change as part of annual renewal cycle:
 - Carriers with which OEBC is contracted



Evaluate Renewal Proposals

- Renewal letters sent to Carriers and vendors on December 5
 - Requests reflect goals and priorities set by Board at retreat
- Round 1 proposals due in January
- Proposals include:
 - Premium or fee changes
 - Suggestions for increasing value of existing benefits and programs
 - Ideas for new benefits and programs
- Proposals reflect collaborative efforts between:
 - Carriers and vendors
 - OEBB Committees (SEOW, IWG, and Health Equity)
 - OHA staff
 - Mercer consultant team
- Round 1 proposals will be evaluated and modifications requested, which will be sent to carriers and vendors via Round 2 renewal letters
- For proposed premium changes, “evaluate” means:
 - Scrutinize method and assumptions for soundness and reasonability
- For proposed changes to existing benefits and programs, “evaluate” means:
 - Assess member impact and opportunity cost
- For proposed new benefits and programs, “evaluate” means:
 - Assess how well proposed ideas meet Board goals and standards for quality, equity, value, and cost
- Evaluation results inform negotiations



Negotiate Renewal Proposals

- Proposals are improved upon through an iterative process of evaluation and negotiation
- “Negotiate” means to advocate for:
 - Better benefits
 - Lower costs
 - Higher value
- Negotiation strategies include:
 - Market intelligence
 - Independent validation
 - Alternative methodologies
- Successful negotiations reflect
 - Benchmarking data
 - Financial acumen
 - Clinical expertise
 - Commitment and partnership of carriers and vendors





OEBB Open Enrollment Results

January 6, 2026

Kirsten Staveland, Principal, Portland, OR

A business of Marsh McLennan



1. Highlights
2. Migration
3. Enrollment by Plan
4. Entity Information

Agenda

Highlights



More than 56,000 Employees and over 136,000 Oregonians are Covered through OEGB

265

Benefit eligible entities

70,348

Eligible employees

11

Medical plans

56,738

Employees enrolled in medical

7

Dental plans

Entities joining for
2025–26:

2

(115 employees)

71% | 27% | 2%

Urban

Rural

Out of State

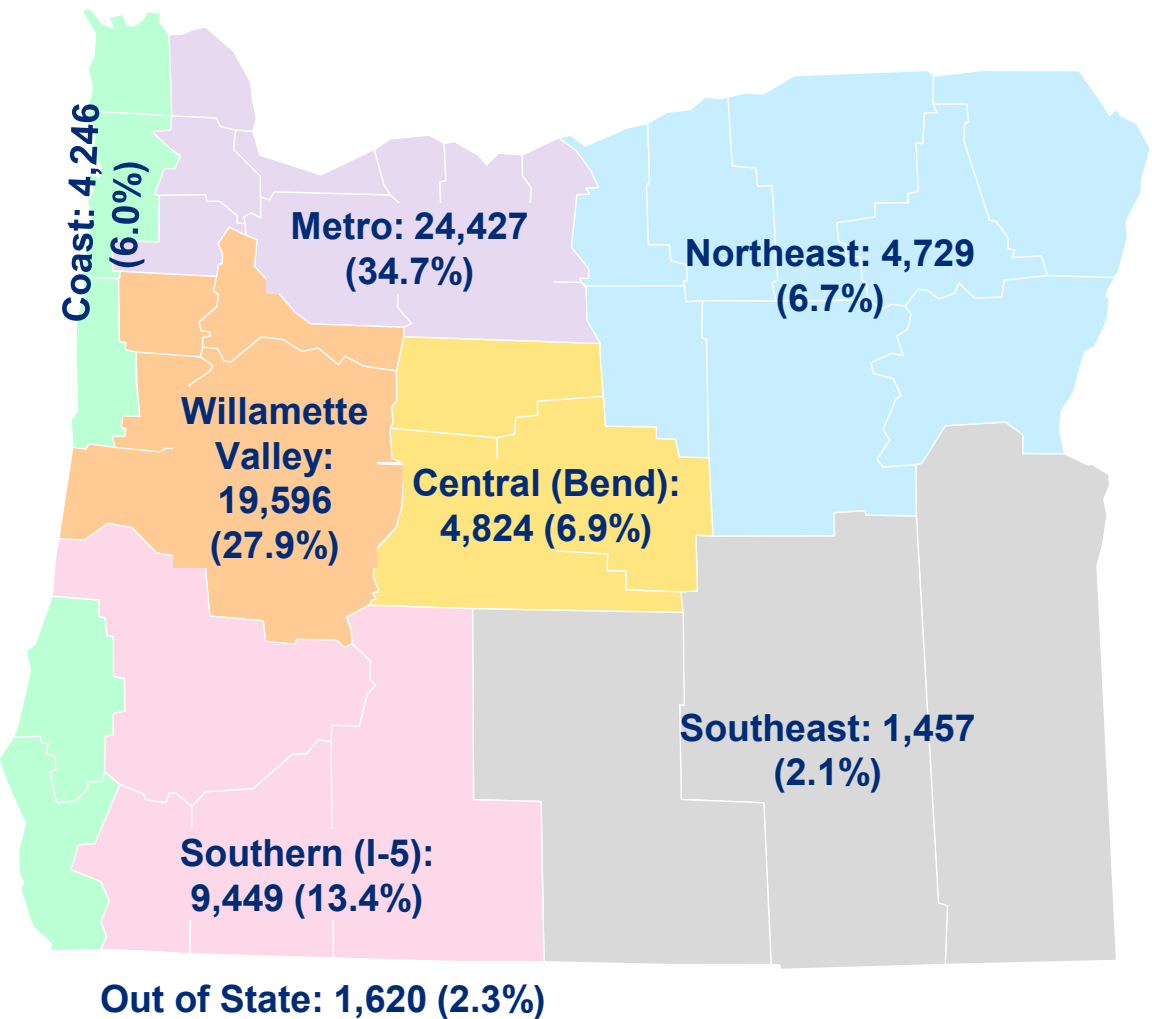
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Vision plans

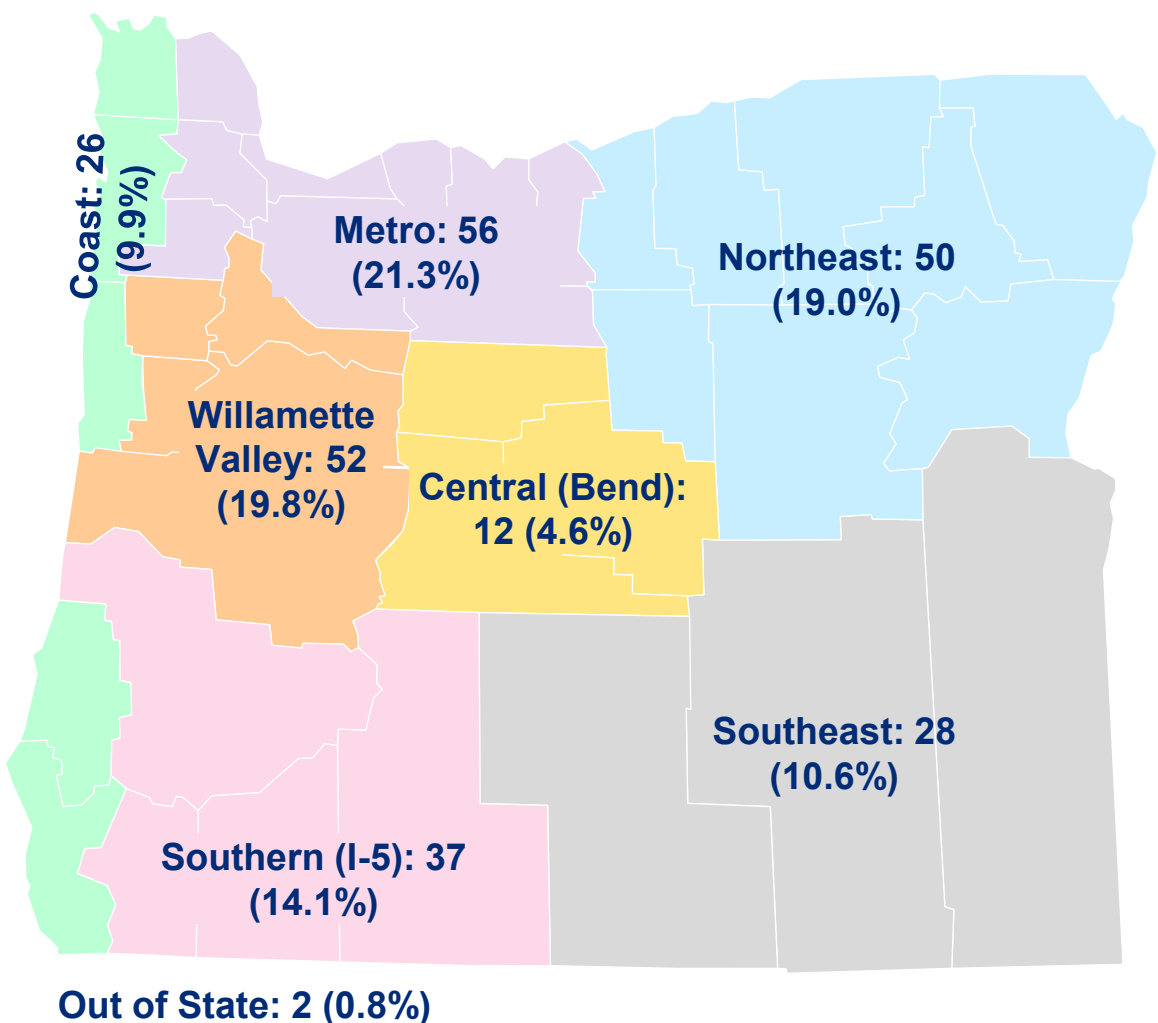
Note: Based on October 2025 census and reflects 2025–2026 open enrollment results.

OEGBB Serves Employees and Entities Statewide

Enrolled Employees by Region as of October 2025



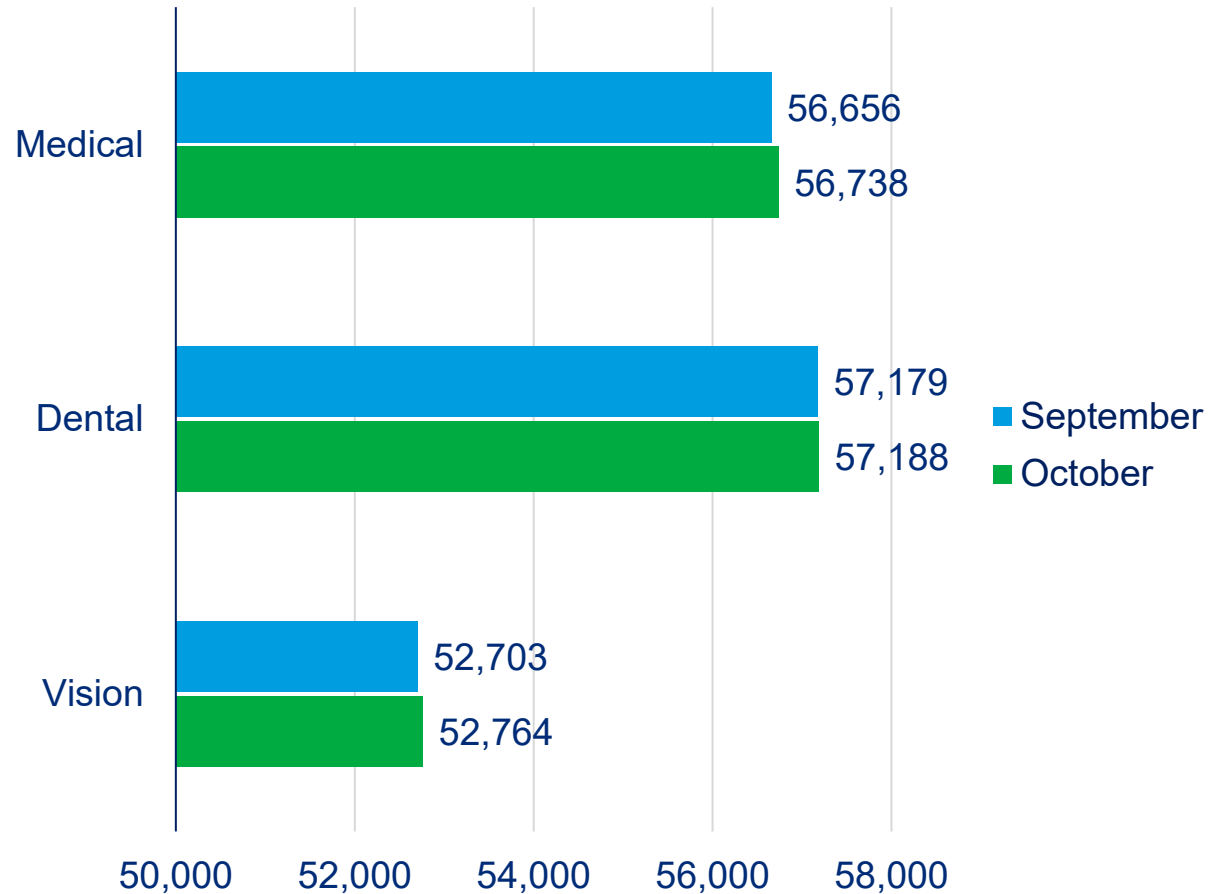
Entities with Enrollment by Region as of October 2025



Overall Results

Enrollment was steady across all lines

Enrollment Comparison

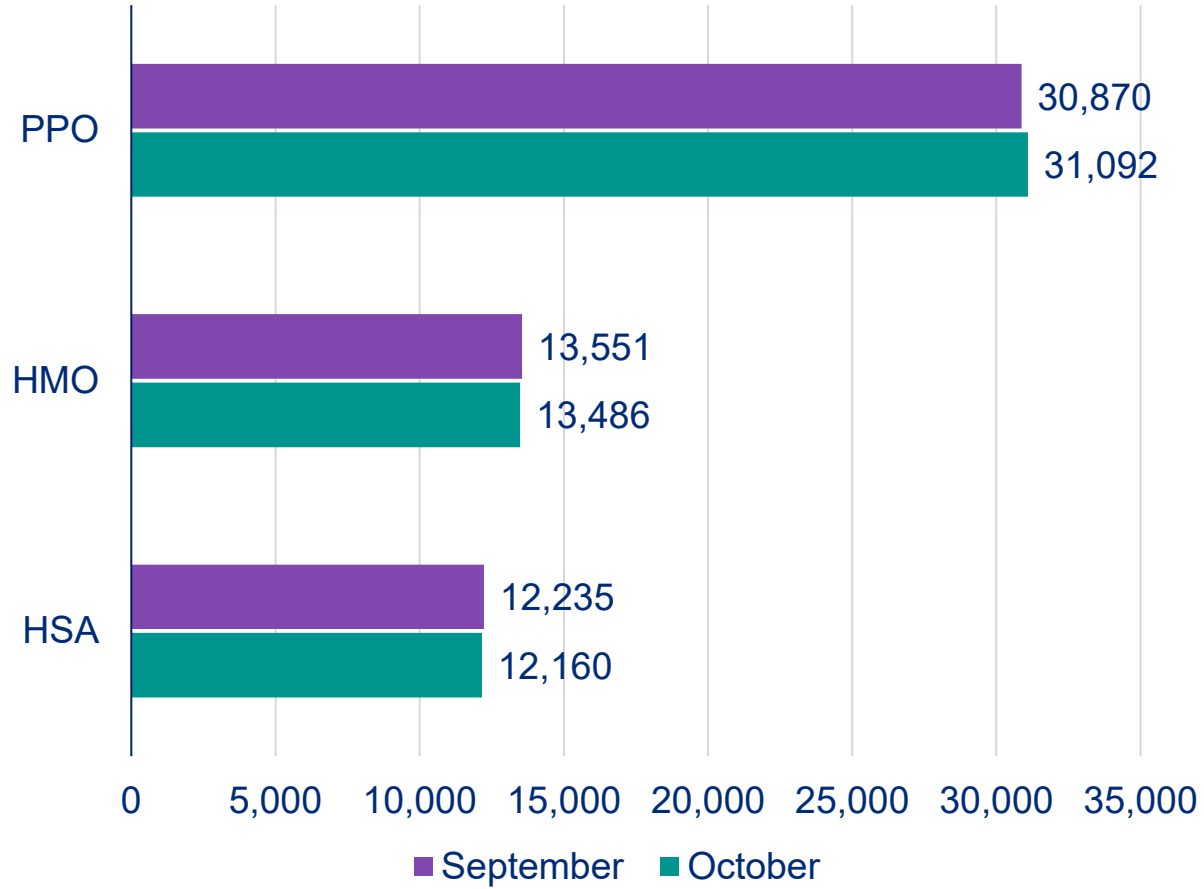


- 0.1% medical shift (+82 subscribers)
 - Kaiser +35 subscribers / +0.2%
 - Moda +47 subscribers / +0.1%
- 0.0% dental shift (+9 subscribers)
 - Kaiser -110 subscribers / -1.3%
 - Delta Dental +445 subscribers / +1.1%
 - Willamette Dental -326 / -3.7%
- 0.1% vision shift (+61 subscribers)
 - Kaiser -156 subscribers / -1.7%
 - Moda +18 subscribers / +0.1%
 - VSP +199 / +1.1%

PPO and HSA Plan Medical Enrollment

Medical plan mix remained consistent

Medical Enrollment Comparison



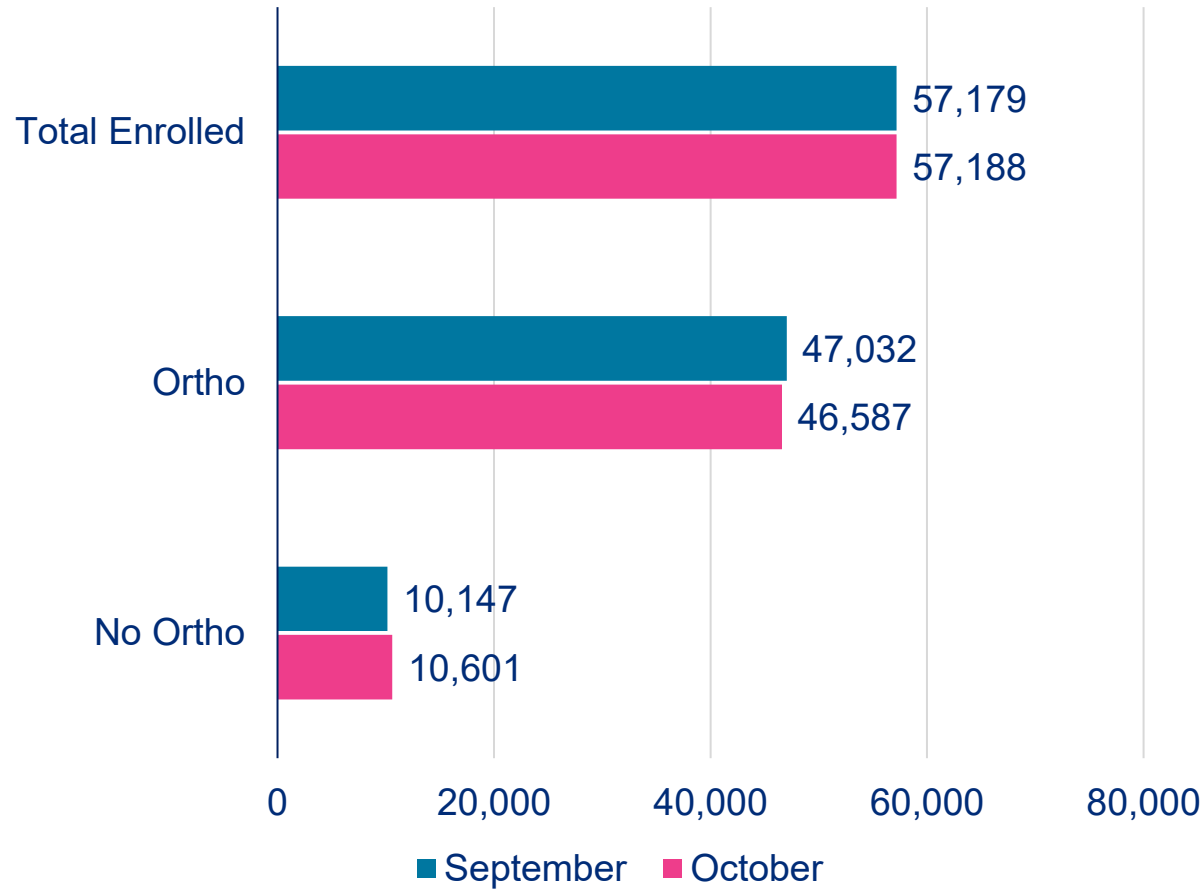
Total Medical Comparison +82 subscribers

- PPO +222 subscribers / +0.7 increase
- HMO -65 subscribers / -0.5% decrease
- HSA -75 subscribers / -0.6% decrease
- Plan Mix stayed consistent at approximately 55%/24%/21% (PPO/HMO/HSA)

Dental Plan Comparison

Dental plan mix remained consistent

Dental Enrollment Comparison



Total Dental Comparison +9 subscribers

- With Ortho -445 subscribers / -0.9% decrease
- Without Ortho +454 subscribers / +4.5% increase
- Plan Mix stayed consistent at approximately 81%/19% (with ortho/without ortho)

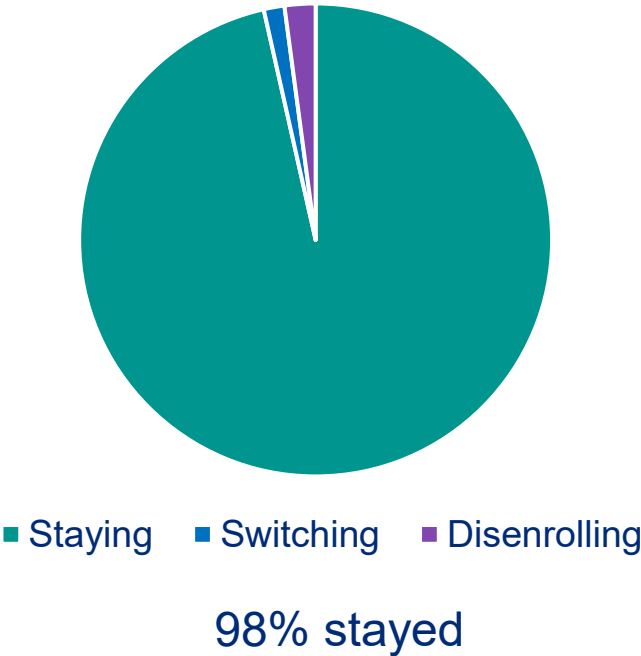
Migration

2

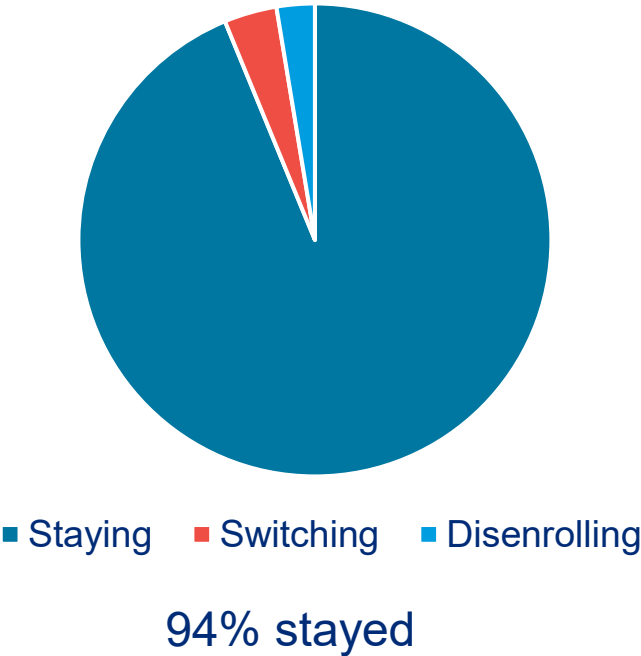
Majority of Employees Renewed with Same Carrier

Focusing on Employees who were Enrolled on September 30; Did they Stay, Switch, or Disenroll?

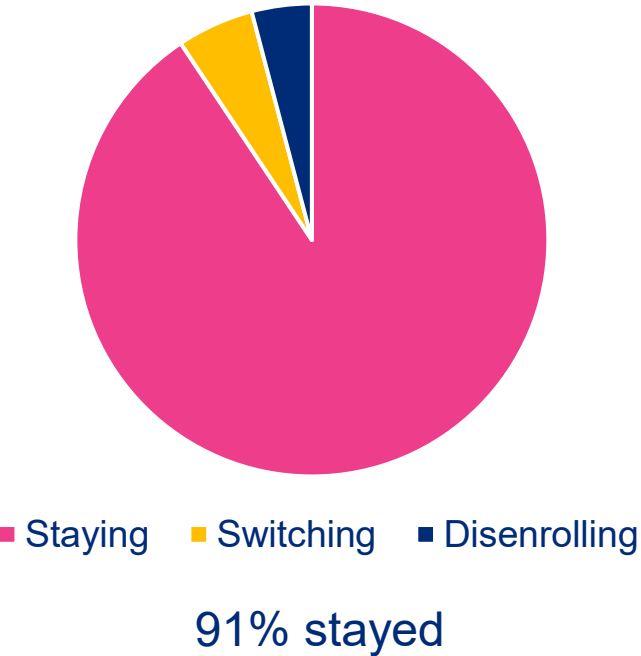
Medical Renewal Decision



Dental Renewal Decision

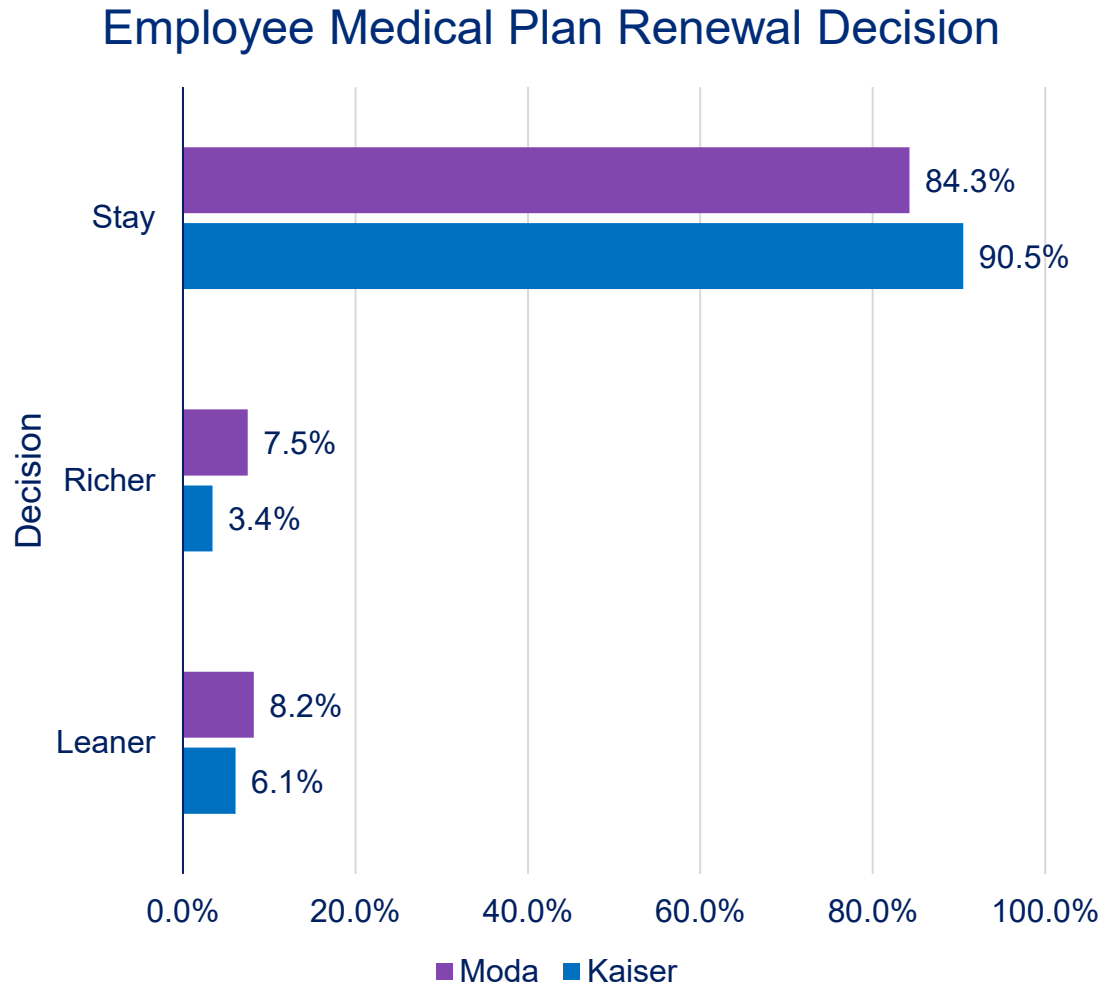


Vision Renewal Decision



...And Same Medical Plan

Majority of Employees Enrolled on September 30 Kept their Same Medical Plan on October 1



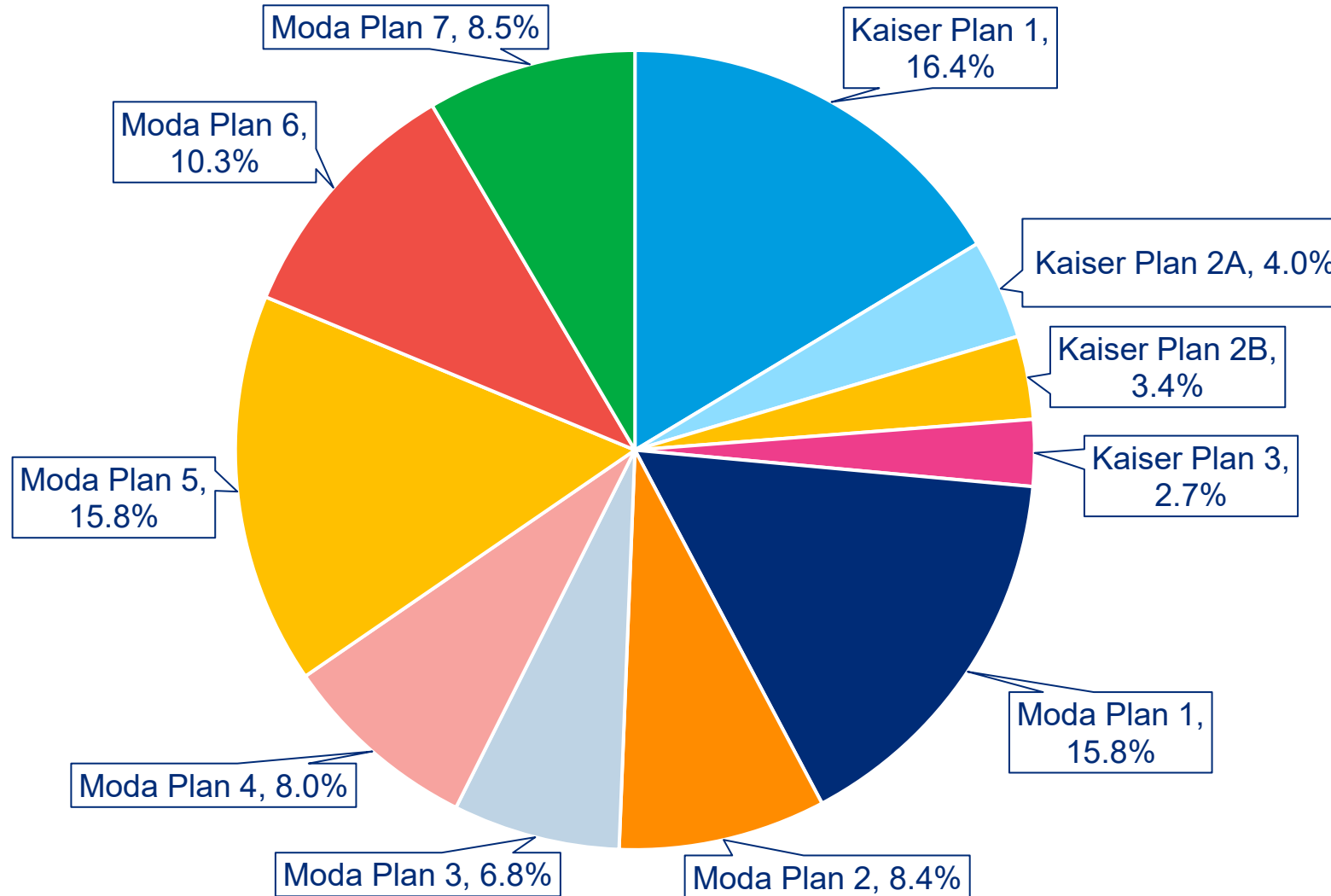
- 86% of employees enrolled in medical on September 30 stayed with their same plan on October 1. Looking only at these employees, did they stay in the same plan or move into a richer or leaner plan?
 - Majority stayed in their current plan
- Moving to a richer plan means moving to a lower numbered plan with lower out-of-pocket costs for services.
 - For example, from Kaiser 2B to either Kaiser 2A or Kaiser 1, or from Moda 7 to any Moda 1 through 6
- Moving to a leaner plan means moving to a higher numbered plan with higher out-of-pocket costs for services.
 - For example, from Kaiser 2B to Kaiser 3, or from Moda 4 to Moda 6 or 7

Enrollment by Plan

3

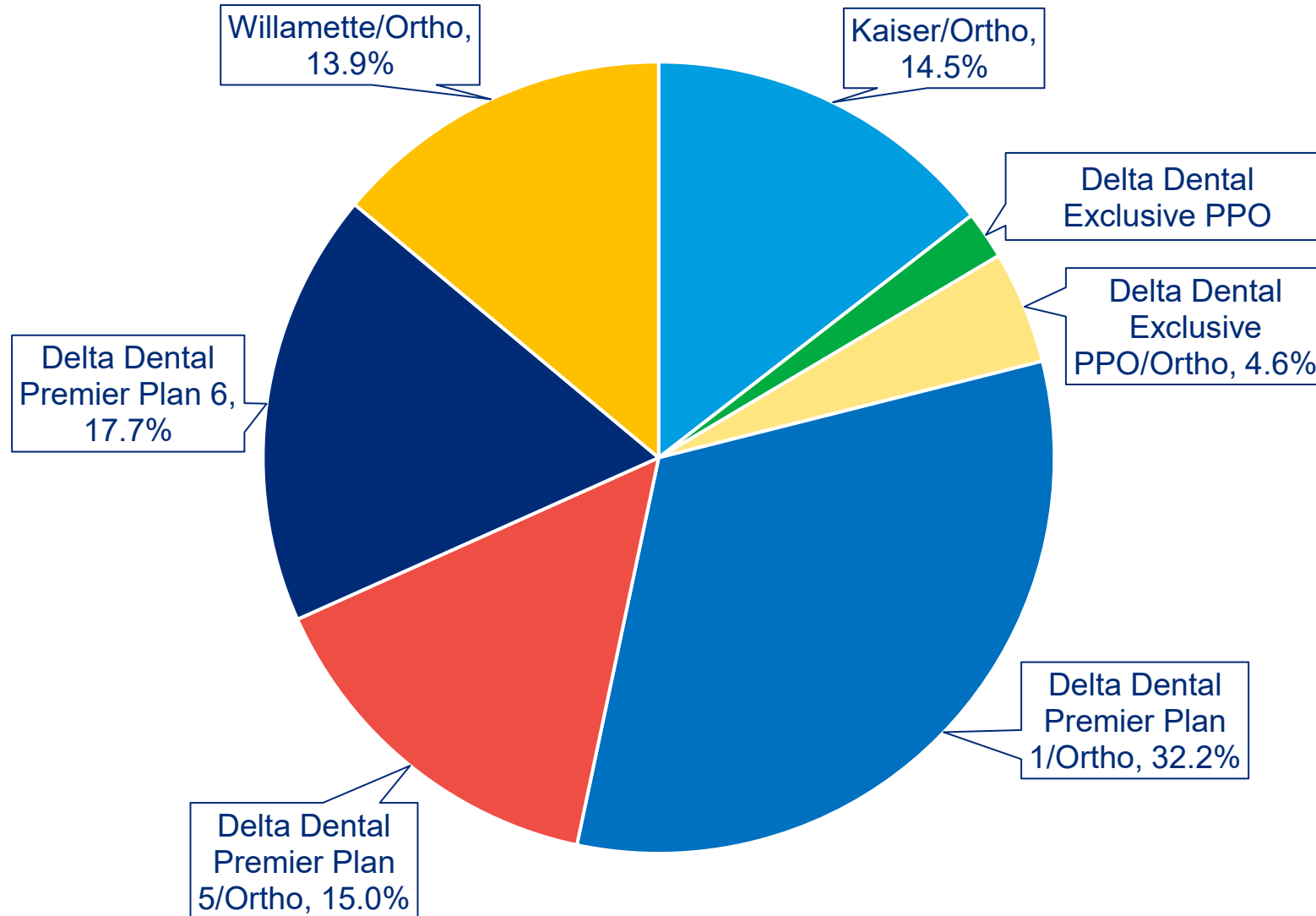
Distribution of Medical Enrollment by Plan

Over 70% of Enrollment in Moda Plans



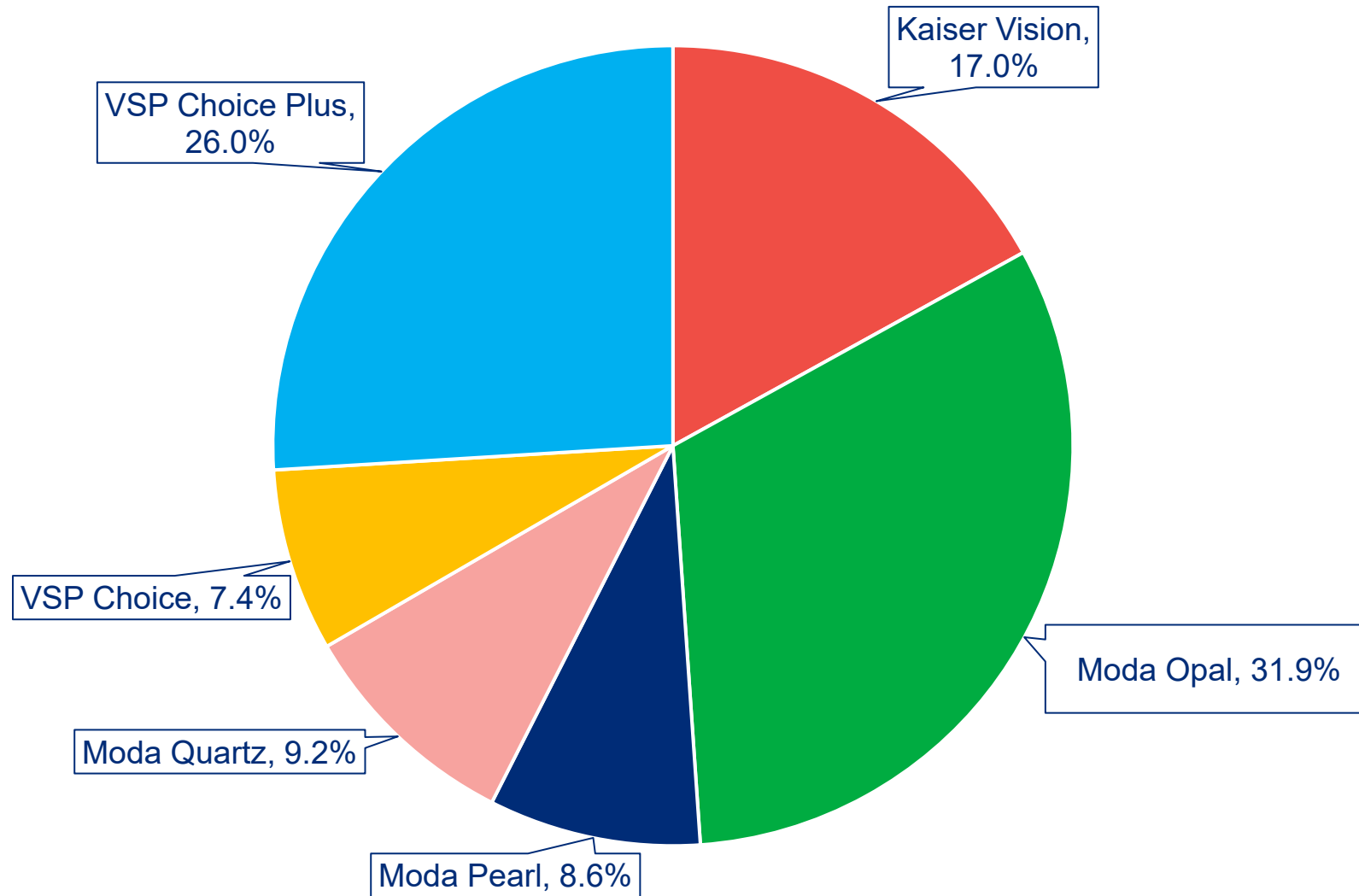
Distribution of Dental Enrollment by Plan

Over 70% of Enrollment in Delta Dental Plans and about 30% of Enrollment in Managed Care Plans (WDG and Kaiser)



Distribution of Vision Enrollment by Plan

Over 50% of Enrollment in Moda Plans; Over 30% of Enrollment in VSP Plans

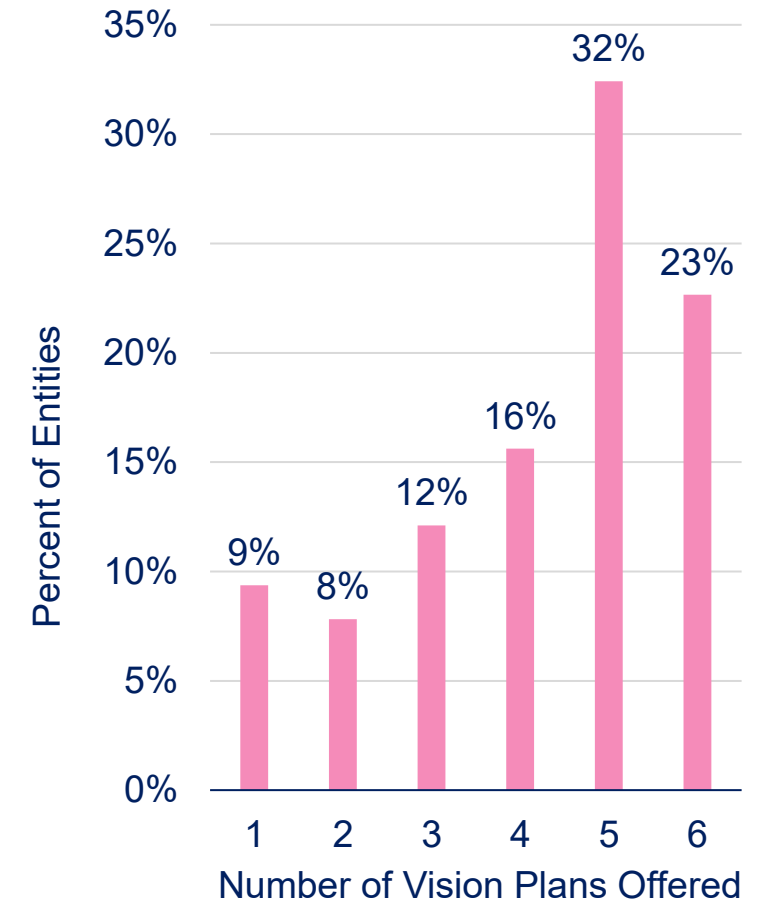
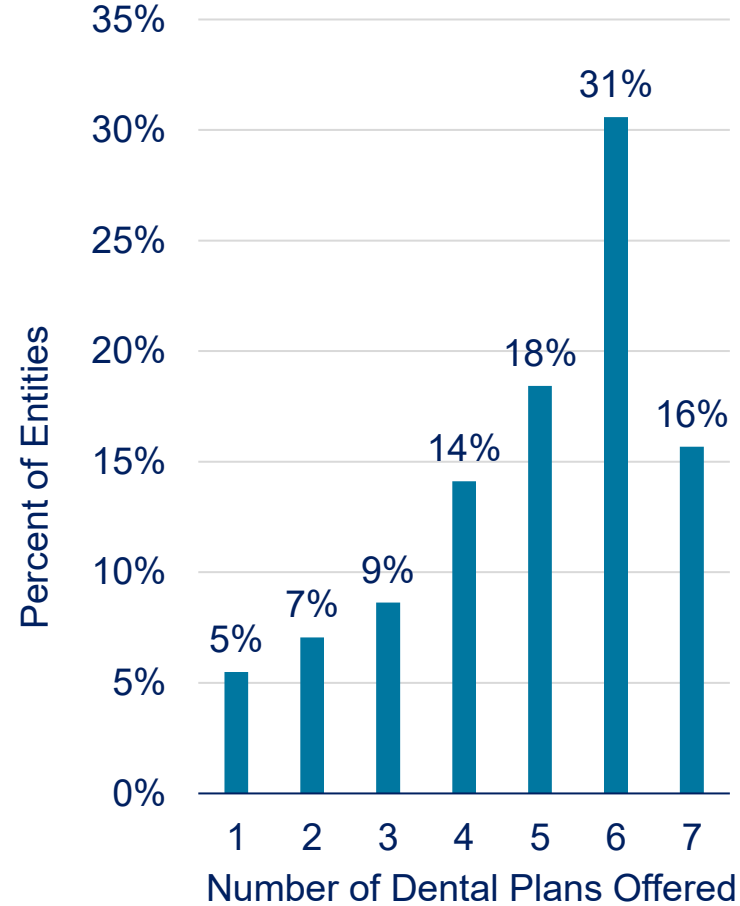
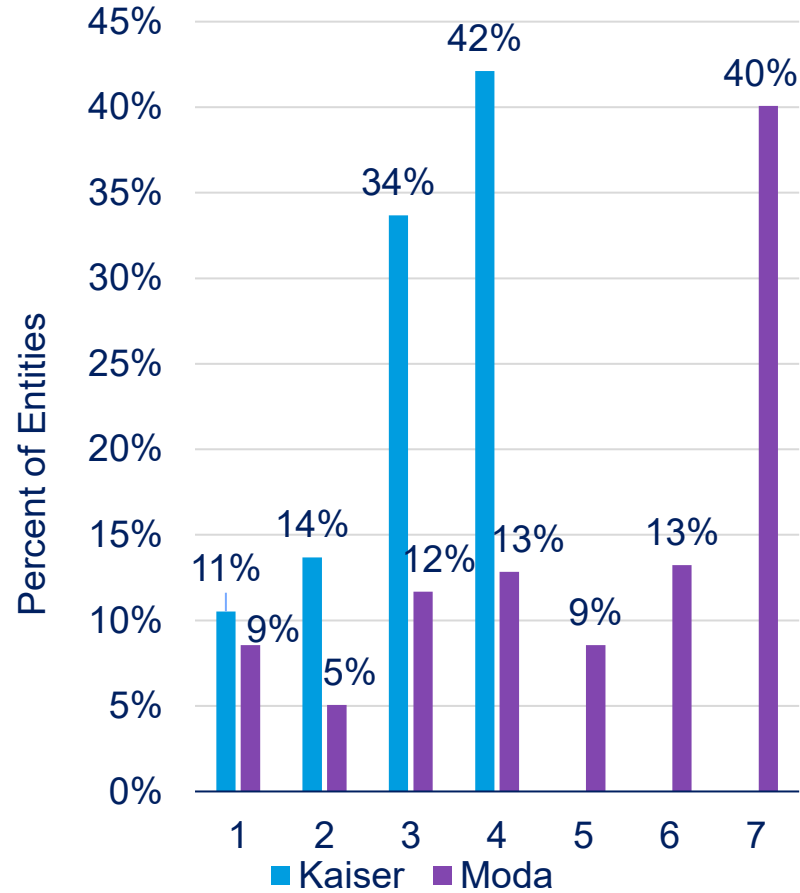


Entity Information

4

OEBB Provides Broad Choice of Plans

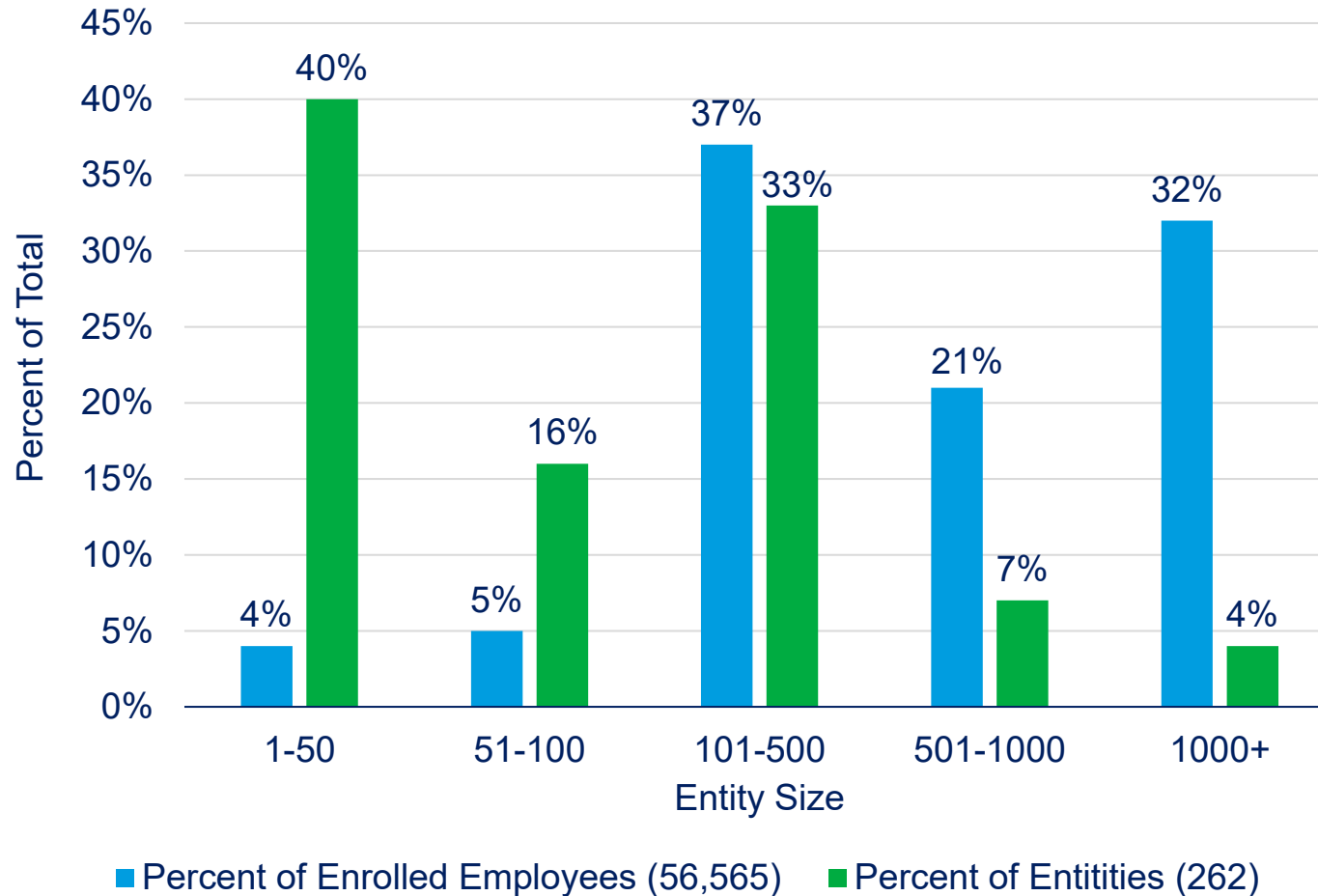
Percent of Available Medical, Dental, and Vision Plans Elected by Employees



Note: Based on October 2025 census and reflects 2025–2026 open enrollment results.

Distribution of Entities by Size

Classified by Count of Enrolled Employees



- OEBB in total is a jumbo group, representing **57k enrolled employees** across Oregon
- But OEBB is made up of 265 entities, which range in size from **0 to 4,446** enrolled employees
- **56%** of OEBB entities have **fewer than 100 enrolled employees**
- **On average, 19% of eligible employees opt out** of coverage for a variety of reasons

Note: Based on October 2025 census and reflects 2025–2026 open enrollment results.

Appendix

Medical Enrollment by Plan

Medical (Percent of Employees)

Carrier	Plan	September 2025 Enrollment	October 2025 Enrollment	Change	Percent Change
Kaiser	Kaiser Bronze Plan	1	0	-1	-100%
	Kaiser Plan 1	9,680	9,265	-415	-4%
	Kaiser Plan 1 LG	16	21	5	31%
	Kaiser Plan 2A	2,256	2,291	35	2%
	Kaiser Plan 2B	1,599	1,909	310	19%
	Kaiser Plan 3	1,424	1,525	101	7%
Moda	Moda Plan 1	9,047	8,779	-268	-3%
	Moda Plan 1 LG	170	180	10	6%
	Moda Plan 2	4,851	4,667	-184	-4%
	Moda Plan 2 LG	86	91	5	6%
	Moda Plan 3	3,705	3,683	-22	-1%
	Moda Plan 3 LG	162	150	-12	-7%
	Moda Plan 4	4,218	4,378	160	4%
	Moda Plan 4 LG	187	185	-2	-1%
	Moda Plan 5	8,319	8,866	547	7%
	Moda Plan 5 LG	125	113	-12	-10%
	Moda Plan 6	5,866	5,701	-165	-3%
	Moda Plan 6 LG	133	131	-2	-2%
	Moda Plan 7	4,770	4,761	-9	0%
	Moda Plan 7 LG	41	42	1	2%

Medical Enrollment by OEGB Healthcare Region

Enrollment steady across all regions

	September 2025 Enrollment	October 2025 Enrollment	Change	Percent Change
Central (Bend)	3,806	3,765	-41	-1.1%
Coast	3,284	3,277	-7	-0.2%
Metro	20,485	20,376	-109	-0.5%
NE	3,610	3,610	0	0.0%
SE	1,142	1,151	9	0.8%
Southern (I-5)	7,106	7,192	86	1.2%
Willamette Valley	15,872	16,023	151	1.0%
Out of State	1,351	1,344	-7	-0.5%
Total	56,656	56,738	82	0.1%

Dental Enrollment by Plan

Delta Dental shift to Premier Plan 6

Carrier	Plan	September 2025 Enrollment	October 2025 Enrollment	Change	Percent Change
Kaiser	Kaiser/Ortho	8,299	8,189	-110	-1.3%
Delta Dental	Exclusive PPO Incentive/Ortho	1,118	1,146	28	2.5%
	Exclusive PPO/Ortho	2,634	2,515	-119	-4.5%
	Premier Plan 1/Ortho	18,434	18,533	99	0.5%
	Premier Plan 5/Ortho	8,572	8,555	-17	-0.2%
	Premier Plan 6/No Ortho	10,147	10,601	454	4.5%
Willamette Dental	Willamette/Ortho	7,975	7,649	-326	-4.1%
Total:		57,179	57,188	9	0.02%

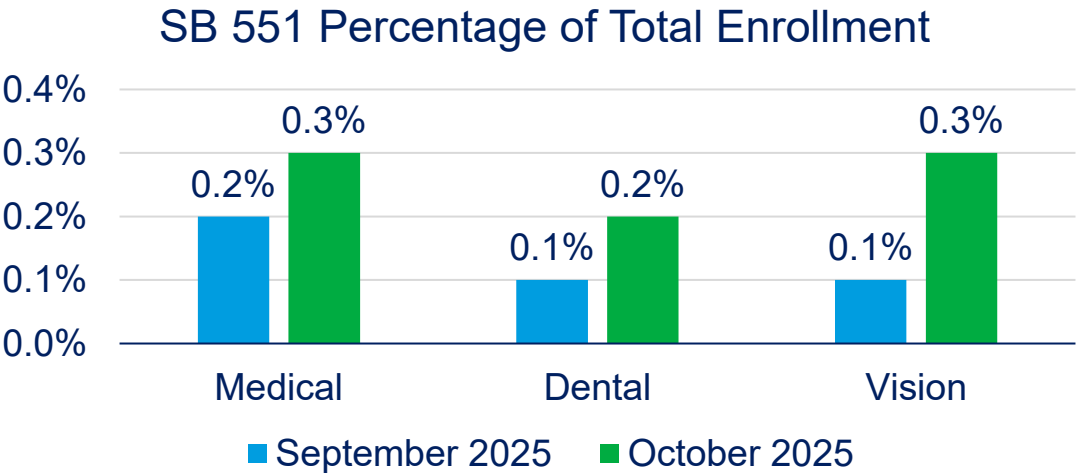
Vision Enrollment by Plan

Slight buy-up

Carrier	Plan	September 2025 Enrollment	October 2025 Enrollment	Change	Percent Change
Kaiser	Vision	8,948	8,792	-156	-1.7%
Moda	Opal (\$600)	16,826	17,171	345	2.1%
	Pearl (\$400)	4,518	4,265	-253	-5.6%
	Quartz (\$250)	4,828	4,754	-74	-1.5%
VSP	Choice	3,898	3,653	-245	-6.3%
	Choice Plus	13,685	14,129	444	3.2%
Total:		52,703	52,764	61	0.1%

SB 551 Enrollment Changes

Portland Community College added 30+ employees



Enrollment Shift	Medical	Dental	Vision
SB 551 Entities	51	54	54
All Other Entities	31	-45	7
Total	82	9	61

Entity	Medical	Dental	Vision
Blue Mountain Community College	1	1	1
Chemeketa Community College	48 (+8)	47 (+10)	48 (+13)
Columbia Gorge Community College	1	N/A	N/A
Klamath Community College	2 (+1)	2 (+1)	2 (+1)
Lane Community College	2 (-1)	2 (-1)	2 (-1)
Linn-Benton Community College	13	14 (+2)	13 (+1)
Mt Hood Community College	8 (-1)	8 (-1)	8 (+1)
Oregon Coast Community College	4 (+1)	3 (+1)	3 (+1)
Portland Community College	42 (+37)	37 (+33)	35 (+30)
Rogue Community College	20 (+6)	22 (+9)	19 (+8)
Southwestern Oregon Community College	1	1	1
Total	142 (+51)	137 (+54)	132 (+54)



OEBB RFP Discussion

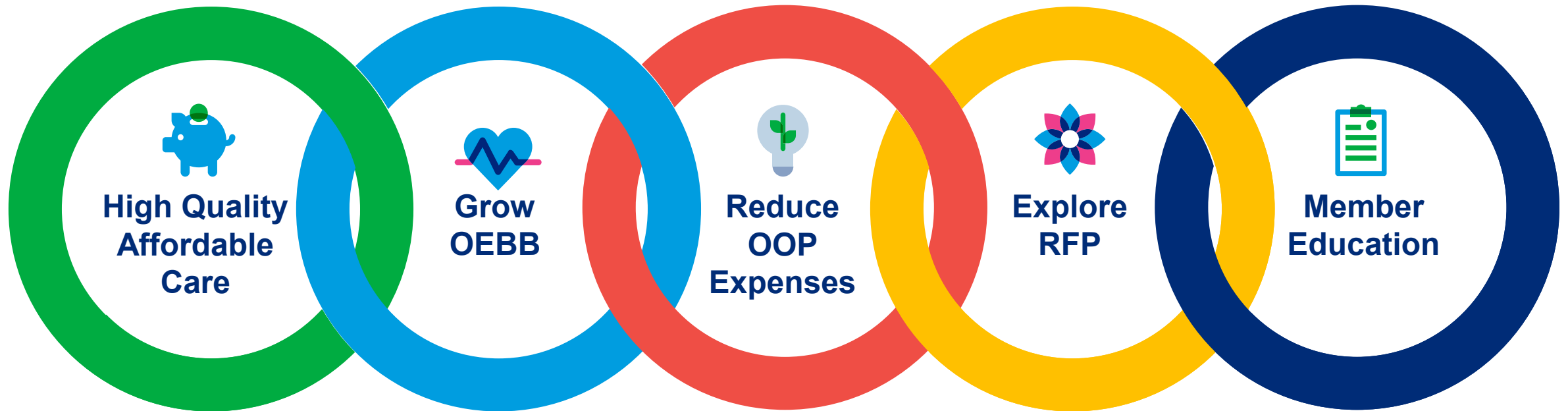


Attachment 4

January 6, 2026

John Kessler, Mercer
Kirsten Staveland, Mercer
A business of Marsh McLennan

OEBB Goals



Board RFP Responsibilities

Board is responsible to periodically issue RFPs

- Due-diligence at a level deeper than annual renewal cycle
 - Prior RFP work 2015–2017 for October 1, 2017, effective date
 - OEGB original effective date of October 1, 2008
- Inventory innovations in the Carrier market
 - New Carriers and new approaches

Time and resource intensive due to public procurement process

- 2–3 years from development to effective date
- Collaboration between Mercer, OHA and Board

Historical RFP Timing and Outcomes

OEBB original effective date October 1, 2008

- Medical business awarded to Providence (statewide), Moda (statewide) and Kaiser Permanente. Total of 11 plan options.
- Providence dropped out for October 1, 2012, due to rating concerns.

OEBB RFP 2015–2017 for October 1, 2017, effective date

- Board voted on approach in June 2015, for October 1, 2017, effective date.
- Medical business awarded to Moda (statewide) and Kaiser Permanente.

Role of the Board in RFP

Board determines key aspects of medical RFP

1

Establish RFP
goals and
structure

2

Determine overall
level of Board
involvement in
RFP

3

Review and
approve selection
criteria, scoring
(including section
and sub-section
weightings)

4

Review and
approve RFP prior
to release to
market

5

Participate in
finalist interviews

6

Select Apparent
Successful
Proposer(s)

Medical RFP Structure

Board decides whether to consider only integrated options or allow carve-out pharmacy bids

1. Medical and pharmacy integrated (current structure)

Or

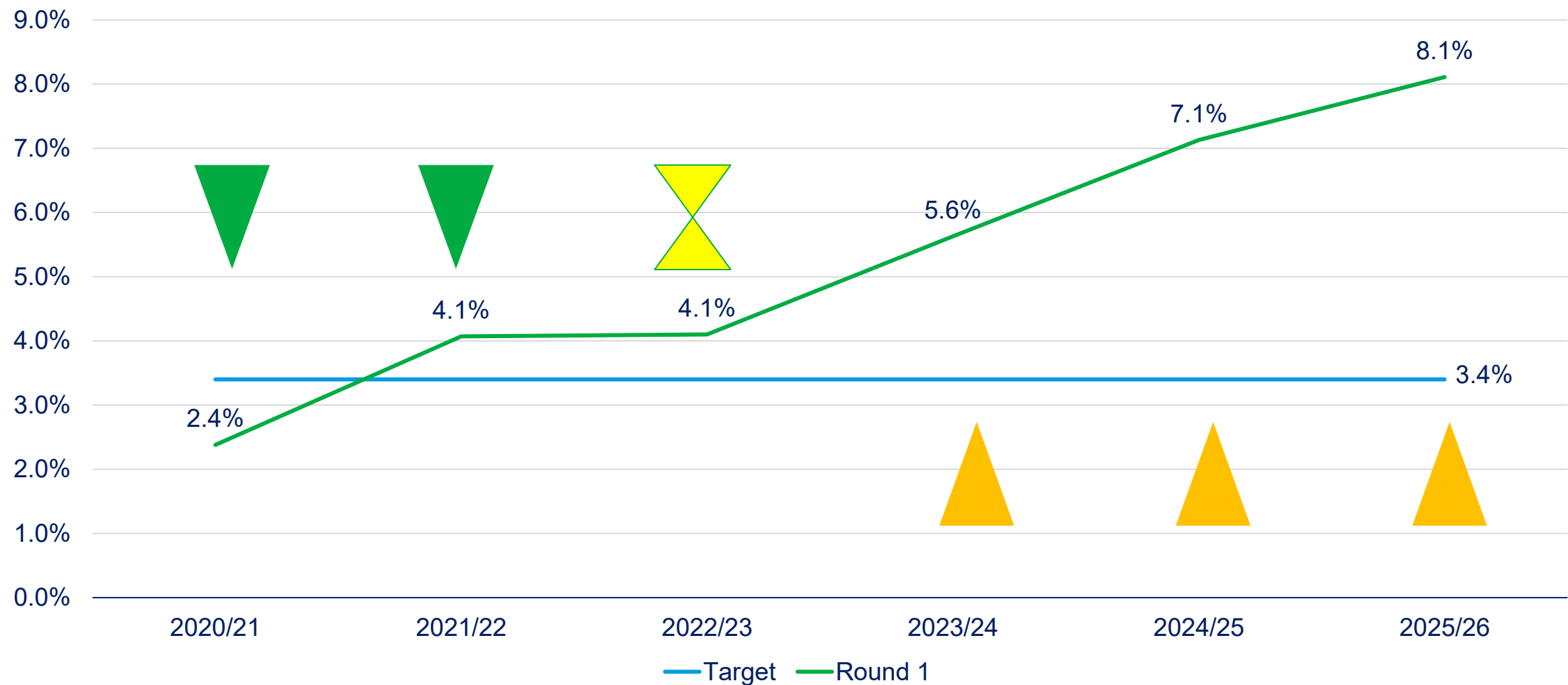
1. Medical and pharmacy integrated

2. Medical-only

3. Pharmacy-only (carve-out)

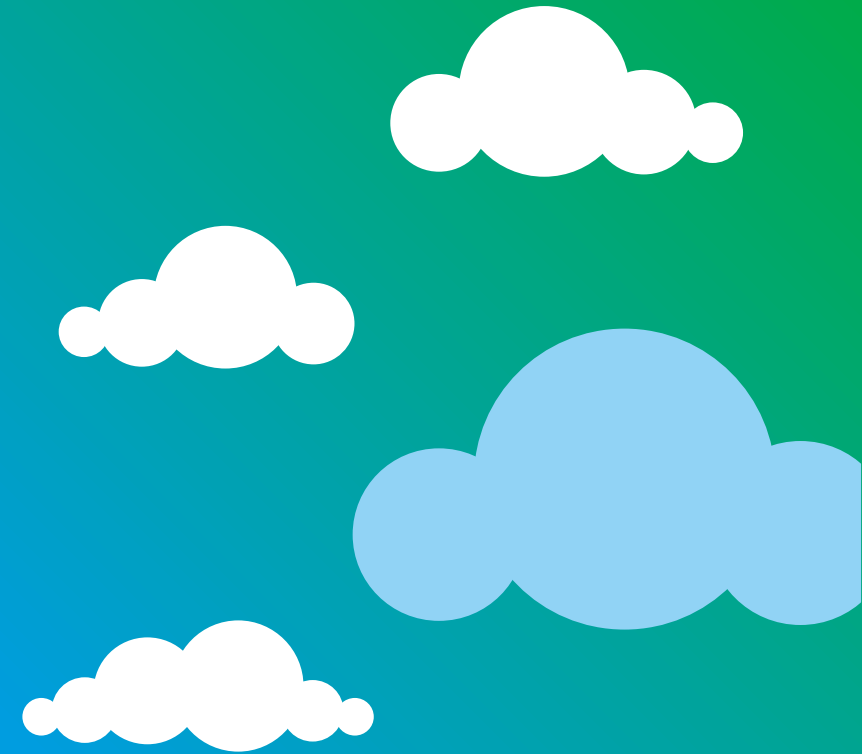
External Renewal Pressure

Historical Round 1 Overall Renewal Increases



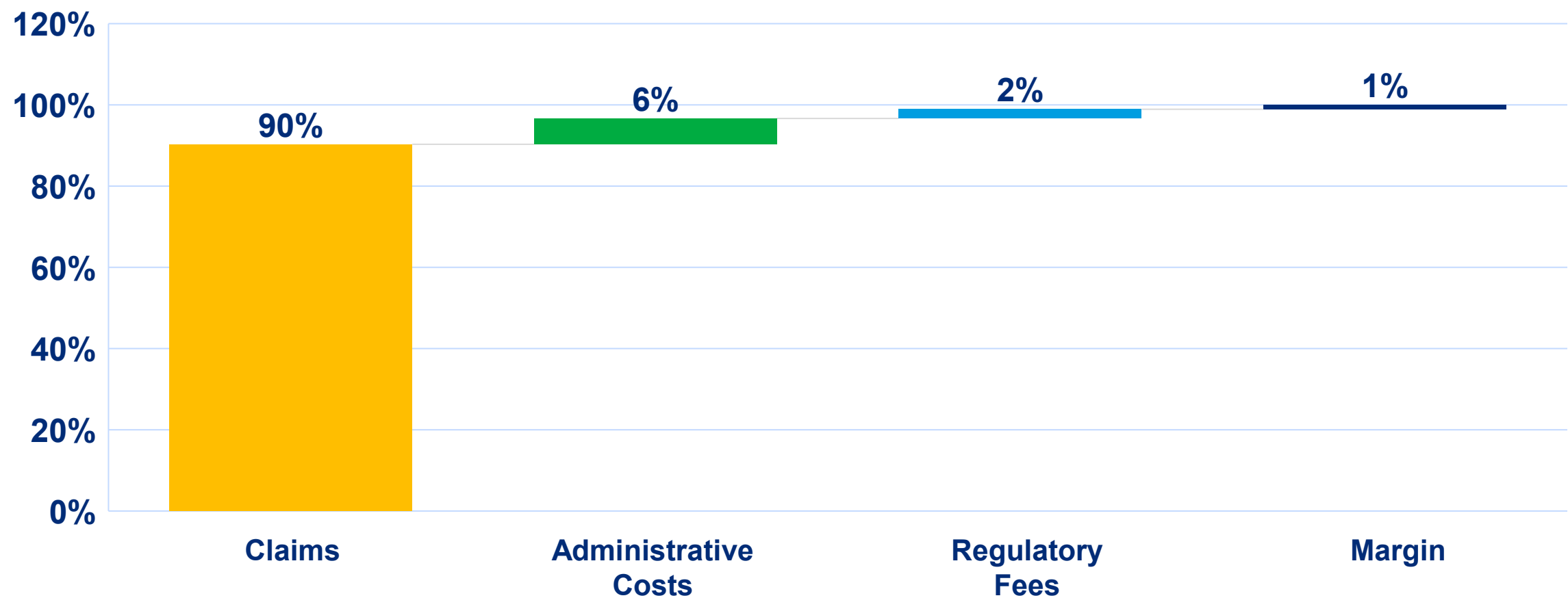
Changing Healthcare Ecosystem

- Increased prices for services
 - Persistently high general inflation post-COVID
 - Compounded by systemic healthcare challenges including provider shortages
- Improved access and higher utilization of care
 - Efforts to remedy/expand access post-COVID increasing appointment availability
 - Demand ready to fill those appointments
- Ongoing innovation
 - Expanding indications and increasing use of costly prescription drugs
 - Expanded imaging guidelines for breast cancer screening based on member risk profile



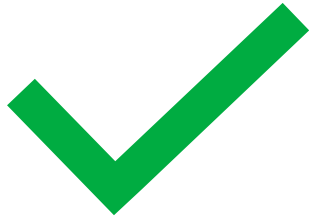
Illustrative Premium Rate Build-up

Moda Example



Board Action

Next steps for Board



Board votes on whether to proceed with next steps towards medical RFP



If Board decides to proceed, based on agreed upon timeline, initial next steps beginning in 2026 include:

- Determine RFP goals and structure
- Determine level of Board involvement in evaluation and scoring
- Review and approve selection criteria, scoring
- Review and approve RFP prior to release to market

Rules of the Road

If Board decides to proceed with next steps towards medical RFP, certain important procurement rules apply

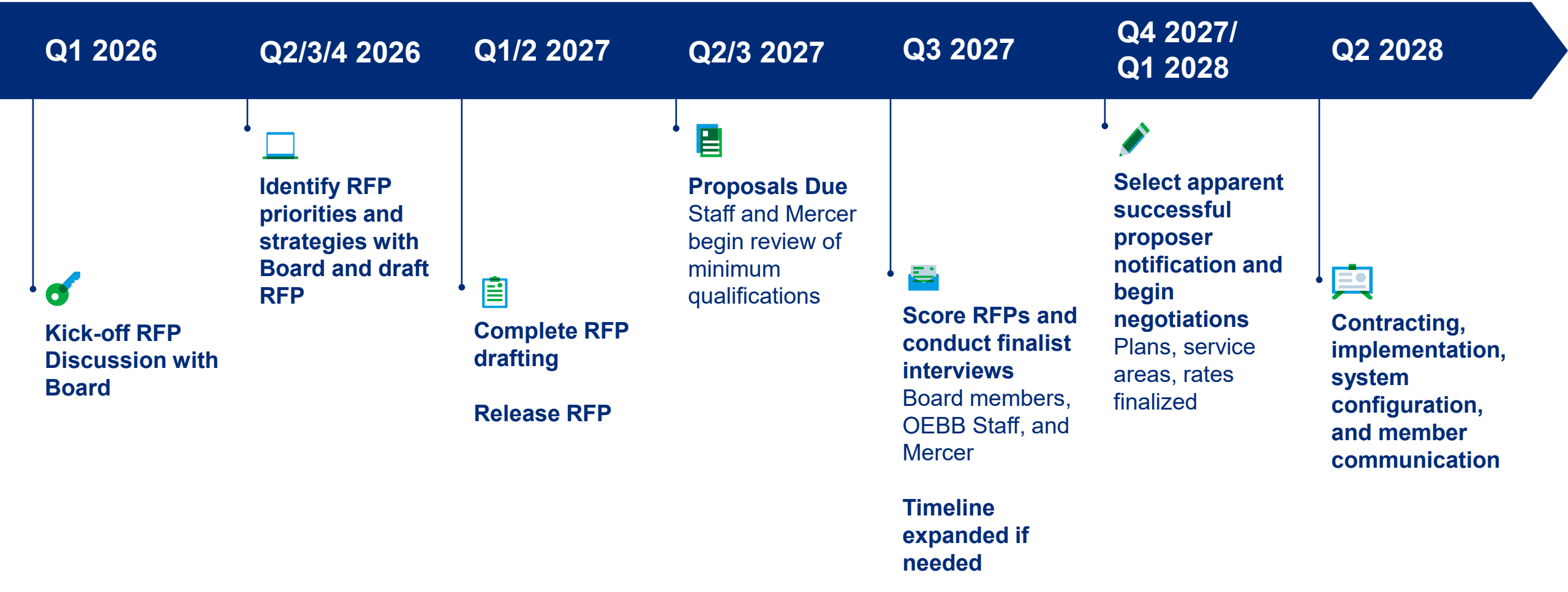
To protect integrity of RFP process:

- No RFP-related contact between Potential Proposers and OEGB Board members, Staff, and Mercer team.
- Potential Proposers to refrain from questions and/or comments during RFP-related Board presentations.
- Any questions to be addressed through RFP process.



Preliminary High-level RFP Timeline

October 1, 2028, Plan Effective Date



Subject to change pending Board decisions



A business of Marsh McLennan

GLP-1 Drugs for Weight Management



January 6, 2025

A business of Marsh McLennan

1. GLP-1 Background
2. Coverage Considerations

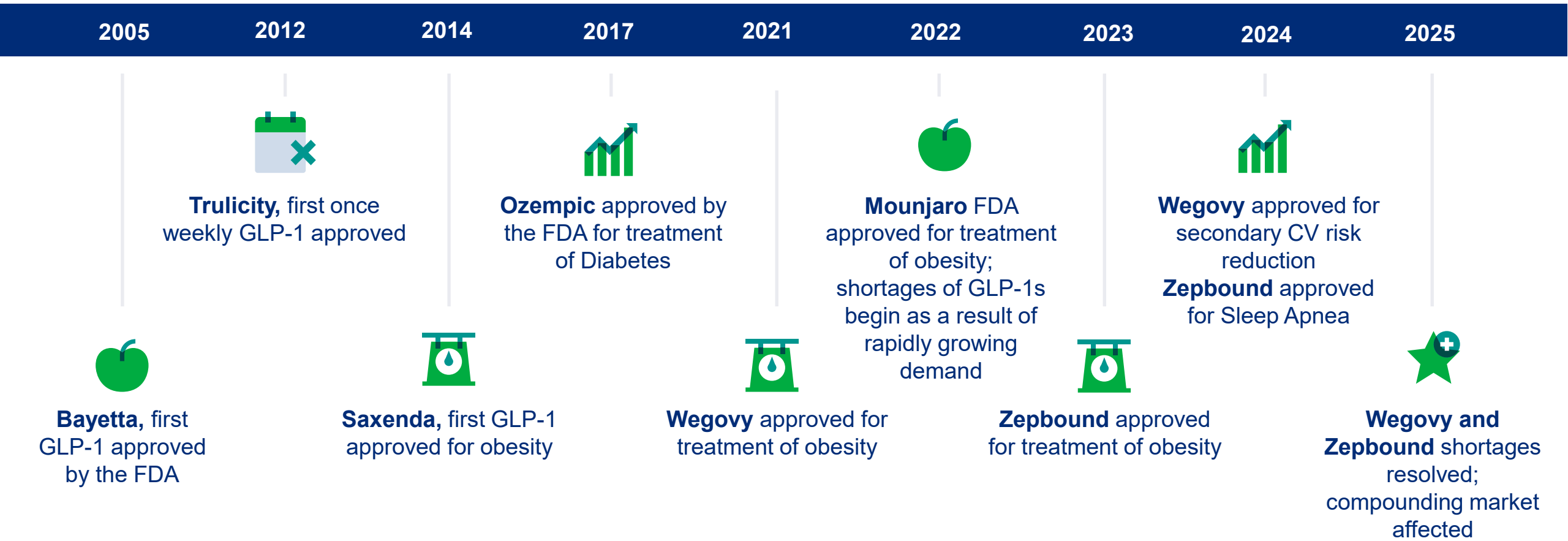
Agenda

GLP-1 Background



GLP-1s Timeline

GLP-1s Initially Discovered in the 1980s and experienced a slow ramp up until recently

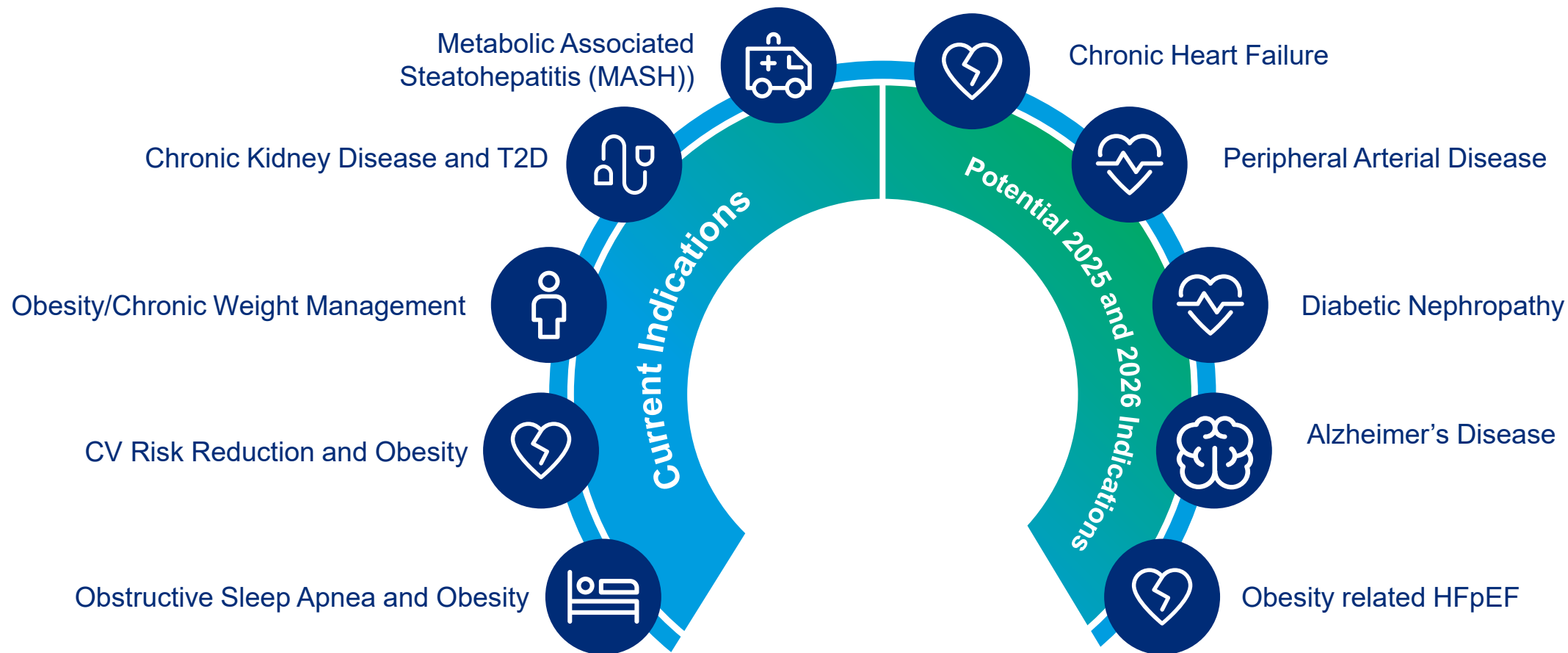


GLP-1s Have been on the market for 20 years, but utilization growth accelerated more recently

Expected in 2026: Oral GLP-1s; continued market and pricing evolution; new indications

Indications for GLP-1 Medication Continue to Grow

Not only for type 2 diabetes (T2D) and obesity anymore



Additional Ongoing Research Areas

- Osteoarthritis of knee
- Polycystic Ovary Syndrome

- Diabetic Retinopathy
- Addiction Disorders

Conversations around GLP-1 drugs continue to dominate employer health benefit discussions

Oral GLP-1s

- New pill options—oral semaglutide and Lilly’s orforglipron expand treatment choices, may increase utilization despite potentially high costs

Generics & Pricing

- Generics for some GLP-1s emerging but not yet impactful, the major injectables remain branded until 2031; Medicare price negotiations may influence commercial pricing

GLP-1 ROI

- Currently available evidence does not show positive financial return on investment (ROI)—at least not in the short term, and especially when the costs of discontinuations are considered

Direct-to-Consumer Marketing

- Direct-to-consumer (DTC) channels offer discounted access, pressuring manufacturers and pharmacy benefit managers (PBMs) to improve pricing for employer plans

New Indications

- GLP-1s approved or in trials for conditions beyond diabetes, impacting coverage decisions and cost dynamics for employers

Innovation Pipeline

- Over 170 weight management drug candidates from 82 manufacturers including monthly injectables and novel mechanisms, potentially increasing competition and management options

Consumer Demand

- High consumer demand for weight management drug treatment due to media coverage
- RAND report: ~12% of Americans have used GLP-1 drugs for weight management
- Kaiser Family Foundation survey: People want to take a drug for weight management if safe and effective
 - 68% of people who are trying to lose 20+ pounds
 - About 50% of people are trying to lose up to 20 pounds
 - **EVEN 23% of people NOT currently trying to lose weight would take a drug**
- Demand for weight management drugs driven by:
 - High prevalence of obesity/overweight
 - Frustration with currently available treatment options
 - Awareness created by manufacturers via direct-to-consumer advertising and role of social media; created by the medical community
- OEBB has received several member requests to cover weight management drugs

<https://www.cnbc.com/2023/09/29/obesity-diabetes-drug-ad-spending-hit-nearly-500-million-report.html>

<https://www.fiercepharma.com/marketing/novo-nordisk-boosts-wegovy-ozempic-ad-spend-analysis-finds-rising-tide-lifts-all-boats>

[https://www.kff.org/health-costs/poll-finding/kff-health-tracking-poll-july-2023-the-publics-views-of-new-prescription-weight-loss-drugs-and-prescription-drug-costs/#:~:text=About%20seven%20in%20ten%20\(68,than%2010%20pounds%20\(51%25](https://www.kff.org/health-costs/poll-finding/kff-health-tracking-poll-july-2023-the-publics-views-of-new-prescription-weight-loss-drugs-and-prescription-drug-costs/#:~:text=About%20seven%20in%20ten%20(68,than%2010%20pounds%20(51%25)



Current GLP-1 Coverage Landscape

Private Employers

Some employers are removing coverage, directing members to DTC programs, or subsidizing self-pay options such as HRAs or a Pharmacy Savings Card

Public Employers

Connecticut, Illinois, and Florida added coverage exclusively via lifestyle management vendor

North Carolina, Idaho, Michigan and Iowa discontinued coverage

Medicaid

State Medicaid programs have the option to cover or exclude

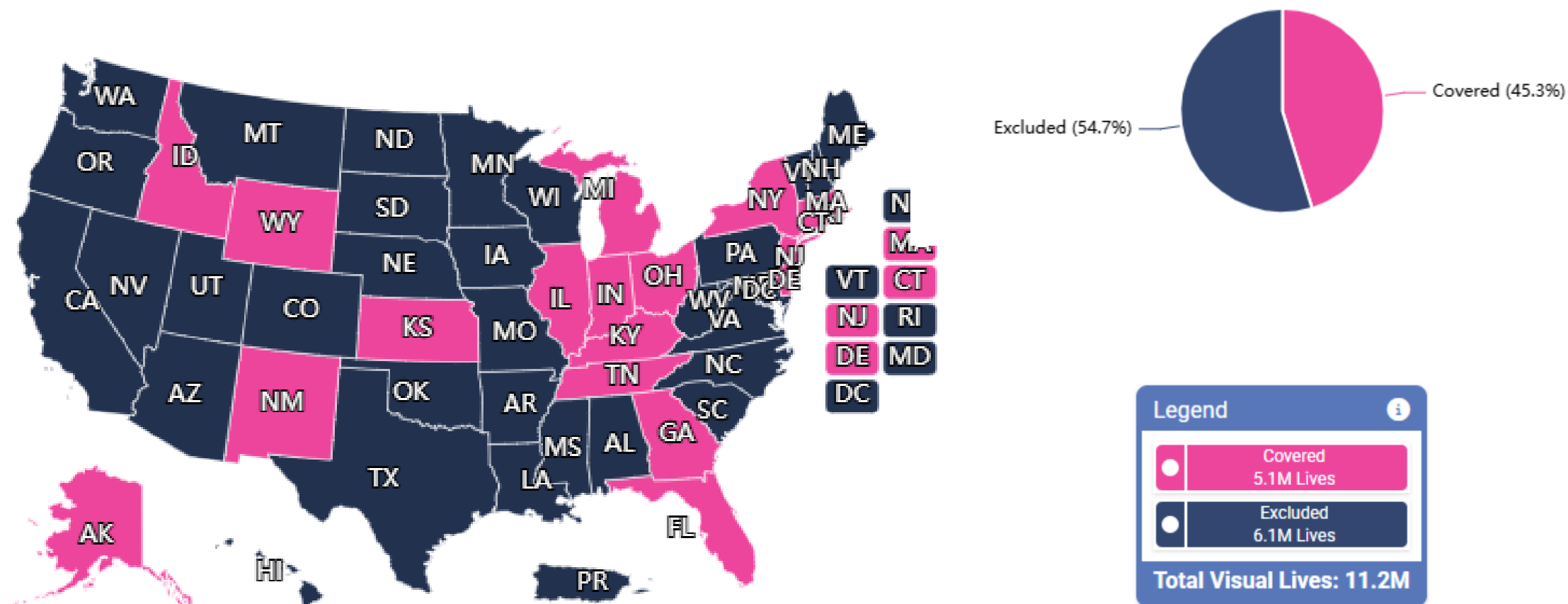
Currently 16 states cover the weight management category, but CA, NH, SC, and PA are ending for 2026

Medicare

Weight management indication not covered due to statutory restriction, but pilot program in the works for 2026

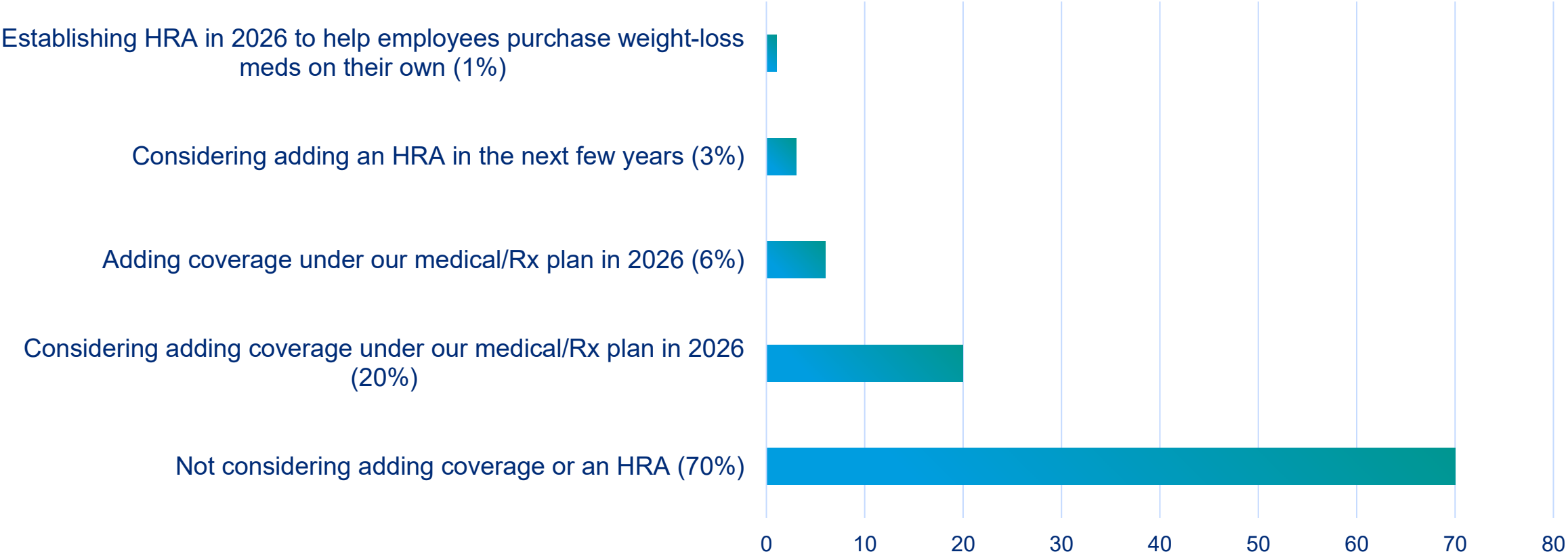


Weight Management GLP-1s Not Covered for Many State Employee Plans



Plans to Cover GLP-1 Medications for Weight Management

“If you DO NOT currently cover GLP-1 medications specifically for weight loss (e.g., Wegovy, Zepbound), what are your future plans?”



Source: Mercer webinar employer flash survey conducted November 13, 2025, n=200

GLP-1 and Weight Management Market

- Other FDA approved drugs for weight management include:
 - Saxenda (older GLP-1); available generically (currently \$300 per month)
 - Contrave (bupropion/naloxone)
 - Qsymia (phentermine/topiramate)
 - Generic formulations of phentermine
- More than 100 GLP-1 focused drugs in development in 50+ companies
 - Highlights include the first oral formulations (semaglutide, orforglipron) and the first “triple-G” therapy (retatrutide)

<https://www.goodrx.com/conditions/weight-loss/new-weight-loss-drugs>



GLP-1 Access Options for Employees without Insurance Coverage

Discounted pricing across all options, HSA, or FSA funds can be used with any fulfillment solution



Direct from manufacturer

- LillyDirect
 - Zepbound, available in single use vials only (\$299–\$449)
 - Partnership with Walmart pharmacy
- NovoCare
 - Wegovy, available in pre-filled syringes
 - \$199 per month for first two months, \$349 thereafter



GoodRx

- Wegovy \$199 per month for first two months, \$349 thereafter
- Can be used at any pharmacy that accepts GoodRx



Costco

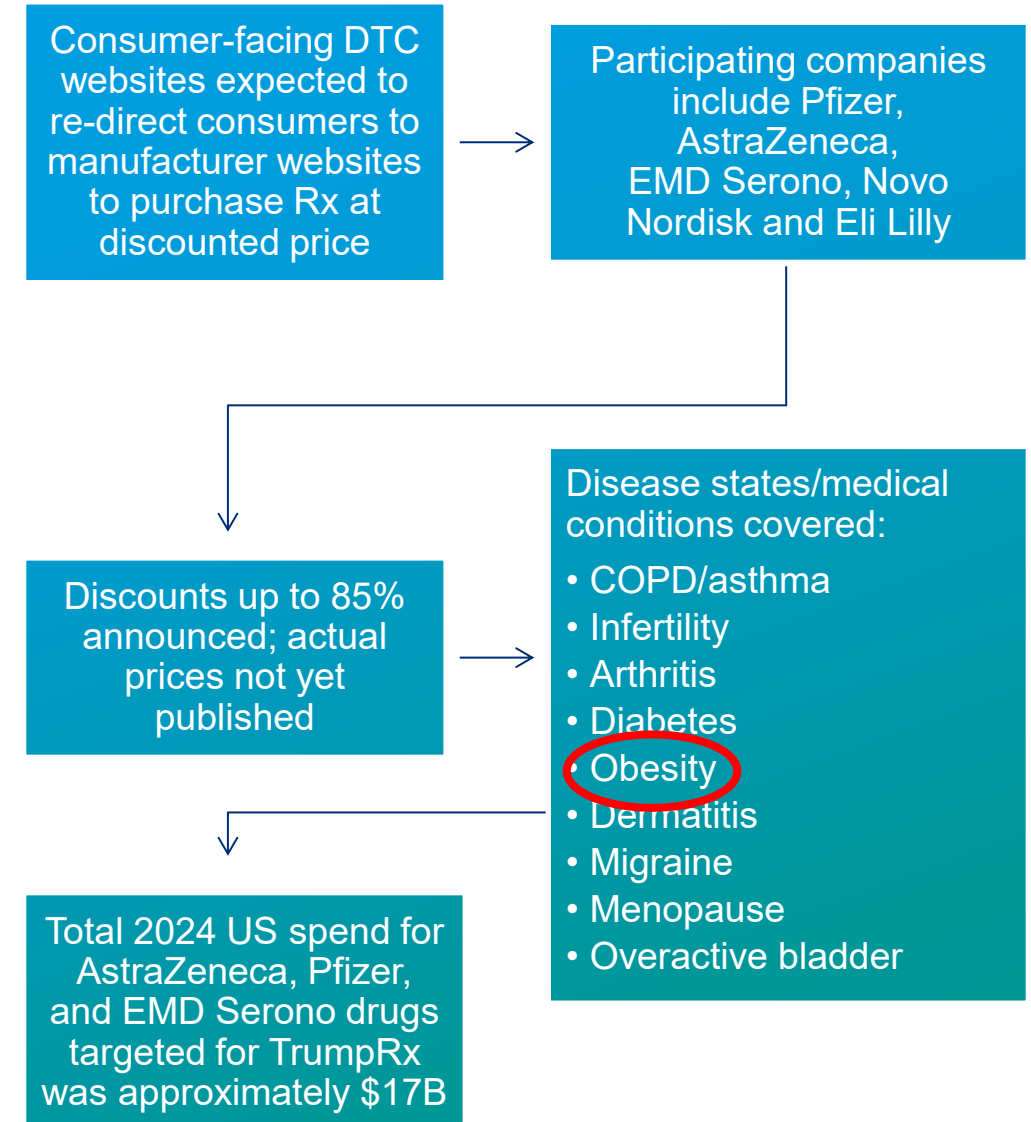
- Wegovy \$499 per month, any dose
- You do not have to be a Costco member to use Costco pharmacies
- Business and executive members earn 2% cash back

Direct-to-Consumer (DTC)

Current understanding, observations, and potential implications

- TrumpRx
 - Agreement with Novo Nordisk and Eli Lilly to sell GLP-1s at reduced price
 - Other listed drugs (outside of GLP-1s) have low market share
- PhRMA's DTC Model
 - Agreement with Novo Nordisk and Eli Lilly to lower prices and expand access in Medicare Part D and Medicaid programs as well as DTC purchasing
- Direct From Manufacturer
 - LillyDirect
 - NovoCare

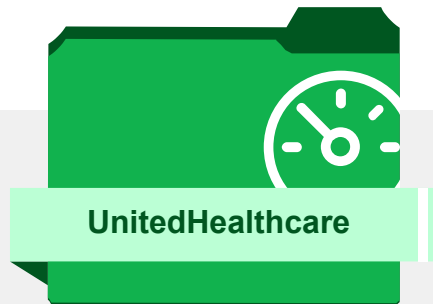
Unclear how insured consumers will be able to use DTC options or if reduced prices will also be available to commercial plans



What About GLP-1 ROI?

Available evidence does not show positive financial ROI—at least not in the short term, especially when the costs of discontinuations are considered.

GLP-1s are included in obesity treatment guidelines due to their effectiveness in supporting weight loss. Long term savings and positive health impact is possible if patients continue on therapy and/or succeed in long term weight management through drug therapy, lifestyle management, or a combination of the two.



UnitedHealthcare

No reduction in medical cost trend observed for members taking GLP-1

Adherent members incurred higher drug costs but did not show significant difference in medical cost trends compared to non-adherent members



Prime Therapeutics

Total cost of care for was higher for GLP-1 utilizers

No reduction in obesity related medical events seen over the two-year period

After three years, only 1 in 12 members remained on therapy. Persistence with therapy has improved more recently, possibly due to better side effect management and resolution of shortages.



JAMA Forum and Network

Study showed greater coverage for GLP-1 in Medicare would greatly increase spending over 10 years

A separate study showed weight loss resulted in a significant reduction in estimated total health care spending -- but not as significant as GLP-1 cost



European Heart Journal

Widespread uptake of semaglutide among people with established CV disease would prevent a large number of CV events

Economic value would be low at current US prices



Employee Benefit Research Institute

Simulation found that even at drug prices as low as \$200 per month, premium increases of 1 to 4 percent expected, depending on eligibility and adherence.

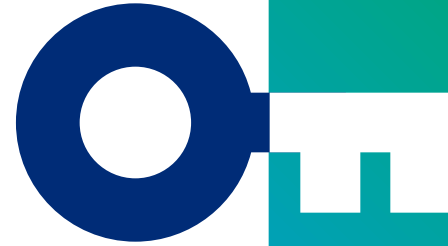
At current pricing, EBRI estimated premium increases ranging from 5.3 to 13.8 percent.

Coverage Considerations

2

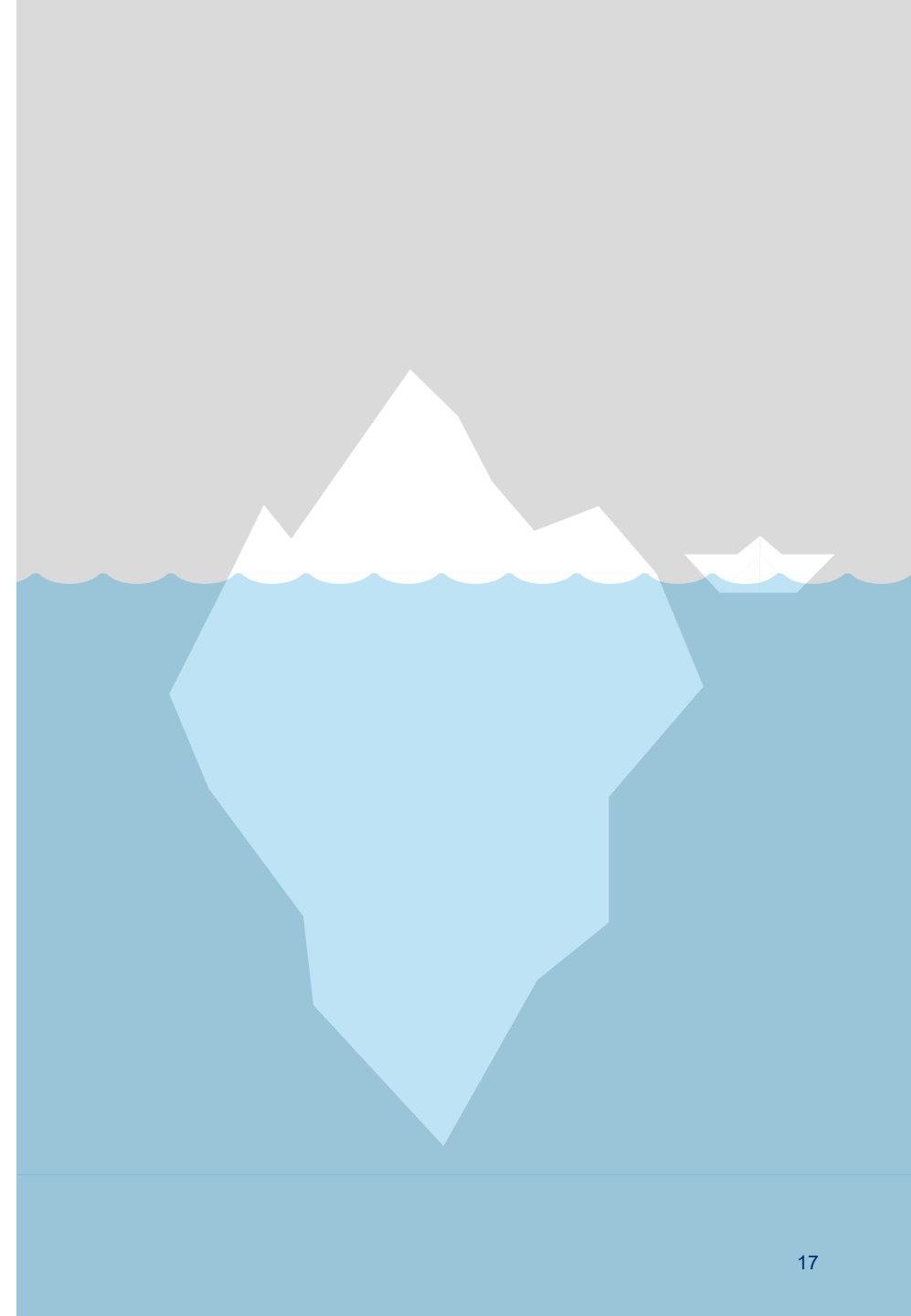
Coverage Considerations

- Risk that OEBC offers coverage that later must be removed or pared down due to unsustainable costs.
- Rebates are a critical consideration, given the high list price of the medications.
- Duration of therapy and utilization unknown.
- GLP-1 market still in flux as new drugs come to market.
- The Legislature limits how much OEBC can increase its medical, dental, and vision combined benefits budget each year to 3.4%.
 - Achieving 3.4% would likely involve additional benefit changes.
- Uncertain return on investment.



Financial Risk

- High prevalence in combination with high cost could lead to potentially high annual costs
- For example, if 100% of eligible members (eligibility defined by label) took a weight loss drug for an average of six months, it could potentially **cost OEBB \$140+ million dollars per year**
- If only 15% of eligible members took the drug, it could potentially **cost OEBB \$21+ million dollars per year**





Canopy EAP Update

January 6, 2026



canopy
a revive company



oebb

Presented By



Humberto Chacon

Customer Success & Business Development Executive
hchacon@canopywell.com



Kelsey Nordlund

Customer Success Manager
knordlund@canopywell.com

Agenda

- Everyday Assistance
- Member Services
- Train the Trainer and Addressing SDOH
- OEBC Utilization
- Organizational Support
- Promotion
- Q&A

Our Mission

Create happier and healthier
futures by breaking down
barriers

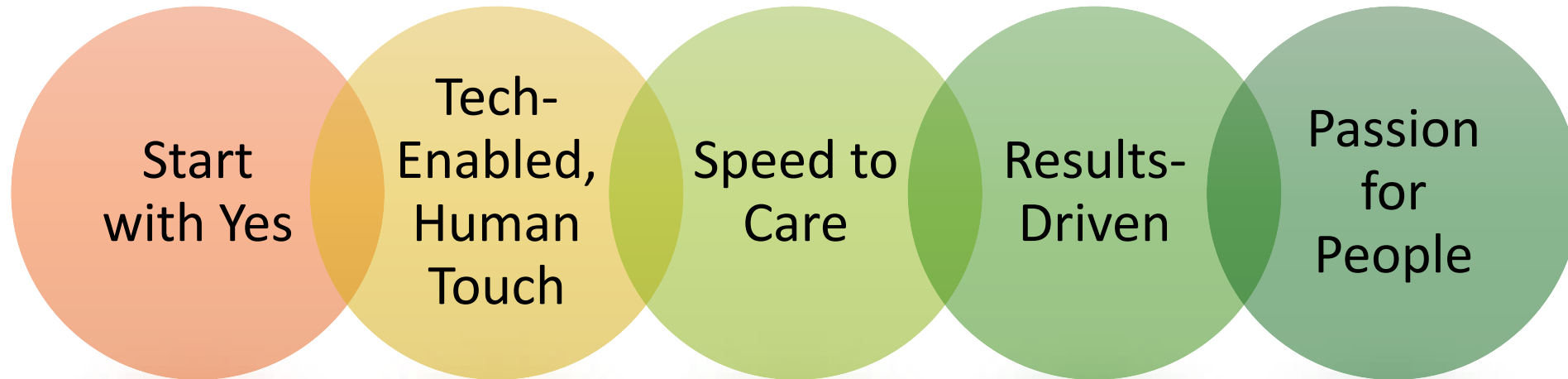




Everyday Assistance

Everyday Assistance Program

Redefining EAP. Redefining Support.



Everyday Assistance

- Everyday common stressors
- Integration with workplace culture and leadership initiatives
- Clear communication of available support

Canopy Service Summary

Free and Confidential

Mental Health Hotline 24/7/365

Assistance from a mental health professional with in-the-moment consultations and referrals

Counseling

Counseling to address a wide range of issues, to feel better and move forward. Able to match based on diversity criteria and health plan participation.

In-person or virtual. (8 sessions per incident)

Coaching

Coaching to support personal goals
(8 sessions per incident)

Virtual Peer Support

24/7/365 moderated anonymous online peer support and resources

Resources for Life

- Childcare
- Adult care
- Resource retrieval
- Unlimited financial coaching
- Legal referrals, will kit, and forms
- Identity theft services
- Fertility health support
- Home ownership program
- Wellness and pet insurance discounts

Member Site and Digital Tools

Virtual Care Navigator and

Direct-to-Care scheduling portal

Self-care courses, tips, forms, videos, and dCBT

Train the Trainer

- Highlight support to address SDOH and Basic/Critical Needs
- Easy to email
- Detailed speaker notes

Services to Support Basic Needs

- Food support
- Transportation
- Housing
- Community services, including rural areas
- Guiding members to health plan resources
- Childcare
- Language-specific providers

Services to Support Basic Needs

Examples

Example 1 – Housing Needs:

- **Member Situation/Request:** A member called requesting resources (a service where Canopy gathers information on organizations that can provide the kind of services the member needs). He was living in his car with his toddler and needed urgent housing resources.
- **Canopy Response:** Canopy provided him with a curated list of housing resources suitable for him and his toddler, and financial assistance options. Due to the urgency of the situation, resources were delivered within 3 hours of his call.

Example 2 Transportation Needs:

- **Member Situation/Request:** An elderly woman needed transportation assistance after her surgery. She lived alone and also needed help finding a caregiver for her post-surgery recovery.
- **Canopy Response:** Canopy compiled transportation options and caretaker resources tailored to her needs, ensuring she had the support necessary for a smooth recovery.

Services to Support Basic Needs

Examples

Example 7 – Language and Culture Match:

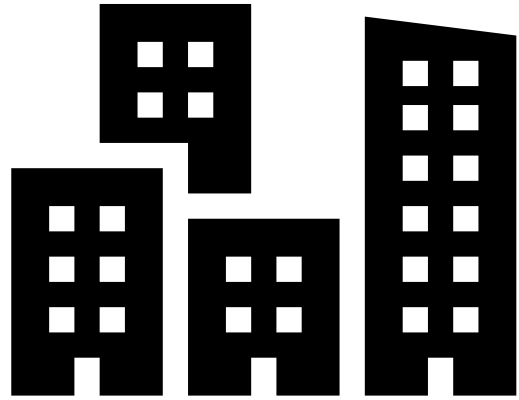
- **Member Situation/Request:** A member's mother, a non-native English speaker, who lived with them and who spoke Spanish, was depressed and feeling lonely. The member and their mother requested a Spanish speaking counselor for the mother.
- **Canopy Response:** Canopy provided a referral to a Spanish speaking counselor. The member reported that their mother connected well with the counselor and her mother opened up about her situation and feelings about being in a new country, and found ways to help her feel better and make friends. The member and their mother expressed deep appreciation for the support provided by the counselor.

Example 8 – Financial Need:

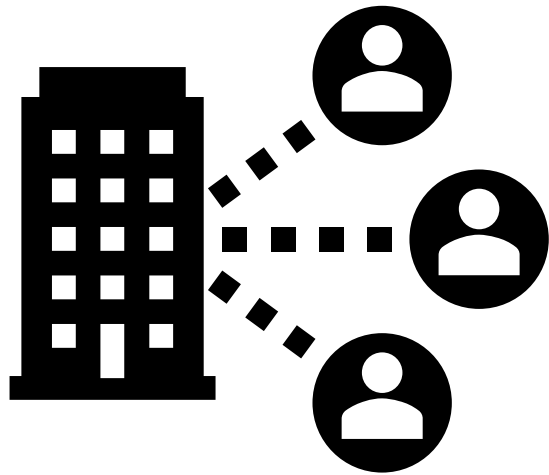
- **Member Situation/Request:** A member called to request help with finding financial resources to help pay for their child's dental work.
- **Canopy Response:** Canopy provided a referral to a financial coach and to non-profit agencies and foundations that provide financial assistance. Canopy also included information about the 211 website which offers a database of local resources.

A photograph of two women in a professional setting. One woman, with dark curly hair, is looking down at a laptop. The other woman, with long brown hair, is smiling and looking at the same laptop. They are both wearing business casual attire. The image is partially obscured by a large white diagonal shape that contains the text.

Highlights

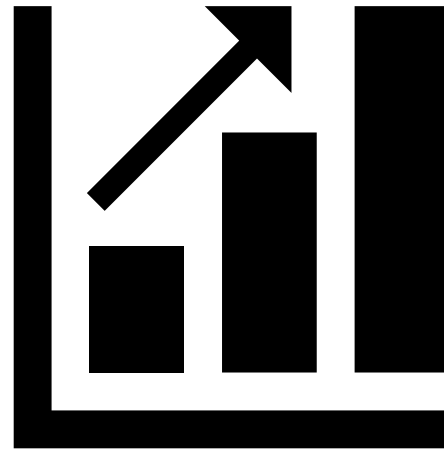


191
Entities



76.5K
Employees

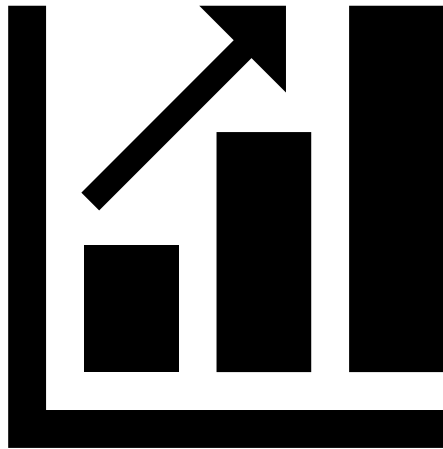
10/1/24 - 9/30/25



4%

Annualized Utilization

10/1/24 - 9/30/25

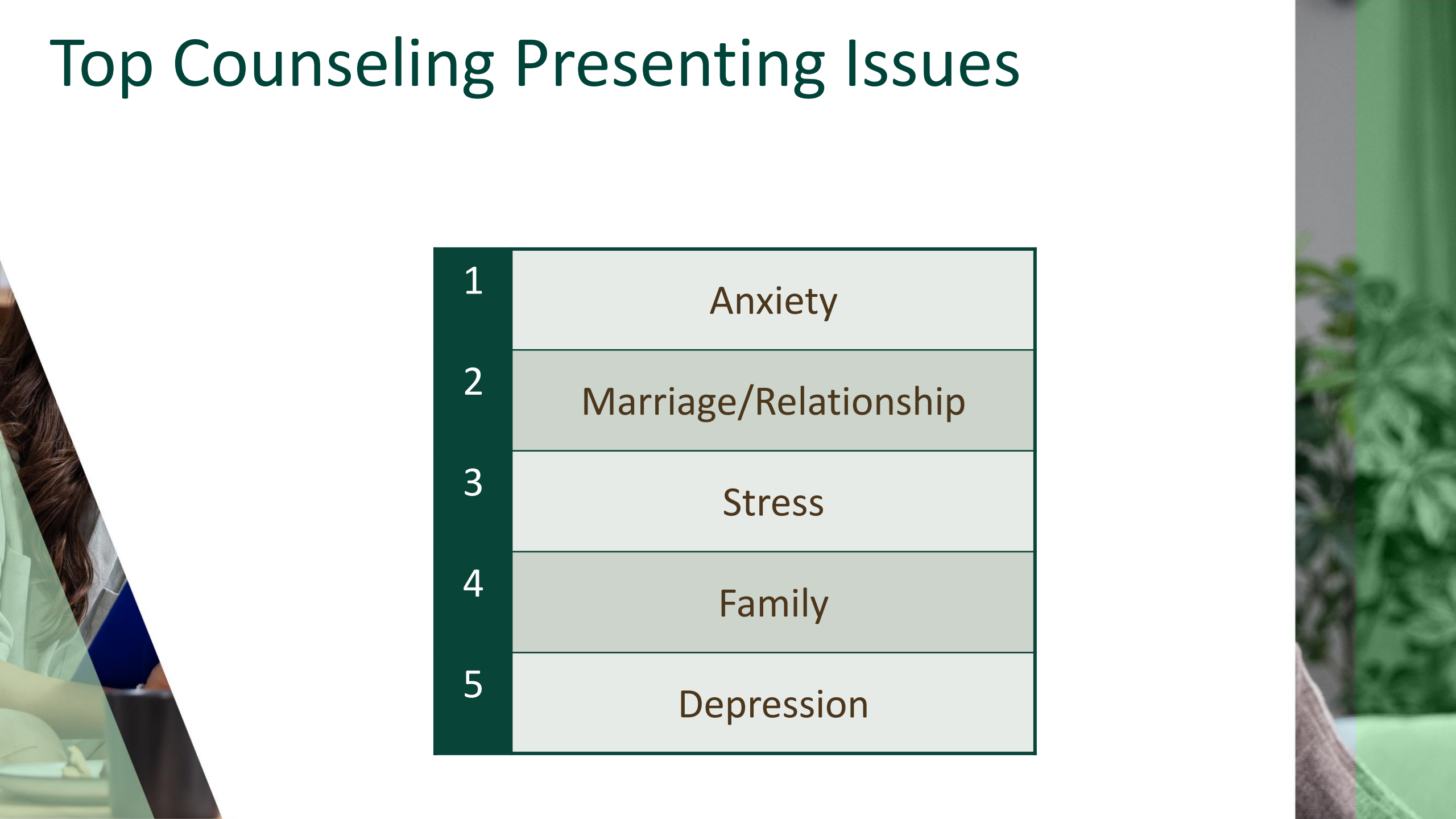


3,010

OEBB Members Referred to
Providers or Services

(4K users accessed 35K web pages/resources)

Top Counseling Presenting Issues

The slide features decorative background elements on the left and right sides. On the left, there is a vertical strip showing a person's hair and a white lab coat. On the right, there is a vertical strip showing a green plant and a green wall.

1	Anxiety
2	Marriage/Relationship
3	Stress
4	Family
5	Depression

Top Resources for Life Needs

1	Legal
2	Financial
3	Resource Retrievals
4	Housing Support

10/1/24 - 9/30/25



120

OEBB Members Used the
24/7 Mental Health Hotline

Canopy's Speed to Care

**1-2
DAYS**

until first appointment
with a coach



**5-7
DAYS**

until first appointment
with a master level counselor



**<10
SECONDS**

calls answered by
a mental health professional

Data includes member
preferences such as:

- Schedule
- Insurance
- Provider preferences

Provider Network

Canopy's network is designed around the diverse needs of the people and communities we serve

- Continue to grow network throughout Oregon, including rural areas, and U.S.
- Flexible scheduling options
- Broad insurance acceptance
- Provider specialization
- Language and cultural competence
- Broad range of shared lived experience and expertise

Member Testimonials

"I appreciate the support Whitney provides in therapy, including both listening and provided practical and helpful strategies. The work we are doing is making a difference. Thank you."

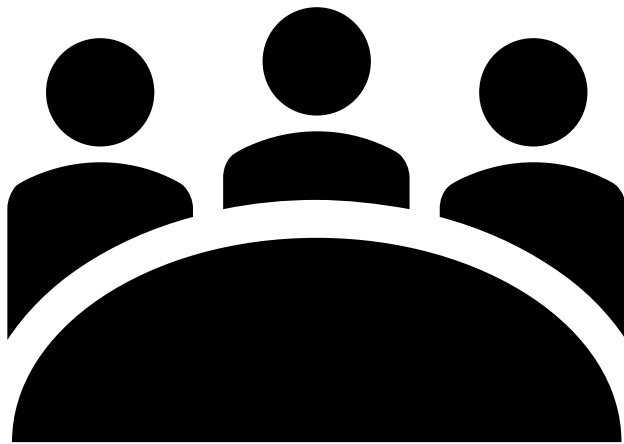
"The person who answered was kind and informative. They were prompt in helping me and my appointment was easy to arrange."

"I've been impressed with the resources she has shared with us through email."

Organizational Support & Collaboration

- Proactive Outreach and Meetings Orientations
- Webinars
- Wellness Fairs
- Critical Incident Response
- Layoff Support
- 24/7 Unlimited Manager Consultations
- Performance Based Referrals
- Web-based Resources
- EAP Newsletters

10/1/24 - 9/30/25



12

Entities Used Critical Incident
Response Services

10/1/24 - 9/30/25



29

Management and
Organizational Consultations

Layoff Support

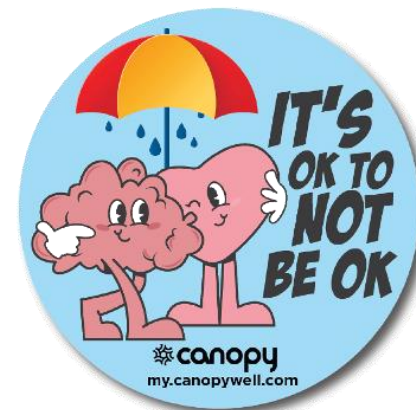
- EAP eligibility post-termination
- Tip sheets, job coaching, resume updating
- Organizational support, including CISD

Promotional Tools & Resources

Enhancing EAP Awareness

- Monthly Promotional Calendar
- EAP Toolkit
- Hardcopy Materials
- Softcopy Materials
- Regular Communications
- Bookcase

January Reset & Renew: A Mindset for the New Year	February Money Moves: Build Your Financial Confidence	March Balance & Beyond: Thriving at Work & Home	April Life's Seasons: Navigating Change with Grace
May Mind Matters: Prioritizing Wellbeing	June Celebrating Diversity: Strength in Differences	July Bounce Back Better: Resilience in Action	August Caring Hearts: Supporting Caregivers & Grief
September Hope & Help: Suicide Prevention Awareness	October Substance Smart: Prevention & Support	November Planning Ahead: Legal & Life Transitions	December Find Your Calm: Mastering Stress Solutions



Entity Testimonial

“We truly appreciate the valuable benefits you provide to our employees, and we encourage them to take advantage of these offerings' multiple times throughout the benefit year.”

“I attended the virtual conference today and found it to be full of helpful suggestions and insightful information. Thank you again for your continued support and resources.”



Canopy Joins the **revive**[®] Alliance of Companies

What are the benefits of this change?

You'll continue receiving the personalized support you trust—now with even more to offer:

- Broader provider network
- Enhanced digital tools and innovation
- Greater capacity to meet evolving needs

We'll share updates in the months ahead

Questions?





Thank You