

2014-2015 BENEFITS HIGHLIGHTS

Quick Start Guide to Your City of Portland Benefits

For BOEC, COPPEA, DCTU, PFFA, PPCOA, Local 189-H (Housing),
Non-Represented & Recreation Employees and Retirees



City of Portland Benefits: What You Need To Know

City of Portland cares about you and your family. We know how important each paycheck can be, but your paycheck represents only part of your total compensation at the City. Your benefits are another significant part of the compensation you receive as a City of Portland employee. Understanding your benefits can be overwhelming—you usually don't think about them unless you need to use them or it is time to enroll. We want you to feel confident that you have the answers you need, when you need them. You'll get more out of your benefits when you understand them and know how to use them well.

Benefits provide a safety net for you and your family: protecting your health and finances today, and helping you prepare for tomorrow. It is important you choose the “right” safety net for your situation. At the City of Portland, *you decide* which benefits meet your needs, how much (if any) coverage you need, and who you need to cover.

This Quick Start Guide—along with the Summary Plan Description (“SPD”), or benefits guide—can help you understand how to get the greatest value from your plans. The SPD is designed to be easy to read, giving you the details you need and tips on how to make the most of the benefits available. The plan details are described in separate sections, with boxes that point out special features and highlight important points to remember. Be sure to take the time to read the SPD carefully—and refer to it whenever you have a question. You'll find what you need to know about your benefits, as well as where to go if you can't find the answer you're looking for. The SPD is available online at www.portlandoregon.gov/benefits.

This **Quick Start Guide to Your City of Portland Benefits** gives you the highlights—when you need more information, dig in to the SPD for the nitty-gritty details. In this Quick Start Guide, you will find:

- Benefit highlights
- Who you can cover
- What to do if your family's needs change during the year
- How much each benefit will cost
- Where to go for more answers

Benefits At-a-Glance

City of Portland offers you a wide range of benefits designed to meet your needs today and in the years ahead. The benefits available to you and your family are highlighted below. More information about who can be covered follows—and additional details can be found in the SPD.

Benefit	Plan Options	What It Does
Medical <i>Note: Your prescription drug plan and vision option depend on the medical plan you choose.</i>	<ul style="list-style-type: none"> ▪ CityCore, a PPO plan administered by Moda Health or ▪ Kaiser NW, an HMO plan through Kaiser Permanente 	Provides medical coverage when you or a covered family member is sick, and protects you from the high costs associated with catastrophic health conditions.
Prescription Drug <i>Note: Your prescription drug plan depends on the medical plan you choose.</i>	<ul style="list-style-type: none"> ▪ <i>If you participate in the CityCore Medical Plan: Kroger Prescription Plan (includes Postal Prescription Services (PPS) mail order)</i> ▪ <i>If you participate in the Kaiser NW Medical Plan: Kaiser Pharmacy (includes mail order)</i> 	Helps you pay for the medications you need to protect and manage your health.
Dental	<ul style="list-style-type: none"> ▪ ODS Premier Dental Plan or ▪ Kaiser NW Dental Plan 	Helps you pay for dental care—from preventive cleanings, to major services like root canals and dentures. Also includes orthodontia for you and your children.
Vision <i>Note: Your vision option depends on the medical plan you choose.</i>	<ul style="list-style-type: none"> ▪ <i>If you participate in the CityCore Medical Plan, your options are through VSP:</i> <ul style="list-style-type: none"> ○ Basic Plan or ○ Buy-Up Plan ▪ <i>If you participate in the Kaiser NW Medical Plan: Kaiser NW Vision Plan</i> 	Helps pay the cost of vision care and supplies (eye exams, glasses, contacts, etc.).
Flexible Spending Accounts	<ul style="list-style-type: none"> ▪ Medical Expense Reimbursement Plan (MERP) ▪ Dependent Care Assistance Plan (DCAP) 	Allows you to pay for certain health care or day care expenses with money that isn't taxed—it's like getting a 20% - 30% discount.
Income Protection Benefits	<ul style="list-style-type: none"> ▪ Basic Life Insurance (employee only) ▪ Supplemental Life Insurance (employee, spouse/domestic partner, child(ren)) ▪ Long Term Disability (LTD) Insurance (PFFA employees excluded) 	Gives you and your family peace of mind and financial security in the event you are disabled and can't work, or pass away.

Benefit	Plan Options	What It Does
Retirement and Savings Benefits	<ul style="list-style-type: none"> ▪ 457(b) Deferred Compensation Plan <ul style="list-style-type: none"> ○ ING Financial Partners (pre-tax and Roth) ○ Advantis Credit Union (pre-tax and Roth) ▪ Oregon PERS and OPSRP <ul style="list-style-type: none"> ○ Pension and Individual Account Program ▪ Fire and Police Disability and Retirement Fund (FPDR) for certain PFFA members 	Provides retirement security for you and your family.
Employee Assistance Program (EAP)	Services include: <ul style="list-style-type: none"> ▪ Counseling ▪ Financial education ▪ Legal referrals ▪ Resource library ▪ Health tracking 	Provides confidential assistance to resolve problems affecting you, your job and your family.
Other Benefits and Plan Features	Wellness programs, including: <ul style="list-style-type: none"> ▪ Disease Management & Health Promotion ▪ LiveWell! BeWell! ▪ Diabetes management ▪ Tobacco cessation programs 	“Extras” that can help you be your best.

Who Can I Cover Under My Health Plans?

City of Portland offers benefits to employees and families. Check the chart to see who can be covered:

Family Member	Eligibility Requirement
Employee <ul style="list-style-type: none"> ▪ Oregon AFSCME Council 75 Local 189-2 (BOEC ECOs) ▪ City of Portland Professional Employees Association (COPPEA) ▪ District Council of Trade Unions (DCTU) ▪ Local 189-H (certain employees of the Portland Housing Bureau) ▪ Non-represented employees ▪ Municipal Employees of Local 483 (Recreation) employees 	You are eligible if: <ul style="list-style-type: none"> ▪ You are actively employed in an eligible job class and status, working your regularly scheduled hours; or ▪ You are in a qualified leave status for the City and make the required premium contribution.

Family Member	Eligibility Requirement
<p>Employee</p> <ul style="list-style-type: none"> ▪ Portland Fire Fighters Association (PFFA) ▪ Portland Police Commanding Officers Association (PPCOA) 	<p>To be eligible:</p> <ul style="list-style-type: none"> ▪ You must be paid a minimum of 80 benefit-eligible hours in a month to be eligible for benefits in the following month; or ▪ You are in a qualified leave status for the City and make the required premium contribution.
<p>Your Spouse/Domestic Partner</p> <p>Note: The same eligibility rules apply for a retiree's spouse/domestic partner.</p>	<ul style="list-style-type: none"> ▪ Your legal spouse, including same-sex and opposite-sex <ul style="list-style-type: none"> ○ A divorced or legally separated spouse is not eligible for City-paid coverage ▪ Your domestic partner <ul style="list-style-type: none"> ○ As defined and declared in the City of Portland's Domestic Partner Affidavit, or ○ Who is a registered domestic partner as per the Oregon Family Fairness Act of 2007
<p>Your Dependent Child(ren)</p> <p>Note: The same eligibility rules apply for a retiree's children.</p>	<ul style="list-style-type: none"> ▪ Your child (whether married or single) under the age of 26 <ul style="list-style-type: none"> ○ Includes your natural or legally adopted child (from the time he or she is <i>placed</i> for adoption), stepchild who is living with you, child of your enrolled domestic partner who is living with you, and any other child for whom you are legal guardian or who is required to be covered by you or your spouse as a result of a divorce decree or court order. ○ Note: Only unmarried eligible children may be enrolled in supplemental life insurance ▪ Your unmarried, incapacitated child of any age who lives with and is dependent on you for support as a result of a physical or mental disability <ul style="list-style-type: none"> ○ Your child must be properly enrolled for coverage under the plan (as your eligible dependent) prior to his or her 27th birthday and must have had continuous medical plan coverage ○ Proof of your child's disability must be provided and approved for coverage to begin initially; you will also be required to provide proof of your child's ongoing disability from time to time ▪ A newborn child of your enrolled dependent for the first 31 days of the newborn's life <ul style="list-style-type: none"> ○ After 31 days, the child of your enrolled dependent may be covered only as long as the child's parent is your eligible and enrolled dependent <i>and</i> both grandchild and birth parent live in your home
<p>Retiree</p>	<ul style="list-style-type: none"> ▪ Eligible to receive retirement income from the Oregon Public Employees Retirement System (PERS), the Oregon Public Service Retirement Plan (OPSRP) or the Fire and Police Disability and Retirement Fund; and ▪ Have been covered under the active employee health plans on a City-paid basis in the month preceding retirement

When Can I Make Changes?

The one thing you can count on is change! Whether you get married, have a baby, move, or experience other life changing events, your benefits will continue to support you—and your finances, your health and your future.

All of the City of Portland's benefit plans start fresh each year on July 1 and end the following June 30. This is called the "plan year." You can enroll or make changes to your benefits:

- When you first become eligible for benefits from City of Portland;
- During annual enrollment (usually held in the spring, for benefits that will begin on July 1); and
- Within 60 days of something changing in your family that would change the benefits you need. This is called a "qualified family status change."
 - Examples: Getting married or divorced, having or adopting a child, your spouse losing a job (and losing access to benefits) or getting a job (no longer needs to be covered by your City benefits), death of a dependent, etc.
 - When this happens, **you have 60 days to make changes**. Only certain (relevant) changes are allowed. *For example, if you have a new baby you can add the baby to your current coverage, but you cannot switch to a new medical plan. See the Qualified Family Status Change section of the SPD for the details.*
 - To make a change, go to BenefitsOnline at www.portlandoregon.gov/benefits. **Note:** If you don't make your change online within 60 days of the qualifying family status change—or if paperwork is required and you do not submit it before the deadline—coverage will be retroactively cancelled to the end of the month in which your dependents were no longer eligible and COBRA will *not* be offered.

How Do I Enroll or Make Changes?

If you are newly eligible, have experienced a family status change, or it is time for annual enrollment—you can choose or change your benefit elections and modify your dependent coverage, as needed. It's up to you to determine what benefits and coverage levels make the most sense for your situation. Enrolling is easy, convenient and green.

Step 1: Prepare to Enroll

Roll up your sleeves and do some research. This Quick Start Guide and SPD can help. Ask yourself:

- ✓ What benefits are available to me and my family?
- ✓ How do they work, and how can we make them work for our needs?
- ✓ Have our needs changed? Do we have too much or not enough coverage?

- ✓ How much money would my family save if we enrolled in a flexible spending account?

Review the benefits available to you and be thoughtful about what makes the most sense for you and your family.

Step 2: Determine Who Is Eligible

Review the family members you want to cover (or currently cover) under each benefit. Check the eligibility chart in the *Who Can I Cover Under My Health Plans?* section if you have questions about whether certain dependents are eligible. More details can be found in the *Who Is Eligible?* section of the SPD.

Step 3: Choose/Make Changes to Your Benefits

For new employees with the City, you will receive an online enrollment instruction letter. Watch for “Important Initial Benefit Enrollment Information” in the mail. **This instruction letter includes your benefits effective date and enrollment deadline, plus the online enrollment instructions you need to enroll for your benefits. You have 35 days from your date of hire to enroll in benefits.** Please wait until you receive the instruction letter before enrolling for your benefits. It could take some time to receive your instruction letter depending on where your hire date falls in the administrative cycle. If you need care before you receive your instruction letter, coverage will be retroactive to your eligibility date (assuming you properly enroll before the deadline).

If you have any questions as you enroll, please contact the Benefits & Wellness Office. Once you have completed your enrollment, be sure to print a confirmation statement for your records.

For current employees with the City, if you need to make changes to your benefits mid-year go to BenefitsOnline at www.portlandoregon.gov/benefits. **Note:** If you don't alert the Benefits and Wellness Office and make your change online within 60 days of the qualifying family status change—or if paperwork is required and you do not submit it before the deadline—coverage will be retroactively cancelled to the end of the month in which your dependents were no longer eligible and COBRA continuation coverage will *not* be offered.

How Much Do the Benefits Cost?

2014-2015 Benefit Costs and Employee Premium Shares

For *full-time employees*, the City of Portland contributes 95% of your medical/vision and dental premium costs. You will contribute 5% of the cost. This 5% “premium share” will apply to all medical, dental and vision coverage (including Kaiser), unless you opt out.

For *part-time employees*, your benefit costs reflect the percentage to full-time hours you work. For example, if you work 75% of a full-time schedule, the City will cover 75% of the cost and you’ll pay 25%.

The following table shows the total cost of these benefits and provides employee premium amounts per-pay-period for the 2014-2015 plan year.

Note: Table does not include costs for supplemental life insurance or coverage Option 2 for long term disability insurance. Costs for these optional benefits are included in the *Cost* section of the supplemental life insurance and long term disability insurance sections, and are also online.

Full-time Employees

Plan	TOTAL Monthly Benefit Costs			Your Contribution Per Pay Period (Full-time Employees)		
	Single	Two-Party	Family	Single	Two-Party	Family
CityCore Medical, VSP Vision	\$635.16	\$1,238.26	\$1,660.02	\$15.87	\$30.95	\$41.50
Kaiser Medical, Vision	\$584.63	\$1,129.86	\$1,675.09	\$14.61	\$28.24	\$41.87
ODS Dental	\$57.97	\$100.11	\$177.88	\$1.45	\$2.50	\$4.45
Kaiser Dental	\$61.54	\$123.08	\$184.62	\$1.54	\$3.08	\$4.62
If you choose the Vision Buy-up option, add this much to your cost:	\$5.71	\$10.40	\$13.85	\$2.86	\$5.20	\$6.93

Part-time Employees

The chart shows what you pay for each coverage option; remember, the City contributes an amount equal to your scheduled hours—if you work 63% of a full-time schedule, the City covers 63% of your cost.

Plan	Your Contribution Per Pay Period (Part-time Employees)											
	Single				Two-Party				Family			
	50%	63%	75%	88%	50%	63%	75%	88%	50%	63%	75%	88%
CityCore Medical, VSP Vision	\$158.79	\$117.50	\$79.39	\$38.11	\$309.57	\$229.08	\$154.78	\$74.30	\$415.01	\$307.10	\$207.50	\$99.60
Kaiser Medical, Vision	\$146.16	\$108.16	\$73.08	\$35.08	\$282.47	\$209.02	\$141.23	\$67.79	\$418.77	\$309.89	\$209.39	\$100.51
ODS Dental	\$14.49	\$10.72	\$7.25	\$3.48	\$25.03	\$18.52	\$12.51	\$6.01	\$44.47	\$32.91	\$22.24	\$10.67
Kaiser Dental	\$15.39	\$11.38	\$7.69	\$3.69	\$30.77	\$22.77	\$15.39	\$7.38	\$46.16	\$34.15	\$23.08	\$11.08
If you choose the Vision Buy-up option, add this much to your cost:	\$2.86	\$2.86	\$2.86	\$2.86	\$5.20	\$5.20	\$5.20	\$5.20	\$6.93	\$6.93	\$6.93	\$6.93

Your part-time contribution percentage is calculated based upon the standard hours of your position and your collective bargaining status.

Standard Hours (Per Pay Period)	Non-represented	DCTU, COPPEA, Rec	PFFA	BOEC
50%	40-47	40-45	40-71	38-56
63%	48-55	46-55		
75%	56-63	56-63		57-71
88%	64-71	64-71		

Did You Know?

As an active employee, if you waive medical/vision coverage through the City because you have medical benefits through another employer sponsored plan, you will receive Opt-Out Dollars. In exchange for opting out, you can receive Opt-Out Dollars in the form of taxable pay added to your paycheck the first and second pay periods of each month for the plan year (or remainder of the plan year, if enrolling mid-year). For more details, see the *Medical Opt-Out Dollars* section of the SPD.

Retirees

If you elect to continue your coverage as a retiree, you pay 100% of the premium costs after tax as follows.

Plan	Total Monthly Benefit Costs		
	One-Party	Two-Party	Family
CityCore Medical & VSP Vision	\$635.16	\$1,238.26	\$1,660.02
CityCore Medical & VSP Buy up	\$640.87	\$1,248.66	\$1,673.87
Kaiser NW Medical & Vision	\$584.63	\$1,129.86	\$1,675.09
ODS Dental provided by Moda	\$57.97	\$100.11	\$177.88
Kaiser NW Dental	\$61.54	\$123.08	\$184.62
Kaiser NW Medicare Senior Advantage Plan	One-party \$301.31 Two-party \$563.22		
Employee Assistance Program (EAP)	\$4.20 per month (same for all tiers)		

If you do not elect to continue coverage upon retirement, or terminate coverage under City plans prior to age 65, you may only return to the City's medical and dental plans in which you were previously enrolled *IF* you are not Medicare-eligible and you maintain continuous medical and dental group (employer-sponsored) coverage between the time you leave the City plans and the date you want to return. An independent election to dental coverage is not allowed if you maintain other group medical coverage. Written verification from the other employer-sponsored plan will be required.

Costs for COBRA or Other Self-Pay Continuation Participants

If your (or a covered family member's) benefits eligibility ends and you enroll in COBRA continuation coverage, your cost would be 102% of the full plan cost shown in the appropriate section above. For example: if you were a full-time employee covering yourself only, enrolled in CityCore Medical, VSP Vision and Kaiser Dental, the cost of active coverage is \$696.70. If you wanted to continue the same coverage, your cost under COBRA would be 102% of \$696.70, or \$710.63. This standard charge is based on the full cost of coverage without a subsidy from the City, plus a 2% administrative fee. (You do not have to enroll in dental coverage, even if you want to continue medical and vision coverage.)

If you are in a self-pay benefits continuation coverage arrangement with the City, your cost would equal the full plan cost shown in the appropriate section above. For example: if you were a full-time employee covering yourself only, enrolled in CityCore Medical, VSP Vision and Kaiser Dental, the cost of active coverage is \$696.70. If you wanted to continue the same coverage, your cost in a self-pay benefits continuation coverage arrangement would be \$696.70.

Benefits Snapshot

The following charts highlight commonly used features of your City of Portland benefit plans. Please review each plan's section of the SPD for more details and additional information.

Choosing a Medical Plan

Think about these things as you review your options and decide which medical plan may be a better fit for you and your family.

If you...	Take a closer look at...	
	CityCore Medical Plan	Kaiser NW Medical Plan
Prefer to have a broad network of eligible providers (hospitals, doctors & pharmacies)	✓	
Want to limit your costs when you need routine or preventive care	✓	✓
Seek care through chiropractors, naturopaths or acupuncturists without a referral from your primary doctor	✓	
Want to limit the cost of required surgery or inpatient hospital care		✓
Use a provider who is not in the network	✓	
Want to limit your cost of generic prescriptions	✓	

Medical Plan

This chart highlights common medical plan services in the CityCore plan (in- and out-of-network) and the Kaiser NW HMO plan. It shows what you pay unless otherwise noted.

Medical Plan Feature	CityCore Medical Plan		Kaiser NW Medical Plan
	In-Network	Out-of-Network	
General Information			
Network	The CityCore Plan's network is the ODS Plus Network. During the year you can go in-network or out-of-network as you choose. When you go in-network, you will have fewer out-of-pocket expenses.		You must use Kaiser providers
Maximum Plan Allowance (MPA)	After the deductible, the plan pays benefits based on negotiated rates	After the deductible, the plan pays benefits based on MPA limits	Not applicable

Medical Plan Feature	CityCore Medical Plan		Kaiser NW Medical Plan
	In-Network	Out-of-Network	
Plan Year Deductible	\$250/person; \$750/family maximum	\$650/person; \$1,950/family maximum	None
	Notes: CityCore in-network expenses apply to the in-network deductible. Out-of-network expenses apply to the out-of-network deductible; there is no cross-over. Charges over MPA are not applied to deductible.		
Out-of-Pocket Maximum	\$3,500/person; \$10,500/family maximum each plan year (excludes out-of-network expenses)	\$10,500/person; \$31,500/family maximum each plan year (excludes in-network expenses)	\$600/person; \$1,200/family maximum each calendar year* (excludes Rx and adult vision hardware copays)
	Note: CityCore prescription drug coinsurance and charges over MPA do not apply to annual maximum.		
Physician Office Visits			
Office Visit (for primary care, lab work, allergy shots; and other medically necessary exams)	\$20 copay	40% up to plan year maximum, plus amount in excess of MPA, after you meet deductible	<ul style="list-style-type: none"> ▪ \$10 copay (except prenatal visits, which are not subject to the office visit copay) ▪ You pay \$0 for lab and x-ray, allergy shots and other injections
Specialist Office Visit	\$35 copay	40% up to plan year maximum, plus amount in excess of MPA, after you meet deductible	\$20 copay
Pregnancy	\$250 copay for prenatal visits, physician services and lab work, plus 20% of hospital delivery services (up to plan year maximum) after deductible	40% up to plan year maximum, plus amount in excess of MPA, after you meet deductible	No charge

Medical Plan Feature	CityCore Medical Plan		Kaiser NW Medical Plan
	In-Network	Out-of-Network	
Preventive Care (including, but not limited to: routine visits, lab work, diagnostic medical procedures, immunizations, health/education or tobacco cessation counseling, screenings, etc.)			
<p>Wellness – Routine Physical Exams and Immunizations (except for travel-related immunizations)</p> <p><i>Note:</i> Non-routine lab work and/or tests and other medically necessary exams are not covered at 100%, but will be covered at regular benefit levels.</p> <p>Preventive services are covered as required under the Affordable Care Act.</p>	<p>\$0 (Plan pays 100%)</p> <p>Preventive care is subject to these limits:</p> <p>Routine physical exam maximum:</p> <ul style="list-style-type: none"> ▪ Newborn: 2 hospital exams ▪ Infant: 6 exams in first 12 months ▪ Ages 1 – 4: 7 exams ▪ Ages 5 and older: 1 exam per 12 months ▪ Routine vision screening for age 3 to 5 ▪ Newborn hearing screening <p>Cancer screenings:</p> <ul style="list-style-type: none"> ▪ Breast Cancer – Mammogram maximum: <ul style="list-style-type: none"> ○ Ages 35 – 39: 1 ○ Ages 40+: 1 per 12 months (365 days) ○ At any age when high risk and deemed necessary by physician ▪ Cervical Cancer – Pap Smear maximum: 1 per 12 months or at any time when high risk and deemed necessary by physician <ul style="list-style-type: none"> ○ Women should begin screenings within 3 years of sexual activity or age 21, whichever is earlier. ▪ Prostate Cancer – PSA (no maximum; frequency at recommendation of treating provider) ▪ Colorectal cancer screening <ul style="list-style-type: none"> ○ Including hospital, sedation and related tissue pathology charges ○ Pre- or post-op office visits are covered at regular copays ○ Maximums: <ul style="list-style-type: none"> – Age 50+: 1 sigmoidoscopy every 5 years OR 1 colonoscopy every 10 years (more frequent procedures will be covered when deemed necessary by a physician because of high risk or family history) – Age 50+: 1 fecal occult blood test per 12 months – Age 50+: 1 double contrast barium every 5 years (does not prohibit a member from receiving a colonoscopy in addition to or in lieu of a double contrast barium, if needed) 	<p>40% up to the plan year maximum plus amount in excess of MPA, after you meet deductible</p>	<p>\$0 (Plan pays 100%)</p> <p>Please talk with your primary care physician about the tests and/or care recommended for you.</p>
Outpatient Services			
<p>Diagnostic X-rays (including ultrasound and other radiology services)</p>	<p>\$25 copay</p>	<p>40% up to plan year maximum, plus amount in excess of MPA, after you meet deductible</p>	<p>\$0 (Plan pays 100%)</p>

Medical Plan Feature	CityCore Medical Plan		Kaiser NW Medical Plan
	In-Network	Out-of-Network	
Advanced Imaging (including CT Scans, MRIs and PET Scans)	\$75 copay per service; for ancillary services (e.g., injection of dye, etc.), you pay 20% up to the plan year maximum, after you have met your deductible	40% up to plan year maximum, plus amount in excess of MPA, after you meet deductible	\$50 copay
Outpatient Hospital (including in-hospital diagnostic x-rays and lab work, surgery, anesthesia and miscellaneous services)	20% up to the plan year maximum, after you have met your deductible	40% up to plan year maximum, plus amount in excess of MPA, after you meet deductible	\$0 (Plan pays 100%)
Inpatient Hospital Services			
Inpatient Hospital (including semi-private room and board, in-hospital diagnostic x-rays and lab work, surgery, anesthesia and miscellaneous services)	20% up to the plan year maximum, after you have met your deductible	40% up to plan year maximum, plus amount in excess of MPA, after you meet deductible	\$0 (Plan pays 100%)
Emergency Room (copay waived if admitted as inpatient following emergency)	\$200 copay, then 20% up to the plan year maximum (not subject to deductible)	\$200 copay, then 20% up to plan year maximum, plus amount in excess of MPA (not subject to deductible)	\$75 copay
Urgent Care	\$35 copay	40% up to plan year maximum, plus amount in excess of MPA, no deductible	\$20 copay
Ambulance	20% of MPA, up to plan year maximum, no deductible		\$75 copay
Alternative Care Providers (includes chiropractic, acupuncture, and naturopathic providers)	\$20 copay	40% up to plan year maximum, plus amount in excess of MPA, after you meet deductible	\$20 copay for Kaiser physician-referred alternative care only. Self-referred chiropractic, acupuncture and naturopathic services are <i>not covered</i> ; you pay 100% of the cost.
	Notes: 28-visit annual maximum for chiropractic care. The ODS Plus Alternative Care network provides in-network alternative care services for CityCore plan members.		

Medical Plan Feature	CityCore Medical Plan		Kaiser NW Medical Plan
	In-Network	Out-of-Network	
Prescription Drug Coverage			
Prescription Drugs Network retail pharmacy (up to 30-day supply, or a 90-day supply of maintenance medications at a Kroger-owned pharmacy such as Fred Meyer or QFC) Out-of-network pharmacy (up to 30-day supply) Mail order pharmacy (up to 90-day supply)	In-network pharmacy: <ul style="list-style-type: none"> ▪ <i>Generic:</i> 10% of drug cost <ul style="list-style-type: none"> ○ Subject to \$5 minimum (no minimum at \$4 pharmacies), \$25 maximum copay ▪ <i>Preferred brand-name:</i> 20% of drug cost <ul style="list-style-type: none"> ○ Subject to \$10 minimum, \$50 maximum copay ▪ <i>Non-preferred brand-name:</i> 30% of drug cost <ul style="list-style-type: none"> ○ Subject to \$25 minimum, \$75 maximum copay Mail order: Same as in-network retail pharmacy benefit levels shown above. Note: Deductible does not apply.	Out-of-network pharmacy: You pay the full cost at the pharmacy, then submit claims to Moda Health. You will pay 40% after you meet out-of-network deductible.	Kaiser pharmacy: <ul style="list-style-type: none"> ▪ \$15 copay per prescription (non-formulary drugs are not covered unless medically necessary) ▪ 20% coinsurance for outpatient administered medications Non-Kaiser pharmacy: You pay 100% Mail order: \$30 copay for formulary maintenance drugs. Mail delivery cannot be provided to members who permanently reside outside of Oregon and Washington.

*** Kaiser NW Medical Plan Participants:**

As a reminder, Kaiser's **out-of-pocket maximum accumulates on a calendar year basis**, not the plan year. Your copays and coinsurance for services received between January 1 and December 31 apply to the annual out-of-pocket maximum even though your plan election period is July 1 – June 30.

The out-of-pocket maximum limits the amount of money you pay at the time you receive health care services. The most an individual enrolled in the Kaiser medical plan will pay out-of-pocket is \$600 per calendar year, and the family maximum is \$1,200 per calendar year. If you reach the out-of-pocket maximum, the plan will cover all eligible costs for the rest of the calendar year. This may be a disadvantage in certain cases:

- *If you enroll in the Kaiser NW medical plan after participating in the CityCore plan.* Your out-of-pocket maximum would be effective July 1 (at the beginning of the City's plan year), and would start over on January 1.
- *If there is a plan change (where the out-of-pocket maximum increases for the next plan year).* In that case, you may have hit the out-of-pocket maximum with services you've received from January 1 through June 30; then you would need to pay expenses out-of-pocket until you reach the higher out-of-pocket maximum before the plan would cover eligible expenses at 100%. (For example: let's assume the out-of-pocket maximum increased from \$600 one plan year to \$800 the next plan year. If you had reached the \$600 out-of-pocket maximum before June 30, you would need to pay an additional \$200 to reach the new out-of-pocket maximum in the City's new plan year. Once you hit the new maximum of \$800, the plan would again cover all eligible expenses through the end of December.)

If you have questions about how the Kaiser out-of-pocket maximum works, please contact the City of Portland Benefits and Wellness Office.

Vision Plan

Vision coverage is provided through VSP if you elect the CityCore medical plan and through Kaiser NW Vision if you elect the Kaiser NW medical plan. The following outlines the benefits under each of the plans. The chart shows what you pay unless otherwise noted.

Vision Plan Feature	Vision Service Plan (VSP) Basic Plan		Vision Service Plan (VSP) Buy-Up Plan		Kaiser NW Vision
	VSP Provider	Non-VSP Provider	VSP Provider	Non-VSP Provider	
Enrollment	Automatic enrollment with election of CityCore Medical Plan.		You may elect to pay for a higher level of benefit.		Automatic enrollment with election of Kaiser HMO Medical Plan
Exams	\$15 copay for exam and materials Adult: 1 exam every 24 months Children: 1 exam every 12 months	\$15 copay for exam and materials Plan pays up to \$50, you pay any additional costs. Claims must be filed within 365 days from date of service.	\$15 copay for exam and materials Adults and children—1 exam every 12 months	\$15 copay for exam and materials Plan pays up to \$50, you pay any additional costs. Claims must be filed within 365 days from date of service.	\$10 office visit copay. No visit limit.
Eyeglass frames (1 pair/24 months)	Plan covers up to \$120 toward the cost of frames, plus you get a 20% discount on costs in excess of the allowance	Plan pays up to \$70 per frame, you pay any additional costs. Claims must be filed within 365 days from date of service.	Plan covers up to \$170 toward the cost of frames, plus you get a 20% discount on costs in excess of the allowance	Plan pays up to \$70 per frame, you pay any additional costs. Claims must be filed within 365 days from date of service.	Adults age 19 and older: Plan provides \$150 allowance toward the cost of covered, standard lenses and frames (or contact lenses) every 24 months; you pay any additional costs. Children under age 19: no dollar maximum but limited to one pair of covered, standard lenses and frames (or contact lenses) every 24 months.

Vision Plan Feature	Vision Service Plan (VSP) Basic Plan		Vision Service Plan (VSP) Buy-Up Plan		Kaiser NW Vision
	VSP Provider	Non-VSP Provider	VSP Provider	Non-VSP Provider	
Eyeglass lenses	<p>You pay \$15 combined copay for exam and glasses</p> <p>Plan pays 100% of prescribed lenses (1 pair every 24 months)</p> <ul style="list-style-type: none"> ▪ Single lenses (pair) ▪ Lined bifocals (pair) ▪ Lined trifocals (pair) <p>Note: Tinted or coated lenses, UV protected lenses, blended lenses, color contacts, etc. are not covered.</p>	<p>\$15 combined copay for exam and glasses</p> <p>You pay all costs in excess of Plan allowances.</p> <p>Plan pays up to:</p> <ul style="list-style-type: none"> ▪ Single lenses (pair): \$50 ▪ Bifocals (pair): \$75 ▪ Trifocals (pair): \$100 <p>Claims must be filed within 365 days from date of service.</p>	<p>You pay \$15 combined copay for exam and glasses</p> <p>Plan pays 100% of prescribed lenses (1 pair every 12 months)</p> <ul style="list-style-type: none"> ▪ Single lenses (pair) ▪ Lined bifocals (pair) ▪ Lined trifocals (pair) ▪ Poly-carbonate lenses <p><i>Plus, Plan provides:</i></p> <ul style="list-style-type: none"> ▪ \$50 allowance toward progressive lenses ▪ \$30 allowance toward anti-reflective lenses 	<p>\$15 combined copay for exam and glasses</p> <p>You pay all costs in excess of Plan allowances.</p> <p>Plan pays up to:</p> <ul style="list-style-type: none"> ▪ Single lenses (pair): \$50 ▪ Bifocals (pair): \$75 ▪ Trifocals (pair): \$100 <p>Claims must be filed within 365 days from date of service.</p>	<p>Adults age 19 and older: Plan provides \$150 allowance toward the cost of covered, standard lenses and frames (or contact lenses) every 24 months; you pay any additional costs.</p> <p>Children under age 19: no dollar maximum but limited to one pair of covered, standard lenses and frames (or contact lenses) every 24 months.</p>
Cosmetic contacts*	<p>Plan pays up to \$120 every 24 months in lieu of glasses plus 15% discount on the contact lens exam (fitting and evaluation).</p>	<p>Plan pays up to \$105</p> <p>Claims must be filed within 365 days of the date of service.</p>	<p>Plan pays up to \$120 every 12 months in lieu of glasses plus 15% discount on the contact lens exam (fitting and evaluation).</p>	<p>Plan pays up to \$105</p> <p>Claims must be filed within 365 days of the date of service.</p>	See above
Medically necessary contacts <i>Limited to one pair every 24 months</i>	<p>Covered in full after applicable copay</p>	<p>Plan pays up to \$210 after applicable copay</p> <p>Claims must be filed within 365 days from date of service.</p>	<p>Covered in full after applicable copay</p>	<p>Plan pays up to \$210 after applicable copay</p> <p>Claims must be filed within 365 days from date of service.</p>	No charge

* **Contact Lens Benefit:** Contact lens benefit design will separate the contact lens exam (fitting and evaluation) from the material coverage. Members choosing contact lenses will receive a covered-in-full contact lens exam after not-to exceed \$60 copay. This copay applies to both standard *and* premium fit contact lens wearers. Members will also receive a 15% discount on all contact lens exam services.

More details and limitations are included in the *Vision Plan Comparison* section of the SPD.

Dental Plan

This chart compares the two dental plan options available from the City. **Please note:** the plan year maximum benefit does not apply for children under age 19 (excludes orthodontia).

Dental Plan Feature	ODS Dental Plan	Kaiser Dental Plan
Network Required	No	Yes
Plan Year Deductible	\$25/member; \$75/family of three or more	None
Plan Year Maximum Benefit	\$2,000/person over age 19	None
Maximum Plan Allowance (MPA)	Plan pays benefits based on MPA; you pay coinsurance amount plus any amount over the MPA	Not applicable
Diagnostic and Preventive	ODS Class I – No charge (no deductible) for eligible services	\$10 copay/visit
Routine	ODS Class II – You pay 20% after deductible	
Major (includes inlays, onlays, crowns, and permanent prosthetics Kaiser includes periodontics and endodontics in this category)	ODS Class III – You pay 50% after deductible	\$10 copay/visit, plus 20% of additional charges. For root canal therapy when the pulp chamber of a tooth is opened before a member's coverage is effective, you will pay 50%.
Orthodontics	Covers children and adults; you pay 50%. Plan pays 50% up to lifetime maximum of \$2,500.	Covers children and adults; you pay 50%. Plan pays 50% of eligible charges up to a \$3,000 lifetime maximum benefit.

Did You Know?

Remember, the City of Portland gives you access to benefits not detailed in this Quick Start Guide. You have benefits that promote your wellness and overall well-being, protect your financial security, and help you prepare for the future. Please review the SPD for a complete list of the benefits available to you and your family.

Where Do I Go With Questions?

You can find many of the details about your benefits in the SPD. If you can't find the answer you're looking for, reach out to the City of Portland Benefits and Wellness Office:

- **Online:** Access your personalized benefit information on the City of Portland's BenefitsOnline website at www.portlandoregon.gov/benefits
- **By phone:** Call the Benefit Information Line at **503-823-6031** for answers to some frequently asked questions. (Please leave a message with your name, your question, your daytime phone number, and the best time to reach you. A benefit team member will return your call.)
- **Via email:** Send an email to benefits@portlandoregon.gov

RETIREEES: Please call the Retiree Benefit Information Line at **503-823-6136** or **1-800-281-9148** or send an email to retireebenefits@portlandoregon.gov.

You can also call your service provider directly (as long as you are enrolled and in their system).

For questions about...	Contact the following...
CityCore Medical Plan	<ul style="list-style-type: none"> ▪ www.modahealth.com ▪ Customer Service: 503-243-3974 or 1-877-337-0649 ▪ Prior authorization: 503-243-4496 or 1-800-258-2037 <ul style="list-style-type: none"> ○ For inpatient or residential mental health or chemical dependency: 503-624-9382 or 1-800-799-9391 ▪ Disease Management & Health Promotion: 503-948-5561 or 1-800-592-8283 <p>Kroger Prescription Plan (KPP)</p> <ul style="list-style-type: none"> ▪ www.kpp-rx.com or 1-800-482-1285 ▪ Postal Prescription Services (PPS) (mail order): www.ppsrx.com, 1-800-552-6694 or 503-797-2100
Kaiser NW Medical Plan, Kaiser NW Dental Plan, and Kaiser NW Vision Plan	<ul style="list-style-type: none"> ▪ 503-813-2000 or www.kaiserpermanente.org ▪ 24-hour advice nurse: 1-800-813-2000
ODS Dental Plan	<ul style="list-style-type: none"> ▪ 503-265-5680 or 1-877-277-7280 ▪ Provider Directory: www.modahealth.com or 503-243-3974
Vision Service Plan (VSP)	<ul style="list-style-type: none"> ▪ 1-800-877-7195 or www.vsp.com
Flexible Spending Accounts (FSA) Medical Expense Reimbursement Plan (MERP) and Dependent Care Assistance Plan (DCAP) through BenefitHelp Solutions	<ul style="list-style-type: none"> ▪ 503-219-3679 or 1-888-398-8057 ▪ www.benefithelpsolutions.com
Employee Assistance Program (EAP) through Cascade Centers	<ul style="list-style-type: none"> ▪ 1-800-433-2320 ▪ www.cascadecenters.com

For questions about...	Contact the following...
<p>Life and Long Term Disability through City of Portland Benefits and Wellness Office</p> <p>Group #488980</p>	<ul style="list-style-type: none"> ▪ 503-823-6031 ▪ www.portlandoregon.gov/benefits ▪ benefits@portlandoregon.gov
<p>457(b) Deferred Compensation Plan</p>	<p>Advantis Credit Union</p> <ul style="list-style-type: none"> ▪ 503-785-2527 or 1-800-547-5532 ▪ www.advantiscu.org <p>ING Financial Partners</p> <ul style="list-style-type: none"> ▪ 503-937-0378 or 1-800-238-6281 ▪ www.ingretirementplans.com/custom/portland
<p>Public Employees Retirement System</p> <p>PERS/OPSRP</p>	<ul style="list-style-type: none"> ▪ 503-598-7377 ▪ Toll free: 888-320-7377 ▪ www.oregon.gov/PERS/

