

2017-2018

Benefits Highlights

Portland Police Association Quickstart Guide to Your City of Portland Benefits



Health & Financial Benefits

HEALTHY LIVING. HEALTHY FUTURE.

PPA 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
- Information on the City's Preventive Care Initiative
- 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 medication plan and vision option depend on the medical plan you choose.</i>	<ul style="list-style-type: none"> ▪ CityNet PPO through Moda Health ▪ CityHDP, a High Deductible Health Plan ▪ Kaiser 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 Medications <i>Note: Your prescription medication plan depends on the medical plan you choose.</i>	<ul style="list-style-type: none"> ▪ <i>If you participate in the CityNet PPO or CityHDP Medical Plan: Express Scripts Pharmacy Network (includes mail order)</i> ▪ <i>If you participate in the Kaiser HMO 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"> ▪ Delta Core Dental Plan administered by the Delta Dental Plan of Oregon through Moda Health Plans ▪ Delta Buy-up Dental Plan administered by the Delta Dental Plan of Oregon through Moda Health Plans ▪ 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 CityNet PPO or CityHDP Medical Plan, you have two options through VSP:</i> <ul style="list-style-type: none"> ○ Basic Plan or ○ Buy-Up Plan ▪ <i>If you participate in the Kaiser HMO Medical Plan: Kaiser 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)) 	Gives you and your family peace of mind and financial security in the event you 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"> ○ VOYA 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 PPA 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"> ▪ Healthy Foundations; www.healthyfoundationspdx.com ▪ CityStrong, worksite wellness education and support ▪ Disease Management & Health Promotion ▪ 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
<p>Employee</p> <ul style="list-style-type: none"> ▪ Portland Police Association (PPA) full-time and part-time employees 	<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

Family Member	Eligibility Requirement
<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 you 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 26th 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 (proof of residence for your enrolled child and grandchild is required.)
Retiree	<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 (FPDR); and ▪ Have been covered under the active employee health plans on a City-paid basis in the month preceding retirement ▪ Note: <i>Retirees who do not elect to continue coverage upon retirement, or who terminate coverage under City plans prior to age 65:</i> You may only return to the City's medical and dental plans in which you were previously enrolled <i>IF</i> you are not Medicare-eligible and you have maintained continuous medical and dental group (employer-sponsored) coverage between the time of leaving the City and the date of your return. An independent election to dental coverage is not allowed if other group medical coverage is maintained. Written verification from the other employer-sponsored plan will be required.

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, current employees may 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.

Note: You must submit documentation for your spouse or domestic partner and children within 35 days of your hire date. You will be required to submit copies of marriage certificates, birth certificates, and/or domestic partner affidavits or registrations as it applies to your enrollment.

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 of the SPD if you have questions about whether certain dependents are eligible. More details can be found in the *Who Is Eligible?* section of the SPD. You must provide documentation to substantiate your change (e.g. birth certificate, marriage certificate, divorce decree, COBRA notice).

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).

Note: When adding dependents, you must submit documentation for your spouse or domestic partner and children within 35 days of your hire date. You will be required to submit copies of marriage certificates, birth certificates, and/or domestic partner affidavits or registrations as it applies to your enrollment

If you have any questions as you enroll, please contact the Health & Financial Benefits 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 Health & Financial Benefits 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.

For current retirees with the City, if you need to make changes to your benefits mid-year, call the Retiree/COBRA Administrator at **503-823-6136** or **1-800-281-9148**. You may also email changes or questions to retireebenefits@portlandoregon.gov. **Note:** If you don’t alert the Health & Financial Benefits Office of your change 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.

Preventive Care Initiative for City Health Care Plans

NOTICE REGARDING WELLNESS PROGRAM

The City of Portland Preventive Care Initiative is a voluntary wellness program available to all benefit eligible employees (BOEC, PPOA, Housing, Non-Represented Employees and PPA for this annual enrollment). The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the Preventive Care Initiative program you will be asked to complete a preventive exam; which may include a blood test for cholesterol, diabetes, triglycerides, among others. Employees must receive a preventive exam once in a 2 calendar year cycle or have received other qualifying care such as prenatal and maternity care within the last 2 years, have been inpatient within a hospital, or have sought regular medical care to address a chronic condition to earn the incentive. You may also be asked to provide permission for your chosen health plan to send the City of Portland the information it needs to administer the program. Please see an example of the authorization below.

Kaiser Permanente will not share whether you met the Preventive Care Initiative Standard with the City unless you submit a signed paper acknowledgement form, or you go online and confirm your acknowledgement electronically. If the City is unable to confirm your participation, your premium share may be affected.

You are not required to complete a preventive examination. However, employees who choose to participate in the wellness program will receive the incentive. As part of the City's Preventive Care Initiative, the 5% premium share will remain for those full-time employees who have received a preventive health exam (or equivalent treatment e.g. prenatal, chronic disease and in-patient hospital as defined by Moda Health or Kaiser and within this document). Participating employees who do not meet the Preventive Standard will contribute 10% of the costs of their bundled CityNet medical, vision and dental premium. Because of the different funding method for Kaiser participants, if a PPA member does not meet the Preventive Standard, they will contribute 5% of the Kaiser medical, vision and dental premium there is otherwise no premium due, or if they have a premium share; they will contribute the same amount of additional premium share as those who enroll in CityNet in addition to their Kaiser calculated premium share.

If you feel you are unable to participate in a preventive exam which may include biometric screening once in a 2 calendar year cycle to earn the incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting The Health & Financial Benefits Office at 503-823-6031. Waiting until the last minute to schedule an exam will not be considered for exception or reasonable accommodation.

The information from your preventive exam which may include biometric screening will be used to provide **you and your provider** with information to help understand your current health and potential risks, and may also be used to offer you other services, such as health coaching, health education and/or participation in Healthy Foundations, a chronic disease management program.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the City of Portland may use **aggregate** information it collects to design a program based on identified health risks in the workplace, the City of Portland Preventive Care Initiative will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. **Medical information that personally identifies you will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.** In fact, the only information the City will receive in connection to you personally will be your Name, City of Portland Employee Number (PERNR), date of birth and union designation to ensure the benefits administrative annual enrollment software displays the correct premium share values during annual enrollment.

Sample Report on Individuals Meeting the Standard:

Last Name	First Name	PERNR	DOB	Union
Doe	Jane	1234567	01/10/1950	Non-Represented
Smith	John	7654321	04/15/1970	PPA

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are your doctor, nurse or nurse practitioner, physician's assistant, or a health coach in order to provide you with services under the wellness program.

In addition, any medical information obtained through your own self-disclosure in connection with the wellness program (example: for an accommodation) will be maintained separate from your personnel records, information stored electronically will be secured, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Health & Financial Benefits Office at 503-823-6031.

To complete the authorization:

- **You may choose to complete the City of Portland HIPAA Authorization and return it to the Benefits Office via interoffice mail, 106/404, Attn. Benefits Office.**
- **You may also complete the authorization, and scan it in an email to benefits@portlandoregon.gov. The authorization is located at the end of this booklet.**
- **You may, as part of the Annual Enrollment process, complete the authorization online. When you log into your Benefits portal during annual enrollment to elect your FSA, change your coverage or dependents the authorization will be available to you. You may access the portal at: www.portlandoregon.gov/benefits.**

How Much Do the Benefits Cost?

2017-2018 Benefit Costs and Employee Premium Shares

For *full-time employees*, the City of Portland will pay 95% of the cost of the CityNet medical/VSP vision and Delta Dental Plan of Oregon dental coverage and you will contribute 5% of the cost for this coverage. This is called your “premium share.” If you elect the Kaiser plan, your premium share will depend on the cost of the Kaiser plans in relation to the cost of the CityNet/VSP/Delta Dental plans. If the cost is less than 95% of the CityNet plans, then you will not have a premium share for the Kaiser plans. If the cost is greater than the CityNet plans, you will pay the difference. The City will cover 100% of your premium share for the CityHDP/vision plan. Full-time employees who elect the CityHDP plan will still pay 5% towards the cost of the Dental Delta Core plan and Kaiser Dental option. **Note:** Table does not include costs for supplemental life insurance coverage. Costs for this optional benefit is based on your age. Your personalized cost for this plan is available in the online enrollment system at www.portlandoregon.gov/benefits.

For *part-time employees*, the City of Portland contributes 50% of your medical/vision and dental premium costs. You will contribute 50% of the cost. The following table shows the total cost of these benefits and provides employee premium amounts per-pay-period for the current plan year.

Plan	TOTAL Monthly Benefit Costs			Your Contribution Per Pay Period			Your Contribution Per Pay Period		
				(Full-time Employees)			(Part-time Employees)		
	Employee Only	Employee + 1	Family	Employee Only	Employee + 1	Family	Employee Only	Employee + 1	Family
CityNet Medical, VSP Vision and Delta Dental Plan of Oregon	\$740.35	\$1,431.91	\$1,961.85	\$18.42	\$35.71	\$48.96	\$185.09	\$357.98	\$490.46
CityNet Medical, VSP Vision and Kaiser Dental	\$751.49	\$1,469.35	\$1,991.38	\$18.70	\$36.64	\$49.70	\$187.87	\$367.34	\$497.85
CityHDP Medical, VSP Vision and Delta Dental Plan of Oregon	\$565.07	\$1,078.31	\$1,483.61	\$1.39	\$2.41	\$4.28	\$141.27	\$269.58	\$370.90
CityHDP Medical, VSP Vision and Kaiser Dental	\$576.21	\$1,115.75	\$1,513.14	\$1.67	\$3.34	\$5.02	\$144.05	\$278.94	\$378.29
Kaiser Medical, Vision and Dental	\$689.29	\$1,334.67	\$1,980.05	\$0	\$0	\$58.05	\$172.32	\$333.67	\$495.01
Kaiser Medical, Vision and Delta Dental of Oregon	\$678.15	\$1,297.23	\$1,950.52	\$0	\$0	\$43.29	\$169.54	\$324.31	\$487.63
If you choose the Delta Dental Buy-up plan option, add this much to your cost:	\$8.63	\$14.93	\$26.53	\$4.32	\$7.47	\$13.27	\$4.32	\$7.47	\$13.27
If you choose the VSP Vision Buy-up option, add this much to your cost:	\$6.27	\$11.38	\$15.18	\$3.14	\$5.69	\$7.59	\$3.14	\$5.69	\$7.59

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
CityNet Medical & VSP Vision	\$684.59	\$1,335.57	\$1,790.70
CityNet Medical & VSP Buy up	\$690.86	\$1,346.95	\$1,805.88
CityHDP/VSP Vision	\$509.31	\$981.97	\$1,312.46
CityHDP/VSP Buy-up	\$515.58	\$993.35	\$1,327.64
Kaiser Medical & Vision	\$622.39	\$1,200.89	\$1,779.37
Delta Dental Plan of Oregon	\$55.76	\$96.34	\$171.15
Delta Dental Buy-Up Plan	\$64.39	\$111.27	\$197.68
Kaiser Dental	\$66.90	\$133.78	\$200.68
Kaiser Medicare Senior Advantage Plan	One-party \$320.12 Two-party \$596.35		
Employee Assistance Program (EAP)	\$5.25 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 coverage between the time you leave the City plans and the date you want to return. This includes other group (employer sponsored) coverage and individual plans purchased through the federal exchange. The option to return from an individual plan to the City's plans is limited to one time per participant.

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.

If you are in a self-pay benefits continuation coverage arrangement with the City, your cost will equal the full plan cost shown in the appropriate section above.

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...		
	CityNet PPO Medical Plan	CityHPD Medical Plan	Kaiser HMO 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	✓	✓	
Are willing to pay a higher deductible to limit the amount of premium share paid each pay period		✓	
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 co-pays for generic prescriptions	✓		

Medical Plan

Use the chart on the following pages to help you determine which medical plan is best for you and your family. If you elect the CityNet or CityHDP medical plan, you will automatically be enrolled in vision coverage through Vision Service Plan (VSP). If you elect the Kaiser NW HMO medical plan, Kaiser will provide vision benefits. This chart shows what *you pay* for in-network services unless otherwise stated.

As a reminder:

Copay: A set dollar amount you pay when you visit a provider (\$10 copay at Kaiser)

Co-Insurance: A percentage of what you pay after you have met your deductible (20% coinsurance)

Deductible: A dollar amount you pay before the Health Plan pays for most services.

Out of Pocket Maximum: The maximum amount you are responsible to pay; this includes copays, co-insurance and deductibles for all medical and pharmacy services.

Medical Plan Feature	CityNet Medical Plan	City HDP	Kaiser HMO Medical Plan
	In-Network	In-Network	
General Information			
Network	The CityNet PPO Plan's network is the Connexus 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. Only in-network services are represented in this table	CityHDP is a High Deductible Health Plan. In-network services are covered within the Connexus 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. Only in-network services are represented in this table.	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
Plan Year Deductible	\$150/person; \$450/family maximum Notes: CityNet and City HDP 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. High Deductible Plan maximums accrue differently than the PPO plan, please see additional detail in this book.	\$1,600/person; \$3,200/family maximum	None
Out-of-Pocket Maximum	\$1,000/person; \$2,500/family maximum (excludes out-of-network expenses) Note: The Out-of-Pocket maximums are administered differently for the CityCore plan and the CityHD plan. Please see the Summary Plan Description for additional details. Charges over MPA do not apply to annual out of pocket maximum.	\$3,500/person; \$7,000/family maximum (excludes out-of-network expenses. No individual will pay more than \$7,150 per plan year)	\$600/person; \$1,200/family maximum per plan year*
Lifetime Maximum Benefits	No lifetime maximum benefit limit		
Prior Authorization	Required for hospitalization and certain other services. See <i>Services Requiring Prior Authorization</i> .		Handled by Kaiser physician

Medical Plan Feature	CityNet Medical Plan	City HDP	Kaiser HMO Medical Plan
	In-Network	In-Network	
For the following treatments and services, you pay:			
Physician Services			
Office Visit (for primary care, lab work, allergy shots, kidney dialysis, prenatal visits and other medically necessary exams)	20% up to plan year out-of-pocket maximum, 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	20% up to plan year out-of-pocket maximum, after you meet deductible		\$20 copay
Pregnancy	20% up to plan year out-of-pocket maximum, after you meet deductible		\$0 (Copays for prenatal office visits are waived)
Urgent Care	20% up to plan year out-of-pocket maximum, after you meet deductible		\$20 copay

Medical Plan Feature	CityNet Medical Plan	City HDP	Kaiser HMO Medical Plan
	In-Network	In-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>Note: 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>	\$0 (Plan pays 100%)		\$0 (Plan pays 100%)
	<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 ○ 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, including polyp removal, 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>Please talk with your primary care physician about the tests and/or care recommended for you.</p>

Medical Plan Feature	CityNet Medical Plan	City HDP	Kaiser HMO Medical Plan
	In-Network	In-Network	
Outpatient Services			
Diagnostic X-rays (including ultrasound and other radiology services)	20% up to plan year out-of-pocket maximum, after you meet deductible		\$0 (Plan pays 100%)
Advanced Imaging (including CT Scans, MRIs and PET Scans)	20% up to plan year out-of-pocket maximum, 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 plan year out-of-pocket maximum, 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 plan year out-of-pocket maximum, after you meet deductible		\$0 (Plan pays 100%)
Emergency Services			
Emergency Room (copay waived if admitted as inpatient following emergency)	\$50 copay, then 20% up to plan year out-of-pocket maximum (not subject to deductible)	\$50 copay, then 20% up to in-network plan year out-of-pocket maximum, after you have met the deductible plus amount in excess of MPA (not subject to deductible) 5	\$75 copay

Medical Plan Feature	CityNet Medical Plan	City HDP	Kaiser HMO Medical Plan
	In-Network	In-Network	
Extended Care Services			
Skilled Nursing Facility	20% up to plan year out-of-pocket maximum, after you meet deductible (limited to 30 days per plan year)		\$0 (Plan pays 100%), limited to 100 days/calendar year
Home Health Care	20% up to plan year out-of-pocket maximum, after you meet deductible (limited to 60 visits per plan year)		\$0 (Plan pays 100%) for part-time care, limited to 130 days/calendar year for prescribed home health services
Hospice	20% up to plan year out-of-pocket maximum, after you meet deductible		\$0 (Plan pays 100%)
Other Services			
Ambulance	20% of MPA, up to plan year out-of-pocket maximum, no deductible	20% of MPA, up to plan year out-of-pocket maximum, after you meet the deductible	\$75 copay
Durable Medical Equipment	20% up to plan year out-of-pocket maximum, after you meet deductible <i>Note:</i> Pre-authorization required if rental exceeds 30 days or cost exceeds \$500.		20% coinsurance (includes external prosthetic and orthotic devices) Requires prior or concurrent authorization.
Alternative Care (includes spinal manipulation, acupuncture, and naturopathic services)	20% up to plan year out-of-pocket maximum, after you meet deductible <i>Notes:</i> 35-visit annual maximum for chiropractic care. CityNet PPO and HDP plan members must use Connexus network providers to receive in-network benefits.		Self-referred chiropractic, acupuncture and naturopathic services are <i>not covered</i> ; you pay 100% of the cost.
Physical Therapy	20% up to plan year out-of-pocket maximum, after you meet deductible		\$20 copay (limited to 20 visits per therapy, per calendar year)
Refractive Eye Surgery	Not covered	Not covered	Not covered
Hearing Aids ▪ For members under age 26	20% after you meet deductible, one per ear every 48 months		20%, one per ear every 4 years per member who is >18, or enrollees age <19 to 25 enrolled in an accredited institution. Cleaners, moisture guards and assistive listening devices are not covered.

Medical Plan Feature	CityNet Medical Plan	City HDP	Kaiser HMO Medical Plan
	In-Network	In-Network	
<ul style="list-style-type: none"> For adults age 26 and older 	40% plus amount in excess of MPA (no deductible for CityNet); new hearing aid covered once every 36 months if medically necessary		No coverage
TMJ Treatment	Non-surgical benefit subject to deductible, then you pay 20% up to plan year out-of-pocket maximum. Second surgical appliance subject to prior authorization. Maximum lifetime benefit of \$3,000.		\$20 copay
Behavioral Health and Mental Health Treatment <i>Note:</i> Prior authorization is required for all inpatient, partial hospitalization and residential treatment programs.	20% up to plan year out-of-pocket maximum, after you meet deductible		<ul style="list-style-type: none"> Outpatient and/or day treatment setting: \$10 copay Inpatient hospital and residential services: \$0 (Plan pays 100%)
Chemical Dependency Treatment <i>Note:</i> Prior authorization is required for all inpatient, partial hospitalization and residential treatment programs	20% up to plan year out-of-pocket maximum, after you meet deductible		<ul style="list-style-type: none"> Outpatient and/or day treatment setting: \$10 copay Inpatient hospital and residential services: \$0 (Plan pays 100%)
Sterilization, Contraceptive Implants (e.g., IUD and Norplant)	\$0 (Plan pays 100%) if provided by an in-network provider		<ul style="list-style-type: none"> Sterilization: \$10 copay Implants: Rx copay varies
Infertility Treatment	Not covered		50% covered. Member responsible for non-covered services.

Medical Plan Feature	CityNet Medical Plan	City HDP	Kaiser HMO Medical Plan
	In-Network	In-Network	
Prescription Medication Coverage			
Prescription Medications Specialty Pharmacy: Accredo 30-day supply for acute and/or new medications up to a 90-day subject to co-insurance/maximum as shown.	In-network pharmacy: <ul style="list-style-type: none"> ▪ <i>Generic:</i> 10% of medication cost ▪ <i>Preferred:</i> 20% of medication cost ▪ <i>Non-preferred medication (generic or brand):</i> 30% of medication cost Retail and Mail-Order Pharmacy: Express Scripts Subject to \$5 minimum, \$35 maximum copay. For prescriptions between 31-90-days supply. Subject to \$5 minimum, \$50 maximum copay	In-network pharmacy: <ul style="list-style-type: none"> ▪ <i>Generic:</i> 10% of medication cost ▪ <i>Preferred:</i> 20% of medication cost ▪ <i>Non-preferred medication (generic or brand):</i> 30% of medication cost Retail and Mail-Order Pharmacy: Express Scripts Subject to \$0 minimum, \$150 maximum copay. For prescriptions between 31-90-days supply. Subject to \$0 minimum, \$300 maximum copay after deductible is met and includes specialty medications purchased at retail pharmacy (with prior authorization). Certain maintenance medications on the Express Scripts Preventive Plus Medications list are covered at the stated benefit level before meeting the annual deductible.	Kaiser pharmacy: <ul style="list-style-type: none"> ▪ \$15 copay per prescription (non-formulary medications are not covered unless medically necessary) ▪ 20% coinsurance for outpatient administered medications Non-Kaiser pharmacy: Not covered Mail order: \$30 copay for formulary maintenance medications. Mail delivery cannot be provided to members who permanently reside outside of Oregon and Washington.
	Be sure to go online at www.express-scripts.com to compare pricing and pharmacy availability.		

Vision Plan

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

Vision Plan Feature	VSP Basic Plan		VSP Buy-Up Plan		Kaiser Vision Plan
	VSP Provider	Non-VSP Provider	VSP Provider	Non-VSP Provider	
How do I enroll?	Automatic enrollment with election of CityNet PPO or CityCDP Medical Plan		If you elect the CityNet PPO or City HDP Medical Plan, you may elect to pay for this higher level of benefit.		Automatic enrollment with election of Kaiser HMO Medical Plan
For the following treatments and services, you pay:					
Exams	\$15 copay for exam and glasses Adult: 1 exam every 24 months Children: 1 exam every 12 months	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 glasses Adults and children—1 exam every 12 months	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	Plan covers up to \$150 toward the cost of frames, plus you get a 20% discount on costs in excess of the allowance. <i>Limited to one pair every 24 months</i>	Plan pays up to \$80 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. <i>Limited to one pair every 12 months</i>	Plan pays up to \$95 per frame, you pay any additional costs. Claims must be filed within 365 days from date of service.	Note: Coverage details included with the “ Eyeglass lenses ” row below.

Vision Plan Feature	VSP Basic Plan		VSP Buy-Up Plan		Kaiser Vision Plan
	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>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 ▪ Lined Bifocals (pair): \$75 ▪ Lined 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>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 ▪ Lined Bifocals (pair): \$75 ▪ Lined 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) in a 2 plan year period; 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 12 months.</p>

Vision Plan Feature	VSP Basic Plan		VSP Buy-Up Plan		Kaiser Vision Plan
	VSP Provider	Non-VSP Provider	VSP Provider	Non-VSP Provider	
Elective contacts*	<p>You pay all costs in excess of Plan allowances.</p> <p>Plan pays up to \$130 every 24 months in lieu of glasses, plus you get a 15% discount on the contact lens exam (fitting and evaluation).</p>	<p>Plan pays up to \$105 for contact lens exam and contacts; you pay any additional costs.</p> <p>Claims must be filed within 365 days from date of service.</p>	<p>You pay all costs in excess of Plan allowances.</p> <p>Plan pays up to \$130 every 12 months in lieu of glasses, plus you get a 15% discount on the contact lens exam (fitting and evaluation).</p>	<p>Plan pays up to \$105 for contact lens exam and contacts; you pay any additional costs.</p> <p>Claims must be filed within 365 days from date of service.</p>	See above
<p>Medically necessary contacts</p> <p><i>Limited to one pair every 24 months</i></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>	<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>	\$0 (Plan pays 100%)

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

Dental Plan

This chart compares the dental plan options available from the City.

Dental Plan Feature	Delta Dental Plan of Oregon	Delta Dental Buy-Up Plan	Kaiser Dental Plan
	General Information		
Am I required to use a network dentist?	No	No	Yes
Plan Year Deductible	\$25/member; \$75/family of three or more	\$25/member; \$75/family of three or more	None
Plan Year Maximum Benefit	\$2,000/person age 19 and older	\$2,500/person age 19 and older	None
Maximum Plan Allowance (MPA)	Plan pays benefits based on MPA; you pay coinsurance amount plus any amount over the MPA for providers who are not in the Delta dental network	Plan pays benefits based on MPA; you pay coinsurance amount plus any amount over the MPA for providers who are not in the Delta Dental network	Not applicable
Diagnostic and Preventive Care	Class I – \$0 (Plan pays 100%, no deductible for eligible services) One cleaning covered every six months	Class I – \$0 (Plan pays 100%, no deductible for eligible services) One cleaning covered every four months	\$10 copay/visit, then Plan pays 100%
Routine Services	Class II – You pay 20%, after you meet deductible	Class II – You pay 20%, after you meet deductible	
Major Services <i>Note:</i> Includes inlays, onlays, crowns, and permanent prosthetics. Kaiser plan includes periodontics and endodontics.	Class III – You pay 50%, after you meet deductible Occlusal guard (nightguard) covered once every two years at 50%, up to a \$150 maximum. Over the counter nightguards are excluded.	Class III – You pay 20%, after you meet deductible Additional Periodontal benefits are part of the buy-up plan. Occlusal guard (nightguard) covered once every two years at 50%, up to a \$150 maximum. Over the counter nightguards are excluded.	\$10 copay/visit, plus 20% of applicable charges.
Orthodontics (children and adults)	You pay 50%; Plan pays up to \$2,500 lifetime maximum	You pay 50%; Plan pays up to \$2,500 lifetime maximum	You pay 50%; Plan covers 50% of eligible charges up to \$3,000 lifetime maximum

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 Health & Financial Benefits 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

RETIREES: 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...
CityNet Medical Plan	<ul style="list-style-type: none"> ▪ www.modahealth.com or www.mymoda.com for general information and information on specific claims ▪ Network : Connexus ▪ 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 ▪ Member Health Advocate : 1-855-466-6340 and via email at cityadvocate@modahealth.com ▪ Healthy Foundations : 1-855-232-6899 and via email at healthyfoundations@modahealth.com or online at http://www.healthyfoundationspdx.com/ <p>Express Scripts</p> <ul style="list-style-type: none"> ▪ www.express-scripts.com or 1-800-818-9289 ▪ For specialty medications : www.Accredo.com
Kaiser Medical Plan, Kaiser Dental Plan, and Kaiser Vision Plan	<ul style="list-style-type: none"> ▪ 503-813-2000 or www.kp.org ▪ 24-hour advice nurse:1-800-813-2000 ▪ Pharmacy Help Line: 503-261-7900
Delta Dental Plan of Oregon	<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 ▪ Network: Choice Plan
Flexible Spending Accounts (FSA) Medical Expense Reimbursement	<ul style="list-style-type: none"> ▪ 503-219-3679 or 1-888-398-8057

For questions about...	Contact the following...
Plan (MERP) and Dependent Care Assistance Plan (DCAP) through BenefitHelp Solutions	<ul style="list-style-type: none"> ▪ www.benefithelpsolutions.com
Employee Assistance Program (EAP) through Cascade Centers	<ul style="list-style-type: none"> ▪ 1-800-433-2320 ▪ www.cascadecenters.com
Life Insurance through City of Portland Health & Financial Benefits Office Group #488980	<ul style="list-style-type: none"> ▪ 503-823-6031 ▪ www.portlandoregon.gov/benefits ▪ benefits@portlandoregon.gov ▪ For Specifics regarding an application for Supplemental Life Insurance ▪ Medical Underwriting: 800-843-7979
457(b) Deferred Compensation Plan	<p>Advantis Credit Union</p> <ul style="list-style-type: none"> ▪ 503-785-2528 or 1-800- 547-5532 ▪ www.advantiscu.org <p>Voya Financial</p> <ul style="list-style-type: none"> ▪ 503-937-0378 or 1-800-238-6281 ▪ https://prime.beready2retire.com
Public Employees Retirement System PERS/OPSRP	<ul style="list-style-type: none"> ▪ 503-598-7377 ▪ Toll free: 1-888-320-7377 ▪ www.oregon.gov/PERS/
Retirees	<ul style="list-style-type: none"> ▪ PERS Health Insurance <ul style="list-style-type: none"> ○ www.PERShealth.com ○ 503-224-7377 or 1-800-768-7377 ▪ SHIBA (Senior Health Insurance Benefits Assistance) <ul style="list-style-type: none"> ▪ In Oregon: <ul style="list-style-type: none"> ○ 1-800-722-4134 ○ www.oregon.gov/DCBS/SHIBA ▪ In Washington: <ul style="list-style-type: none"> ○ 1-800-562-6900 ○ www.insurance.wa.gov/shiba ▪ Social Security Administration <ul style="list-style-type: none"> ○ 1-800-772-1213 ○ www.ssa.gov ▪ Medicare <ul style="list-style-type: none"> ○ 1-800-633-4227 ○ www.medicare.gov

[You may complete this authorization when you access the annual enrollment portal at www.portlandoregon.gov/benefits](http://www.portlandoregon.gov/benefits)

City of Portland HIPAA Authorization

This acknowledgement explains the City's application of protected health information (PHI) in the administration of an employee wellness program.

As part of the City of Portland's Preventive Care Initiative, each employee enrolled in CityCore, CityNet or a Kaiser medical plan will be asked to seek a preventive health care screening at least once during a two (2) calendar year period. Other healthcare services received through an in-patient hospital stay, primary and/or specialty care services received for chronic and/or complex medical conditions and pre-natal care will all be considered allowable services under the Preventive Care Initiative. The City, its health plan vendors, Kaiser and Moda Health (as third party administrator) are committed to maintaining the privacy and security of your health information. No individual health data (weight, lab results, diagnosis, treatment, etc.) will be shared with the City in its administration of this program or used to determine the premium share an individual employee will pay. The following information provides how and when information will be used.

- Annual aggregate (not individual) analysis to determine the success of the program, strategy and clinical outreach
- Annual report listing employee name, City personnel number (PERNR) of any employee who has met the preventive standard as determined by the appropriate health partner (Moda or Kaiser) and affirmed the sharing of individual health information through this acknowledgement for purpose of the City's Preventive Care Initiative. This report will be used to configure premium share information into the annual enrollment system.

Please acknowledge that you have read this statement and consent to the use of your information in the administration of the Preventive Care Initiative. If you choose not to consent, your participation in the Preventive Care Initiative cannot be confirmed and your premium share may be affected. As a resident of Oregon or Washington, this acknowledgement is valid for 24 months from the date you give your permission. You can revoke your permission at any time by submitting a new acknowledgement form to the Health & Financial Benefits Office or by submission electronically through the online portal www.portlandoregon.gov/benefits. Your cancellation will not affect information that was shared before your request was submitted. Once this information is shared, it may not be protected under federal privacy law (HIPAA).

Yes, I agree to share information on whether I met the Standard for the City of Portland's Preventive Care Initiative.

No, I do not agree to share information on whether I met the standard for the City of Portland's Preventive Care Initiative. I understand my premium share may be affected. I further understand that I will not be denied treatment, payment of claims, enrollment or eligibility for benefits based on whether or not I agree to share my information.

Employee Printed Name: _____

Employee Signature: _____

Employee Number (PERNR): _____

Employee Bureau: _____

Scan and email to benefits@portlandoregon.gov

Send via interoffice mail 106/404, Attn: Benefits

City of Portland
Health & Financial Benefits
1120 SW Fifth Ave, Room 404
Portland, OR 97204
503-823-6031
portlandoregon.gov/bn
Interoffice: 106/404



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Human Resources

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