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.

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/bn or by contacting the Health & Financial Benefits Office at 503-823-6031.

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 benefits designed to meet your needs. 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	What It Does
Medical	▪ CityBasic Medical, a Preferred Provider Organization (PPO) plan administered by Moda Health	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 Medication	▪ Express Scripts (includes mail order)	Helps you pay for the medications you need to protect and manage your health.
Dental	▪ CityBasic Dental, plan administered by Delta Dental Plan of Oregon, through Moda	Helps you pay for dental care—from preventive cleanings, to major services like root canals and dentures.
Vision	▪ CityBasic Vision, plan administered by Vision Service Plan (VSP)	Helps pay the cost of vision care and supplies (eye exams, glasses, contacts, etc.).
Other Benefits and Plan Features	Wellness programs, including: ▪ 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
Employee ▪ Laborer's Local 483 (Seasonal Maintenance Workers and Seasonal Park Rangers).	**For initial eligibility:** ▪ You are eligible the first day of the month following 60 days of service in a position that is scheduled for a minimum of 28 hours per week **For continued eligibility** ▪ You must have been paid 112 hours in the prior month; hours are monitored month to month
Employee ▪ The City complies with the Affordable Care Act in determining coverage for employees otherwise not covered by the City's benefit plans.	**For initial eligibility:** ▪ You must average 30 working hours per week during a 6-month initial measurement period beginning on date of hire. Benefits begin on the first day of the month following *60 days from the end of the initial measurement period *60-days is determined to be an Administrative Period **For on-going employees:** ▪ You must average 30 working hours per week during a 6-month standard measurement period ▪ Standard measurement period: o October 8, 2015 to April 6, 2016 – Benefits Begin July 1, 2016 o April 7, 2016 to October 5, 2016 – Benefits Begin January 1, 2017
Your Spouse/Domestic Partner ***Note:*** The same eligibility rules apply for a retiree's spouse/domestic partner.	▪ Your legal spouse, including same-sex and opposite-sex o A divorced or legally separated spouse is not eligible for City-paid coverage ▪ Your domestic partner o As defined and declared in the City of Portland's Domestic Partner Affidavit, or o Who is a registered domestic partner as per the Oregon Family Fairness Act of 2007

Family Member	Eligibility Requirement

Your Dependent Child(ren)
 	
Note: The same eligibility rules apply for a retiree's children.
	▪ Your child (whether married or single) under the age of 26
	    o Includes your natural or legally adopted child (from the time he or she is *placed* 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.
	▪ 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
	    o 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
	    o 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
	    o 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 *and* both grandchild and birth parent live in your home.

Retiree	▪ Eligible to receive retirement income from the Oregon Public Employees Retirement System (PERS), or the Oregon Public Service Retirement Plan (OPSRP); 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—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.* See the *Qualified Family Status Change* section of the SPD for the details.
    - To make a change, contact the Health & Financial Benefits Office to request a Family Status Change form at 503-823-6031 or email benefits@portlandoregon.gov .

      Note: If you don't make 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 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 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.

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?

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). 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: Make Changes to Your Benefits

For initial enrollment you will automatically be enrolled in coverage for yourself once you become eligible. **You will have 30 days from your eligibility date to add your dependents in benefits. Coverage for eligible family members will be retroactive to the date the employee became eligible for coverage.**

If you need to make changes to your benefits mid-year contact the Health & Financial Benefits Office. ***Note:*** If you don't alert the Health & Financial Benefits Office and make 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.

How Much Do the Benefits Cost?

2016-2017 Benefit Costs and Employee Premium Shares

The City of Portland contributes 90% of your medical/vision and dental premium costs. You will contribute 10% of the cost. This 10% “premium share” will apply to all medical, dental and vision coverage, unless you opt out. Opt out dollars are not provided for declining coverage.

The following table shows the total cost of these benefits and provides employee premium amounts per-pay-period for the 2016-2017 plan year.

Active

Plan	TOTAL Monthly Benefit Costs			Your Contribution Per Pay Period (Full-time Employees)		
	Single	**Two-Party**	**Family**	**Single**	**Two-Party**	**Family**
CityBasic Medical, Dental, and Vision	$504.68	$965.72	$1,324.36	$25.22	$48.28	$66.22

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
CityBasic Medical, Dental and Vision plan	$504.68	$965.72	$1,324.36

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 will 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, the cost of active coverage is $504.68. If you wanted to continue the same coverage, your cost under COBRA will be 102% of $504.68, or $514.77. 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, if you want to continue only 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 are covering yourself only, the cost of active coverage is $504.68. If you wanted to continue the same coverage, your cost in a self-pay benefits continuation coverage arrangement would be $504.68.

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.

Medical Plan

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

Medical Plan Feature	CityBasic Medical Plan	
	In-Network	Out-of-Network
General Information		
Network	The CityBasic 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.	
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
Plan Year Deductible	$200/person; $600/family maximum	$750/person; $2,250/family maximum
	Notes: CityBasic 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	$1,800/person; $5,400/family maximum each plan year (excludes out-of-network expenses)	$3,000/person; $9,000/family maximum each plan year (excludes in-network expenses)
	Note: Charges over MPA do not apply to annual maximum.	
Physician Office Visits		
Office Visit (for primary care and other medically necessary exams) **Allergy shots and other injections**	$15 copay $10 per injection	50% up to plan year out of pocket maximum after you meet deductible, plus amount in excess of MPA
Specialist Office Visit	30% after the deductible	50% up to plan year out of pocket maximum after you meet deductible, plus amount in excess of MPA
Urgent Care	$15 copay	50% up to plan year maximum, plus amount in excess of MPA, no deductible
Pregnancy	$15 per visit for prenatal care; 30% after deductible up to plan year out of pocket maximum for all other care	50% up to plan year out of pocket maximum after you meet deductible, plus amount in excess of MPA

<table>
<tr><th rowspan="2">Medical Plan Feature</th><th colspan="2">CityBasic Medical Plan</th></tr>
<tr><th>In-Network</th><th>Out-of-Network</th></tr>
<tr><td colspan="3">Preventive Care (including, but not limited to: routine visits, lab work, diagnostic medical procedures, immunizations, health/education or tobacco cessation counseling, screenings, etc.)</td></tr>
<tr><td rowspan="2">Wellness – Routine Physical Exams and Immunizations (except for travel-related immunizations)

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.

Preventive services are covered as required under the Affordable Care Act.</td><td>$0 (Plan pays 100%)</td><td>50% up to plan year out of pocket maximum after you meet deductible, plus amount in excess of MPA</td></tr>
<tr><td colspan="2">Preventive care is subject to these limits:

Routine physical exam maximum:
▪ 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

Cancer screenings:
▪ Breast Cancer – Mammogram maximum:
o Ages 35 – 39: 1
o Ages 40+: 1 per 12 months (365 days)
o 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
o 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
o Including hospital, sedation and related tissue pathology charges
o Post-op office visits are covered at regular copays
o Maximums:
– 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</td></tr>
<tr><td colspan="3">Outpatient Services</td></tr>
<tr><td>Diagnostic Laboratory and X-rays (including ultrasound and other radiology services)</td><td>30% up to plan year out of pocket maximum , after the deductible</td><td>50% up to plan year out of pocket maximum after you meet deductible, plus amount in excess of MPA</td></tr>
<tr><td>Advanced Imaging (including CT Scans, MRIs and PET Scans)</td><td>30% up to plan year out of pocket maximum , after the deductible</td><td>50% up to plan year out of pocket maximum after you meet deductible, plus amount in excess of MPA</td></tr>
<tr><td>Outpatient Hospital (including in-hospital diagnostic x-rays and lab work, surgery, anesthesia and miscellaneous services)</td><td>30% up to plan year out of pocket maximum , after you have met your deductible</td><td>50% up to plan year out of pocket maximum after you meet deductible, plus amount in excess of MPA</td></tr>
</table>

Medical Plan Feature	CityBasic Medical Plan	
	In-Network	Out-of-Network
Inpatient Hospital Services		
Inpatient Hospital (including semi-private room and board, in-hospital diagnostic x-rays and lab work, surgery, anesthesia and miscellaneous services)	30% up to plan year out of pocket maximum, after you have met your deductible	50% up to plan year out of pocket maximum after you meet deductible, plus amount in excess of MPA
Emergency Services		
Emergency Room (copay waived if admitted as inpatient following emergency)	30% up to plan year out of pocket maximum, after $50 copay	30% up to plan year out of pocket maximum, after $50 copay
Other Services		
Ambulance	30% of MPA, up to plan year out of pocket maximum, no deductible	
Alternative Care (includes chiropractic, acupuncture, and naturopathic services)	30% up to plan year out of pocket maximum, after you have met your deductible	50% up to plan year out of pocket maximum after you meet deductible, plus amount in excess of MPA
	Notes: 35-visit annual maximum for chiropractic care. The Connexus network provides in-network alternative care services for CityBasic plan members.	

Medical Plan Feature	CityBasic Medical Plan	
	In-Network	Out-of-Network
Prescription Medication Coverage		
Prescription Medications ***Network retail pharmacy*** (up to 30-day supply, or a 90-day supply of maintenance medications at select pharmacies ***Specialty medications*** are subject to a 2x copay for a 90 day supply ***Out-of-network pharmacy*** (up to 30-day supply)	**In-network pharmacy:** ▪ *Generic:* 10% of medication cost o Subject to $3 minimum $25 maximum copay ▪ *Preferred brand-name:* 20% of medication cost o Subject to $10 minimum, $50 maximum copay ▪ *Non-preferred brand-name:* 30% of medication cost o Subject to $25 minimum, $75 maximum copay	**Out-of-network pharmacy:** You pay the full cost at the pharmacy, then submit reimbursement claims to Moda Health of up to 50% after you meet your out-of-network medical deductible.
Mail order pharmacy (up to 90-day supply)	**Mail order:** Same as in-network retail pharmacy benefit levels shown above. ***Note:*** Deductible does not apply.	

Vision Plan

Vision coverage is provided through Vision Service Plan (VSP) through the VSP signature network. The following outlines the benefits under the plan. The chart shows what you pay unless otherwise noted.

Vision Plan Feature	Vision Service Plan (VSP) Basic Plan	
	VSP Provider	Non-VSP Provider
Enrollment	Automatic enrollment with CityBasic Medical Plan.	
Exams	$15 copay ***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 6 months from date of service.
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 $120 allowance	Plan pays up to $70 per frame, you pay any additional costs. Claims must be filed within 6 months from date of service.
Eyeglass lenses	Plan pays 100% of prescribed lenses (1 pair every 24 months) ▪ Single lenses (pair) ▪ Lined bifocals (pair) ▪ Lined trifocals (pair) ***Note:*** Special cosmetic items such as tinted or coated lenses, UV protected lenses, blended lenses, color contacts, etc. are not covered	Plan pays up to: ▪ Single lenses (pair): $50 ▪ Bifocals (pair): $75 ▪ Trifocals (pair): $100 You pay all costs in excess of Plan allowances. Claims must be filed within 6 months from date of service.
Cosmetic contacts*	Plan pays up to $120 every 24 months in lieu of glasses plus 15% discount on the contact lens exam (fitting and evaluation)	Plan pays up to $105 Claims must be filed within 6 months of the date of service.
Medically necessary contacts	Covered in full	Plan pays up to $210 Claims must be filed within 6 months from date of service.

* **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 section describes the dental plan available to you. ***Please note:*** the plan year maximum benefit does not apply for children under age 19.

Dental Plan Feature	Dental Plan
Network Required	No
Plan Year Deductible	$25/member; $75/family of three or more
Plan Year Maximum Benefit	$1,000/person over age 19
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-network
Diagnostic and Preventive Care	Class I – No charge (no deductible) for eligible services. Cleanings covered once every **6** months.
Routine Services	Class II – You pay 20% after deductible
Major (includes inlays, onlays, crowns, and permanent prosthetics.	Class III – You pay 50% after deductible Occlusal guard (nightguard) covered once every two years at 50%, up to a $150 maximum. Over the counter nightguards are excluded.
Orthodontia	Not covered

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:** Benefit information on the City of Portland's website at www.portlandoregon.gov/bn
- **By phone:** Call the Benefit Information Line at **503-823-6031.** (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…
CityBasic Medical Plan	▪ www.modahealth.com ▪ Network : Connexus ▪ Customer Service: 503-243-3974 or 1-877-337-0649 ▪ Prior authorization: 503-243-4496 or 1-800-258-2037 o 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
Prescription Medication Coverage	▪ www.express-scripts.com or 1-855-889-7760 ▪ For specialty medications : www.Accredo.com
CityBasic Dental Plan	▪ Customer Service: 503-265-5680 or 1-877-277-7280 ▪ Provider Directory: www.modahealth.com or 503-243-3974 Network : Delta Dental Premier
Vision Service Plan (VSP)	▪ www.vsp.com or 1-800-877-7195 Network: Signature

Notes: