



ANNUAL ENROLLMENT: WHAT'S NEW FOR 2017-18?

For PPA Employees

It's time once again for Annual Enrollment, when you have the opportunity to review your benefit elections, determine your flexible spending account contributions for the plan year, and change health plans if you choose to do so. Following is a summary of some important changes made this year.

Our annual enrollment period will begin Tuesday, May 9th and end Friday, June 9th. Please be sure to complete your enrollment (if you are making changes and/or participating in the flexible spending accounts) by **June 9, 2017** at 9:00p.m.PST. If you do not go online to make changes, you will continue to be enrolled in your current plans, with the exception of the flexible spending accounts (MERP & DCAP) which must be elected each year if you want to participate.

CITYNET MEDICAL PLAN CHANGES

New Pharmacy Services Provider and Other Administrative Changes – Effective July 1, 2017, the prescription plan will be managed by Express Scripts (ESI), which will provide enhanced customer service tools through Express-Scripts.com and their Mobile App. In addition, you will be able to obtain a 90-day supply at a much larger number of retail pharmacies. See the enclosed flyer for additional information. The new pharmacy administrator is part of a broader change that moves the CityNet plan into a self-insured plan within Moda Health. Moda will still process claims and pay your providers, plus the networks and plan design all remain the same; but they will act as a Third Party Administrator instead of an Insurer. The dedicated Express Scripts Customer Service number for CityNet participants is 800-818-9289.

Travel Network Change – The CityNet plan's travel and out-of-area student network will be changing from PHCS to First Health Network. *When traveling* outside of the Connexus Network area, you will want to seek services from the First Health network of providers for emergency/urgent care. If you use the First Health network, discounted in-network reimbursement will apply. To find providers, go to www.modahealth.com and click on "Find Care". Once you have clicked on "Find Care" you will enter your subscriber ID. Under "What type of care can we help you find?" you will see the question, "Are you traveling and need to find a medical provider? Search the Moda's Travel Network to find the care nearest you". Once you click the link available online, it will take you to the First Health Provider Search. While it is important to seek emergency services when an emergency occurs, many less costly options **exist for non-emergent care through urgent care clinics or other retail clinics.**

NEW HIGH DEDUCTIBLE PLAN

A High Deductible Health Plan, CityHDP, has been added as a third option for employee health care coverage. The High Deductible Health Plan is being added to offer a lower cost option to our retirees and to offer additional choice for active employees. For active full-time employees, the CityHDP plan is paid for by the City, there is no premium share due by the employee, regardless of family size (employees still pay the dental premium share). As part of the Preventive Care Initiative, this option was added to ensure employees could elect coverage that best addresses their needs and beliefs related to healthcare.

KAISER MEDICAL PLAN CHANGES

Kaiser is adding continuous glucose monitoring devices, system and supplies and electronic monitors of bodily functions to durable medical equipment. Routine hearing exams will be covered under the specialty care visits. Palliative care will be added to "Benefits for Inpatient Hospital Services"

PREVENTIVE CARE INITIATIVE

You will soon be required to see your Primary Care Provider for a wellness exam in order to maintain your 5% premium share (or the premium share you owe as a Kaiser participant). Ensuring PPA Members have these valuable screenings is an important step to better health and better health outcomes. Sharing in the responsibility of good health will keep the cost for benefits within sustainable levels. For more information about the Preventive Initiative, please see your Highlights Booklet, and the Employee Benefits Handbook. You may also review some FAQ's online at <https://www.portlandoregon.gov/bhr/31516>.

DELTA DENTAL PLAN CHANGES

Occlusal guards (nightguards) will be covered once every two years at 50%, up to a \$150.00 maximum on both the Delta Core and Delta Buy-up dental plans. (Over-the-counter nightguards will continue to be excluded.)

Buy-up plan changes - Additional periodontal maintenance is covered for members with periodontal disease, up to a total of 2 additional per year. Full mouth debridement is limited to once in a 2-year period for adults absent other cleanings within 24 months.

VSP PLAN CHANGES

Network Change for all VSP Plans – The VSP network is changing from the Signature Network to the Choice network. To find a VSP provider, or confirm your current provider is on the Choice Network, please login to www.vsp.com.

Changes for the VSP Basic Plan – The VSP basic plan frame allowance has increased from \$120 to \$150 every two years when purchasing hardware from a VSP provider, and from \$70 to \$80 per Costco equivalent frame at a non-VSP provider.

Changes for the VSP Buy-Up Plan – The VSP buy-up plan frame allowance has increased from \$70 to \$95 per Costco equivalent frame at a non-VSP provider. The frame allowance has also increased from once every 24 months to once every 12 months.

FLEXIBLE SPENDING ACCOUNTS

The IRS allowed maximum for Healthcare Flexible Spending Accounts (MERP) is now \$2,600 annually or \$108.33 per pay period. Don't forget, if you want to participate in the flexible spending accounts (**MERP and/or DCAP**) beginning July 1, you must enroll. If you don't re-enroll for this new plan year, your participation ends June 30, 2017. Your current *elections* do not automatically roll into the new plan year. However, if you have remaining dollars not used from your 2016-17 plan year election, unreimbursed election amounts between \$50.00 - \$500.00 will be available to you for the July 1, 2017 – June 30, 2018 plan year.

PLEASE REVIEW THE ENCLOSED MATERIALS CAREFULLY AND CONTACT THE
HEALTH & FINANCIAL BENEFITS OFFICE AT:
BENEFITS@PORTLANDOREGON.GOV OR 503-823-6031



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