



Health & Financial Benefits

HEALTHY LIVING. HEALTHY FUTURE.

2018-2019

Benefits Highlights

Quickstart Guide to Your City of Portland Benefits



For BOEC, DCTU, PCL, PFFA, PPCOA, PTE-17,
Local 189-H, Non-Represented & Recreation

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 (3 Options) <i>Note: Your prescription medication 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 ▪ CityHD, a High Deductible Health Plan administered by Moda Health ▪ 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 Medication <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 CityCore or the CityHD Medical Plan: Express Scripts (includes 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"> ▪ 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 CityCore or CityHD 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 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"> ▪ Healthcare FSA (formerly referred to as MERP) ▪ Dependent Care FSA (formerly referred to as 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"> ○ 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 (IAP) ▪ 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"> ▪ Healthy Foundations; www.healthyfoundationspdx.com ▪ CityStrong, worksite wellness education and support www.citystrongpdx.com ▪ 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"> ▪ Oregon AFSCME Council 75 Local 189-2 (BOEC ECOs) ▪ City of Portland Professional and Technical Employees PTE-17 ▪ District Council of Trade Unions (DCTU) ▪ Local 189-H (certain employees of the Portland Housing Bureau) ▪ Portland City Laborers (PCL) ▪ Non-represented employees ▪ Municipal Employees of Local 483 (Recreation) employees 	<p>You are eligible if:</p> <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. <p>The City complies with the Affordable Care Act (ACA) in determining coverage for employees who may otherwise be dropped from the City's benefit plans. If you should lose coverage because you are not working your regularly scheduled hours, you may be eligible for continued coverage under ACA if the following applies:</p> <p>For on-going employees:</p> <ul style="list-style-type: none"> ▪ You average 30 working hours per week during a 6-month standard measurement period ▪ Standard measurement period: <ul style="list-style-type: none"> ○ October 5, 2017 to April 4, 2018 – for benefits beginning July 1, 2018 ○ April 5, 2018 to October 3, 2018 – for benefits beginning January 1, 2019
<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

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 biological or legally adopted child (from the time he or she is <i>placed</i> for adoption), stepchild, child of your enrolled domestic partner, 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; New Hires adding an incapacitated child do not need to show continuous medical plan coverage prior to enrolling the child. ○ 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.)
<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, 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. Documentation can be uploaded directly into the Document Center within the online enrollment portal.

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. 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 with a city email address, you will receive a new hire benefits email from the Health & Financial Benefits Office. Watch for “Important Initial Benefit Enrollment Information” in your email. **This instruction email 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 new hire benefits email 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).

For employees without a city email, you will receive a new hire benefits packet in the mail, sent to your address on file. **This packet will include your instruction letter, including your benefits effective date and enrollment deadline, plus the online enrollment instructions you need to enroll in your benefits.**

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. Documentation can be uploaded directly into the Document Center online using your Benefits portal.

If you have any questions as you enroll, please contact the Health & Financial Benefits Office. Once you have completed your enrollment, be sure to save 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**. 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. 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. For July 2019, Moda and Kaiser will look back to calendar year 2017 and 2018 for each participating employee. New employees will have one complete calendar year, regardless of hire date, to meet the Preventive Care Standard. 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.. Full-time employees who meet the standard will continue to pay 5% premium share contribution each fiscal year. Although you are not required to complete the preventive exam which may include biometric screening, only full-time employees who do so will continue to pay 5% premium share during the plan year. If you do not meet the standard, your premium share will be 10% for each fiscal year that you have not completed a preventive exam with biometric screening once in a 2 calendar year cycle.

Because part-time employees already pay a greater share of the premium contribution for their coverage, the 5% difference will be added to their monthly premium share amount. The percentages of premium share for part-time employees are different based on union status and standard hour designations. As an example, if you are a non-represented employee with a standard hour's designation of 30 hours per week; you pay a 25% premium share of your medical, dental and vision costs. Should you choose not to participate in the Preventive Care Initiative wellness program as described; your premium share would go from 25% to 30%.

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, date of birth and last four of your social security number 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	DOB	Last Four SSN
Doe	Jane	01/10/1950	1234
Smith	John	04/15/1970	5678

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.

- **You may choose to complete the City of Portland HIPAA Authorization and return it to the Benefits Office via interoffice mail, 122/550, Attn. Benefits Office.**
- **You may also complete the authorization, and scan it in an email to benefits@portlandoregon.gov.**
- **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.**

Non-Represented employees, members of the PPA, PPCOA, Housing, BOEC, PTE-17, PCL, Recreation, DCTU and PFFA unions are subject to the provisions of the Preventive Care Initiative as outlined in this document, the Summary Plan Description (Employee Handbook) and completed Collective Bargaining Agreements.

How Much Do the Benefits Cost?

2018-2019 Benefit Costs and Employee Premium Shares

For *full-time employees*, the City of Portland contributes 95% of your CityCore and Kaiser 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. The City will cover 100% of your premium share for the CityHD/basic vision plan. Full-time employees who elect the CityHD plan will still pay 5% towards the cost of the Dental Delta Core plan and Kaiser Dental.

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%.

Full-time and part-time employees who did not meet the preventive care initiative will pay an additional 5% premium share for the 2018-2019 plan year.

Note: The following table shows the total cost of these benefits and provides employee premium amounts per-pay-period for the 2018-2019 plan year. The table does not include costs for supplemental life insurance or Buy-up Long Term Disability insurance coverage. Costs for these optional benefits are based on your age and/or income. Your personalized cost for these plans is available in the online enrollment system at www.portlandoregon.gov/benefits

Full-time Employees

Plan	TOTAL Monthly Benefit Costs			Your Contribution Per Pay Period (Full-time Employees)**		
	Single	Employee + 1	Family	Single	Employee + 1	Family
CityCore Medical, VSP Vision*	\$661.51	\$1,249.59	\$1,775.29	\$16.40	\$31.11	\$44.25
Kaiser Medical, Vision*	\$709.66	\$1,343.96	\$1,911.48	\$17.61	\$33.47	\$47.66
CityHD (High Deductible Health Plan), VSP Vision	\$520.37	\$974.37	\$1,380.10	\$0	\$0	\$0
Delta Core Dental Plan	\$58.84	\$101.62	\$180.56	\$1.47	\$2.54	\$4.51
Delta Buy-up Dental Plan (add this much to the cost of the Core Plan)	\$16.60	\$30.40	\$34.44	\$8.30	\$15.20	\$17.22
Kaiser Dental	\$70.30	\$140.60	\$210.90	\$1.76	\$3.51	\$5.27
If you choose the Vision Buy-up option through VSP, add this much to your cost:	\$6.41	\$11.64	\$15.51	\$3.21	\$5.82	\$7.76

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. The percentage you pay will also apply to your Basic Life and Long Term Disability coverage.

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	\$165.37	\$122.39	\$82.69	\$39.70	\$312.39	\$231.18	\$156.20	\$74.97	\$443.81	\$328.44	\$221.92	\$106.52
Kaiser Medical, Vision	\$177.41	\$131.29	\$88.71	\$42.59	\$335.98	\$248.63	\$168.00	\$80.63	\$477.86	\$353.63	\$238.94	\$114.69
CityHD (High Deductible Health Plan), VSP Vision	\$130.80	\$96.27	\$65.05	\$31.23	\$243.59	\$180.26	\$121.80	\$58.46	\$345.01	\$255.32	\$172.52	\$82.81
Delta Core Dental Plan	\$14.71	\$10.89	\$7.35	\$3.53	\$25.40	\$18.80	\$12.70	\$6.10	\$45.14	\$33.40	\$22.57	\$10.83
Delta Buy-up Dental Plan (add this much to the cost of the Core plan)	\$8.30	\$8.30	\$8.30	\$8.30	\$15.20	\$15.20	\$15.20	\$15.20	\$17.22	\$17.22	\$17.22	\$17.22
Kaiser Dental	\$17.57	\$13.01	\$8.79	\$4.22	\$35.15	\$26.01	\$17.57	\$8.44	\$52.72	\$39.02	\$26.36	\$12.65
If you choose the Vision Buy-up option, add this much to your cost:	\$3.21	\$3.21	\$3.21	\$3.21	\$5.82	\$5.82	\$5.82	\$5.82	\$7.76	\$7.76	\$7.76	\$7.76

** CityCore and Kaiser Medical rates include the Benefits Administration fee which is shown separately on your paystub

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

Standard Hours (Per Pay Period)	Non-represented	DCTU, , City LaborersLocal 189-H, PTE-17Rec	PFFA & PPCOA	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 source, 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 this SPD.

Retiree Costs

Your costs are after-tax. As a retiree, you pay 100% of the cost of the monthly premium.

Plan	Total Monthly Benefit Costs		
	Retiree	Retiree + 1	Family
CityCore Medical & VSP Vision	\$661.51	\$1,249.59	\$1,775.29
CityCore Medical & VSP Buy up	\$667.92	\$1,261.23	\$1,790.80
CityHD Medical & VSP Vision	\$520.37	\$974.37	\$1,380.10
CityHD Medical & VSP Buy up	\$526.78	\$986.01	\$1,395.61
Kaiser NW Medical & Vision	\$709.66	\$1,343.96	\$1,911.48
Delta Core Dental Plan	\$58.84	\$101.62	\$180.56
Delta Buy-up Dental Plan	\$75.44	\$132.02	\$215.00
Kaiser NW Dental	\$70.30	\$140.60	\$210.90
Kaiser NW Medicare Senior Advantage Plan	One-party \$328.14 Two-party \$614.30		
Kaiser NW Medicare Sr. Advantage Retiree & Kaiser NW Medical Spouse/Dependent	\$962.44		
Kaiser NW Medical Retiree & Kaiser NW Medicare Sr. Advantage Spouse/Dependent	\$995.82		
Employee Assistance Program (EAP)	\$4.20 per month (same for all tiers) \$5.25 per month (for PFFA retirees, 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 will 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

Benefits Snapshot

Choosing a Medical Plan

Healthcare choices can be difficult decisions, and understanding what plan is best for you and your family is important. Below are some important questions to consider when making your annual enrollment elections for the 2018-19 plan year.

1. How much is your monthly premium share? Is this important to you?

Your premium share is what you, pay on a pre-tax basis out of your paycheck. You can expect to pay anywhere from \$0 to \$60 per pay check, depending on your elections and family status.

Lower premium share doesn't always mean lower medical costs overall and it is likely only one of the expenses you will have if you are needing to seek services. Make sure to review the plan comparisons as well as the chart below to see what plans may best fit your needs!

2. What medical needs do you anticipate to have in this coming year?

Think about how often you will need to see the doctor, or if you will need to see a doctor at all this year. Medical costs can be unpredictable, but think about how often you regularly see a doctor. Do you only go for preventive care? Do you need to see a specialist for a chronic condition? Comparing out of pocket costs can help you make decisions.

If you know you are going to be seeking regular services, set aside pre-tax dollars into a Healthcare FSA, helping you offset the out of pocket cost, and offset your taxable income!

3. How much will you pay out-of-pocket for services?

Cost-sharing is a term we use to talk about how much it costs when you get medical care, or pick up a prescription. Cost-sharing includes deductibles, copayments, coinsurance and out-of-pocket maximums. These plan features are a frequent point of confusion. Review the definitions of these cost-sharing terms, so you can better understand what you will pay for services.

4. Do you take regular prescriptions?

If you take any prescriptions on a regular basis, check to see if the plans you are considering have your drugs listed on their formulary. A formulary is a list of all drugs covered by an insurance company. It is important to make sure that your medications are listed, so you can save on costs!

5. Is your doctor included in-network and does the plan cover services you want to get?

All the City's plans use different networks of doctors and medical facilities/hospitals. If you visit a provider who is not in the network, you pay a higher deductible and coinsurance. It is really important the doctors you want to see are in your plans network. The CityCore and the CityHD plans, use the Connexus Network, and the Kaiser plan uses the Kaiser NW Network.

Finally, use the chart on the next page to help answer some questions that may assist you in deciding what health plan is best for you!

Need help making your plan selections? See chart below for things to consider			
<i>If you want to...</i>	CityCore Medical Plan	High-Deductible (CityHD) Health Plan	Kaiser Permanente NW Medical Plan
Self-select providers or specialists (e.g. orthopedist, physical therapist, chiropractors) without a referral from a primary care physician	X	X	
Pay an exact copay (just a specific dollar amount) when you get routine care (e.g. office visit, x-ray, counseling)	X		X
Reduce how much is taken from your paycheck (e.g. 5% premium share) but pay higher deductible costs when services are received		X	
Access in-network services from alternative care providers to broad hospital networks in the Portland Metro Area (Legacy, OHSU, Portland Adventist, Providence)	X	X	
Limit what you pay for required services, surgery or inpatient hospital care to less than \$600 per person			X
Limit what you pay for medical services, surgery or inpatient hospital care to less than \$1,800 per person	X		
Cap your cost of generic, brand or specialty prescriptions	X		
Enroll in Healthy Foundations for added support for risk factors or chronic disease	X		
Work with your primary care physician to manage your care and provide access to specialists			X

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 CityCore or CityHD 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	CityCore Medical Plan	CityHD	Kaiser NW Medical Plan
	In-Network	In-Network	
General Information			
Network	The CityCore Plan is a PPO 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.	CityHD 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 negotiated rates	Not applicable
Plan Year Deductible	\$250/person; \$750/family maximum	\$1,600/person; \$3,200/family maximum	None
	Notes: CityCore and CityHD 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.		
Out-of-Pocket Maximum	\$1,800/person; \$5,400/family maximum (excludes out-of-network expenses)	\$4,000/person; \$8,000/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 (excludes adult vision hardware copays)
	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.		
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	CityCore Medical Plan	CityHD	Kaiser NW 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; and other medically necessary exams)	\$20 copay (preventive care services are not subject to the office visit copay. Related lab work and immunizations are provided at no cost.)	20% up to plan year out of pocket maximum after you have met your deductible.	\$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	20% up to plan year out of pocket maximum after you have met your deductible.	\$20 copay
Surgery Performed in the doctor's office	20% up to plan year out of pocket maximum, after you have met your deductible		\$20 copay
Pregnancy	\$250 copay for prenatal visits, physician services and lab work, plus 20% of hospital delivery services (up to plan year out of pocket maximum) after deductible	20% up to plan year out of pocket maximum after you have met your deductible.	No charge
Urgent Care	\$35 copay	20% up to plan year out of pocket maximum after you have met your deductible.	\$20 copay

Medical Plan Feature	CityCore Medical Plan	CityHD	Kaiser NW 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.) Plan pays 100%, you pay \$0			
<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>	<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 (no maximum, frequency at recommendation of treating provider). <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 (no age limit), 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, when deemed necessary by a physician) <p>PFFA Employees:</p> <ul style="list-style-type: none"> ▪ NFPA 1582 physical exam covered once per 12 months. See NFPA 1582 section of the SPD for more details on how to find a provider and schedule an exam. 		<p>\$0 (Plan pays 100%)</p> <p>Please talk with your primary care physician about the tests and/or care recommended for you.</p>

Medical Plan Feature	CityCore Medical Plan	CityHD	Kaiser NW Medical Plan
	In-Network	In-Network	
Outpatient Services			
Diagnostic X-rays (including ultrasound, EKG and other radiology services)	\$25 copay	20% up to plan year out of pocket maximum after you have met your deductible.	\$0 (Plan pays 100%)
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 plan year out of pocket maximum, after you have met your deductible	20% up to plan year out of pocket maximum after you have met your deductible.	\$50 copay
Outpatient Hospital or surgical facility (including surgery, anesthesia and miscellaneous services)	20% up to plan year out of pocket maximum, after you have met your deductible		\$20 per visit
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 have met your deductible		\$0 (Plan pays 100%)
Emergency Services			
Emergency Room (copay waived if admitted as inpatient following emergency)	\$200 copay, then 20% up to plan year out of pocket maximum (not subject to deductible)	20% up to plan year out of pocket maximum after you have met your deductible, plus amount in excess of MPA	Kaiser, out-of-plan or out-of-area facility: \$75 copay
Extended Care Services			
Skilled Nursing Facility	20% up to plan year out of pocket maximum, after you have met your 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 have met your 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 have met your deductible		\$0 (Plan pays 100%)

Medical Plan Feature	CityCore Medical Plan	CityHD	Kaiser NW Medical Plan
	In-Network	In-Network	
Other Services			
Ambulance	20% of MPA, up to plan year maximum, no deductible	20% of MPA, after deductible, up to plan year maximum	\$75 copay
Durable Medical Equipment	20% up to plan year out of pocket maximum, after you have met your deductible	20% up to plan year out of pocket maximum after you have met your deductible	20% (includes external prosthetic and orthotic devices) Requires prior or concurrent authorization.
	Note: Precertification required if rental exceeds 30 days or cost exceeds \$500.		
Alternative Care (includes chiropractic, acupuncture, and naturopathic services)	\$20 copay	20% up to plan year out of pocket maximum, after you have met your deductible	\$20 copay for Kaiser physician-referred chiropractic care services. Self-referred chiropractic, acupuncture and naturopathic services are <i>not covered</i> .
	Notes: 28-visit annual maximum for chiropractic care. The Connexus network provides in-network alternative care services for plan members.		
Gastric Restrictive Procedures (with or without gastric bypass or the revision of the same)	20% up to plan year out of pocket maximum, after you have met your deductible		For coverage information, contact Kaiser.
	Note: \$15,000 maximum lifetime benefit applies.		
Nutritional Counseling and Hospital-Based Weight Reduction Programs	20% up to plan year out of pocket maximum, not subject to deductible	20% up to plan year out of pocket maximum after you have met your deductible	For coverage information, contact Kaiser.
Physical Therapy	20% up to plan year out of pocket maximum, after you have met your deductible		\$20 copay (limited to 20 visits per therapy, per calendar year)
Infusion Therapy	Some medications may require use of an authorized provider to be eligible for coverage. Some medications are not covered in an outpatient hospital setting. Prior authorization required.		20% for inpatient infused medications

Medical Plan Feature	CityCore Medical Plan	CityHD	Kaiser NW Medical Plan
	In-Network	In-Network	
Refractive Eye Surgery	Not covered	Not covered	Not covered
Hearing Aids <ul style="list-style-type: none"> ▪ For members under age 26 	20% up to plan year out of pocket maximum, (no deductible) every 48 months	20% up to plan year out of pocket maximum after you have met your deductible every 48 months	20% Coinsurance Limited to one hearing aid per ear every four years per Member age 18 years and younger, or from age 19 to 25 if enrolled in an accredited educational institution. Cleaners, moisture guards and assistive listening devices are not covered.
	<ul style="list-style-type: none"> ▪ For adults age 26 and older 	40% up to plan year in- network out-of-pocket maximum, plus amount in excess of MPA (no deductible for CityCore participants), plan pays up to \$1,200 per ear; new hearing aid covered once every 36 months if medically necessary	
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 Note: Prior authorization is required for all inpatient and residential treatment programs.	<ul style="list-style-type: none"> ▪ Outpatient office visits: \$20 copay ▪ Inpatient and residential treatment programs: 20% up to plan year out of pocket maximum, after you have met your deductible 	20% up to plan year out of pocket maximum after you have met your deductible	<ul style="list-style-type: none"> ▪ Outpatient and/or day treatment setting: \$10 copay ▪ Inpatient hospital and residential services: \$0 (Plan pays 100%)
	<i>Note: Intensive outpatient treatment requires prior authorization</i>		
Chemical Dependency Treatment Note: Prior authorization is required for all inpatient and residential treatment programs	<ul style="list-style-type: none"> ▪ Outpatient office visits: \$20 copay ▪ Inpatient and residential treatment programs: After meeting the \$250 deductible, cost of co-insurance is waived for members 	20% up to plan year out of pocket maximum after you have met your 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%)		<ul style="list-style-type: none"> ▪ Sterilization: \$10 copay ▪ Implants: Rx copay varies

Medical Plan Feature	CityCore Medical Plan	CityHD	Kaiser NW Medical Plan
	In-Network	In-Network	
Infertility Treatment	Not covered	Not covered	50% of covered services. Member responsible for non-covered services.
Sleep Apnea	20% up to plan year out of pocket maximum, after you have met your deductible, subject to prior authorization		For coverage information, contact Kaiser.
Prescription Medication Coverage			
<p>Prescription Medications</p> <p>Network retail pharmacy Up to 30-day supply For 90-day supply see information on Voluntary Smart 90 Program</p> <p>Mail-Order Pharmacy: Express Scripts Up to a 90-day supply at 2x stated coinsurance or maximum at participating retail pharmacies and Mail Order</p> <p>Specialty Pharmacy: Accredo 30-day supply for acute and/or new medications. Up to a 90-day supply at 2x stated coinsurance or maximum for maintenance medications</p>	<p>In-network pharmacy 30-day supply:</p> <ul style="list-style-type: none"> ▪ <i>Generic:</i> 10% of medication cost \$3 minimum/\$25 maximum copay ▪ <i>Preferred:</i> 20% of medication cost \$10 minimum/\$50 maximum copay ▪ <i>Non-preferred medication (generic or brand):</i> 30% of medication cost \$25 minimum/\$75 maximum copay <p>Voluntary Smart 90 pharmacy 90-day supply:</p> <ul style="list-style-type: none"> ▪ <i>Generic:</i> 10% of medication cost \$3 minimum/\$50 maximum copay ▪ <i>Preferred:</i> 20% of medication cost \$10 minimum/\$100 maximum copay ▪ <i>Non-preferred medication (generic or brand):</i> 30% of medication cost \$25 minimum/\$150 maximum copay 	<p>In-network pharmacy:</p> <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 <p>Subject to stated \$0 min/\$150 max copay after deductible is met and includes pre-authorized acute specialty medications purchased at a 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.</p>	<p>Kaiser pharmacy:</p> <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 <p>Non-Kaiser pharmacy: Not covered</p> <p>Mail order: \$30 copay for formulary maintenance medications. Mail delivery cannot be provided to members who permanently reside outside of Oregon and Washington.</p>

	<p>Voluntary Smart 90 Program This is a new program for all CityCore & CityHD participants. This program allows employees to receive 90-day supplies of medication at the following pharmacy retailers:</p> <ul style="list-style-type: none"> - Costco - Fred Meyer - Safeway - Rite Aid - QFC - Walmart <p>Note: CVS and Walgreens pharmacies are not part of this network, however, members can still receive a 30-day supply of medication</p>	
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Be sure to go online at www.express-scripts.com to compare pricing and pharmacy availability.

Note: Prior authorization is required for all inpatient hospital care, surgery, and several outpatient procedures. To obtain prior authorization, contact Moda Health or Kaiser NW before services are received or within 48 hours of an emergency.

Vision Plan

Vision coverage is provided through VSP if you elect the CityCore or CityHD 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 or CityHD 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	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	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. \$30 contact lens fitting & evaluation fee plus co-pay
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.	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. 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>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>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) 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>
Elective contacts*	<p>Plan pays up to \$130 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 \$130 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 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	Delta Core Dental Plan	Delta Buy-Up Dental Plan	Kaiser NW 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
	For the following treatments and services, you pay:		
Diagnostic and Preventive Care	Class I* – \$0 (Plan pays 100%, no deductible for eligible services) Cleanings covered once every 6 months.	Class I* – \$0 (Plan pays 100%, no deductible for eligible services). Cleanings covered once every 4 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 100%, no deductible 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 100%, up to a \$150 maximum. Over the counter nightguards are excluded. Full mouth debridement is limited to once in a 2-year period for adults absent other cleanings within 24 months	\$10 copay/visit, plus 20% of applicable charges. 50% coverage for implants subject to a \$2,000 plan year benefit maximum
	<i>Note:</i> Occlusal guard repairs and relines are not covered within initial 6 months of placement		
Orthodontics (children and adults)	You pay 50%; Plan pays up to \$3,000 lifetime maximum	You pay 50%; Plan pays up to \$3,000 lifetime maximum	You pay 50%; Plan covers 50% of eligible charges up to \$5,000 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...
<p>CityCore and CityHD Medical Plan</p> <p>The City of Portland partners with Moda Health to support the CityCore and CityHD Health Plans. Moda can assist you with claims questions, finding a provider, and other services ensuring you have support to maintain your health and well-being</p>	<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/ ▪ <u>City Strong</u>: 1-855-232-6899 or online at www.citystrongpdx.com <p>Express Scripts</p> <ul style="list-style-type: none"> ▪ www.express-scripts.com ▪ 1-855-889-7760 ▪ For specialty medications: www.Accredo.com
<p>Kaiser NW Medical Plan, Kaiser NW Dental Plan, and Kaiser NW Vision Plan</p>	<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
<p>Delta Core and Buy-up Dental Plans (administered by Delta Dental Plan of Oregon through Moda Health)</p>	<ul style="list-style-type: none"> ▪ 503-265-5680 or 1-877-277-7280 ▪ Provider Directory: www.modahealth.com or 503-243-3974

For questions about...	Contact the following...
	<ul style="list-style-type: none"> ▪ Network : Delta Dental Premier
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) Healthcare FSA (formally known as MERP) and Dependent Care FSA (formally known as DCAP)	<ul style="list-style-type: none"> ▪ 877-WageWorks or 877-924-3967 (M-F 8am-8pm eastern) ▪ Third Party Administrator: WageWorks
Employee Assistance Program (EAP) through Cascade Centers	<ul style="list-style-type: none"> ▪ 1-800-433-2320 ▪ www.cascadecenters.com
Life and Long Term Disability through City of Portland Health & Financial Benefits Office Group #488980 Group Name: City of Portland	<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 <ul style="list-style-type: none"> ○ Medical Underwriting: 800-843-7979
457(b) Deferred Compensation Plan	Advantis Credit Union <ul style="list-style-type: none"> ▪ 503-785-2528 or 1-800- 547-5532 ▪ www.advantiscu.org Voya Financial <ul style="list-style-type: none"> ▪ 503-937-0378 or 1-800-238-6281 ▪ https://prime.beready2retire.com
Public Employees Retirement System PERS/OPSRP and the Individual Account Plan (IAP)	<ul style="list-style-type: none"> ▪ 503-598-7377 ▪ Toll free: 1-888-320-7377 ▪ www.oregon.gov/PERS/

For questions about...	Contact the following...
<p>Retirees</p>	<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"> ▪ <i>In Oregon:</i> <ul style="list-style-type: none"> ○ 1-800-722-4134 ○ www.oregon.gov/DCBS/SHIBA ▪ <i>In Washington:</i> <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

City of Portland

Health & Financial Benefits

111 SW Columbia St. Suite 550

Portland, OR 97201

503-823-6031

portlandoregon.gov/bn

Interoffice: 122/550

Text “city benefits” to 31996 to join our text club



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