When does coverage begin?

**Seasonal Maintenance Workers (SMWs)**
- Coverage begins 1st of the month following date of hire or re-hire for employees scheduled to work at least 28 hours per week in the City’s personnel system
- Continued coverage for employees who work at least 112 hours each month
- Effective July 1, 2018 employees can work less than 112 hours one month per calendar year, and remain covered

*Example: Employees date of hire is 04/06/19 - benefits begin 5/01/19*

**Seasonal Park Rangers (SPRs)**
- Coverage begins 1st of the month following 60 days from date of hire or rehire for employees scheduled to work at least 28 hours per week in the City’s personnel system
- Continued coverage for employees who work at least 112 hours each month

*Example: Employees date of hire is 04/06/19 - benefits begin 07/01/19*

**Affordable Care Act (ACA) Employees**

*Initial Eligibility*
- 6-month measurement from Date of Hire or Re-hire
- Must be paid a total of at least 676 hours during measurement or an average of 26 hours per week
- Coverage begins 1st of the month following 60-day administrative period and goes until June 30th or December 31st, based on the current stability period

*Standard Eligibility*
- 6-month measurements based on the City’s payroll cycle
- Must be paid a total of at least 676 hours during measurement or an average of 26 hours per week
- Coverage begins or continues January 1st or July 1st depending on what measurement period is being used

*Notice: This Benefits Highlights Guide is designed to provide a quick reference tool and does not imply or constitute an employment agreement. Contracts and other legal documents govern the administration of each plan. In the case of a dispute regarding benefits, the contract or plan document will determine your actual benefits.*
Who can be enrolled?
- Spouse
- Domestic Partner
- Children under the age of 26
- Disabled Children over the age of 26
- Child of an eligible child

*Supporting documentation will be needed to show dependent’s relationship to the employee and can be uploaded directly to your benefits portal.*

When does coverage end?
Coverage ends the end of the month in which an employee separates from city employment, or benefit deductions are unable to be collected through the payroll process or if one of the following apply:

**SMWs:**
- End of the month of not meeting the 112 paid hours requirement for the second time in a calendar year

**SPRs:**
- End of the month of not meeting the 112 paid hours requirement

**ACA:**
- End of the stability period if hours requirement is not met for continued eligibility

How do I enroll?
- Employees are automatically enrolled in Employee Only coverage; To enroll dependent the employee must return the Dependent Enrollment form to the Benefits office at:

  **The Health & Financial Benefits Office**  
  1120 SW 5th Ave. Rm. 404  
  Portland, OR 97204
Medical Plans

The CityBasic medical plan is a health plan administered by Moda Health utilizes the Connexus network. This means that you can see any providers in Legacy, OHSU, Portland Adventist and Providence.

Deductible
$250/person
$750/family

Out of Pocket Maximum
$1,800/person
$5,400/family

20% Coinsurance after deductible

$20 Regular Office Visit Copay

Preventive checkups are covered at 100% - you pay $0!
To find a provider go to modahealth.com and select the Find Care section. Search providers through the Connexus network.

Prescription Rx Coverage

Generic
$3 minimum
$25 maximum copay*

Preferred Brand
$10 minimum
$50 maximum copay*

Non-Preferred Brand
$25 minimum
$75 maximum copay*

*30-day supply; 90-day supply available via mail order or retail pharmacy through the Voluntary Smart 90 Program at twice the copay listed above.
Dental Coverage

Dental Coverage is through Delta Dental. Preventive exams are covered for $0 every 6-months. Other Dental services may be covered at an additional cost. Find a dental provider modahealth.com.

Delta Core

Annual Maximum $2,000

Routine Services (i.e. fillings)
You pay 20% after deductible

Major Services (i.e. Crowns)
You pay 50% after deductible

Orthodontia
50%
$3,000 lifetime benefit

Deductible
$25/person
$75/family

Vision Coverage

You have vision coverage through Vision Service Plan (VSP), utilizing the Signature network. Log on to VSP.com to find a VSP provider.

$15 Copay

1 Exam every 24 Months (adults)

Glasses or Contacts
$150/$130 allowance
Every 24 months
Rates

Premium is collected from the first two paychecks of each month. If premium deductions are missed, they will be collected from a future paycheck.

<table>
<thead>
<tr>
<th>Per Pay Period Cost</th>
<th>Employee Only</th>
<th>Employee + 1</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>CityBasic Medical, Dental &amp; Vision</td>
<td>$27.22</td>
<td>$50.46</td>
<td>$72.73</td>
</tr>
</tbody>
</table>

COBRA & Retiree Rates

<table>
<thead>
<tr>
<th>Total Monthly Cost</th>
<th>Employee Only</th>
<th>Employee + 1</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>CityBasic Medical &amp; Vision</td>
<td>$501.02</td>
<td>$934.16</td>
<td>$1,321.22</td>
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<tr>
<td>CityBasic Dental</td>
<td>$43.46</td>
<td>$75.04</td>
<td>$133.32</td>
</tr>
</tbody>
</table>

When Coverage Ends...

City paid coverage will end the end of the month in which your employment ends, or you are unable to meet the eligibility rules. Below are some other health insurance resources available to you and your family.

Resources

**Oregon Health Plan (OHP)**
Must meet certain income and residency requirements
- [oregon.gov](http://oregon.gov)
- 1-800-699-9075

**Moda Health**
- Modahealth.com/plans/individual
- 877-605-3229

**Kaiser**
- http://www.kaiserpermanente.org
- 1-800-488-3590

**Federal Health Insurance Marketplace**
- [healthcare.gov](http://healthcare.gov)
- 1-800-318-2596
Contacts

CityBasic Medical
(Administered by Moda Health)
Moda Customer Service
503-243-3974
1-877-337-0649
www.modahealth.com

Express Scripts (ESI)
ESI Customer Service
1-855-889-7760
www.express-scripts.com

Delta Dental Plan
Delta Dental Customer Service
503-265-5680
1-877-277-7280

Vision Service Plan (VSP)
VSP Customer Service
1-800-877-7195
www.vsp.com

The Health & Financial Benefits Office
Phone: 503-823-6031
Email: benefits@portlandoregon.gov
Join the Benefits Text Club to get that need to know information by texting “Benefits Info” to 31996

Health & Financial Benefits
HEALTHY LIVING. HEALTHY FUTURE.