

2021-22

City of Portland Benefits Highlights



Health & Financial Benefits
HEALTHY LIVING. HEALTHY FUTURE.



Eligibility

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 paid at least 112 hours each month
- Effective July 1, 2018 employees can be paid than 112 hours one month per calendar year, and remain covered

Example: Employees date of hire is 04/06/20 - benefits begin 5/01/20

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 paid at least 112 hours each month

Example: Employees date of hire is 04/06/20 - benefits begin 07/01/20

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. 987
Portland, OR 97204**

Medical Plan

The CityBasic medical plan is a health plan administered by Moda Health utilizes the Connexus network.



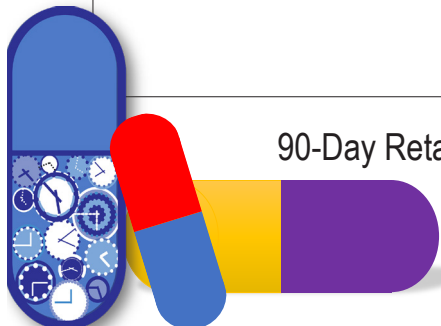
This means that you can see any providers in Legacy, OHSU, Portland Adventist and Providence.

| Medical In-Network Services | CityBasic |
|--|---|
| Network | Connexus Network |
| Annual Deductible | \$200 per person/ \$600 per family |
| Out-of-Pocket Maximum | \$1,800 per person/ \$5,400 per family |
| Co-Insurance after Deductible | 30% paid by you/ 70% paid by the Plan |
| Preventive Exam (once every 12-months) | \$0 copay |
| Office Visit | \$15 copay |
| Specialist | Deductible then Coinsurance |
| Urgent Care | \$15 copay |
| Telehealth/Virtual Visits | \$10 copay (OHSU) |
| Alternative Care | Deductible then Coinsurance |
| Outpatient Mental Health Services | \$0 copay |
| Inpatient Mental Health Services | Deductible then Coinsurance |
| Pregnancy | \$15 copay per prenatal office visit Deductible then Coinsurance |
| Sterilization/Contraceptives | \$0 copay |
| Ambulance | Coinsurance, no deductible |
| Emergency Room (copay waived if admitted) | \$50 copay; Coinsurance, no deductible |

Prescription Rx Coverage

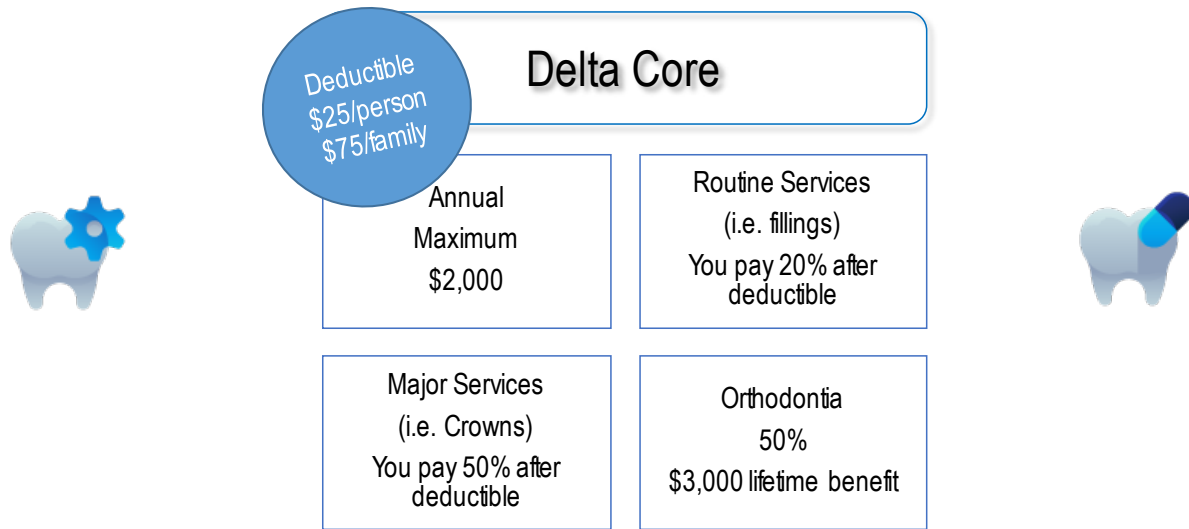
| Prescription Coverage | Express Scripts | Mental Health/Substance Abuse Prescriptions |
|----------------------------|--|--|
| Generic 30-Day | 10% coinsurance (\$3 minimum/\$25 maximum) | \$3 minimum/\$15 maximum Retail/Mail Order 30-Day Supply |
| Preferred Brand 30-Day | 20% coinsurance (\$10 minimum/\$50 maximum) | |
| Non-Preferred Brand 30-Day | 30% coinsurance (\$25 minimum/\$75 maximum) | |
| | | \$3 minimum/\$30 maximum Retail/Mail Order 90-Day Supply (Not applicable to Non-Preferred Brand Drugs) |

90-Day Retail or Mail Order available at 2x stated coinsurance or maximum



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

Deductible
\$25/person
\$75/family

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

Vision Coverage



| VSP Vision | | | |
|------------------------|---|------------------------|---|
| Network | Signature Network | | |
| Exams | <p>\$15 copay</p> <p>1 Exam every 24 months (adults)</p> <p>1 Exam every 12 months (children)</p> | Eyeglass Frames | <p>Plan pays 100% for single lenses, lined bifocals or lined trifocals once every 24 months</p> <p>Plan provided \$0-\$110 copay for progressive lenses and \$7-\$45 copay for anti-reflective lenses</p> <p>Tinted, UV protected, blended lenses and colored contacts are not covered.</p> |
| Eyeglass Lenses | <p>\$150 allowance</p> <p>\$170 allowance for featured frames</p> <p>20% discount of anything over allowance</p> <p>\$80 for Costco Frames</p> <p>Limited to one pair every 24 months</p> | Contacts | <p>\$60 Exam Copay</p> <p>\$130 allowance in lieu of glasses every 24 months</p> <p>Medically necessary contacts covered at 100% after copay</p> |



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.

| Per Pay Period Cost | Employee Only | Employee + 1 | Family |
|------------------------------------|---------------|--------------|---------|
| CityBasic Medical, Dental & Vision | \$29.85 | \$55.14 | \$79.29 |

COBRA & Retiree

Rates

| Total Monthly Cost | Employee Only | Employee + 1 | Family |
|----------------------------|---------------|--------------|------------|
| CityBasic Medical & Vision | \$551.83 | \$1,024.60 | \$1,447.11 |
| CityBasic Dental | \$45.24 | \$78.11 | \$138.77 |

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

1-800-699-9075

Federal Health Insurance Marketplace

healthcare.gov

1-800-318-2596

Moda Health

Modahealth.com/plans/individual

[877-605-3229](tel:877-605-3229)

Kaiser

<http://www.kaiserpermanente.org>

[1-800-488-3590](tel:1-800-488-3590)

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***



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