

2024-25

City of Portland Benefits Highlights



Health & Financial Benefits
HEALTHY LIVING. HEALTHY FUTURE.



PPA Employees

Eligibility



When does coverage begin?

- **Coverage for PPA employees begins 1st of the month following 30-days of service.**

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?



- **For PPA employees** coverage ends end of the month following 80 paid hours.

How do I enroll?



- You will be sent an email with instructions on how to access your Benefits portal 1-2 weeks after your start date. Employees without city email will be sent information to their home address.
- **Benefits Portal:** portland.gov/benefits

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.

Medical Plans

CityNet & CityHDP (high deductible) medical plans are both administered by Moda Health utilizing the Connexus network. Meaning you can see providers in Legacy, OHSU, Portland Adventist, Providence, and other private in-network providers. These plans give you choice and flexibility.

Kaiser Medical is a Health Maintenance Organization (HMO) plan comprised of Kaiser facilities in Oregon and SW Washington. This means you have a point person within Kaiser who helps guide you through your care and the healthcare system.



Medical In-Network Services	CityNet	CityHDP	Kaiser NW
Network	Connexus Network	Connexus Network	Kaiser HMO
Annual Deductible	\$250 per person/ \$450 per family	\$1,600 per person/ \$3,200 per family	No Deductible
Out-of-Pocket Maximum	\$1,000 per person/ \$2,500 per family	\$3,500 per person/ \$7,000 per family	\$600 per person/ \$1,200 per family
Co-Insurance after Deductible	20% paid by you/ 80% paid by the Plan	20% paid by you/ 80% paid by the Plan	20% paid by you/ 80% paid by Kaiser
Preventive Exam (once every 12-months)	\$0 copay	\$0 copay	\$0 copay
Office Visit	Deductible then Coinsurance	Deductible then Coinsurance	\$10 copay
Primary Care Provider Visit	First 3 visits \$5 copay. Additional visits 20% after deductible	First 3 visits \$0 copay after deductible. Additional visits subject to 20% coinsurance	First 3 visits \$5 copay. Then \$10 copay.
Specialist	Deductible then Coinsurance	Deductible then Coinsurance	\$20 copay
Urgent Care	Deductible then Coinsurance	Deductible then Coinsurance	\$20 copay
Telehealth/Virtual Visits	Deductible then Coinsurance (OHSU)	Deductible then Coinsurance (OHSU)	\$0 copay
Alternative Care (chiropractic, acupuncture)	Deductible then Coinsurance	Deductible then Coinsurance	Not covered
Outpatient Mental Health Services	\$0 copay	Deductible then Coinsurance	\$0 copay
Inpatient Mental Health Services	Deductible then coinsurance	Deductible then coinsurance	\$0 copay
Pregnancy	Deductible then Coinsurance	Deductible then Coinsurance	\$0 copay
Sterilization/Contraceptives	\$0 copay	\$0 copay	\$0 copay
Ambulance	Coinsurance, no deductible	Deductible then Coinsurance	\$75 copay
Emergency Room (copay waived if admitted)	\$50 copay; coinsurance, no deductible	Deductible then Coinsurance	\$75 copay

Prescription Rx Coverage

Your medical plan choice determines your prescription coverage: CityNet and CityHDP participants have coverage through Express Scripts and Kaiser NW participants through Kaiser NW.



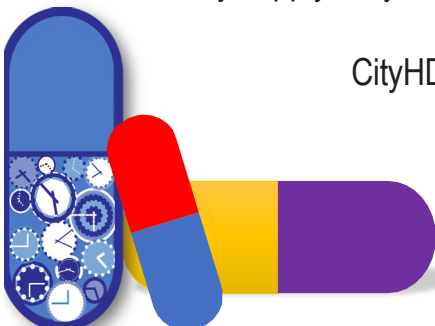
Medical Plan	CityNet Medical	CityHDP	Kaiser NW
Prescription Coverage	Express Scripts	Express Scripts	Kaiser Prescription
Generic 30-Day	10% coinsurance (\$0 minimum/\$35 maximum)	Deductible then 10% coinsurance (\$0 minimum/\$150 maximum)	\$15 copay per prescription
Preferred Brand 30-Day	20% coinsurance (\$0 minimum/\$35 maximum)	Deductible then 20% coinsurance (\$0 minimum/\$150 maximum)	20% coinsurance for outpatient administered medications
Non-Preferred Brand 30-Day	30% coinsurance (\$0 minimum/\$35 maximum)	Deductible then 30% coinsurance (\$0 minimum/\$150 maximum)	Mail Order: \$30 Copay for up to 90-day supply

Mental Health/Substance Abuse Related Prescriptions

Prescription Coverage	Express Scripts	Express Scripts	Kaiser Prescription
Generic 30-Day	\$0 minimum/\$15 maximum Retail/Mail Order 30-Day Supply	\$0 minimum/\$15 maximum (after deductible) Retail/Mail Order 30-Day Supply	\$15 copay Retail/Mail Order 30-Day Supply
Preferred Brand 30-Day			

*30-day supply; CityNet 90-day supply available via mail order or retail with a \$5 minimum \$50 maximum copay.

CityHDP 90-day supply is up to twice the copay listed above.



Vision Coverage

Your medical plan choice determines your vision coverage: CityNet and CityHDP participants have coverage through Vision Service Plan (VSP) and Kaiser participants will have Kaiser NW vision. CityNet and CityHDP participants have the option to elect the VSP Buy-Up.



	VSP Vision	VSP Vision Buy-Up	Kaiser Vision
Network	Signature Network	Signature Network	Kaiser Vision Essentials
Exams	\$15 copay 1 Exam every 24 months (adults) 1 Exam every 12 months (children)	\$15 copay 1 Exam every 12 months (adults) 1 Exam every 12 months (children)	\$10 copay No visit limit
Eyeglass Frames	\$150 allowance \$170 allowance for featured frames 20% discount of anything over allowance \$80 for Costco Frames	\$200 allowance \$190 allowance for featured frames 20% discount of anything over allowance \$110 for Costco Frames	<p>Adults Age 19 +: \$150 allowance towards the cost of standard lenses & frames or contact lenses every 2 years</p> <p>Children under age 19: No dollar maximum; limited to one pair of lenses & frams or contacts every 12 months</p>
Eyeglass Lenses	Plan pays 100% for single lenses, lined bifocals or lined trifocals once every 24 months Plan provided \$0-\$110 copay for progressive lenses and \$7-\$45 copay for anti-reflective lenses Tinted, UV protected, blended lenses and colored contacts are not covered.	Plan pays 100% for single lenses, lined bifocals or lined trifocals once every 12 months Plan provided \$0 copay for progressive lenses \$30 copay for anti-reflective lenses Tinted, UV protected, blended lenses and colored contacts are not covered.	
LightCare	\$150 frame allowance (\$80 Costco) to ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts. Every 24 months	\$200 frame allowance (\$110 Costco) to ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts. Every 12 months	Not Available
Contacts (instead of glasses)	\$60 Exam (Fitting and Evaluation) Copay \$130 allowance in lieu of glasses every 24 months Medically necessary contacts covered at 100% after copay	\$60 Exam (Fitting and Evaluation) Copay \$200 allowance in lieu of glasses every 12 months Medically necessary contacts covered at 100% after copay	\$30 Exam Fitting \$150 allowance in lieu of glasses

Dental Coverage

Your dental coverage is independent of your medical coverage - so if you want to change things up you can! You can choose between Delta Dental with a Buy-Up option or Kaiser NW Dental.

Delta Core		Kaiser NW	
Deductible \$25/person \$75/family			No Deductible
Annual Maximum \$2,000	Routine Services (i.e. fillings) You pay 20% after deductible	No Annual Maximum	Routine Services (i.e. fillings) \$0
Major Services (i.e. Crowns) You pay 50% after deductible	Orthodontia 50% \$3,000 lifetime benefit	Major Services (i.e. Crowns) You pay \$10 copay 20% coinsurance	Orthodontia 50% \$5,000 lifetime benefit

Delta Buy-Up	
Deductible \$25/person \$75/family	
Annual Maximum \$2,500	Routine Services (i.e. fillings) You pay 20% after deductible
Major Services (i.e. Crowns) You pay 20% after deductible	Orthodontia 50% \$3,000 lifetime benefit



Full-Time & Part-Time Rates

PPA Full-Time Rates

Cost per pay period	Employee Only		Employee + 1		Family	
	Employee Premium	Employer Premium	Employee Premium	Employer Premium	Employee Premium	Employer Premium
CityNet, VSP and Delta Dental	\$23.11	\$441.59	\$44.74	\$852.45	\$61.19	\$1,165.15
CityNet, VSP and Kaiser Dental	\$23.17	\$442.70	\$45.29	\$862.98	\$61.26	\$1,166.36
CityHDP, VSP and Delta Dental	\$1.61	\$352.83	\$2.78	\$672.01	\$4.93	\$920.60
CityHDP, VSP and Kaiser Dental	\$1.67	\$353.94	\$3.33	\$682.54	\$5.00	\$921.81
Kaiser Medical, Vision, Dental	\$0.00	\$398.65	\$0.00	\$762.32	\$0.00	\$1,136.01
Kaiser Medical, Vision, Delta Dental	\$0.00	\$397.48	\$0.00	\$756.24	\$0.00	\$1,134.73
Delta Dental Buy-Up (add this to your total cost)	\$5.55	\$0.00	\$9.60	\$0.00	\$17.06	\$0.00
VSP Buy-Up (add this to your total cost)	\$5.21	\$0.00	\$9.47	\$0.00	\$12.63	\$0.00
Opt-Out Dollars	\$25.00	\$0.00	\$45.00	\$0.00	\$62.50	\$0.00

PPA Part-Time Rates

Cost per pay period	Employee Only		Employee + 1		Family	
	Employee Premium	Employer Premium	Employee Premium	Employer Premium	Employee Premium	Employer Premium
CityNet, VSP and Delta Dental	\$232.34	\$448.59	\$44.74	\$852.45	\$61.19	\$1,165.15
CityNet, VSP and Kaiser Dental	\$232.92	\$442.70	\$45.29	\$862.98	\$61.26	\$1,166.36
CityHDP, VSP and Delta Dental	\$177.21	\$352.83	\$2.78	\$672.01	\$4.93	\$920.60
CityHDP, VSP and Kaiser Dental	\$177.79	\$353.94	\$3.33	\$682.54	\$5.00	\$921.81
Kaiser Medical, Vision, Dental	\$199.31	\$398.65	\$0.00	\$762.32	\$0.00	\$1,136.01
Kaiser Medical, Vision, Delta Dental	\$198.73	\$397.48	\$0.00	\$756.24	\$0.00	\$1,134.73
Delta Dental (Medical Opt-Out)	\$16.08	\$0.00	\$9.60	\$0.00	\$17.06	\$0.00
Kaiser Dental (Medical Opt-Out)	\$16.66	\$0.00	\$9.47	\$0.00	\$12.63	\$0.00
Delta Dental Buy-Up (add this to your total cost)	\$5.55	\$0.00	\$9.60	\$0.00	\$17.06	\$0.00
VSP Buy-Up (add this to your total cost)	\$6.14	\$0.00	\$9.47	\$0.00	\$12.63	\$0.00
Opt-Out Dollars	\$12.50	\$0.00	\$22.50	\$0.00	\$31.25	\$0.00

Flexible Spending Accounts (FSAs)

The HealthCare FSA is a great tool to help pay for out of pocket health expenses for you and your family, and also lower your taxable income. You can pay for copays, dental work, prescriptions and much more using this money. You can carryover any funds between \$50 and \$640 into the next plan year.

The Dependent Care FSA is a great tool for employees to pay for daycare expenses for their children, or another tax dependent. This money is use it or lose it, so make sure you only allocate the amount of money you will use.

Reduce Your Tax Liability



Use your funds to pay for out of pocket costs such as co-pays, prescriptions, and so much more

Annual Goal



You pick an allotted amount (your annual goal). This amount is taken out of equal paychecks throughout the plan year.

Rules & Regs

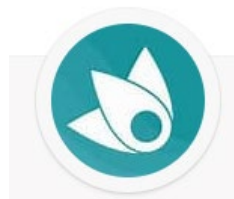


\$3,200 for HealthCare FSA and \$5,000 for Daycare FSA per paycheck is the maximum you can elect for medical expenses each plan year.

Navia Benefits Card



Pay for services or purchases on the same day you receive them by using your healthcare card. Be sure to save your receipts.



Download the MyNavia Benefits Mobile App

File a claim and view account details through your mobile app

Create an online account at: www.naviabenefits.com Employer Code: YPD
Questions? Phone: 425-452-3500 Toll-Free: 1-800-669-3539
customerservice@naviabenefits.com

Employee Assistance Program (EAP)

The City of Portland partners with Canopy to provide PPA members free and confidential support to employees and eligible dependents. Call 800-433-2320 or text 503-850-7721. You can also email info@canopywell.com

Learn more at: www.canopywell.com/Personal-Assistance

Services Include:

- Confidential Counseling
- Work-Life Solutions
- Legal Support
- Financial Information
- GuidanceResources® Online
- Interactive Digital Tools



Canopy
(800) 433-2320
info@canopywell.com

Carrot Fertility and Family Planning

Your Carrot benefit gives you access to fertility and family-forming education, virtual chats with physicians and other specialists, an expert-authored library of resources, exclusive discounts, and holistic pregnancy support through Carrot Pregnancy.

- Carrot gives you access to education and expert chats on topics including fertility education and assessments, fertility preservation (egg, sperm, and embryo freezing), in vitro fertilization (IVF), third-party reproduction including gestational carrier services and adoption.
- Lower negotiated rates for treatments at top fertility clinics — more than \$2,000 savings per treatment.
- Guidance and support from the Carrot Care Team, including education, coaching, and identification of top provider options in your area.
- Mental health and emotional support including, unlimited access to family therapists, relationship coaches, and grief counselors.
- Unlimited virtual visits with reproductive endocrinologists, urologists, adoption experts, and more — a benefit worth up to \$500 on its own.
- A dedicated clinician available anytime, day or night.
- Virtual appointments with a fertility nurse to help with your medications, treatments, and injection administration.
- Significant savings on fertility medications.
- Easy prescription, vitamin, and supplement ordering.
- Free overnight delivery and same-day delivery on most medications



Ready to get started?

To activate and explore go to carrotfertility.com.

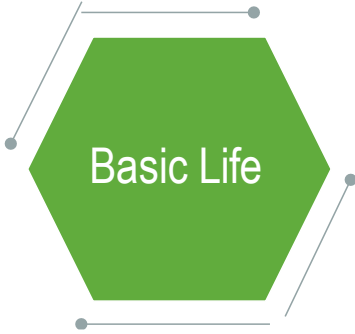
Questions? Send an email to Carrot Customer Service support@get-carrot.com.

Life Insurance

Basic Life

Provided to you by the City of Portland a flat \$50,000 Basic Life policy.

You pay nothing for the coverage, and enrollment happens automatically.

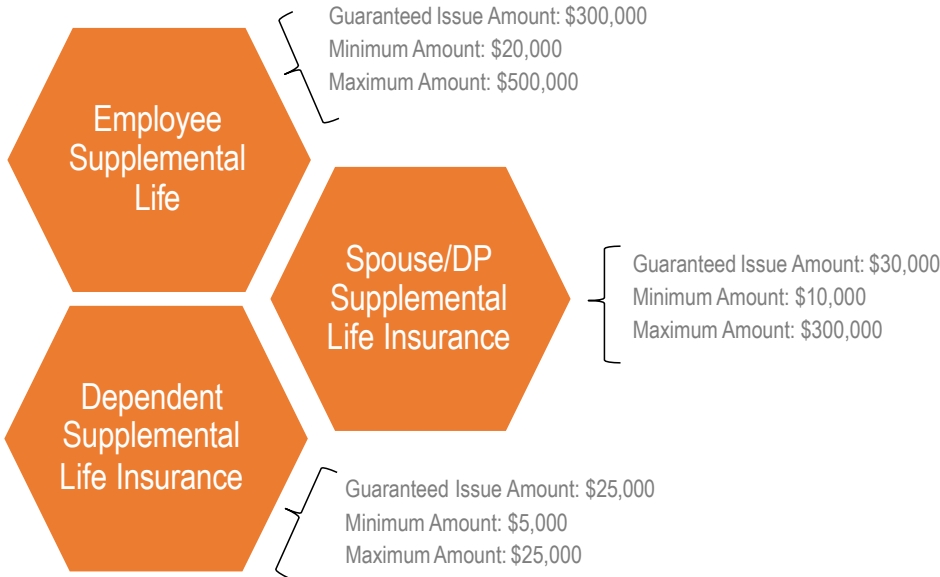


Supplemental Life

Provided to you by the City of Enrollment in this plan is optional. The rates are based upon your age.

Dependent Life

Enrollment in this plan is option for eligible spouses/domestic partners and dependent children.



New Hires and status changes give employees a guarantee issue period do not have to submit an Evidence of Insurability (EOI). Outside of this period, employees and dependents must submit and EOI and be approved by **Standard Insurance Company**.

Retirement

PPA employees hired on or after January 1, 2007 are members of the Oregon Public Service Retirement Plan (OPSRP). As an OPSRP member, you receive Individual Account Program (IAP) contributions made by the City of Portland, on your behalf.

You are vested in the Pension Program on the earliest date in which you complete at least 600 hours of service in each of five calendar years. This means that you collect a pension upon reaching normal retirement age.

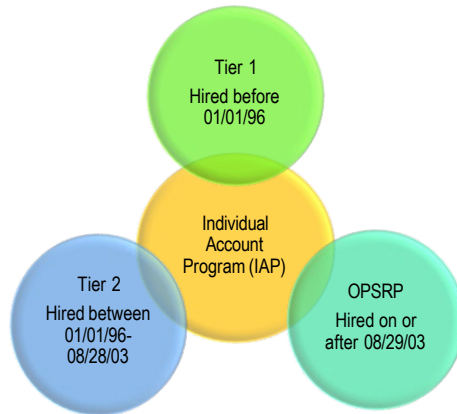
For more information please visit oregon.gov/pers.



The City
Contributes
percentage of your
salary into your IAP
Account!



Establish IAP
membership
after 6-months of
service



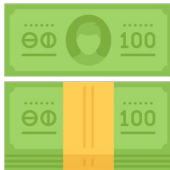
Normal Retirement Age for PPA OPSRP members is age 60
or 52 with 25 years of service.

COBRA & Retiree Rates

PPA COBRA/Retiree			
Total Monthly Cost	Employee Only	Employee + 1	Family
CityNet, VSP Vision*	\$865.06	\$1,683.26	\$2,255.29
CityNet, VSP Buy-Up	\$875.28	\$1,701.82	\$2,280.04
Kaiser Medical, Vision*	\$730.64	\$1,401.36	\$2,072.08
CityHDP, VSP Vision	\$644.54	\$1,238.45	\$1,653.68
CityHDP, VSP Buy-Up	\$654.76	\$1,257.01	\$1,678.43
Delta Core Dental Plan	\$64.31	\$111.11	\$197.38
Delta Dental Buy-Up	\$75.40	\$130.30	\$231.49
Kaiser Dental	\$66.66	\$133.28	\$199.94
Kaiser Medicare Senior Advantage Plan	One-Party \$380.92		
	Two-Party \$701.92		
Kaiser NW Medicare Sr. Advantage Retiree & Kaiser NW Medical Spouse/Dependent	\$991.72		
Kaiser NW Medical Retiree & Kaiser NW Medicare Sr. Advantage Spouse/Dependent	\$991.72		
Employee Assistance Program (EAP)	\$8.40 per month (same for all tiers)		

Deferred Compensation

The City of Portland's Deferred Compensation Program is a voluntary savings plan to help supplement your retirement. You can contribute pre or post-tax. The closer you get to retirement, the more opportunities you have to save.



Start, Stop or Change contributions at any time through your Voya Portal or the Voya App.



Increase, decrease or stop your deferrals at anytime!



Contribute Pre-tax or post-tax



Meet with a Voya rep to make investments

2024 Annual Limit \$23,000

2024 Age 50+ Annual Limit \$30,500

3 Year Catchup Limit \$46,000

Create online access to your account. Meet with a local Voya Rep to review investment allocations or financial planning assistance

<https://prime.beready2retire.com/deferredcomp@lewis-stefani.com>

503-937-0378



Contacts

**CityNet or CityHDP
(Administered by Moda Health)**

Moda Customer Service
503-243-3974
1-877-337-0649
www.modahealth.com

**Carrot Fertility &
Family Planning**
Email: support@get-carrot.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

Kaiser Permanente
Kaiser Customer Service
503-813-2000
www.kp.org

Employee Assistance Plan (EAP)
Canopy
1-800-433-2320
info@canopywell.com

Flexible Spending Accounts
Navia
1-800-669-3539
www.naviabenefits.com

Standard Insurance Medical Underwriting
1-800-843-7979
Group Number 488980

**Voya Financial
Deferred Compensation**
503-937-0378
deferredcomp@lewis-stefani.com

PERS/OPSRP
888-320-7377
www.oregon.gov/PERS

The Health & Financial Benefits Office
Phone: 503-823-6031
Email: benefits@portlandoregon.gov



Health & Financial Benefits
HEALTHY LIVING. HEALTHY FUTURE.