

2023-24

# 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 04/06/22 - benefits begin 5/01/22*

## **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 04/06/22 - benefits begin 07/01/22*

## **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 for 6-months.

### *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.



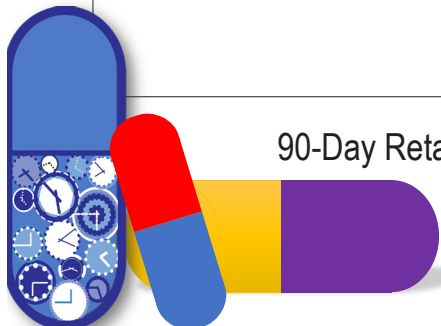
This means that you can see any providers in Legacy, OHSU, Portland Adventist and Providence.

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

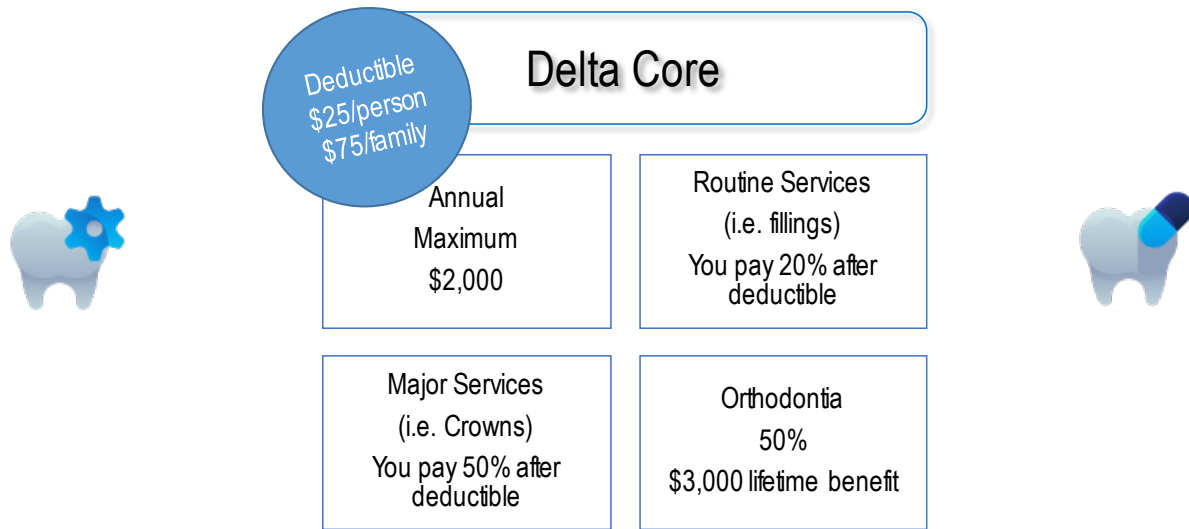
Prescription Coverage	Express Scripts	Mental Health/Substance Abuse Prescriptions
Generic 30-Day	10% coinsurance (\$3 minimum/\$25 maximum)	\$3 minimum/\$15 maximum Retail/Mail Order 30-Day Supply
Preferred Brand 30-Day	20% coinsurance (\$10 minimum/\$50 maximum)	
Non-Preferred Brand 30-Day	30% coinsurance (\$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](http://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		
<b>Exams</b>	<p>\$15 copay</p> <p>1 Exam every 24 months (adults)</p> <p>1 Exam every 12 months (children)</p>	<b>Eyeglass Frames</b>	<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>
<b>Eyeglass Lenses</b>	<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>	<b>Contacts</b>	<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	\$15.47	\$28.43	\$40.82

## COBRA & Retiree

### Rates

Total Monthly Cost	Employee Only	Employee + 1	Family
CityBasic Medical & Vision	\$577.84	\$1,062.70	\$1,495.99
CityBasic Dental	\$46.42	\$80.14	\$142.38

## 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](http://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)

#### Federal Health Insurance Marketplace

[healthcare.gov](http://healthcare.gov)

1-800-318-2596

# Employee Assistance Program (EAP)

The City of Portland partners with CityStrong GuidanceResources and Canopy to provide free and confidential support to employees and eligible dependents. City Strong GuidanceResources® is available to all bargaining units, but there are two different Employee Assistance Programs under this umbrella.

Your bargaining unit determines which EAP provider you have services under:

- PPA, PFFA, and PPCOA employees have benefits under Canopy. Call 800-433-2320 or text 503-850-7721. You can also email [info@canopywell.com](mailto:info@canopywell.com).
- All other bargaining units can contact ComPsych Employee Assistance Program at 855-888-9891.

You'll speak to a counseling professional who can listen to your concerns and guide you to the appropriate services you require. You can also visit GuidanceResources Online at [www.guidanceresources.com](http://www.guidanceresources.com) and enter your company ID: CityStrong.

Services Include:

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



Canopy  
(800) 433-2320  
[info@canopywell.com](mailto:info@canopywell.com)



ComPsych EAP  
855-888-9891  
[www.guidanceresources.com](http://www.guidanceresources.com)

# Contacts

**CityBasic Medical  
(Administered by Moda Health)**

Moda Customer Service  
503-243-3974  
1-877-337-0649  
[www.modahealth.com](http://www.modahealth.com)

**Express Scripts (ESI)**

ESI Customer Service  
1-855-889-7760  
[www.express-scripts.com](http://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](http://www.vsp.com)

The Health & Financial Benefits Office

Phone: 503-823-6031

Email: [benefits@portlandoregon.gov](mailto: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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