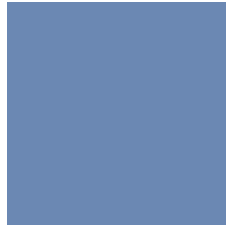




# CITY OF GRESHAM



## 2020 – 2021 Enrollment Guide

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While every effort has been made to be as accurate as possible in developing the enclosed information, the official plan documents prevail in all cases. This is not a legal document. It is a brief summary of benefits and is not considered "Evidence of Coverage." Please refer to the policy/plan documents for a complete description of the controlling terms, coverage, exclusions, limitations, and conditions of coverage. In case of any discrepancy between the information and the policy/plan documents, the policy/plan documents will prevail.

# 2020 -2021

## Benefits Overview

### Available Medical Plans

Employees and Retirees can choose between one self-funded low-deductible, comprehensive PPO plan and one no-deductible limited-network HMO plan offered by Kaiser.

### Some Employees Subject to Spousal Surcharge

Employees in the Teamsters, IAFF, and MSC employee groups who enroll a spouse or domestic partner on the City's medical coverage may pay a \$50 per month surcharge. GPOA employees are not subject to the surcharge. It also does not apply to retirees from any group. The surcharge can be waived if the spouse/partner:

- Does not work at least 30 hours per week for one employer
- Does not have access to an employer sponsored benefits plan (not eligible or plan not offered)
- Is enrolled in their employer's group health plan
- Is also a City of Gresham Employee

## 2029 Benefit Plan Highlights

### Medical Benefit:

Both PPO and HMO medical coverage is available. All medical plans offer comprehensive coverage and include pharmacy and vision coverage.

### Dental Benefit:

Both PPO and DMO dental coverage is available. All plans cover basic preventive and restorative dental services. Other benefits, such as provider choice, orthodontia and implant coverage vary by plan.

### Flexible Spending Account:

The annual contribution limit is \$2,750 for the Healthcare Account and \$5,000 for the Dependent Care Account. You will be able to carry-over between \$50 and \$500 of FSA funds into the next plan year.

### HRA/VEBA:

The City continues to contribute funds to an HRA/VEBA account that you can use to pay for out-of-pocket medical expenses not covered by your health plan. Unused funds remain in the account year after year, can grow tax free and are yours to take with you when you leave your City employment.

### Life/AD&D, Disability:

Life/AD&D and LTD disability benefits continue to be provided through The Standard.

## Benefits for You & Your Family

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The City of Gresham is pleased to announce our 2020 benefits program, which is designed to help you stay healthy, feel secure, and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace. Please read the information provided in this guide carefully. For full details about our offered plans, please refer to the summary plan descriptions.

Unless you have a qualified family status change, you can make changes to the following benefits only during open enrollment:

- Medical/Rx/Vision Insurance
- Dental Insurance
- Flexible Spending and Dependent Care Accounts
- Pretax changes to Aflac coverage

As of the first of the month following eligibility, you are automatically enrolled in:

- Basic Life Insurance
- Long-Term Disability Insurance
- HRA/VEBA
- Employee Assistance Program
- Travel Assistance Program

At any time you may:

- Add or increase Voluntary Life Insurance (subject to approval)
- Enroll in Aflac post-tax
- Enroll in Legal Shield

### When and How Do I Enroll?

Open enrollment will be conducted:  
May 6th - May 22nd, 2020.

Newly eligible employees must enroll within 31 days of their start date.

To actually enroll in benefits, use the Employee Self Service (ESS) platform. Instructions and a link to the enrollment site are available at [www.GreshamOregon.gov/Benefits](http://www.GreshamOregon.gov/Benefits).

### When is My Coverage Effective?

The effective date for benefit changes made during the annual open enrollment period is July 1st, 2020.

Newly eligible employees' coverage becomes effective on the first of the month after hire.

Monthly deductions are made in advance.

### Changing Coverage During the Year

You can change your coverage during the year when you experience a qualified change in status, such as marriage, same sex domestic partner, divorce, birth, adoption, placement for adoption, or loss of coverage. The change must be reported to the Human Resources Department within 31 days of the event. The change must be consistent with the event.

For example, if your dependent child no longer meets eligibility requirements, you can drop coverage only for that dependent.

# Employee and Dependent Eligibility Guidelines

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This document provides you with the eligibility requirements for enrolling yourself and/or your dependents in City of Gresham coverage. It also includes information on how to enroll or terminate coverage for a dependent if you experience a mid-year family status change, such as a birth, marriage or divorce.

## Eligible Dependents

Dependents must meet the following criteria to be eligible for coverage. Please note that if you are a new enrollee or if you are enrolling a dependent for the first time, you may be required to provide documentation before enrolling a dependent.

**Legal Spouse** – must provide a copy of marriage certificate or license

**State Registered Domestic Partner** – must provide a Certificate of Registered Domestic Partnership issued by state of current residence.

**Children up to the age of 26** – (regardless of marital status, residency, student status, etc.), includes natural child, step-child, adopted child/child placed in your home for the purpose of adoption, and a child for whom you or your spouse/same sex domestic partner has a court order granting legal guardianship. A copy of the court order or other legal documentation is required.

**Incapacitated Child** – an unmarried child over the age of 26 who is incapable of self-support due to a physical, mental or developmental disability that occurred before the child's 26th birthday may be eligible to remain enrolled. To be eligible, the child must be covered by the plan at the time of his/her 26th birthday and the disability must have occurred prior to that date. Eligibility for continuation must be approved by the City or UMR.

## Mid-year Status Change

A mid-year status change resulting in the enrollment of a dependent must be requested within 31 days of the event. Failure to add a new dependent within 31 days may result in a gap in coverage or in no coverage for the remainder of the plan year. A dependent can be added during the next open enrollment period or if the dependent experiences a qualified family status change.

A mid-year family status change resulting in the termination of coverage for a dependent must be requested within 31 days of the event. Upon notification of an event, coverage will be terminated retroactively to the end of the month in which the event occurred. Any claims that occurred after the retroactive termination date may not be covered.

Please see the following Benefit Election Changes Allowed During the Plan Year sheet for more information on mid-year family status changes.

## Benefit Election Changes allowed during the Plan Year

Status change	Medical/ Vision / Dental	FSA	Documentation required
Birth or Adoption	Add newly eligible dependent to coverage. If not currently enrolled, add self and eligible dependent(s) to coverage	Add/increase election <sup>2</sup>	None for birth of child; adoptions require a copy of the court order or other legal documents
Marriage/New Domestic Partner	Add spouse/domestic partner, and/or stepchildren If not currently enrolled, add self and eligible dependent(s) to coverage	Add/increase election	Copy of marriage certificate or license; Certificate of Domestic Partnership
Divorce/Termination of Domestic Partnership	Drop spouse/DP and stepchildren	Decrease election	Divorce decree; Termination of Domestic Partnership
Obtained Legal Guardianship for a child that is related by blood or marriage	Add dependent to coverage	Increase election <sup>2</sup>	Affidavit of Dependency and copy of court order
Death of Dependent	Stop dependent	Decrease election	No documentation required
Dependent gains other coverage <sup>1</sup> , Medicare or state coverage	Could drop coverage for spouse/DP and/or children	No changes allowed	Documentation showing proof of other coverage
Dependent loses eligibility for other coverage <sup>1</sup> , Medicare or state coverage	Add coverage for spouse/DP and/or children	No changes allowed	Certificate of Creditable Coverage, COBRA notice or letter from governmental agency
Support order to provide coverage for child	Add child to coverage	Increase election	Affidavit of dependency and copy of support order
Reduction in hours which result in higher premium cost share	Drop coverage	No changes allowed	None
Increase in hours which result in lower premium cost share	Add coverage for self/dependents	No changes allowed	None

<sup>1</sup>Other coverage means other employer/group coverage. Does not include voluntary or involuntary termination or cancellation of an individual policy or Portability coverage. Does not include termination or cancellation of COBRA coverage unless COBRA coverage has expired.

<sup>2</sup>Changes may apply to both Health and Dependent Care Spending Account – Contact BRMS to inquire.

# Medical Insurance through the City of Gresham Health Plans and Kaiser

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The City of Gresham will continue to offer a self-funded Preferred Provider Organization (PPO) medical plan option administered by UMR . The plan uses the **United HealthCare Options PPO Network**. The City will also continue to offer one fully-insured Health Maintenance Organization (HMO) Plan with Kaiser.

Available plan options may vary by group.

This section includes charts outlining the benefits of each plan. The deductible, out-of-pocket maximum and all benefit limits are on a calendar year basis. For complete plan information, please refer to the summary plan description posted online at [www.GreshamOregon.gov/Benefits](http://www.GreshamOregon.gov/Benefits).

After the deductible has been satisfied, you will pay a share of covered medical services until you reach the annual out-of-pocket maximum. After that, the plan will pay 100% of covered expenses for the remainder of the calendar year.

Rates and employee cost share for each plan are available at [www.GreshamOregon.gov/Benefits](http://www.GreshamOregon.gov/Benefits) and when you log in to [www.vbas.com](http://www.vbas.com).

## Medical Benefits Overview - City of Gresham Core Plan

	In-Network	Out-of-Network
Calendar year deductible	\$250 per member \$750 per family	\$250 per member \$750 per family
<b>Out-of-Pocket Maximum</b>		
For one Member	\$2,250 per calendar year	\$4,250 per calendar year
For an entire Family	\$4,750 per calendar year	\$8,750 per calendar year
<b>Office visits</b>	<b>You pay</b>	<b>You pay</b>
Primary Care	\$20 copayment, deductible waived	40% coinsurance after deductible
Specialty Care	\$20 copayment, deductible waived	40% coinsurance after deductible
Urgent Care	\$20 copayment, deductible waived	\$20 copayment, deductible waived
<b>Tests (outpatient)</b>		
Preventive care screening / immunization	0% coinsurance, deductible waived	40% coinsurance after deductible
Diagnostic testing (x-ray and lab blood work)	20% coinsurance after deductible	40% coinsurance after deductible
CT, MRI, PET Scans	20% coinsurance after deductible	40% coinsurance after deductible
<b>Medications</b>		
Value tier	\$2 copayment (34-day retail), \$4 copayment (90-day retail, 90-day mail order); deductible waived	
Generic drugs	\$5 copayment (34-day retail), \$10 copayment 90-day retail, 90-day mail order); deductible waived	
Preferred brand name drugs	\$25 copayment (34-day retail), \$50 copayment (90-day retail, 90-day mail order); deductible waived	
Non-preferred brand name drugs	\$50 copayment (34-day retail), \$100 copayment (90-day retail, 90-day mail order); deductible waived	
Specialty drugs	25% copayment up to a \$400 maximum per prescription; deductible waived	
Rx out-of-pocket maximum	\$1,000 per member \$2,000 per family	\$3,000 per member \$6,000 per family
<b>Hospital Services</b>		
Ambulance Services (per transport)	20% coinsurance after deductible	
Emergency room Services	Facility: 20% coinsurance after \$100 copayment and deductible Physician: 20% coinsurance after deductible	
Inpatient Hospital Services	20% coinsurance after deductible	40% coinsurance after deductible
<b>Outpatient Services (other)</b>		
Outpatient surgery facility fee	20% coinsurance after deductible	40% coinsurance after deductible
Outpatient surgery physician/surgeon fees	20% coinsurance after deductible	40% coinsurance after deductible
Durable medical equipment	20% coinsurance after deductible	40% coinsurance after deductible
Physical, speech, and occupational therapies (up to 30 combined visits per calendar year)	20% coinsurance after deductible	40% coinsurance after deductible
<b>Alternative Care</b>		
Alternative care (limited to \$1,500 combined maximum per Calendar year.)	\$20 copayment, deductible waived	\$20 copayment, deductible waived



# Medical Benefits Overview - City of Gresham Core Plan

Vision Services		
	In-Network	Out-of-Network
Routine eye exam (one exam per calendar year)	0% coinsurance, deductible waived	0% coinsurance, deductible waived
Vision hardware (ages 18 years and younger) Limited to one pair of glasses (frames and lenses) or a one-year supply of disposable contact lenses (in lieu of glasses) per calendar year.	0% coinsurance, deductible waived	0% coinsurance, deductible waived
Vision hardware (ages 19 years and older)* Limited to a maximum of \$300 every two calendar years.	0% coinsurance, deductible waived	0% coinsurance, deductible waived
Skilled Nursing Facility Services		
Up to 120 days per calendar year	20% coinsurance after deductible	40% coinsurance after deductible
Chemical Dependency Services		
Outpatient Services	20% coinsurance after deductible	40% coinsurance after deductible
Inpatient hospital & residential Services	20% coinsurance after deductible	40% coinsurance after deductible
Mental Health Services		
Outpatient Services	20% coinsurance after deductible	40% coinsurance after deductible
Inpatient hospital & residential Services	20% coinsurance after deductible	40% coinsurance after deductible
Hearing Aids		
Hearing Aids for covered members under 26 years (limited to one hearing aid per impaired ear every 48 months)	20% coinsurance after deductible	40% coinsurance after deductible

## Medical Benefits Overview - Kaiser HMO Plan

Out-of-Pocket Maximum (Copayment, and Coinsurance amounts count toward the maximum, unless otherwise noted.)	
For one Member	\$600 per calendar year
For an entire Family	\$1,200 per calendar year
<b>Office visits</b>	<b>You pay</b>
Routine preventive physical exam	\$0
Primary Care	\$10
Specialty Care	\$10
Urgent Care	\$30
<b>Tests (outpatient)</b>	
Preventive tests	\$0
Laboratory	\$0
X-ray, imaging and special diagnostic procedures	\$0
CT, MRI, PET Scans	\$0 per department visit
<b>Medications</b>	
Prescription drugs (outpatient)	\$10 per prescription. \$0 for formulary contraceptives. You get up to a 30-day supply. When you use mail delivery, you get up to a 90-day supply of maintenance drugs for two Copayments.
Administered medications, including injections (all outpatient settings)	\$0
Nurse treatment room visits to receive injections	\$10
<b>Maternity Care</b>	
Scheduled prenatal care and first postpartum visit	\$0
Laboratory	\$0
X-ray, imaging, and special diagnostic procedures	\$0
Inpatient Hospital Services	\$0
<b>Hospital Services</b>	
Ambulance Services (per transport)	\$75
Emergency department visit	\$75 (waived if admitted)
Inpatient Hospital Services	\$0
<b>Outpatient Services (other)</b>	
Outpatient surgery visit	\$10
Chemotherapy/radiation therapy visit	\$10
Durable medical equipment, external prosthetic devices, and orthotic devices	20% Coinsurance
Physical, speech, and occupational therapies (up to 20 visits per therapy per calendar year)	\$10
<b>Alternative Care</b>	
Alternative care (physician-referred) (Acupuncture is limited to 12 visits per calendar year.)	\$10
Alternative care (self-referred)*	\$10 per visit for acupuncture, chiropractic, and naturopathic visits. \$25 per massage therapy visit (up to 12 visits per calendar year). \$1,500 benefit maximum for all Services combined.

# Medical Benefits Overview - Kaiser HMO Plan

Vision Services	
Routine eye exam	\$10
Vision hardware and optical Services (ages 18 years and younger)	No charge for one pair standard frames and lenses or 6-month supply contact lenses every 12 months
Vision hardware and optical Services (ages 19 years and older)*	Balance after \$150 allowance every 24 months
Skilled Nursing Facility Services	
Up to 100 days per calendar year	\$0
Chemical Dependency Services	
Outpatient Services	\$10
Inpatient hospital & residential Services	\$0
Mental Health Services	
Outpatient Services	\$10
Inpatient hospital & residential Services	\$0
Hearing Aids	
Hearing Aids for Children (limited to one hearing aid per ear every four years per Member age 18 years and younger, or enrollees age 19 to 25 and enrolled in an accredited educational institution)	20% Coinsurance
Hearing aids (ages 19 years and older) *	Not covered
Out-of-Area Coverage for Dependent Children	
Routine, continuing, and follow-up Services	20% coinsurance for 10 office visits, 10 lab/x-ray, 10 prescription drug scripts per year

## Dental Insurance - Delta Dental of Oregon/Moda Health

For In Network benefits, select a Delta Dental PPO dentist from the directory which is at [www.modahealth.com](http://www.modahealth.com). Each family member may choose a different dentist. If you receive care from a dental provider not in the Delta Dental PPO Network, your benefits won't go as far.

Calendar year maximum, per member (Class 2 & Class 3)	\$1,500		
Calendar year deductible, per member	\$0		
	PPO Provider (In-Network)	Premier Provider (Out-of-Network)	Non-participating Provider (Out-of-Network)*
<b>Class 1 (services do not apply to the calendar year max)</b>			
Periodic Examinations / X-rays Prophylaxis (cleanings) / Periodontal Maintenance Sealants Space Maintainers Topical Application of Fluoride	100%	100%	100%
<b>Class 2</b>			
Restorative Fillings Oral Surgery (extractions & certain minor surgical procedures) Endodontic (treatment of teeth with diseased or damaged nerves) Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	100%	100%	100%
<b>Class 3</b>			
Implants Crowns and Other Cast Restorations Dentures and Bridge Work (construction or repair of fixed bridges, partial, and complete dentures)	100%	100%	100%
<b>Orthodontia</b>			
Adult and Child	50% to \$1,000 lifetime maximum		

### When the member visits:

Delta Dental PPO Dentists: Benefits are paid at the In Network benefit level. Members are held harmless from balance billing (will not be billed for the difference between the dentist's billed charge and the Delta Dental PPO fee).

Delta Dental Premier Dentist, Non PPO: Benefits are paid at the Out of Network benefit level. Members are held harmless from balance billing (will not be billed for the difference between the dentist's billed charge and the Delta Dental negotiated fee).

\*Non Participating Dentists : Benefits are paid at the Out of Network benefit level. Members may be held liable for the difference between the dentist's billed charge and the non-participating allowable.

### Advantages

- Freedom to choose your dentist Delta Dental has PPO contracts with over 1,105 dentists in Oregon and approximately 99,000 dentists nationwide through our affiliation with the national Delta Dental network. We are unique in that we also offer a safety net through our Premier network of dentists, having over 2,300 contracted licensed dentists in Oregon. As the Delta Dental Plan of Oregon, we offer access to over 151,000 Premier dentists nationwide.
- Professional Arrangements Delta Dental and other Delta Dental member companies have specific negotiated fees with our participating dentists to ensure that actual charges made by the dentist do not exceed his or her accepted or contracted fees on file. We believe that the underlying unique feature inherent to all Delta Dental programs is every participating dentist becomes a party to cost control as well as the quality of care. Participating dentists will update your records with your new information and will submit claims to Delta Dental for you.
- myModa is a customized member website with current, accurate and easy to understand information about your plan. Log onto [www.modahealth.com/members](http://www.modahealth.com/members) to access myModa.

# Dental Insurance - Willamette Dental Group

The City of Gresham offers a dental plan through Willamette Dental Group. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Benefit Maximum	None per Calendar year
	You Pay
<b>Dental Office Visit Charge</b>	
Applies to all visits	\$4 per visit
<b>Deductible (Per calendar year; applies to all services unless otherwise indicated)</b>	
For one Member	\$0
For an entire Family	\$0
<b>Preventive and Diagnostic Services</b>	
Oral exam, x-rays, teeth cleaning, fluoride treatment, sealants (per tooth), head and neck cancer screening, oral hygiene instruction, periodontal charting, periodontal evaluation	Covered with the Office Visit Copay
<b>Basic Restoration Services</b>	
Fillings	Covered with the Office Visit Copay
Porcelain - Metal crown	\$45 copay
<b>Prosthodontics</b>	
Complete Upper or Lower Denture	\$50 copay
Bridge (per Tooth)	\$45 copay
<b>Endodontics and Periodontics</b>	
Root canal therapy - Anterior	\$30 copay
Root canal therapy - Bicuspid	\$60 copay
Root canal therapy - Molar	\$80 copay
Osseous Surgery (per quadrant)	\$50 copay
Root Planting (per quadrant)	\$25 copay
<b>Oral Surgery</b>	
Routine extraction (single tooth)	Covered with the Office Visit Copay
Surgical Extraction	\$50 copay
<b>Orthodontia treatment</b>	
Pre-orthodontia treatment	\$150 copay
Comprehensive orthodontia treatment	\$800 copay
<b>Miscellaneous</b>	
Local anesthesia	Covered with the Office Visit Copay
Dental lab fees	Covered with the Office Visit Copay
Nitrous oxide	\$10 copay
Specialty office visit	\$30 copay per visit
Out of area emergency care reimbursement	You pay charges in excess of \$100

\*Copayment credited towards the Comprehensive Orthodontic Service copayment if patient accepts treatment plan.

## Dental Insurance - Kaiser Permanente

The City of Gresham offers a dental plan through Kaiser Permanente. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Benefit Maximum	None per Calendar year
	You Pay
<b>Dental Office Visit Charge</b>	
Applies to all visits	\$10
<b>Deductible (Per calendar year; applies to all services unless otherwise indicated)</b>	
For one Member	\$0
For an entire Family	\$0
<b>Preventive and Diagnostic Services</b>	
Oral exam, x-rays, teeth cleaning, fluoride (Not subject to or counted toward the Deductible)	No additional charge
<b>Basic Restoration Services</b>	
Routine fillings, plastic and steel crowns, simple extractions	No additional charge
<b>Oral Surgery Services</b>	
Surgical tooth extractions	No additional charge
<b>Periodontics</b>	
Treatment of gum disease, scaling and root planing	No additional charge
<b>Endodontics</b>	
Root canal therapy	No additional charge
<b>Major Restoration Services</b>	
Gold or porcelain crowns, bridges	\$45 for each
<b>Removable Prosthetic Services</b>	
Full and partial dentures	\$95 for each partial denture, \$65 for each full denture
Relines	\$25
Rebases	\$25
<b>Emergency Dental Care</b>	
From Participating Providers	Copayments or Coinsurance that normally apply for non-emergency dental care Services.
From Non-Participating Providers outside the Service Area	All Charges over \$100
<b>Nitrous oxide (Not subject to or counted toward the Deductible or Benefit Maximum)</b>	
Adults and children age 13 years and older	\$25
Children age 12 years and younger	\$0
<b>Orthodontics</b>	
	Not a covered benefit



## Group Basic Life and AD&D Insurance

Group Policy # 752873

Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by the City of Gresham.

Eligibility	
Definition of a Member	You are a member if you are an active employee of the City of Gresham and regularly working at least 20 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Eligibility Waiting Period	If you are already a member on the date the group policy is effective, you are eligible on that date. If you become a member after the group policy effective date, you are eligible on the first day of the month that follows or coincides with the date you become a member.
Benefits	
General Unit Basic Life Coverage Amount	Your Basic Life coverage amount is \$100,000.
Police/MSA Basic Life Coverage Amount	Your Basic Life coverage amount is 1 times your annual earnings to a maximum of \$300,000.
IAFF Basic Life Coverage Amount	Your Basic Life coverage amount is \$50,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is \$50,000. For other covered losses, a percentage of this benefit will be payable.
Age Restrictions	Basic Life and AD&D insurance coverage amounts reduce by 50 percent at age 70.

### Other Basic Life Features and Services

- Accelerated Benefit
- Portability of Insurance Provision
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

### Other Basic Life features

- Air Bag Benefit
- Family Benefits Package
- Seat Belt Benefit

This information is only a brief description of the group Basic Life / AD&D insurance policy sponsored by the City of Gresham. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and the City of Gresham may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of the coverage, contact your human resources representative.



# Voluntary Life Insurance

Group Policy # 752873

Life insurance coverage can help your family meet daily expenses, maintain their standard of living, pay off debt, secure your children's education, and more in the event of your passing.

The cost of this insurance is paid by the employee.

Eligibility													
Employee	<ul style="list-style-type: none"> <li>You must be insured for Basic Life through The Standard</li> <li>You must be an active employee of the City of Gresham working at least 20 hours each week</li> <li>Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible</li> <li>You cannot be insured as both an employee and a dependent</li> </ul>												
Dependent	<ul style="list-style-type: none"> <li>You must elect Additional Life insurance for yourself in order to elect Dependents Life insurance for your spouse</li> <li>Spouse means a person to whom you are legally married or your domestic partner as recognized by law</li> <li>Your spouse must not be full-time member of the armed forces</li> </ul>												
Coverage Amount Guidelines													
Within the coverage amount guidelines shown below, you select the amount of Additional Life and Dependents Life insurance for which you are interested in applying.													
	<table border="1"> <thead> <tr> <th>Minimum</th> <th>Incremental Unit</th> <th>Guarantee Issue Amount</th> <th>Maximum</th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td>\$10,000</td> <td>\$10,000</td> <td>\$300,000</td> </tr> <tr> <td>Spouse</td> <td>\$5,000</td> <td>\$5,000</td> <td>\$100,000</td> </tr> </tbody> </table>	Minimum	Incremental Unit	Guarantee Issue Amount	Maximum	Employee	\$10,000	\$10,000	\$300,000	Spouse	\$5,000	\$5,000	\$100,000
Minimum	Incremental Unit	Guarantee Issue Amount	Maximum										
Employee	\$10,000	\$10,000	\$300,000										
Spouse	\$5,000	\$5,000	\$100,000										

\* or 5 times your Annual Earnings, whichever is less.

Note:

- Amounts of coverage elected above the Guarantee Issue amount are subject to medical underwriting approval. To submit a medical history statement online, visit: [www.standard.com/mhs](http://www.standard.com/mhs)
- All late applications (applying 31 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior life insurance plan are also subject to medical underwriting approval.
- Your combined Basic Life and Additional Life amounts may not exceed a maximum of 7 times your Annual Earnings.
- The coverage amount for your spouse cannot exceed 100 percent of your combined Basic and Additional Life coverage.

## Coverage Amount Needed

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Additional Life insurance you may need to protect your loved ones, The Standard has created a Life Insurance Needs Calculator found at: <http://www.standard.com/lifeneeds>.

## Employee Coverage Effective Date

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period, receive medical underwriting approval (if applicable), agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, including Dependents Life insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative for more information regarding these requirements that must be satisfied for your insurance to become effective.

## Group Long Term Disability Insurance

Group Policy # 752873

Group Long Term Disability (LTD) insurance from Standard Insurance Company helps provides financial protection for insured members by promising to pay a monthly benefit in the event of a covered disability.

The cost of this insurance is paid by the City of Gresham.

Eligibility	
Definition of a Member	You are a member if you are an active employee of the City of Gresham and regularly working at least 20 hours each week, and a citizen or resident of the United States or Canada. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Eligibility Waiting Period	If you are already a member on the date the group policy is effective, you are eligible on that date. If you become a member after the group policy effective date, you are eligible on the first day of the month that follows or coincides with the date you become a member.
Benefits	
Monthly Benefit	60 percent of the first \$11,667 of monthly predisability earnings, reduced by deductible income (eg., work earnings, workers' compensation, state disability, etc.)
Maximum Monthly Benefit	\$7,000
Minimum Monthly Benefit	\$100 or 10 percent of the LTD benefit before reduction by deductible income, whichever is greater.
Benefit Waiting Period	90 days.

This information is only a brief description of the group Basic Life / AD&D insurance policy sponsored by the City of Gresham. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and the City of Gresham may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to it's terms. For more complete details of the coverage, contact your human resources representative.

## Flexible Spending Accounts

The Flexible Spending Account (FSA) plan allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

### How an FSA Works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service **OR** submit the appropriate paperwork to be reimbursed by the plan.

### Important Rules to Keep in Mind:

- If you do not use the full amount in your FSA, you will lose any remaining funds in excess of \$500.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.

Please plan your FSA contributions carefully. Balances carried over must be between \$50 and \$500. Re-enrollment is required each year.

MAXIMUM ANNUAL ELECTION	
Health Care FSA	\$2,750
Dependent Care FSA	\$5,000

## Health Care Flexible Spending Account

The health care flexible spending account may be used for any health, dental, and vision expenses not reimbursed by any other benefit plans. These expenses include deductibles, copays, coinsurance, dental services, eyeglasses, contact lenses, Lasik eye surgery, orthodontics for adults and children, hearing aids, chiropractor, some diabetic supplies, medical equipment, and other out-of-pocket costs not covered by our health, dental, or vision plan. The maximum annual contribution is \$2,750. Between \$50 and \$500 of unused account balances can be rolled-over to the new plan year.

## Dependent Care Flexible Spending Account

The dependent care account may be used to pay for dependent care expenses for dependents up to age 13. Qualifying expenses include daycare fees, before-school and after-school care, and local day camp. If you are married, your spouse must either be employed or a full-time student in order to use a dependent care flexible spending account. The maximum annual contribution is \$5,000. Under IRS guidelines, you can only be reimbursed for dependent care that has already taken place. Also, you can only be reimbursed for the amount you have already contributed to your dependent care FSA.

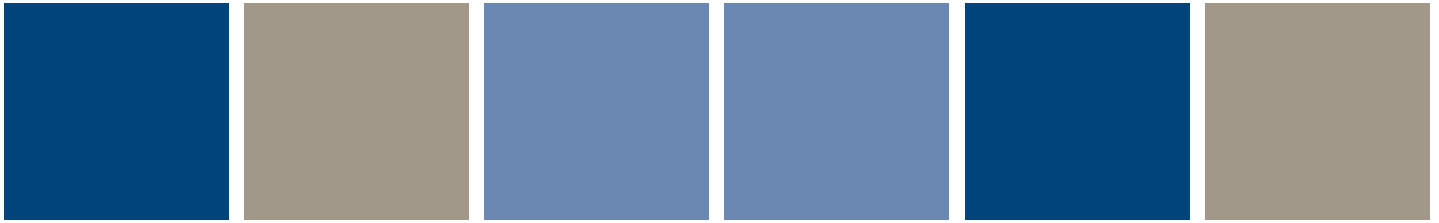
## Contacts

Benefit	Carrier	Phone Number	Website
Medical / Vision Insurance	Kaiser Permanente	800-813-2000	<a href="http://www.kp.org">www.kp.org</a>
	UMR	800-207-3172	<a href="http://member.umar.com">member.umar.com</a>
Prescriptions <b>**NEW**</b>	Optum Rx	877-559-2955	<a href="http://www.optumRx.com">www.optumRx.com</a>
	Mail Order: Optum Rx Home Delivery	877-559-2955	<a href="http://www.optumRx.com">www.optumRx.com</a>
	Specialty: BrioRx	855-427-4682	<a href="http://www.brioRx.com">www.brioRx.com</a>
Dental Insurance	Kaiser Permanente	800-813-2000	<a href="http://www.kp.org">www.kp.org</a>
	Willamette Dental Group	855-433-6825	<a href="http://www.willamettedental.com">www.willamettedental.com</a>
	Delta Dental/Moda Health	800-452-1058	<a href="http://www.modahealth.com">www.modahealth.com</a>
Basic Life and AD&D Insurance, Long Term Disability Insurance	The Standard	800-628-8600	<a href="http://www.standard.com">www.standard.com</a>
	HRA		
Employee Assistance Program (EAP)	HRA VEBA	888-659-8828	<a href="http://www.hraveba.org">www.hraveba.org</a>
	BDA	888-293-6948	<a href="http://www.eapbda.com">www.eapbda.com</a>
Retirement Planning	PERS	503-598-7377	<a href="http://www.oregon.gov/pers">www.oregon.gov/pers</a>
	Legal Shield	866-288-5229	<a href="http://www.legalshield.com/info/legalplan">www.legalshield.com/info/legalplan</a>
	Aflac	503-319-3989	
	Voya	503-937-0378 or 800-238-6281	<a href="https://gresham.beready2retire.com/">https://gresham.beready2retire.com/</a>



This summary is not a legal document and does not replace or supersede the “Evidence of Coverage”, policy, or the Summary Plan Description. Please refer to the Evidence of Coverage/insurance policy/Summary Plan Description for a complete description of the coverage, eligibility criteria, controlling terms, exclusions, limitations, and conditions of coverage.

The City of Gresham reserves the right to terminate, suspend, withdraw, reduce, or modify the benefits described in the Evidence of Coverage/policy/Summary Plan Description in whole or in part, at any time. No statement in this or any other document and no oral representation should be construed as a waiver of this right. This summary is the confidential property of The City of Gresham.



# CITY OF GRESHAM

For full details and plan documents visit:  
[www.greshamoregon.gov/benefits](http://www.greshamoregon.gov/benefits)

To enroll or view your current elections visit:  
[www.vbas.com](http://www.vbas.com) or contact Human Resources