



Metro Employee  
**BENEFITS**  
**HANDBOOK**

2019

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### **Forms Available on the MetroNet or pick up from the Human Resources department**

New Hire and Benefits Change form (required for newly eligible employees or for current employees changing plans)

Waiver of Group Coverage Form (required if opting out of health insurance)

Health Savings Account Enrollment Form (required if enrolling in a High Deductible Health Plan)

Cigna Enrollment and Beneficiary Designation Form (Required)

Flexible Spending Account Enrollment Form (Optional)

Domestic Partner Affidavit (required if enrolling domestic partner)

## **IMPORTANT NOTE**

This handbook provides a summary of benefits. To learn about your specific benefits, refer to your collective bargaining agreement. You can find your complete contract on the MetroNet or get a copy by contacting the benefits department at [benefitshelp@oregonmetro.gov](mailto:benefitshelp@oregonmetro.gov).

**W**elcome. Your Benefits Handbook is a general guide to the benefits you receive as a Metro employee. **Please keep this handbook available for your use as a convenient reference throughout the entire benefits year.**

When enrolling for benefits, whether during open enrollment or as a new employee, take ample time to educate yourself on what each plan provides and how the various plan provisions fit your needs. Your benefits package is part of your overall compensation package from Metro. Make sure that you are well informed with plenty of time to meet enrollment deadlines.

**Medical, Dental, and Vision benefits are on a calendar year and renew every year on January 1st.** You can enroll during your initial eligibility date or make changes to your medical, dental and vision benefits each year during open enrollment with an effective date of January 1. Open enrollment for health benefits is during November each year.

**Enrollment and changes to your 401(k) and/or 457 plans can be made at any time.**

If you have any questions, contact a benefits staff member or you may visit the Benefits Department in Human Resources at Metro Regional Center. You can also email them at [benefitshelp@oregonmetro.gov](mailto:benefitshelp@oregonmetro.gov).

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## **BENEFITS ELIGIBILITY**

Benefits for eligible employees become effective the first day of the month following their hire date. Please refer to your respective collective bargaining agreement for benefits eligibility and coverage. Generally, only employees in full-time, budgeted positions and those who meet the eligibility under the Affordable Care Act are eligible for health and welfare benefits.

You may enroll your dependents, which include:

- Your spouse or domestic partner. Domestic partner coverage is subject to federal and in some cases state income tax. A marriage license or domestic partnership registration affidavit is required when enrolling a spouse, domestic partner, or children of domestic partner.
- Dependent children until they reach the end of the month in which they turn 26.
- Dependent children of domestic partner until they reach the end of the month in which they turn 26.

## **BENEFITS CHANGES AFTER ENROLLMENT**

Your benefit elections and health flexible spending account plans cannot be changed outside of open enrollment unless you experience a qualifying event. Qualifying event changes may include:

- marriage or domestic partner registration
- divorce, legal separation or annulment
- birth or adoption of an eligible child
- change in your or your spouse's health coverage attributable to your spouse's employment
- change in your child's eligibility for benefits

**It is the employee's responsibility to notify the Benefits Department of a qualifying event within 30 days. Proof of your qualifying event is required.**

You may participate or change your 401(k) and 457 plan elections at any time. Employees who elect the dependent care flexible spending account may participate or change their dependent care election during a calendar year as needed, which is different from the health flexible spending account.

## **COVERAGE LEVELS**

**Benefit eligible employees have four coverage levels to choose from for health insurance.** The amount that you pay depends on the health plan you choose and the number of people that you cover:

- employee only
- employee and spouse or domestic partner\*
- employee and child or children up to age 26
- employee and family

*\*To enroll your domestic partner or spouse, you are required to provide a marriage license or an affidavit confirming your domestic partnership. Benefits coverage for your domestic partner or your domestic partner's children may be taxable. To learn more, review the guidelines outlined on the domestic partner affidavit.*

## **COST OF COVERAGE**

You and Metro share in the cost of your health benefits. Your health care contributions are deducted on a pre-tax basis. This means that the money used to pay for these benefits is deducted from your pay before social security, federal, state and local taxes are withheld.

## **MEDICAL PLANS**

You have a choice of four medical plans:

- Kaiser HMO GT \$150
- Kaiser HMO High Deductible Health Plan (HDHP) with Health Savings Account (HSA)
- Added Choice POS \$250 Plan provided by Kaiser
- Added Choice POS High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

Selecting either the Added Choice Point-of-Service plan or the Added Choice POS High Deductible Plan gives you the freedom to see any licensed provider that you prefer either in network or out of network; selecting in-network providers affords you a higher level of benefits. If selecting either Kaiser HMO or Kaiser HMO HDHP, you must select a **Kaiser or Portland Clinic** provider to direct your care for either of these plans.

## **HEALTH SAVINGS ACCOUNT**

### **OVERVIEW**

A Health Savings Account (HSA) is a special account owned by an individual used to pay for current and future medical expenses. HSA is used in conjunction with Qualified High-Deductible Health Plans (HDHP): Kaiser HMO HDHP and Added Choice POS HDHP. An HSA has the advantages of triple tax savings: contributions are tax deductible, the account grows tax free, and there will be no tax for distribution on a qualified expense. There is no “use it or lose it” rule or “irrevocable election” rule associated with an HSA. The individual employee is in control of the account. At age 65, distributions will be made at ordinary income with no penalty.

## ELIGIBILITY

An individual has to meet the following requirements in order to be eligible for an HSA:

- Is covered by a qualified HDHP
- Is not covered by other health insurance (with a limited number of exceptions)
- Is not enrolled in Medicare
- Is not enrolled in Tricare Coverage
- Cannot be claimed as a dependent on someone else's tax return
- Cannot be currently enrolled in a Health Flexible Spending Account (FSA) or a General Purpose Health Reimbursement Account (HRA)

## CONTRIBUTIONS

Contributions to an HSA can be made by the employer or the individual, or both. Metro contributes \$1,500 for individuals and \$3,000 for those enrolling as employees plus dependent(s) per enrollment period. Metro contributes the full amount of the HSA deductible, per employee or family enrollment, upon initial enrollment and each subsequent re-enrollment into the HDHP. In no circumstances will an employee receive more than the above stated HSA contribution during an enrollment period.

All employees who enroll in the HDHP shall receive the same HSA contribution, per employee or family enrollment, amount based on tier of enrollment regardless of their hours worked as long as they remain benefit eligible.

If an employee enrolled in the HDHP should experience a qualifying event that changes the deductible for their HDHP, the employer contribution to the HSA shall change to the corresponding contribution at the time the employee changes their enrollment based on the qualifying event.

## OPT OUT OPTION

Under a number of employment contracts and collective bargaining agreements, employees may Opt Out of employer paid health insurance if they have coverage from another group source. Metro will pay an amount of \$150 per month to full-time employees and a prorated amount equivalent to their FTE status for those in positions that are less than full-time. The employee must provide proof of other group health coverage in order to receive the Opt Out funds. To choose this option, complete and select the opt-out option on the Enrollment or Benefits Change form and sign the Waiver of Group Coverage form. **Proof of other insurance coverage is required.**

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Monthly Rates	Full Time (.8-1.0 FTE)			.8 Variable Hour Employee (Based on ACA Eligibility)		
	AFSCME 3580, IUOE 701/701-1, ILWU 28, IATSE 28, LIUNA 483, NON-REP					
Kaiser HMO	Metro	Employee	Total	Metro	Employee	Total
Employee Only	568.83	49.46	618.29	455.06	163.23	618.29
Employee & Spouse	1,137.65	98.93	1,236.58	910.12	326.46	1,236.58
Employee & Child(ren)	1,023.90	89.03	1,112.93	819.12	293.81	1,112.93
Employee & Family	1,478.96	128.60	1,607.56	1,183.16	424.40	1,607.56

Kaiser Added Choice	Metro	Employee	Total	Metro	Employee	Total
Employee Only	761.66	66.23	827.89	609.33	218.56	827.89
Employee & Spouse	1,523.32	132.46	1,655.78	1218.65	437.13	1655.78
Employee & Child(ren)	1,370.98	119.22	1,490.20	1096.79	393.41	1490.20
Employee & Family	1,980.31	172.20	2,152.51	1584.25	568.26	2152.51

Kaiser HMO High Deductible	Metro	Employee	Total	Metro	Employee	Total
Employee Only	380.16	33.06	413.22	304.13	109.09	413.22
Employee & Spouse	760.32	66.12	826.44	608.26	218.18	826.44
Employee & Child(ren)	684.30	59.50	743.80	547.44	196.36	743.80
Employee & Family	988.43	85.95	1,074.38	790.74	283.64	1074.38

Kaiser Added Choice High Deductible	Metro	Employee	Total	Metro	Employee	Total
Employee Only	536.51	46.65	583.16	429.21	153.95	583.16
Employee & Spouse	1,073.01	93.30	1,166.31	858.40	307.91	1166.31
Employee & Child(ren)	965.71	83.97	1,049.68	772.56	277.12	1049.68
Employee & Family	1,394.85	121.29	1,516.14	1115.88	400.26	1516.14

Kaiser Permanente Dental	Metro	Employee	Total	Metro	Employee	Total
Employee Only	57.10	4.97	62.07	45.68	16.39	62.07
Employee & Spouse	114.15	9.93	124.08	91.32	32.76	124.08
Employee & Child(ren)	102.77	8.94	111.71	82.22	29.49	111.71
Employee & Family	171.27	14.89	186.16	137.01	49.15	186.16

MODA Dental	Metro	Employee	Total	Metro	Employee	Total
Employee Only	64.24	5.59	69.83	51.39	18.44	69.83
Employee & Spouse	127.28	11.07	138.35	101.83	36.52	138.35
Employee & Child(ren)	130.38	11.34	141.72	104.31	37.41	141.72
Employee & Family	198.47	17.26	215.73	158.78	56.95	215.73

Vision Service Plan	Metro	Employee	Total	Metro	Employee	Total
Employee Only	5.53	0.48	6.01	4.42	1.59	6.01
Employee & Spouse	8.84	0.77	9.61	7.07	2.54	9.61
Employee & Child(ren)	9.01	0.78	9.79	7.21	2.58	9.79
Employee & Family	14.54	1.26	15.80	11.63	4.17	15.80

Monthly Rates	.75 Part Time			.5 Part Time		
	Budgeted Employee - AFSCME 350, LIUNA 483, Non Rep					
Kaiser HMO	Metro	Employee	Total	Metro	Employee	Total
Employee Only	426.62	191.67	618.29	284.41	333.88	618.29
Employee & Spouse	853.24	383.34	1,236.58	568.83	667.75	1,236.58
Employee & Child(ren)	767.92	345.01	1,112.93	511.95	600.98	1,112.93
Employee & Family	1,109.22	498.34	1,607.56	739.48	868.08	1,607.56
<b>Kaiser Added Choice</b>						
Kaiser Added Choice	Metro	Employee	Total	Metro	Employee	Total
Employee Only	571.24	256.65	827.89	380.83	447.06	827.89
Employee & Spouse	1,142.49	513.29	1,655.78	761.66	894.12	1,655.78
Employee & Child(ren)	1,028.24	461.96	1,490.20	685.49	804.71	1,490.20
Employee & Family	1,485.23	667.28	2,152.51	990.15	1,162.36	2,152.51
<b>Kaiser HMO High Deductible</b>						
Kaiser HMO High Deductible	Metro	Employee	Total	Metro	Employee	Total
Employee Only	285.12	128.10	413.22	190.08	223.14	413.22
Employee & Spouse	570.24	256.20	826.44	380.16	446.28	826.44
Employee & Child(ren)	513.22	230.58	743.80	342.15	401.65	743.80
Employee & Family	741.32	333.06	1,074.38	494.21	580.17	1,074.38
<b>Kaiser Added Choice High Deductible</b>						
Kaiser Added Choice High Deductible	Metro	Employee	Total	Metro	Employee	Total
Employee Only	402.38	180.78	583.16	268.25	314.91	583.16
Employee & Spouse	804.75	361.56	1,166.31	536.50	629.81	1,166.31
Employee & Child(ren)	724.28	325.40	1,049.68	482.85	566.83	1,049.68
Employee & Family	1,046.14	470.00	1,516.14	697.42	818.72	1,516.14
<b>Kaiser Permanente Dental</b>						
Kaiser Permanente Dental	Metro	Employee	Total	Metro	Employee	Total
Employee Only	42.83	19.24	62.07	28.55	33.52	62.07
Employee & Spouse	85.62	38.46	124.08	57.08	67.00	124.08
Employee & Child(ren)	77.08	34.63	111.71	51.39	60.32	111.71
Employee & Family	128.45	57.71	186.16	85.63	100.53	186.16
<b>MODA Dental</b>						
MODA Dental	Metro	Employee	Total	Metro	Employee	Total
Employee Only	48.18	21.65	69.83	32.12	37.71	69.83
Employee & Spouse	95.46	42.89	138.35	63.64	74.71	138.35
Employee & Child(ren)	97.79	43.93	141.72	65.19	76.53	141.72
Employee & Family	148.85	66.88	215.73	99.24	116.49	215.73
<b>Vision Service Plan</b>						
Vision Service Plan	Metro	Employee	Total	Metro	Employee	Total
Employee Only	4.15	1.86	6.01	2.76	3.25	6.01
Employee & Spouse	6.63	2.98	9.61	4.42	5.19	9.61
Employee & Child(ren)	6.76	3.03	9.79	4.50	5.29	9.79
Employee & Family	10.90	4.90	15.80	7.27	8.53	15.80

# Summary of Medical Benefits

## HMO GT \$150

Calendar year is the time period (Year) in which dollar, day, and visit limits, Deductibles and Out-of-Pocket Maximums accumulate.

<b>Deductible</b>	
For one Member per Year	\$150
For an entire Family per Year	\$450
<b>Out-of-Pocket Maximum *</b>	
For one Member per year	\$1,150
For an entire Family per year	\$3,450
<b>Office visits</b>	
	<b>You pay</b>
Routine preventive physical exam	\$0
Primary Care	\$10
Specialty Care	\$20
Urgent Care	\$30
<b>Tests (outpatient)</b>	
	<b>You pay</b>
Preventive Tests	\$0
Laboratory	\$10 per department visit
X-ray, imaging, and special diagnostic procedures	\$10 per department visit
CT, MRI, PET scans	\$100 per department visit
<b>Medications (outpatient)</b>	
	<b>You pay</b>
Prescription drugs (up to a 30 day supply)	\$15 generic / \$30 preferred brand
Mail Order Prescription drugs (up to a 90 day supply)	\$30 generic / \$60 preferred brand
Administered medications, including injections (all outpatient settings)	10% Coinsurance after Deductible
Nurse treatment room visits to receive injections	\$10
<b>Maternity Care</b>	
	<b>You pay</b>
Scheduled prenatal care and first postpartum visit	\$0
Laboratory	\$10 per department visit
X-ray, imaging, and special diagnostic procedures	\$10 per department visit
Inpatient Hospital Services	10% Coinsurance after Deductible
<b>Hospital Services</b>	
	<b>You pay</b>
Ambulance Services (per transport)	10% Coinsurance after Deductible
Emergency department visit	10% Coinsurance after Deductible
Inpatient Hospital Services	10% Coinsurance after Deductible
<b>Outpatient Services (other)</b>	
	<b>You pay</b>
Outpatient surgery visit	10% Coinsurance after Deductible
Chemotherapy/radiation therapy visit	\$20 after Deductible
Durable medical equipment, external prosthetic devices, and orthotic devices	10% Coinsurance after Deductible
Physical, speech, and occupational therapies (up to 20 visits per therapy per Year)	\$20
<b>Skilled Nursing Facility Services</b>	
	<b>You pay</b>
Inpatient skilled nursing Services (up to 100 days per Year)	10% Coinsurance after Deductible
<b>Chemical Dependency Services</b>	
	<b>You pay</b>
Outpatient Services	\$10
Inpatient hospital & residential Services	10% Coinsurance after Deductible

## Summary of Medical Benefits

### HMO GT \$150 continued

<b>Behavioral Health Services</b>	<b>You pay</b>
Outpatient Services	\$10
Inpatient hospital & residential Services	10% Coinsurance after Deductible
<b>Alternative Care (self-referred) **</b>	<b>You pay</b>
Benefit Maximum per Year (all Covered Services combined)	\$1,500
Acupuncture Services	\$10
Chiropractic Services	\$10
Massage Therapy	\$25
Naturopathic Medicine	\$10
<b>Vision Services</b>	<b>You pay</b>
Routine eye exam (through first month of age 19)	\$10
Vision hardware and optical Services (through first month of age 19)	Not covered
Routine eye exam (age 19 and older)	\$10
Vision hardware and optical Services (age 19 years and older)	Not covered
*Refer to your Evidence of Coverage (EOC) for benefits that may not apply to Out-of-Pocket Maximum.	
** Refer to your Evidence of Coverage (EOC) for any applicable visits limits.	

[Plan is subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the Evidence of Coverage \(EOC\). Sample EOCs are available upon request or you may go to <http://www.kp.org/plandocuments>](#)

**Questions? Call Member Services** (M-F, 8 am-6 pm) or visit **kp.org** Portland area: 503-813-2000  
All other areas: 1-800-813-2000 TTY.711. Language Interpretation Services, all areas 1-800-324-8010

**This is not a contract. This benefit summary does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details on benefit coverage, claims review, and adjudication procedures, please see your EOC or call Member Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.**

## Summary of Medical Benefits

### HMO HDHP

Calendar year is the time period (Year) in which dollar, day, and visit limits, Deductibles and Out-of-Pocket Maximums accumulate.

<b>Deductible</b>	
For one Member per Year	\$1,500
For an entire Family per Year	\$3,000
<b>Out-of-Pocket Maximum *</b>	
For one Member per year	\$3,500
For an entire Family per year	\$6,850
<b>Office visits</b>	<b>You pay</b>
Routine preventive physical exam	\$0
Primary Care	20% Coinsurance after Deductible
Specialty Care	20% Coinsurance after Deductible
Urgent Care	20% Coinsurance after Deductible
<b>Tests (outpatient)</b>	<b>You pay</b>
Preventive Tests	\$0
Laboratory	20% Coinsurance after Deductible
X-ray, imaging, and special diagnostic procedures	20% Coinsurance after Deductible
CT, MRI, PET scans	20% Coinsurance after Deductible
<b>Medications (outpatient)</b>	<b>You pay</b>
Prescription drugs (up to a 30 day supply)	After Deductible: \$15 generic / \$30 preferred brand
Mail Order Prescription drugs (up to a 90 day supply)	After Deductible: \$30 generic / \$60 preferred brand
Administered medications, including injections (all outpatient settings)	20% Coinsurance after Deductible
Nurse treatment room visits to receive injections	\$10 after Deductible
<b>Maternity Care</b>	<b>You pay</b>
Scheduled prenatal care and first postpartum visit	\$0
Laboratory	20% Coinsurance after Deductible
X-ray, imaging, and special diagnostic procedures	20% Coinsurance after Deductible
Inpatient Hospital Services	20% Coinsurance after Deductible
<b>Hospital Services</b>	<b>You pay</b>
Ambulance Services (per transport)	20% Coinsurance after Deductible
Emergency department visit	20% Coinsurance after Deductible
Inpatient Hospital Services	20% Coinsurance after Deductible
<b>Outpatient Services (other)</b>	<b>You pay</b>
Outpatient surgery visit	20% Coinsurance after Deductible
Chemotherapy/radiation therapy visit	20% Coinsurance after Deductible
Durable medical equipment, external prosthetic devices, and orthotic devices	20% Coinsurance after Deductible
Physical, speech, and occupational therapies (up to 20 visits per therapy per Year)	20% Coinsurance after Deductible
<b>Skilled Nursing Facility Services</b>	<b>You pay</b>
Inpatient skilled nursing Services (up to 100 days per Year)	20% Coinsurance after Deductible
<b>Chemical Dependency Services</b>	<b>You pay</b>
Outpatient Services	20% Coinsurance after Deductible
Inpatient hospital & residential Services	20% Coinsurance after Deductible

## Summary of Medical Benefits

### HMO HDHP continued

<b>Mental Health Services</b>	<b>You pay</b>
Outpatient Services	20% Coinsurance after Deductible
Inpatient hospital & residential Services	20% Coinsurance after Deductible
<b>Alternative Care (self-referred) **</b>	<b>You pay</b>
Benefit Maximum per Year (all Covered Services combined)	\$1,500
Acupuncture Services	\$10 after Deductible
Chiropractic Services	\$10 after Deductible
Massage Therapy	\$25 after Deductible
Naturopathic Medicine	\$10 after Deductible
<b>Vision Services</b>	<b>You pay</b>
Routine eye exam (through first month of age 19)	20% Coinsurance after Deductible
Vision hardware and optical Services (through first month of age 19)	Not covered
Routine eye exam (age 19 and older)	20% Coinsurance after Deductible
Vision hardware and optical Services (age 19 years and older)	Not covered
*Refer to your Evidence of Coverage (EOC) for benefits that may not apply to Out-of-Pocket Maximum.	
** Refer to your Evidence of Coverage (EOC) for any applicable visits limits.	

Plan is subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the Evidence of Coverage (EOC). Sample EOCs are available upon request or you may go to <http://www.kp.org/plandocuments>

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## Summary of Medical Benefits

### Added Choice POS \$250

Calendar year is the time period (Year) in which dollar, day, and visit limits, Deductibles and Out-of-Pocket Maximums accumulate.

#### Deductible

The amounts you pay for covered Services subject to the Deductible in Tier 1 and Tier 2 cross accumulate. This means that the amounts you pay for covered Services in Tier 1 also count toward the Deductible in Tier 2, and do not count toward the Deductible in Tier 3. The amounts you pay for covered Services subject to the Deductible in Tier 3 only count toward the Deductible in Tier 3.

	<b>Tier 1 Select Providers</b>	<b>Tier 2 PPO Providers</b>	<b>Tier 3 Non-Participating Providers *</b>
For one Member per Year	\$250	\$500	\$750
For an entire Family per Year	\$750	\$1,500	\$2,250
<b>Out-of-Pocket Maximum **</b>			
For one Member per year	\$1,250	\$2,500	\$3,500
For an entire Family per year	\$3,750	\$7,500	\$10,500
<b>Office visits</b>	<b>You pay</b>		
Routine preventive physical exam	\$0	\$0	35% Coinsurance after Deductible
Primary Care	\$20	\$30	35% Coinsurance after Deductible
Specialty Care	\$30	\$40	35% Coinsurance after Deductible
Urgent Care	\$40	\$50	35% Coinsurance after Deductible
<b>Tests (outpatient)</b>	<b>You pay</b>		
Preventive Tests	\$0	\$0	35% Coinsurance after Deductible
Laboratory	\$20 per department visit	\$30 per department visit	35% Coinsurance after Deductible
X-ray, imaging, and special diagnostic procedures	\$20 per department visit	\$30 per department visit	35% Coinsurance after Deductible
CT, MRI, PET scans	\$100 per department visit	20% Coinsurance after Deductible	35% Coinsurance after Deductible
<b>Medications (outpatient)</b>	<b>You pay</b>		
Prescription drugs (up to a 30 day supply)	\$15 generic / \$30 preferred brand	At MedImpact Pharmacy \$20 generic/\$40 preferred brand/\$60 non-preferred brand	
Mail Order Prescription drugs (up to a 90 day supply)	\$30 generic / \$60 preferred brand	Refer to Mail-Delivery Pharmacy 1-800-548-9809 <a href="http://kp.org/addedchoice">kp.org/addedchoice</a>	
Administered medications, including injections (all outpatient settings)	10% Coinsurance after Deductible	20% Coinsurance after Deductible	35% Coinsurance after Deductible
Nurse treatment room visits to receive injections	\$10	\$30	35% Coinsurance after Deductible
<b>Maternity Care</b>	<b>You pay</b>		
Scheduled prenatal care and first postpartum visit	\$0	\$0	35% Coinsurance after Deductible
Laboratory	\$20 per department visit	\$30 per department visit	35% Coinsurance after Deductible
X-ray, imaging, and special diagnostic procedures	\$20 per department visit	\$30 per department visit	35% Coinsurance after Deductible
Inpatient Hospital Services	10% Coinsurance after Deductible	20% Coinsurance after Deductible	35% Coinsurance after Deductible

# Summary of Medical Benefits

## Added Choice POS \$250 continued

	Tier 1 Select Providers	Tier 2 PPO Providers	Tier 3 Non-Participating Providers*
<b>Hospital Services</b>	<b>You pay</b>		
Ambulance Services (per transport)	10% Coinsurance after Deductible		
Emergency department visit	\$200 after Deductible (Waived if admitted)		
Inpatient Hospital Services	10% Coinsurance after Deductible	20% Coinsurance after Deductible	35% Coinsurance after Deductible
<b>Outpatient Services (other)</b>	<b>You pay</b>		
Outpatient surgery visit	10% Coinsurance after Deductible	20% Coinsurance after Deductible	35% Coinsurance after Deductible
Chemotherapy/radiation therapy visit	\$30 after Deductible	20% Coinsurance after Deductible	35% Coinsurance after Deductible
Durable medical equipment, external prosthetic devices, and orthotic devices	20% Coinsurance after Deductible	30% Coinsurance after Deductible	35% Coinsurance after Deductible
Physical, speech, and occupational therapies (up to 20 visits per therapy per Year)	\$30	20% Coinsurance after Deductible	35% Coinsurance after Deductible
<b>Skilled Nursing Facility Services</b>	<b>You pay</b>		
Inpatient skilled nursing Services (up to 100 days per Year)	\$0 after Deductible	20% Coinsurance after Deductible	35% Coinsurance after Deductible
<b>Chemical Dependency Services</b>	<b>You pay</b>		
Outpatient Services	\$20	\$30	35% Coinsurance after Deductible
Inpatient hospital & residential Services	10% Coinsurance after Deductible	20% Coinsurance after Deductible	35% Coinsurance after Deductible
<b>Behavioral Health Services</b>	<b>You pay</b>		
Outpatient Services	\$20	\$30	35% Coinsurance after Deductible
Inpatient hospital & residential Services	10% Coinsurance after Deductible	20% Coinsurance after Deductible	35% Coinsurance after Deductible
<b>Alternative Care (self-referred)</b>	<b>You pay</b>		
Benefit Maximum per Year (all Covered Services combined)	\$1,500		
Acupuncture Services	\$25	\$25	\$25
Chiropractic Services	\$25	\$25	\$25
Massage Therapy	\$25	\$25	\$25
Naturopathic Medicine	\$25	\$25	\$25



## Summary of Medical Benefits

### Added Choice POS \$250 continued

	Tier 1 Select Providers	Tier 2 PPO Providers	Tier 3 Non-Participating Providers *
<b>Vision Services</b>	<b>You pay</b>		
Routine eye exam (through first month of age 19)	\$20	\$30	35% Coinsurance after Deductible
Vision hardware and optical Services (through first month of age 19)	Not covered		Not covered
Routine eye exam (age 19 and older)	\$20	\$30	35% Coinsurance after Deductible
Vision hardware and optical Services (age 19 years and older)	Not covered		

\* Tier 3 may be subject to balance billing.

\*\*Refer to your Evidence of Coverage (EOC) for benefits that may not apply to Out-of-Pocket Maximum.

\*\*\*Refer to your Evidence of Coverage (EOC) for any applicable visits limits.

[Plan is subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the Evidence of Coverage \(EOC\). Sample EOCs are available upon request or you may go to <http://www.kp.org/plandocuments>](#)

**Questions? Call Member Services** (M-F, 8 am-6 pm) or visit **kp.org** Portland area: 503-813-2000

All other areas: 1-800-813-2000 TTY.711. Language Interpretation Services, all areas 1-800-324-8010

**This is not a contract. This benefit summary does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details on benefit coverage, claims review, and adjudication procedures, please see your EOC or call Member Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.**

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## Summary of Medical Benefits

### Added Choice HDHP

**Tier 1**  
**Select Providers**

**Tier 2**  
**PPO Providers**

**Tier 3**  
**Non-Participating Providers \***

Calendar year is the time period (Year) in which dollar, day, and visit limits, Deductibles and Out-of-Pocket Maximums accumulate.

#### Deductible

The amounts you pay for covered Services subject to the Deductible in Tier 1 and Tier 2 cross accumulate. This means that the amounts you pay for covered Services in Tier 1 also count toward the Deductible in Tier 2, and do not count toward the Deductible in Tier 3. The amounts you pay for covered Services subject to the Deductible in Tier 3 only count toward the Deductible in Tier 3.

For one Member per Year	\$1,500	\$1,500	\$3,000
For an entire Family per Year	\$3,000	\$3,000	\$6,000
<b>Out-of-Pocket Maximum **</b>			
For one Member per year	\$3,000	\$3,000	\$9,000
For an entire Family per year	\$6,000	\$6,000	\$18,000
<b>Office visits</b>	<b>You pay</b>		
Routine preventive physical exam	\$0	\$0	50% Coinsurance after Deductible
Primary Care	\$20 after Deductible	\$30 after Deductible	50% Coinsurance after Deductible
Specialty Care	\$20 after Deductible	\$30 after Deductible	50% Coinsurance after Deductible
Urgent Care	10% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Tests (outpatient)</b>	<b>You pay</b>		
Preventive Tests	\$0	\$0	50% Coinsurance after Deductible
Laboratory	10% Coinsurance after Deductible	20% Coinsurance after Deductible	40% Coinsurance after Deductible
X-ray, imaging, and special diagnostic procedures	10% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
CT, MRI, PET scans	10% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Medications (outpatient)</b>	<b>You pay</b>		
Prescription drugs (up to a 30 day supply)	After Deductible: \$15 generic / \$30 preferred brand	At MedImpact Pharmacy After Deductible: \$20 generic/\$40 preferred brand/\$60 non-preferred brand	
Mail Order Prescription drugs (up to a 90 day supply)	After Deductible: \$30 generic / \$60 preferred brand	Refer to Mail-Delivery Pharmacy 1-800-548-9809 kp.org/addedchoice	
Administered medications, including injections (all outpatient settings)	10% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Nurse treatment room visits to receive injections	\$10 after Deductible	\$15 after Deductible	50% Coinsurance after Deductible

## Summary of Medical Benefits

### Added Choice HDHP continued

	Tier 1 Select Providers	Tier 2 PPO Providers	Tier 3 Non-Participating Providers *
<b>Maternity Care</b>	<b>You Pay</b>		
Scheduled prenatal care and first postpartum visit	\$0	\$0	50% Coinsurance after Deductible
Laboratory	10% Coinsurance after Deductible	20% Coinsurance after Deductible	40% Coinsurance after Deductible
X-ray, imaging, and special diagnostic procedures	10% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Inpatient Hospital Services	10% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Hospital Services</b>	<b>You pay</b>		
Ambulance Services (per transport)		10% Coinsurance after Deductible	
Emergency department visit		10% Coinsurance after Deductible	
Inpatient Hospital Services	10% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Services (other)</b>	<b>You pay</b>		
Outpatient surgery visit	10% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Chemotherapy/radiation therapy visit	\$20 after Deductible	\$30 after Deductible	50% Coinsurance after Deductible
Durable medical equipment, external prosthetic devices, and orthotic devices	10% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Physical, speech, and occupational therapies (up to 20 visits per therapy per Year)	\$20 after Deductible	\$30 after Deductible	50% Coinsurance after Deductible
<b>Skilled Nursing Facility Services</b>	<b>You pay</b>		
Inpatient skilled nursing Services (up to 100 days per Year)	10% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Chemical Dependency Services</b>	<b>You pay</b>		
Outpatient Services	\$20 after Deductible	\$30 after Deductible	50% Coinsurance after Deductible
Inpatient hospital & residential Services	10% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Behavioral Health Services</b>	<b>You pay</b>		
Outpatient Services	\$20 after Deductible	\$30 after Deductible	50% Coinsurance after Deductible
Inpatient hospital & residential Services	10% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible

# Summary of Medical Benefits

## Added Choice HDHP continued

	Tier 1 Select Providers	Tier 2 PPO Providers	Tier 3 Non-Participating Providers *
<b>Alternative Care</b> (self-referred) ***	<b>You pay</b>		
Benefit Maximum per Year (all Covered Services combined)	\$1,500		
Acupuncture Services	\$25 after Deductible	\$25 after Deductible	\$25 after Deductible
Chiropractic Services	\$25 after Deductible	\$25 after Deductible	\$25 after Deductible
Massage Therapy	\$25 after Deductible	\$25 after Deductible	\$25 after Deductible
Naturopathic Medicine	\$25 after Deductible	\$25 after Deductible	\$25 after Deductible
<b>Vision Services</b>	<b>You Pay</b>		
Routine eye exam (through first month of age 19)	\$20 after Deductible	\$30 after Deductible	50% Coinsurance after Deductible
Vision hardware and optical Services (through first month of age 19)	Not covered		
Routine eye exam (age 19 and older)	\$20 after Deductible	\$30 after Deductible	50% Coinsurance after Deductible
Vision hardware and optical Services (age 19 years and older)	Not covered		

\* Tier 3 may be subject to balance billing.

\*\* Refer to your Evidence of Coverage (EOC) for benefits that may not apply to Out-of-Pocket Maximum.

\*\*\*Refer to your Evidence of Coverage (EOC) for any applicable visits limits.

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<b>DENTAL PLANS</b>	<b>Kaiser Permanente</b>	<b>MODA DENTAL (Premier Plan)</b>
<b>Co-pays</b>	\$10 co-pay Office visit; \$10 co-pay for emergency services	no charge
<b>Deductible</b>	no annual deductible	\$50 annual deductible (\$150 family) twice-yearly exams and cleanings not subject to deductible
<b>Maximum benefit allowance</b>	no annual benefit maximum allowance	\$2,000 individual annual benefit maximum allowance
<b>Preventative treatment</b>	\$10 co-pay	no charge (preventive service not subject to the maximum benefit allowance)
<b>Restorative treatment</b>	20% of charges for crowns and inlays	100% of charges for restorative treatment, 80% of charges for crowns and other cast restorations
<b>Bridges and dentures</b>	20% of charges	80% of charges for bridges; 50% of charges for partial and complete dentures and implants
<b>Orthodontia</b>	Children to age 17; 50% to \$1,000 lifetime maximum per person.	Adult and child; 50% to \$1,500 lifetime maximum per person.
<b>VISION PLANS</b>	<b>Vision Service Plan (VSP) VSP provider</b>	<b>Vision Service Plan (VSP) non-VSP provider</b>
<b>Examination</b> covered every 12 months	\$15 co-pay for exams and glasses	\$50 reimbursement (\$15 copay applies to exam and glasses)
<b>Lenses</b> covered every 24 months	single vision lenses: paid in full lined bifocal: paid in full lined trifocal: paid in full	single vision lenses: \$50 lined bifocal: \$75 lined trifocal: \$100
<b>Frames</b> covered every 24 months	\$170 allowance plus 20% discount for amount over allowance or \$95 equivalent frame at Costco	up to \$70 reimbursement for frame choose between lenses and frame or contact lenses
<b>Contact lenses</b> covered every 24 months (in lieu of lenses and frame)	No more than \$60 copay for contact lens exam; up to \$150 allowance for contacts	up to \$105 reimbursement for contact lens exam and contacts in lieu of eyeglasses
<b>Computer Vision Exam</b> Covered every 12 months	\$10 co-pay for exam and/or eyewear	Not covered

## LIFE AND AD&D INSURANCE

Life insurance is an important part of your financial wellbeing, especially if others depend on you for support. That is why Metro offers a life insurance program through Cigna that includes basic employee life and accidental death and dismemberment (AD&D) insurance for you, as well as the opportunity to purchase supplemental coverage. Under this policy, insurance coverage is reduced to 65 percent at age 70, to 50 percent at age 75, and to 35 percent at age 80.

Metro provides basic life and AD&D insurance equal to 1.5 times your annual base salary up to a maximum of \$50,000. Metro also provides dependent coverage of \$1,000 for your spouse, domestic partner and dependent children up to age 26.

### Supplemental life insurance

You may purchase supplemental life insurance for yourself, your spouse, domestic partner and/or your eligible children. Supplemental AD&D insurance is available for you or your family in increments of \$10,000 up to a maximum of \$500,000. You can purchase up to a maximum of \$180,000 in supplemental life insurance during new hire enrollment without answering any medical questions. You may add supplemental life insurance, or if you are already enrolled in supplemental life insurance, you may increase your amount each year during open enrollment. Evidence of insurability is required for amounts above the guarantee issue. The monthly cost of your supplemental coverage is based upon your age and the amount of coverage selected.

### *Supplemental Life Insurance rates*

<b>Age</b>	<b>Cost per \$10,000</b>	<b>Age</b>	<b>Cost per \$10,000</b>
15-24	\$0.70	50-54	\$4.61
25-29	\$0.70	55-59	\$7.82
30-34	\$1.04	60-64	\$9.51
35-39	\$1.22	65-69	\$14.69
40-44	\$1.70	70-74	\$22.60
45-49	\$2.64	75+	\$34.85

### Spouse/Domestic Partner Supplemental Life Insurance

You can purchase life insurance for your spouse/domestic partner in increments of \$5,000 to a maximum of \$250,000, but cannot exceed the total amount of your (the employee's) supplemental life coverage. If you elect more than \$25,000 of coverage for your spouse/domestic partner, you will be asked to complete an evidence of insurability form. The above rate table also represents the monthly cost for spouse/domestic partner supplemental life insurance based upon your (spouse's/domestic partner's) age and the amount of coverage selected.

## **Child (ren) Supplemental Life Insurance**

Supplemental life insurance for your child(ren) is available for a benefit amount of \$10,000. Child(ren) are eligible for coverage until the age of 26. The monthly cost for your child(ren)'s coverage is \$1.50 for \$10,000 of coverage, regardless of the number of eligible children covered. You may elect this option provided that you have also elected supplemental life insurance for yourself.

## **Evidence of Insurability**

When applying for supplemental life insurance coverage, you may be asked to provide information about your general health to the insurance company. In some cases you will be required to submit to a basic physical exam. This is called evidence of insurability. If it is needed, you will receive the appropriate form after making your election. This form must be returned and approved by our life insurance provider before your new election becomes effective.

## **Supplemental Accidental Death and Dismemberment (AD&D) Insurance**

You can purchase additional AD&D insurance in increments of \$10,000 up to \$500,000 through Cigna. **(Benefit amounts are subject to limits based on an employee's salary, as well as other limits. See plan documents for details)**

- The monthly cost of the supplemental AD&D is \$0.028 per \$1,000 for employee only.
- The monthly cost of the supplemental AD&D is \$0.028 per \$1,000 for spouse coverage.
- The monthly cost of the supplemental AD&D is \$0.028 per \$1,000 for child coverage.

## **Life Insurance beneficiary designation**

Your life insurance beneficiary is the person you choose to receive Life and AD&D benefits in the event of your death. A beneficiary form must be completed and returned to the benefits department in order to ensure that the insurance company follows your wishes and bequeaths the appropriate beneficiaries.

## **VOLUNTARY SHORT TERM DISABILITY**

Metro provides employees with employee-paid short term disability (STD) benefits insured by Cigna. If you become disabled due to an off-the-job illness or injury and you meet the plan's definition of disability, you are eligible to apply for a weekly STD benefit equal to 60% of your weekly salary (pre-disability earnings) to a maximum benefit of \$1,000 per week (subject to reduction from other sources of income). This benefit begins after 14 days of disability and continues as long as you are disabled according to the plan's definition of disability or until you reach the maximum benefit period, whichever occurs first. **You may not be eligible for benefits if you have received treatment for a condition within the past 3 months until you have been covered under the plan for 6 months. This must be elected by employees and paid for through payroll deductions.**



## **LONG TERM DISABILITY**

Metro provides long term disability insurance through Cigna, at no cost to the employee. If you become disabled due to a non-work injury and you meet the plan's definition of disability, you are eligible to apply and receive a monthly amount equal to 66.67% of your monthly salary, up to a maximum of \$5,000 per month (subject to reduction from other sources of income). This benefit lasts as long as you are disabled or until you qualify for Social Security. You must be unable to earn 80% or more of your Indexed Earnings from working in your Regular Occupation during the 90 day elimination period in order to qualify for this benefit.

## **CRITICAL ILLNESS**

If you develop a critical illness, you want to be able to focus on your health, not your finances. Critical Illness coverage can be a cost-effective way to help you and your family do that. We know that everyone has different needs and different ways of coping with the unplanned. This benefit can help you pay for out-of-pocket medical and nonmedical costs. Critical Illness insurance pays a fixed, lump sum benefit if you or a covered spouse or dependent children are diagnosed with a covered condition, to help you focus on getting better. Examples of covered illnesses include, Cancer, Stroke, Kidney Failure, Paralysis and Blindness.

## **ACCIDENTAL INJURY**

Accidental Injury insurance can help make up for expenses not covered by traditional medical insurance. This plan pays a fixed cash benefit amount for covered injuries and treatments resulting from a covered accident. The money can be used as you see fit, this is not major medical insurance, so there are no copays, deductibles, coinsurance or network requirements to satisfy. Coverage is available to you and any eligible spouse or dependent children. The coverage continues even after the first accident to help provide protection for future covered accident events.

## **FLEXIBLE SPENDING ACCOUNTS (FSA)**

Metro sponsors a flexible spending account (FSA) program, administered by TASC/eflex, which allows you to defer salary into an account to pay for eligible medical and dependent care expenses with pre-tax dollars.

During open enrollment (exact dates TBD), you can elect to defer up to \$2700 for health expenses and \$5,000 per married couple for dependent care expenses into a Dependent Care FSA for the following calendar year. This IRS-regulated program is "use it or lose it," so you should plan wisely. Beginning in 2014, the IRS amended the FSA program allowing you to carryover up to \$500 of unused funds from the previous plan year for health expenses; **the carryover does not apply to dependent care expenses.** Certain qualified dependent and employment status changes may allow you to change an election within 30 days of the qualifying event.

The program offers a debit card, which can be used everywhere VISA is accepted. You can use the debit card to pay at the time of service for your qualified purchases and submit a copy of the receipt to Metro's FSA provider (TASC/eflex) upon request.

### **Eligible health care expenses**

To be eligible for reimbursement, health care expenses must be for medical care and primarily for a medical purpose. Over-the-counter medications must be accompanied by a doctor's prescription and a reimbursement request to be covered under the FSA. For a complete list of eligible expenses please see your TASC enrollment packet.

Alcoholism and drug addiction treatment  
Alternative care office visits (chiropractic, naturopath, and acupuncture)  
Ambulance  
Artificial limbs and teeth  
Blood pressure monitoring devices  
Co-insurances, co-pays and deductibles to treat a medical condition)  
Exercise programs (if prescribed by a physician to treat a medical condition)  
Eye glasses and reading glasses  
Glucose monitoring equipment  
Hearing aids  
Herbal supplements (if prescribed by a physician)  
Hospital services  
Laboratory fees  
Laser/LASIK eye surgery and radial keratotomy  
Massage therapy (if prescribed by a physician)  
Operations/surgeries

Contact lenses and solution  
Individual counseling (for a medical condition)  
Crutches  
Dental and denture expenses  
Diabetic supplies and insulin  
Diagnostic services and x-rays  
Dietary supplements (if prescribed by a physician)  
Orthodontia  
Osteopath  
Physical therapy  
Pregnancy test  
Prescription drugs  
Psychiatric and psychology expenses  
Smoking cessation program and products  
Sterilization procedures  
Test strips  
Transplants  
Weight-loss programs (if prescribed by a physician)

## **Ineligible healthcare expenses**

The following expenses are considered cosmetic or primarily used for general health purposes. These expenses are not eligible for reimbursement, even with a physician's recommendation.

- Annual fees for medical services (i.e. LifeFlight, MedicAlert)
- Cosmetic surgery
- Food supplements for weight loss
- Long-term care expenses
- Physician retainer fees
- Vitamins/herbal supplements for general health

## **Eligible dependent care expenses**

To be eligible for reimbursement, the dependent care expense must be custodial in nature and allow you and your spouse, if married, to be gainfully employed. Gainfully employed means that you and your spouse, if married, are working and earning an income (i.e. not doing volunteer work). Since you are an employee, you are gainfully employed. Your spouse would also need to be gainfully employed for your expenses to be eligible.

- Before and after school care for children under the age of 13
- Care provided in your home (provider cannot be an IRS tax dependent or a dependent under the age of 19)
- Home or day care for eligible disabled IRS tax dependents (must spend at least eight hours per day in your home)
- Licensed day care providers
- Registration fees
- Summer day camps for children under the age of 13

## **Ineligible dependent care expenses**

The following expenses are not considered custodial in nature and are not eligible for reimbursement.

- Enrichment programs (dance, sports or music lessons)
- Educational fees/tuition
- Overnight camps
- Food, clothing or transportation
- Housekeeping expenses

## **LIFE ASSISTANCE PROGRAM**

The Life Assistance Program (LAP), also known as EAP, offers support, guidance and resources that can help you resolve personal issues and meet life's challenges. This service is provided at no additional cost to you and your immediate household family member(s) by Metro, in connection with your group long term disability coverage from Cigna. All calls and inquires made to the LAP are confidential.

### **They can help you with a number of issues such as:**

- Child care and elder care
- Alcohol and drug abuse
- Life improvement
- Difficulties in relationships
- Stress/anxiety with work or family
- Depression
- Personal achievement
- Emotional well-being
- Financial and legal concerns
- Grief and loss
- Identity theft and fraud resolution

The program is available 24 hours a day, every day, to you and members of your household. You'll receive up to three face-to-face counseling sessions per issue, per year.

### **How to contact Life Assistance Program**

Life Assistance Program is ready to assist you 24 hours a day, 365 days a year.

Phone: 1-800-538-3543                      [www.cignabehavioral.com/cgi](http://www.cignabehavioral.com/cgi)

Cigna also offers you other ways to maintain your health, well-being and sense of security through the following programs:

- Will Preparation – Cigna's Will Preparation Program helps you and your family to plan and protect your financial future by using a simple, online tool. Cigna's Will Center is secure, easy-to-use and available to you and your covered spouse seven days a week, 365 days a year. Visit [CignaWillCenter.com](http://CignaWillCenter.com) to learn more about the Will Preparation Program.
- Identity Theft – Cigna's Identity Theft Program provides customers with access to personal case managers who give step-by-step assistance and guidance to individuals who have had their identity stolen. For more information on these and other services in the Identity Theft Program, call 1-888-226-4567.
- Cigna Secure Travel - provides a special assistance for emergency medical, financial, legal and communication assistance when you travel. This program gives covered individuals access to a travel assistance customer service center from anywhere in the world when travelling at least 100 miles from home. For more information about Secure Travel, call (888)-226-4567.

## PUBLIC EMPLOYEES RETIREMENT SYSTEM (PERS/OPSRP)

Metro participates in the Oregon Public Employees Retirement System (PERS). Employees become eligible after working six full months. A position is PERS qualified if it has 600 hours or more total service within a calendar year.

- If you were hired prior to Dec. 31, 1995, you are a PERS Tier 1 member.
- If you were hired after Jan. 1, 1996 but before Aug. 29, 2003, you are a PERS Tier 2 member.
- If you were hired on or after August 29, 2003, you are a part of the Oregon Public Service Retirement Plan (OPSRP).

The PERS system is a hybrid pension plan with two components – the Pension Program and the Individual Account Program (IAP). All new hires pay 6 percent towards their IAP. For current PERS employees, the 6 percent may be paid by either the employee or the employer depending upon collective bargaining agreements or when they began employment with Metro. The IAP portion is immediately 100 percent vested. The employer-paid portion is vested over a 5-year schedule. Eligibility and contributions are tracked and administered automatically by the payroll department. You do not need to fill out a form to participate in the PERS retirement program but you do need to fill out a beneficiary form that can be found on the PERS web site at [www.oregon.gov/PERS](http://www.oregon.gov/PERS). You are not able to use other beneficiary forms you have completed for PERS.

### *PERS comparison chart*

	<b>Tier one</b>	<b>Tier two</b>	<b>OPSRP pension</b>	<b>IAP</b>
<b>Retirement age</b>	58 (or 30 years of service)	60 (or 30 years of service)	65 (58 with 30 years of service)	55
<b>Early retirement</b>	55	55	55	55
<b>Earnings</b>	Guaranteed assumed rate; currently 7.2% annually	No guarantee; market returns	N/A; no member account	No guarantee; market returns

For more information about PERS, contact PERS at 503-598-7377 or visit [www.oregon.gov/PERS](http://www.oregon.gov/PERS).

## **DEFERRED COMPENSATION**

Metro offers both a 401(k) and a 457 retirement plan option. Participation in these plans is voluntary. You may contribute into one or both plans.

### **ICMA-RC 401(k) plan**

401(k) plans are typically offered to private sector employees. Metro offered this plan prior to becoming a governmental agency and was able to “grandfather” in this benefit. Metro’s 401(k) plan is administered through ICMA-RC. This plan offers both the traditional pre-tax contribution election and the Roth 401(k) plan after-tax election option. As of the 2019 calendar year employees under age 50 may defer up to \$19,000 into the 401(k) plan; employees age 50 and older may defer up to \$25,000 per calendar year. You can self-direct your contributions into a number of ICMA-RC funds.

### **ICMA-RC 457 plan**

457 plans are the voluntary retirement savings plans that are typically offered to governmental employees. Metro’s 457 plan is administered through ICMA-RC. This plan offers both the traditional pre-tax contributions and the Roth 457 plan after-tax election option. As of the 2019 calendar year employees under age 50 may defer up to \$19,000 into the 457 plan; employees age 50 and older may defer \$25,000 per calendar year. Employees who meet the pre-retirement catch-up limit may defer \$38,000 per calendar year. You can self-direct your contributions into a number of ICMA-RC funds.

You may enroll or change your 401(k) and 457 plan elections at any time by completing an Enrollment or Contribution Change form obtained from the MetroNet or by visiting the benefits department.

## **OTHER BENEFITS**

### **Membership eligibility and discounts**

- Advantis Credit Union membership eligibility
- Point West Credit Union membership eligibility
- Kaiser Active & Fit Direct membership discounts
- Lloyd Athletic Club corporate membership discount with no enrollment fee
- Krowdfit wellness rewards program that pays cash
- Oregon Zoo free admission for active Metro employees and eligible family members

## Home Ownership Program

Metro, in partnership with Home Street Bank, offers an Employee Assisted Housing Program. This program has a comprehensive amount of resources to assist you in the home purchasing process. Benefits of the program include:

- Free home buying seminars
- Budget and credit resources
- Special loan programs
- Access to down payment assistance
- Significant savings on closing costs

For more information about the home ownership program, contact Home Street Bank at 503-227-3956 or toll free at 888-408-0066 or visit [www.homestreet.com/Metro](http://www.homestreet.com/Metro)

**Commute Options** Metro offers a number of programs to encourage employees to develop sustainable commuting habits. Most Metro sites offer a Tri-Met Universal Pass, pre-tax parking expense, discounted parking expense for carpooling, and rewards for biking and walking to work.

**Payroll services** direct deposit and annual paycheck deduction for charitable contributions.

**Online Access to benefit and payroll information** Metro's e-Portal provides employees with an up-to-date view of their personal, employment and benefit information. All employee accessible data from the Human Resources and payroll systems are available online. Visit e-Portal to access and manage your information.

- View and print paycheck information.
- Discontinue printed direct deposit statements.
- Update federal tax withholding and direct deposit information.
- View your current benefits elections and deductions.
- Change contribution amounts to 401k and/or 457.
- Maintain current emergency contact, e-mail or phone numbers.
- Update your address.
- Submit a name change. (This requires a copy of your new Social Security card, marriage certificate or divorce decree to be sent to Human Resources before the change will be approved.)

### *How to get started*

Type **e-Portal** in your internet browser address bar.

Your e-Portal User ID is the same as your employee ID number with the leading zeros (for example, 000441). Your initial password will be the first two letters of your last name (upper case) and the last four digits of your social security number. (For example, the password for employee John Morse, SSN 555-55-1234 would be M01234.)

For assistance with e-Portal, call the help desk at 503-797-1722 or ext. 2222.

## IMPORTANT NOTICES FROM METRO REGARDING THE METRO GROUP BENEFITS PLAN

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The following notices provide important information about the group health plan provided by your employer. Please read the attached notices carefully and keep a copy for your records.

**If you have any questions regarding any of these notices, please contact:**

Plan Administrator: Angie Bond Phone:  
503-797-1723  
Email: [angie.bond@oregonmetro.gov](mailto:angie.bond@oregonmetro.gov)  
Mailing Address: 600 NE Grand Ave.  
Portland, OR 97232

***These notices are available, free of charge, upon request to the Plan Administrator.***

*Please note this is not a legal document and should not be construed as legal advice.*



## Wellness Program Disclosure

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Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Angie Bond at 600 NE Grand Avenue, Portland, Oregon 97232, (503) 797-1723, [angie.bond@oregonmetro.com](mailto:angie.bond@oregonmetro.com) and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

# Notice of Privacy Practices

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Metro  
600 NE Grand Avenue  
Portland, Oregon 97232  
(503) 797-1700

## **Privacy Official:**

Angie Bond  
600 NE Grand Avenue  
Portland, Oregon 97232  
(503) 797-1723  
angie.bond@oregonmetro.com

Effective Date: 01/01/2017

## **Your Information. Your Rights. Our Responsibilities.**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

## **Your Rights**

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## **Your Choices**

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

## Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get a copy of health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us at:  
Angie Bond  
600 NE Grand Avenue  
Portland, Oregon 97232  
(503) 797-1723  
angie.bond@oregonmetro.com
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

#### Run our organization

- We can use and share your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

#### Pay for your health services

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

#### Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

## How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

#### Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

#### Do research

We can use or share your information for health research.

#### Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

## Newborns' and Mothers' Health Protection Act Notice

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Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

# General FMLA Notice

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## EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

### The United States Department of Labor Wage and Hour Division

#### Leave Entitlements

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered service member's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the service member with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

#### Benefits & Protections

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

#### Eligibility Requirements

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

\*Special "hours of service" requirements apply to airline flight crew employees.



## Requesting Leave

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

## Employer Responsibilities

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

## Enforcement

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

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For additional information or to file a complaint:

**1-866-4-USWAGE**

(1-866-487-9243) TTY: 1-877-889-5627

[www.dol.gov/whd](http://www.dol.gov/whd)

U.S. Department of Labor | Wage and Hour Division

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# USERRA Notice

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## *Your Rights Under USERRA*

### A. The Uniformed Services Employment and Reemployment Rights Act

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

### B. Reemployment Rights

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- You ensure that your employer receives advance written or verbal notice of your service;
- You have five years or less of cumulative service in the uniformed services while with that particular employer;
- You return to work or apply for reemployment in a timely manner after conclusion of service; and
- You have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

### C. Right To Be Free From Discrimination and Retaliation

If you:

- Are a past or present member of the uniformed service;
- Have applied for membership in the uniformed service; or
- Are obligated to serve in the uniformed service; then an employer may not deny you
- Initial employment;
- Reemployment;
- Retention in employment;
- Promotion; or
- Any benefit of employment because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

## D. Health Insurance Protection

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

## E. Enforcement

- The U.S. Department of Labor, Veterans' Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.

For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its Web site at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.

- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the Internet at this address: <http://www.dol.gov/vets/programs/userra/poster.htm>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees. U.S. Department of Labor, Veterans' Employment and Training Service, 1-866-487-2365.

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## Contact information

<p><b>Kaiser Medical</b>  <i>Medical group number 1543</i>                      503-813-2000  <a href="http://www.kp.org">www.kp.org</a></p>	<p><b>ICMA-RC</b>                      800-669-7400  <a href="http://www.icmarc.org">www.icmarc.org</a>                      401(k) Plan # 106953, 457 Plan # 307037</p>
<p><b>Kaiser Pharmacy Administration</b>                      503-261-7900  <b>Kaiser Mail Order Pharmacy</b>                      800-548-9809, option 4</p>	<p><b>TASC</b> (<i>flexible spending accounts and health savings account</i>)                      877-933-3539  <a href="http://www.eflexgroup.com">www.eflexgroup.com</a></p>
<p><b>Added Choice MedImpact Pharmacy</b>                      800-788-2949  <b>Added Choice Prior Authorization</b>                      503-813-1031</p>	<p><b>Advantis Credit Union</b>                      503-785-2528  <a href="http://www.advantiscu.org">www.advantiscu.org</a></p>
<p><b>Kaiser Dental</b>  <i>Dental group number 1543-043</i>                      503-813-2000  <a href="http://www.kaiserpermanentedentalnw.org">www.kaiserpermanentedentalnw.org</a></p>	<p><b>Point West Credit Union</b>                      503-546-5000  <a href="http://www.pointwestcu.com">www.pointwestcu.com</a></p>
<p><b>MODA Dental</b>  <i>Group number 10001772</i>                      503-265-5680  <a href="http://www.modahealth.com">www.modahealth.com</a></p>	<p><b>Cigna Life Assistance Program</b> (<i>also known as EAP</i>)                      1-800-538-3543  <b>Cigna Secure Travel</b> (<i>Travel Assistance</i>)                      1-888-226-4567</p>
<p><b>Vision Service Plan (VSP)</b>  <i>Group number 3107884</i>                      800-877-7195 <a href="http://www.vsp.com">www.vsp.com</a></p>	<p><b>Home Street Bank</b>                      Home Ownership Program                      503-227-3956  <a href="http://www.homestreet.com/Metro">www.homestreet.com/Metro</a></p>
<p><b>PERS</b>  <i>Metro employer number 2594</i>                      503-598-7377  <a href="http://www.oregon.gov/PERS">www.oregon.gov/PERS</a></p>	<p><b>Alternative Care - CHP Group</b> (<i>self-referred</i>)                      800-449-9479  <a href="http://www.chpgroup.com">www.chpgroup.com</a></p>
<p><b>Cigna</b>                      Group Life Insurance Policy #FLX 968162                      Group AD&amp;D Insurance Policy #OK 969639                      Voluntary STD Policy #VDT 962459                      Group LTD Policy #LK 965538                      1-800-732-1603  <a href="http://www.cigna.com">www.cigna.com</a></p>	<p><b>Lloyd Athletic Club</b>                      503-287-4594</p>
	<p><b>Kaiser Active &amp; Fit Direct</b>                      (877)335-2746  <a href="http://www.kp.org">www.kp.org</a></p>

Clean air and water do not stop at city limits or county lines. Neither does the need for jobs, a thriving economy, sustainable transportation and living choices for people and businesses in the region. Voters have asked Metro to help with the challenges and opportunities that affect the 25 cities and three counties in the Portland metropolitan area.

A regional approach simply makes sense when it comes to providing services, operating venues and making decisions about how the region grows. Metro works with communities to support a resilient economy, keep nature close by and respond to a changing climate. Together, we're making a great place, now and for generations to come.

Stay in touch with news, stories and things to do.

[www.oregonmetro.gov/connect](http://www.oregonmetro.gov/connect)

**Metro Council President**

Lynn Peterson

**Metro Council**

Shirley Craddick, District 1

Christine Lewis, District 2

Craig Dirksen, District 3

Juan Carlos Gonzalez, District 4

Sam Chase, District 5

Bob Stacey, District 6

**Auditor**

Brian Evans

