



**2024**

# Benefits Guide

January 1, 2024 –  
December 31, 2024



IMPORTANT INFORMATION ENCLOSED

# Eligibility

## Who is Eligible

All active benefit-eligible employees working a minimum of 20 hours per week. Eligible dependents may also participate. Eligible dependents for benefits include:

- + Your spouse or domestic partner
- + A child under age 26, including your natural child, stepchild, adopted child or any other child for whom you are the legal guardian or are required to provide support because of a qualified medical child support order
- + Children, over age 26, who are incapable of self-support because of a physical or mental disability

Dependent documentation is required for all dependents.

## When Benefits Begin

For new hires, employees become eligible for benefits beginning the first of the month following the date of employment.

However, if you are hired on the first business day of the month, your benefits start immediately.

For existing employees, the open enrollment period is the only opportunity to make elections or changes to your current elections without a qualifying life event.

Benefits elected during our annual Open Enrollment will begin on January 1.

## Special Note about Mid-Year Plan Changes

Plan carefully. The choices you make when you are first eligible or during Open Enrollment will stay in effect until December 31 of next year, unless you experience a qualifying event. Qualifying events are defined by the IRS and include things like:

- + Marriage, divorce or legal separation
- + Birth or adoption of a child
- + Change in a child's dependent status (e.g., they turn age 26)
- + Death of a spouse, child or other qualified dependent
- + Change in employment status or a change in coverage under another employer-sponsored plan

If you experience a qualifying event and want to change your benefit choices, you must inform HR within 60 days of the event.





## Health Insurance Opt-Out

For benefit eligible employees who opt-out of all City-sponsored health insurance plans (medical, vision, and dental) the City will contribute \$225 per month to an HRA VEBA or Health Savings Account (HSA). Pro-rated amount for a part-time employee.

In addition to the opt-out, Police/Fire employees receive a contribution per contract.

To be eligible for this opt out incentive, all of the following conditions must be met:

- 1) Must be a benefit eligible employee.
- 2) The employee and dependents must be enrolled in another employer's group health plan that provides minimum essential health coverage as required by the Affordable Care Act, and the employee must provide documentation of such enrollment upon each annual opt-out election and upon City request.
- 3) The employee and dependents must not use HRA VEBA or HSA funds to purchase health plan in the Marketplace, a state exchange, or through the individual insurance market.
- 4) The employee cannot revoke the opt-out election until the next open enrollment period for the coverage in the following calendar year, unless the employee experiences and provides timely notice and documentation of a qualifying event, including loss of other employer group health insurance coverage, a qualifying status change, or the acquisition of a new dependent.
- 5) The employee must sign a waiver each year agreeing to these conditions.

# Medical Insurance

City of Salem offers 3 medical plans. The HMO plan is fully insured by Kaiser. The two PPO plans are self-insured by the City and administered by Cigna.

Each plan provides comprehensive medical coverage. Details about each plan are provided on the following pages.

- The Kaiser plan is an HMO, which means that in order to have coverage, you have to use a **Kaiser** in-network provider. There is no out of network coverage. Search for providers at [www.kp.org](http://www.kp.org).
- On the PPO plans, you will receive a higher level of benefit if you stay in-network.
  - + Any questions you may have before you enroll can be answered by a Cigna One representative. Don't delay! call 888-806-5042 to get help selecting a plan or checking if your provider is in-network.
  - + Once enrolled, register for and log in to [mycigna.com](http://mycigna.com) to get the most out of your plan.

When you receive care, show your doctor or pharmacy your member ID card. It has the information they need to verify your coverage.

## Be in the Know Before You Go

Insurance can be confusing. It has its own vocabulary. Understanding the terms below will help you make a better choice for yourself and your family.

**Copay** A set dollar amount that you pay when you receive services – often for provider visits or prescriptions.

**Deductible** This is a set amount of money that you must pay before the insurance company will pay a larger claim. Deductibles apply to more expensive services, like hospitalization.

**Coinsurance** After you have paid the deductible, you and the insurance company split the cost of care: you pay a % and they pay the remaining %.

**Out of Pocket Maximum (OOP)** This is the most you will pay for covered services in a calendar year. If you reach the OOP, the insurance company will pay 100% of eligible expenses for the rest of the year.

# City of Salem's Health Hub

In addition to our medical insurance plans, the City has its own medical clinic, located at 960 Liberty Street SE.

Some of the services available at the Health Hub are:

- Physicals and wellness visits
- Immunizations
- Diagnosing and treating illness and injury
- Routine lab tests
- Management of chronic conditions

Schedule by calling (815) 578-6109.

For additional information, click [here](#).



**Kaiser: See How Connected Health Care Helps You Thrive**  
By Kaiser Permanente



**Cigna Customer Service – A Step Above**  
By Cigna

## Kaiser HMO Plan Overview

Your Kaiser plans is an HMO, which means that in order to have coverage, you have to use an in-network provider. There is no out of network coverage.

You may search for network providers at [www.kp.org](http://www.kp.org) or by calling Member Services at the number on the back of your Identification Card.

Adult hearing aids will now be covered: one aid per ear every 36 months.

## HMO PLAN

In-Network Coverage Only

### Calendar Year Deductible

<b>Individual</b>	\$250
<b>Family</b>	\$750

### Calendar Year Out-of-Pocket Maximum (Includes Deductible)

<b>Individual</b>	\$1,250
<b>Family</b>	\$3,750

### Copays/Coinsurance

<b>Office Visit</b> (Primary/ Specialist)	\$15 / \$25
<b>Preventive Care</b>	\$0
<b>Inpatient Care</b>	20% after deductible
<b>Outpatient Care</b> (Day Surgery)	20% after deductible
<b>Lab/x-rays, MRI/CT Scan</b>	\$10
<b>Chiropractic Care</b> (limited to 20 visits)	\$10
<b>Acupuncture</b> (limited to 12 visits)	\$10
<b>Urgent Care</b>	\$15
<b>Emergency Room</b>	20% after deductible
<b>Vision Exam</b>	\$15

### Prescription Drugs

<b>Retail Supply</b> (30 days)	
Generic	\$10
Brand Preferred	\$20
Brand Non-Preferred	\$40
<b>Mail Order</b> (90 days)	
Generic	\$20
Brand Preferred	\$40
Brand Non-Preferred	\$80

A complete list of covered expenses and exclusions can be found in the Summary Plan Description located on the intranet.

## Cigna - PPO Plan Overview

Our PPO plans allow you to use any licensed provider. There is a network of physicians, hospitals and facilities that are in-network. Our Cigna network is called Open Access Plus. Using a provider that is part of that network will result in greater benefits and lower member costs. Use of out-of-network providers is allowed, but you will be responsible for greater cost sharing and may be subject to balance billing.

To search for network providers as a guest, before you enroll, start [here](#) (make sure that the plan selected is: *Open Access Plus, OA plus, Choice Fund OA Plus*). After you enroll, call Member Services at the number on the back of your ID Card; or register and log in to [mycigna.com](#) to view information that is customized to you.

### HDHP PLAN WITH HSA

### PPO PLAN

In-Network

Out-of-Network

In-Network

Out-of-Network

#### Calendar Year Deductible

	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Individual</b>	\$1,600	\$3,000	\$250	
<b>Family</b>	\$3,200	\$6,000	\$750	

#### Calendar Year Out-of-Pocket Maximum (Includes Deductible)

	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Individual</b>	\$6,350	\$12,700	\$1,250	\$2,250
<b>Family</b>	\$12,700	\$25,400	\$3,750	\$6,750

#### Copays/Coinsurance

	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Office Visit</b> (Primary/ Specialist)	20% after ded.	40% after ded.	20% after ded.	40% after ded.
<b>Preventive Care</b>	\$0	\$0	\$0	40% after ded.
<b>Inpatient Care</b>	20% after ded.	40% after ded.	20% after ded.	40% after ded.
<b>Outpatient Care</b> (Day Surgery)	20% after ded.	40% after ded.	20% after ded.	40% after ded.
<b>Lab/x-rays, MRI/CT Scan</b>	20% after ded.	40% after ded.	20% after ded.	40% after ded.
<b>Chiropractic Care</b> (limited to 20 visits)	20% after ded.	40% after ded.	\$10 copay	
<b>Acupuncture</b> (limited to 12 visits)	20% after ded.	40% after ded.	\$10 copay	
<b>Urgent Care</b>	20% after ded.	40% after ded.	\$50	40% after ded.
<b>Emergency Room</b>	20% after ded.	40% after ded.	\$100	
<b>Vision Benefit</b>	Exam and materials coverage		Exam and materials coverage	

#### Prescription Drugs

	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Retail Supply</b> (30 days)				
Generic	20% after ded.		\$10	
Brand Preferred	20% after ded.		30% (\$25-\$50)	
Brand Non-Preferred	20% after ded.		30% (\$45-\$75)	
<b>Mail Order</b> (90 days)				
Generic	20% after ded.		\$20	
Brand Preferred	20% after ded.		30% (\$25-\$100)	
Brand Non-Preferred	20% after ded.		30% (\$45-\$120)	

A complete list of covered expenses and exclusions can be found in the Summary Plan Description located on the intranet.



**How to Search for Providers**  
By Cigna

# Vision Insurance – Cigna

## Benefits You Receive

Your Cigna Vision plans allow you to use any licensed provider. There is a network of optometrists, ophthalmologists and other vision providers who are contracted. Using a provider who is part of that network will result in greater benefits and lower member costs. Use of out-of-network providers is allowed, but members will be responsible for greater cost sharing and may be subject to balance billing. Additionally, if you use out of network providers, you may have to manually submit a claim to Cigna.

To search for network providers as a guest, before you enroll, start [here](#) (click on the FIND A CIGNA VISION NETWORK EYE CARE PROFESSIONAL tab and Search as a Guest). After you enroll, call Member Services at the number on the back of your ID Card; or register and log in to mycigna.com to view information that is customized to you.

This chart shows how each type of service is covered.

	Vision Plan
<b>Benefit Design</b>	
<b>Wellness Vision Exam</b>	Covered in full every 12 months
<b>Prescription Glasses</b> Lenses	Covered in full*
<b>Frames</b>	Covered in full*
<b>Contact Lenses</b> Elective	Covered in full*
<b>Maximum Benefit</b>	\$500 combined, every 2 years
<b>Wellness Vision Exam</b>	Covered in full every 12 months

\*Subject to the maximum benefit



# Dental Insurance

## Benefits You Receive

There are two carriers available to choose from.

**The Willamette Dental plan** requires you to stay within the Willamette dental network. There is no coverage out of network. Search for providers at [www.willamettedental.com](http://www.willamettedental.com).

**The Moda/Delta Dental plans** allow you to use any licensed provider. However, there is a network of dentists that have contracted with Moda/Delta Dental. Using a provider who is part of the network will result in greater benefits and lower costs. Use of out-of-network providers is allowed, but you will be responsible for greater cost sharing and may be subject to balance billing. Search for Delta Dental network providers at [www.modahealth.com](http://www.modahealth.com) by selecting the Delta Dental Premier network; or by calling Member Services.

*Note, the Incentive plan is closed to new enrollments and is only grandfathered for existing enrollees. Only the Constant plan is available for new enrollment.*

This chart shows how the plan works and how each type of service is covered.



	Willamette EPO	Delta Dental Constant Traditional PPO	Delta Dental Incentive <i>(closed to new enrollments - except IAFF)</i> PPO
<b>Office Visit Copay</b>			
Primary/Specialist	\$10 / \$30	None	None
<b>Annual Maximum</b>			
	None	\$1,800	\$1000
<b>Coverage (your portion shown below)</b>			Benefit by year covered
<b>Preventive Services</b>	No Charge	0%	30% / 20% / 10% / 0%
<b>Basic Services</b>	Various copays	20%	30% / 20% / 10% / 0%
<b>Major Services</b>	Various copays	40%	30% / 20% / 10% / 0%*
<b>Orthodontia</b>	\$1800 copay	50%	50%
<b>Ortho Lifetime Max</b>	None	\$1000	\$1000

\*Except Bridges, Dentures, Implants – covered at 50%





# Health Reimbursement Arrangement (HRA VEBA)

City of Salem provides the following contributions:

## **AFSCME, PCEA (9-1-1), SCABU, Unrepresented (other than Fire or Police Management)**

- + \$225 per month/\$112.50 per paycheck (pro-rated for part-time) in lieu of enrollment on the City's health plan

## **IAFF (Fire)**

- + Employees electing the HDHP medical plan will have the contribution made to HRAVEBA instead of the HSA. Employee only \$133.34 per month, Employee + Dependent \$266.67 per month. Pro-rated for part time.

## **SPEU (Police)**

- + \$85.00 per month/ \$39.23 per paycheck
- + \$225 per month/\$112.50 per paycheck (pro-rated for part-time) in lieu of enrollment on the City's health plan
- + Employees electing the HDHP medical plan will have the contribution made to HRAVEBA instead of the HSA. Employee only \$133.34 per month, Employee + Dependent \$266.67 per month. Pro-rated for part time.

## **SPEU (CSO/Part-Time)**

- + \$51.00 per month/\$23.54 per paycheck
- + \$130 per month/\$65 per paycheck in lieu of enrollment on the City's health plan

## **Unrepresented (Fire Management)**

- + Assistant Fire Chief, Deputy Fire Chief: 2% of base salary
- + \$225 per month/\$112.50 per paycheck (pro-rated for part-time) in lieu of enrollment on the City's health plan

## **Unrepresented (Police Management)**

- + Deputy Police Chief, Lieutenant and Sergeant: 2% of base salary
- + \$225 per month/\$112.50 per paycheck (pro-rated for part-time) in lieu of enrollment on the City's health plan

# Flexible Spending Accounts (FSA) – BenefitHelp Solutions

## Benefits You Receive

FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pretax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

There are two types of accounts. You can choose to participate in either or both of the accounts, depending on your needs.

## Important to Know

FSA elections are made annually. Plan carefully. Only limited changes are allowed, based on certain qualifying events.

For claims incurred late in the year, you have up to 90 days after the end of the plan year to submit for payment.

## Health Care Flexible Spending Account

This benefit lets you pay for [certain IRS-approved health care expenses](#) with pre-tax dollars. For 2024, you may contribute up to \$3,200. Some examples of eligible expenses include:

- + Hearing services, including hearing aids and batteries
- + Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- + Dental services and orthodontia
- + Chiropractic services
- + Acupuncture
- + Prescription contraceptives

You may roll over up to \$610 into the 2024 plan year. Unused funds will be forfeited ("use it or lose it" rule).

## Dependent Care FSA

The Dependent Care FSA lets you use pretax dollars toward qualified dependent care such as caring for children under the age 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) for the 2024 calendar year. Examples include:

- + The cost of childcare for a tax dependent of yours who is under age 13
- + The cost of adult dependent care, including a tax dependent (parent or spouse) who is physically or mentally incapable of self-care and has the same principal residence
- + The cost for an individual to provide care either in or out of your house
- + Nursery schools and preschools (excluding kindergarten)

# Health Savings Account (HSA) – Bank of America

Health Savings Accounts (HSA) allow those enrolled in the **High Deductible Health Plan** to take a triple tax advantage:

- + Money is contributed tax free
- + Money grows tax free
- + Money spent on qualified expenses is tax free

## 2024 IRS Annual HSA Limits

<b>Employee Only</b>	\$4,150
<b>Employee and Dependents</b>	\$8,300

*If you are age 55 or older you can make an additional annual contribution of \$1,000.*

## WHO IS ELIGIBLE FOR AN HSA?

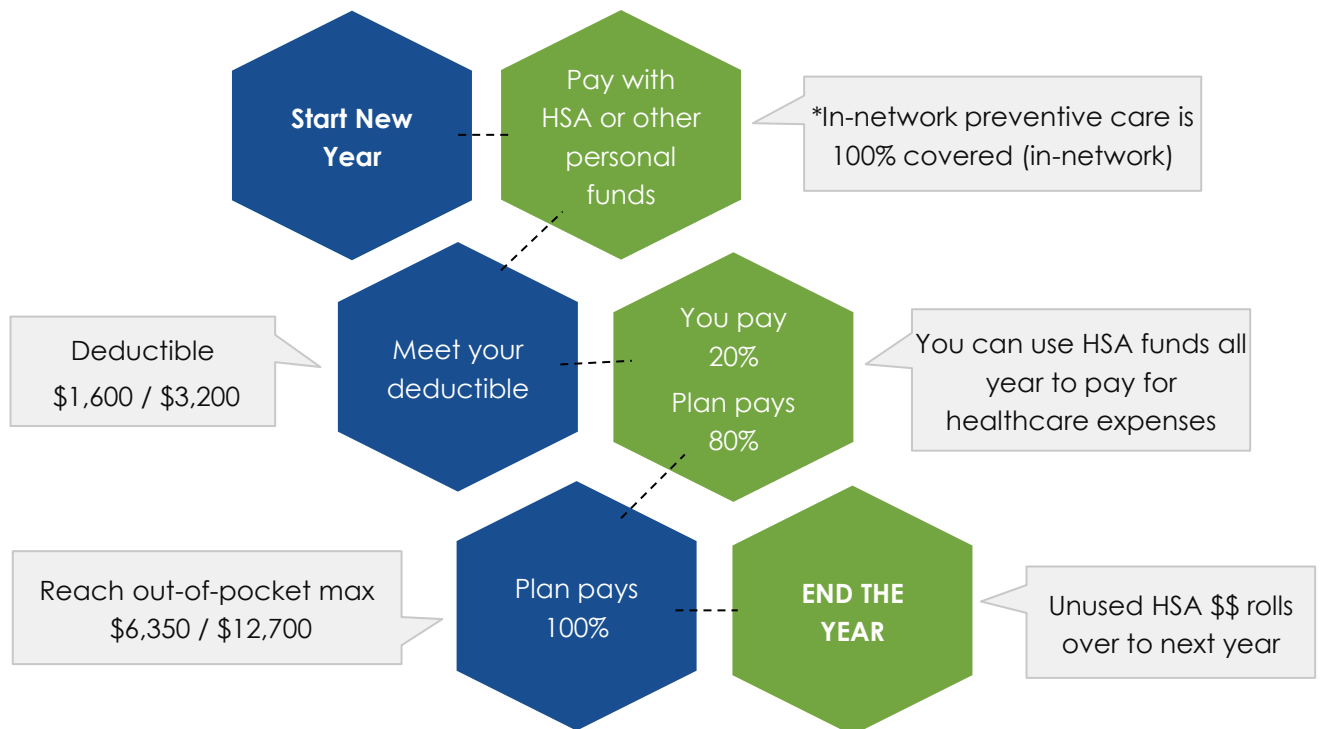
Anyone who is:

- + Covered by a High Deductible Health Plan (HDHP)
- + Employees whose spouse is not currently participating in a Health Care FSA
- + Not covered under another medical health plan that is not a HDHP
- + Not enrolled to Medicare or Medicaid benefits
- + Not eligible to be claimed on another person's tax return
- + Not eligible for Tricare or have received benefits from the Veterans Administration in the past three months

## CITY CONTRIBUTIONS TO EMPLOYEES ENROLLED IN THE HDHP

- + AFSCME, PCEA, SCABU and Unrepresented:
  - + Employee Only: \$133.34
  - + Employee & Dependents: \$266.67

## HOW TO USE AN HSA ACCOUNT?



# Life and AD&D Insurance – The Standard

## Basic Life and AD&D

We provide Basic Life Insurance, and Accidental Death and Dismemberment (AD&D) insurance at no cost to you. These coverages are provided through Standard. **The benefit paid to your beneficiary is shown in the table below.**

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you pass away. Accidental Death & Dismemberment (AD&D) insurance provides your beneficiaries a lump sum payment if you become severely injured or pass away as a direct result of an injury/accident.

	SPEU, PCEA	IAFF	Unrepresented Employees, SCABU	AFSCME
Benefit	\$40,000	1 x annual earnings up to a maximum of \$150,000	1 x annual earnings up to a maximum of \$250,000	\$50,000

## Voluntary Life

You can purchase additional life insurance for yourself. If you elect coverage, family members may also be covered at discount group pricing with convenient payroll deductions.

### Voluntary Life Benefit Amount

**Employees:** Up to the lesser of 6x your annual salary or \$500,000

**Spouses:** Up to the lesser of \$300,000, not to exceed the employee's amount

**Children:** You can elect \$2,500, \$5,000 or \$10,000 of coverage

### Guarantee Issue Amounts

If you are newly benefit eligible, be sure to take advantage of the on-time opportunity to purchase life insurance without providing proof of good health (also known as "guarantee issue"). Employees can purchase up to \$100,000 for themselves and up to \$20,000 for their spouse with no questions asked.

Outside of your initial eligibility period, you will have to provide proof of good health in order to increase your coverage amount.

## Voluntary AD&D

### Voluntary AD&D Benefit Amount

**Employees:** Up to \$300,000

**Spouse Only:** 50% of the employee's amount; **Spouse and Children:** 40% of the employee's amount

**Children Only:** 15% of the employee's amount; **Children and Spouse :** 10% of the employee's amount.

**Don't forget to  
designate a beneficiary.**

# Long Term Disability – The Standard

	AFSCME	911 PCEA	SCABU, Unrepresented Employees, Except Unrep. Police and Fire	IAFF Union	Fire Management	Police Management	SPEU
<b>Eligibility Date</b>	1 <sup>st</sup> of the month following 6 months of employment		1st of the month following date of hire				
<b>Benefit Waiting Period</b>	90 days	90 days	90 days	60 days (180 days for a work-related disability)	60 days (180 days for a work-related disability)	60 days or period of sick leave, if longer (180 days for a work-related disability)	60 days or period of sick leave, if longer (180 days for a work-related disability)
<b>Benefit %</b>	60%	60%	60%	60%	66.67%	66.67%	66.67%
<b>Monthly Benefit Max</b>	\$2,500	\$5,000	\$6,000	\$10,000	\$5,000	\$9,000	\$8,000
<b>Own Occupation Period</b>	24 months	24 months	24 months	24 months	24 months	24 months	24 months
<b>Maximum Benefit Period</b>	Until age 65 (or 3 years 6 months, if longer) if disabled before age 62, scheduled durations if disabled age 62 or after	Until age 65 (or 3 years 6 months, if longer) if disabled before age 62, scheduled durations if disabled age 62 or after	Until age 65 (or 3 years 6 months, if longer) if disabled before age 62, scheduled durations if disabled age 62 or after	2 years if disabled before age 66, scheduled durations if disabled age 66 or later	2 years if disabled before age 66, scheduled durations if disabled age 66 or after	Until age 65 (or 3 years 6 months, if longer) if disabled before age 62, scheduled durations if disabled age 62 or after	Until age 65 (or 3 years 6 months, if longer) if disabled before age 62, scheduled durations if disabled age 62 or after
<b>Monthly Premium</b>	\$22.22	\$0	\$0	\$17.66	\$0	\$0	\$0

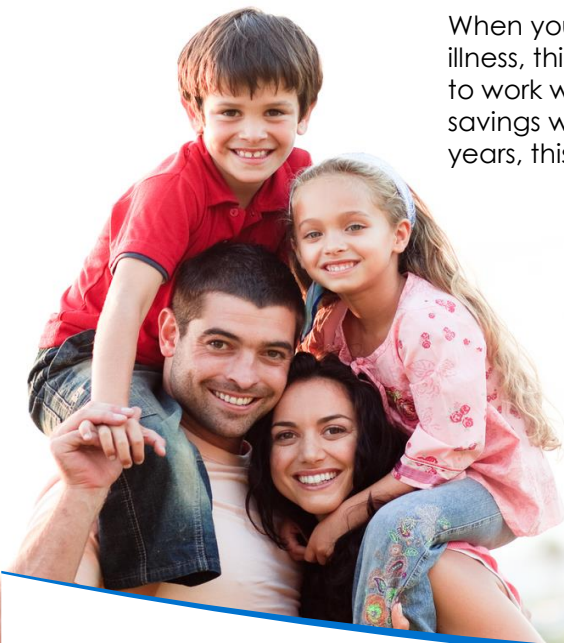
When you become disabled for an extended period of time due to a qualifying injury or illness, this benefit is designed to replace a portion of your income and help you get back to work when you're ready. LTD benefits can help you pay your bills and safeguard your savings when you're unable to work. Whether you're out for a few months or several years, this benefits can help protect your income – and those who depend on it.

**Benefit Waiting Period** – if you experience a qualifying disability, your waiting period is the length of time you must be disabled before you become eligible to receive your monthly benefit.

**Benefit Amount** – your policy will pay a percentage of your pre-disability earnings as defined by our contract, reduced by any deductible income, up to a monthly benefit maximum.

**Own Occupation** – any employment that involves material duties/essential tasks of the same general character as your regular and ordinary employment.

**Maximum Benefit Period** – the longest period for which LTD benefits are payable for any continuous disability, starting at the end of the benefit waiting period.





## Employee Assistance Program (EAP)

As part of our comprehensive benefit offerings, employees have access to additional benefits offered through Canopy (formerly Cascade Centers). These benefits are confidential and provided at no cost to you. These benefits are for all employees regardless of if you are enrolled in other benefits.

**This benefit is 100% employer-paid.**

Go online or call for more information on all of the additional benefits listed below:

- + In-person counseling (6 visits per issue)
- + Telehealth and video counseling
- + Home ownership program
- + Childcare services
- + Eldercare Services
- + Fertility Health and Family Building
- + Financial Coaching
- + Identity Theft
- + Legal Services and Tools
- + Life Coaching
- + Discounts to wellness tools



**What the EAP can do for you**  
By Canopy

# CITY OF SALEM EMPLOYEE WELLNESS



## HEALTHY BODY

Online Fitness Videos  
Gym Membership Discounts  
Wellable Challenges

30+ Monthly Recipes  
Life Coaching  
Tobacco Cessation



## FINANCIALLY FIT

Financial Webinars  
Financial Coaching  
Discount Programs

Homeownership Program  
Will Planning  
Retirement Planning



## SENSE OF BELONGING

Employee Networking  
Coworker Appreciation  
City Sponsored Sports Teams

Department Wellness Funding  
Thank You Note Cards  
Gratitude Journals



## THINK WELL FEEL WELL

24/7 Emotional Wellness Support  
Free & Confidential Counseling  
Monthly Webinars

On-Demand Webinars & Trainings  
Anonymous Thank You Emails  
Gratitude Journals

Have Questions or Need Accommodations?

Contact: [wellness@cityofsaalem.net](mailto:wellness@cityofsaalem.net) or 503-779-5535

Find us on the intranet at: <http://atwork/Wellness/>

CITY OF *Salem*  
AT YOUR SERVICE  
*Employee Wellness*



## Other Coverages

Additionally, City of Salem offers the following coverages:

### Amplifon Hearing Aid

- + This benefit is administered through Cigna and available to children and adults who are covered under the City's medical PPO plans – subject to deductible and a limit of 2 devices every 36 months.
- + Coverage includes hearing aids, testing and supplies obtained through Amplifon.

### Long Term Care

- + The City of Salem offers their employees a generous LTC package.
- + Click [here](#) for a coverage outline, [here](#) for plan highlights and [here](#) for rates.

### Travel Assistance

- + If you are covered under the Standard Basic Life plan, you have access to this feature. Click [here](#) for a flyer outlining this coverage.

### Pet Insurance

- + Pet insurance from Nationwide is available for purchase – to offset routine care and/or illness for your furry friends. Click [here](#) for a brochure and [here](#) for a Q&A flyer.

### Commute Expense Reimbursement

- + Employees who pay to commute to work have the opportunity to set aside a portion of their salary to pay for certain qualified transportation expenses. The employee will not be taxed on amounts set aside and used for qualified expenses. Click [here](#) for more information.



# Retirement

## Oregon Public Employee Retirement System (PERS)

Pension benefits are provided to you when you are working in a pension qualifying position. The pension program is administered by the Oregon Public Employees Retirement System (PERS), which determines the plan available to you.

Qualifying Position = Is a position that is expected to complete the six-month waiting period and is expected to work at least 600 hours in the calendar year.

Your public employee pension plan has two components:

- 1) OPSRP Pension or the PERS Pension program, Defined Benefit Plan
- 2) Individual Account Program (IAP), Defined Contribution Plan

Defined Benefit Plan = pension benefit at retirement is based on a predetermined formula (years of service and average ending salary). This is a lifetime benefit.

Defined Contribution = benefit at retirement is based on the contributions to the plan plus any investment earnings. This is not a lifetime benefit.

PERS manages the OPSRP pension, the PERS pension, and the Individual Account Program (IAP) for eligible public employees. Participation in the pension program (OPSRP, PERS) is based on an employee's original eligibility date with a PERS participating employer and their current membership status.

The OPSRP and PERS component of the pension program is a defined benefit plan and is funded by City of Salem and provides a lifetime pension benefit.

The IAP component of your pension program is a defined contribution plan and is funded by contributions of 6% of your subject salary. City of Salem pays the 6% contribution for you. Your account is credited with earnings/losses annually based on investment returns. At retirement, the funds can be withdrawn as a lump-sum payment or in installments.

Please note that members earning more than the determined monthly salary threshold will have a portion of their 6% Individual Account Program (IAP) contributions redirected to a new Employee Pension Stability Account (EPSA). The salary threshold is tied to the annual Consumer Price Index and can vary each year. You have the option to make additional, after-tax "IAP voluntary contributions," to make up the redirected amount.

For more information regarding the PERS retirement benefit visit <http://oregon.gov/PERS/>



## Voya Deferred Compensation (457 Plan)

Employees may voluntarily participate in deferred compensation. Deferred compensation plans are 457 plans that allow employees to defer a portion of salary on a pre-tax basis until retirement. Maximum amounts are determined annually by the IRS and are subject to change due to IRS guidelines.

New hire employees have a 1% auto-enroll process, except new hire SPEU employees have a 3% auto-enroll process. A packet will be mailed from Voya with a 30-day deadline to respond with the option to opt-out of the auto-enroll, contribute a different amount, or keep the auto-enroll.


An enrollment form will need completed for new enrollment. Once enrolled, changes can be made at any time directly with Voya either online or by phone, but the change will not take place until the 1st paycheck of the following month.

You can log into your Voya account and update your beneficiary information online at any time.

[www.voyaretirementplans.com](http://www.voyaretirementplans.com) or call 800-584-6001

You can make an appointment with our Voya account representative Wendy Stefani online or by phone: [www.booknow.so/CityofSalem](http://www.booknow.so/CityofSalem) or call 800-238-6281

# 2024 Rates

		2024 Health Insurance Premium Monthly Rates and Contributions							
Opt-Out	<b>Opt-Out Incentive</b> With proof of other qualifying insurance		Unrepresented	AFSCME	IAFF	PCEA	SCABU	SPEU	
	Waive enrollment on medical, vision, and dental plans and earn City-paid HRAVEBA or HSA monthly contribution (pro-rated for part-time)		\$225.00	\$225.00	\$225.00	\$225.00	\$225.00	\$225.00	
Medical Plan Options	<b>Cigna HDHP &amp; BOA HSA</b>	<b>Total Premium</b>	<b>Unrepresented</b>	<b>AFSCME</b>	<b>IAFF</b>	<b>PCEA</b>	<b>SCABU</b>	<b>SPEU</b>	
	Enroll in HDHP and earn City-paid HSA Contribution Employee only (Pro-rated for part-time) IAFF and SPEU City contribution to HRAVEBA		\$133.34	\$133.34	\$133.34	\$133.34	\$133.34	\$133.34	\$133.34
	Enroll in HDHP and earn City-paid HSA Contribution Employee + Dependent(s) (Pro-rated for part-time) IAFF and SPEU City contribution to HRAVEBA		\$266.67	\$266.67	\$266.67	\$266.67	\$266.67	\$266.67	\$266.67
	Employee Only	\$502.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Employee + Spouse/DP	\$1,005.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Employee + Child(ren)	\$955.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Employee + Family	\$1,458.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	<b>Cigna PPO OAP</b>	<b>Total Premium</b>	<b>Unrepresented</b>	<b>AFSCME</b>	<b>IAFF</b>	<b>PCEA</b>	<b>SCABU</b>	<b>SPEU</b>	\$55 per paycheck, \$110 per month for any combination of medical, vision, and dental plans
	Employee Only		\$906.17	\$45.31	\$45.31	\$45.31	\$45.31	\$45.31	
	Employee + Spouse/DP		\$1,812.29	\$90.62	\$90.62	\$90.62	\$90.62	\$90.62	
	Employee + Child(ren)		\$1,721.71	\$86.09	\$86.09	\$86.09	\$86.09	\$86.09	
	Employee + Family		\$2,627.83	\$131.40	\$131.40	\$131.40	\$131.40	\$131.40	
	<b>Kaiser Permanente</b>	<b>Total Premium</b>	<b>Unrepresented</b>	<b>AFSCME</b>	<b>IAFF</b>	<b>PCEA</b>	<b>SCABU</b>	<b>SPEU</b>	
	Employee Only		\$825.98	\$41.30	\$41.30	\$41.30	\$41.30	\$41.30	
	Employee + Spouse/DP		\$1,652.00	\$82.60	\$82.60	\$82.60	\$82.60	\$82.60	
	Employee + Child(ren)		\$1,569.38	\$78.47	\$78.47	\$78.47	\$78.47	\$78.47	
	Employee + Family		\$2,395.40	\$119.77	\$119.77	\$119.77	\$119.77	\$119.77	
	Vision Plan	<b>Cigna Vision</b>	<b>Total Premium</b>	<b>Unrepresented</b>	<b>AFSCME</b>	<b>IAFF</b>	<b>PCEA</b>	<b>SCABU</b>	<b>SPEU</b>
Employee Only		\$18.42	\$0.93	\$0.93	\$0.93	\$0.93	\$0.00		
Employee + Spouse/DP		\$36.85	\$1.85	\$1.85	\$1.85	\$1.85	\$0.00		
Employee + Child(ren)		\$35.01	\$1.76	\$1.76	\$1.76	\$1.76	\$0.00		
Employee + Family		\$53.45	\$2.68	\$2.68	\$2.68	\$2.68	\$0.00		
Dental Plan Options	<b>Traditional Dental</b>	<b>Total Premium</b>	<b>Unrepresented</b>	<b>AFSCME</b>	<b>IAFF</b>	<b>PCEA</b>	<b>SCABU</b>	<b>SPEU</b>	
	Employee Only		\$62.15	\$3.11	\$3.11	\$3.11	\$3.11	\$0.00	
	Employee + Spouse/DP		\$124.29	\$6.22	\$6.22	\$6.22	\$6.22	\$0.00	
	Employee + Child(ren)		\$118.08	\$5.91	\$5.91	\$5.91	\$5.91	\$0.00	
	Employee + Family		\$180.21	\$9.02	\$9.02	\$9.02	\$9.02	\$0.00	
	<b>Incentive Dental</b>	<b>Total Premium</b>	<b>Unrepresented*</b>	<b>AFSCME*</b>	<b>IAFF</b>	<b>PCEA*</b>	<b>SCABU*</b>	<b>SPEU*</b>	
	Employee Only		\$61.52	\$3.08	\$3.08	\$3.08	\$3.08	\$0.00	
	Employee + Spouse/DP		\$123.00	\$6.15	\$6.15	\$6.15	\$6.15	\$0.00	
	Employee + Child(ren)		\$116.85	\$5.85	\$5.85	\$5.85	\$5.85	\$0.00	
	Employee + Family		\$178.35	\$8.92	\$8.92	\$8.92	\$8.92	\$0.00	
	<b>Willamette Dental</b>	<b>Total Premium</b>	<b>Unrepresented</b>	<b>AFSCME</b>	<b>IAFF</b>	<b>PCEA</b>	<b>SCABU</b>	<b>SPEU</b>	
	Employee Only		\$48.80	\$2.44	\$2.44	\$2.44	\$2.44	\$0.00	
	Employee + Spouse/DP		\$97.45	\$4.88	\$4.88	\$4.88	\$4.88	\$0.00	
Employee + Child(ren)		\$92.60	\$4.63	\$4.63	\$4.63	\$4.63	\$0.00		
Employee + Family		\$141.35	\$7.07	\$7.07	\$7.07	\$7.07	\$0.00		
			<b>Unrepresented and AFSCME</b>		<b>IAFF</b>	<b>PCEA</b>	<b>SCABU</b>	<b>SPEU</b>	
Employee premium contribution (Pro-rated for part-time employee)			0% HDHP; 5% all others					0% HDHP; \$110 month	

\*Plan is closed to new enrollment for this employee group

# Contacts

Refer to this list when you need to contact one of your benefit vendors. For general information, contact Human Resources.

	Carrier	Phone	Web
<b>Medical, RX and Vision</b>	Cigna	Pre-enrollment line: 888-806-5042	Cigna.com mycigna.com
	Kaiser	800-813-2000	kp.org
<b>Health Hub</b> City of Salem Clinic	960 Liberty St SE # 170 Salem, OR 97301	815-578-6109	
<b>Dental</b>	Moda/Delta Dental	877-277-7280	modahealth.com
	Willamette	855-433-6825	willamettedental.com
<b>Employee Assistance Program</b>	Canopy	800-433-2320	canopywell.com
<b>Flexible Spending Accounts</b>	BenefitHelp Solutions	855-378-0197	<a href="#">Portal login, click here</a> <a href="#">To email, click here</a>
<b>Life and Disability</b>	Standard	800-378-4668	standard.com
<b>Voluntary Long Term Care</b>	UNUM	800-227-4165	<a href="http://unuminfo.com/cityofsalem/index.aspx">http://unuminfo.com/cityofsalem/index.aspx</a>
<b>HRA</b>	HRA VEBA	888-659-8828	hraveba.org
<b>HSA</b>	Bank of America	866-791-0250	bankofamerica.com
<b>Hearing Discount</b>	Amplifon	888-669-2175	amplifonusa.com/cigna
<b>Pet Insurance</b>	Nationwide	877-738-7874	petinsurance.com/cityofsalem
<b>Travel Assistance</b>	Assist America/Standard	800-872-1414	medservices@assistamerica.com
<b>Home Ownership Consultants</b>	Advantage Home Plus	800-376-4603	info@advantagehomeplus.com
<b>PERS</b>	Public Employee Retirement System	888-320-7377	oregon.gov/PERS/
<b>Deferred Compensation</b>	Voya/Wendy Stefani	800-238-6281 800-584-6001	wendy@lewis-stefani.com voyaretirementplans.com
<b>COBRA / Retiree administration</b>	BenefitHelp Solutions	800-556-3137	benefithelpsolutions.com
<b>Human Resources</b> Benefits documents and forms	<b>HR/Benefits Division</b>	503-588-6162	www.cityofsalem.net/jobs benefits@cityofsalem.net
	<b>Michele Bennett</b>	503-589-2077	mxbennett@cityofsalem.net
	<b>Carrie Wagner</b>	503-589-2085	cwagner@cityofsalem.net
	<b>Will Nixon</b>	503-763-3447	wnixon@cityofsalem.net

# Notices

## **Women's Health & Cancer Rights Act of 1998**

On October 21, 1998, the Women's Health and Cancer Rights Act of 1998 became law. Under this federal law, group health plans, insurers and HMOs that provide medical and surgical benefits in connection with a mastectomy must provide benefits for certain reconstructive breast surgery. For a Participant or beneficiary who is receiving benefits under the Plan in connection with a mastectomy and who elects breast reconstruction, the law requires coverage in a manner determined in consultation with the attending Physician and the patient for (a) reconstruction of the breast on which the mastectomy was performed, (b) surgery and reconstruction on the other breast to produce a symmetrical appearance, and (c) prostheses and physical complications of all stages of mastectomy, including lymphedemas. This coverage is subject to the Plan's annual deductibles and coinsurance provisions.

## **Privacy Notice Reminder**

You are entitled to receive an explanation of how your personally identifiable health information will be used and disclosed. If you have health insurance coverage, you may request a copy of your company's Notice of Privacy Practices. It is important that you read this notice in order to understand your rights and know who to contact if you feel your privacy rights have been violated. To obtain a copy of the Privacy Notice contact the Human Resources Department.

## **Creditability with Medicare Part D Prescription Drug Benefits**

Your company's medical plans prescription drug benefits for 2024 ARE creditable with Medicare Part D drug benefits. Contact the Human Resources Department for a copy of the complete creditable coverage notice.

## **Michelle's Law Notice**

Michelle's Law is a federal law that requires certain group health plans to continue eligibility for adult dependent children who are students attending a postsecondary school, where the children would otherwise cease to be considered eligible students due to a medically necessary leave of absence from school.

## **Newborn's and Mothers' Health Protection Act Notice**

### **Maternity Benefits**

Under Federal and state law you have certain rights and protections regarding your maternity benefits under the Plan.

### **Under federal law known as the "Newborns' and Mothers' Health Protection Act of 1996"**

**(Newborn's Act)** group health plans and health insurance issuers generally may not 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

To obtain a copy of the complete CHIP notice contact the Human Resources Department.

## **Special Enrollment Rights Notice**

Under the special enrollment provisions of HIPAA, you may be eligible, in certain situations, to enroll in a Hope Human Services medical plan during the year, even if you previously declined coverage. This right extends to you and all eligible family members.

# Disclaimer

The information provided by Brown & Brown, Inc. and/or its affiliates ("Company") in this guidebook is advisory. Separate plan documents explain each benefit in more detail, and the various benefits are controlled by the language of the plan documents. Benefits may be modified, added or terminated at any time, at the Company's discretion, or by the insurance company. This information is provided for general information purposes only and should not be considered legal, tax, accounting or other professional advice or opinion on any specific facts or circumstances. Readers are urged to consult their legal counsel, tax or other professional advisor concerning any legal, tax or related questions that may arise. Any tax information contained in this communication (including any attachments) is not intended to be used, and cannot be used, for purposes of (i) avoiding penalties imposed under the U.S. Internal Revenue Code and (ii) promoting, marketing or recommending to another person any tax-related matter. The Company assumes no liability whatsoever in connection with the use of such information or documents.