

2022 - 2023

BENEFITS GUIDE

CITY OF PORTLAND



City of
portland





Welcome to your benefits!

The City of Portland appreciates your commitment to our success. We're equally committed to providing you with competitive, affordable benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefit plans. We understand that you may have questions about your benefits, and we'll do our best to help you understand your options and guide you through the process.

This guide is not your only resource, of course. Anytime you have questions about benefits or the enrollment process, refer to the Who to Contact page for resources of who can help you. While this guide gives you an overview of the benefits available to you, you can find more details at employeeconnects.com/copbenefits/

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Benefits Engagement Team

The City of Portland offers a comprehensive portfolio of benefits to our employees. We recognize that these benefits can sometimes be confusing to understand and navigate. If you'd like help, you may meet individually with a professional benefits counselor to ensure you choose the right benefits for you and your family's needs. The counselor can explain in detail each of your benefit options, answer questions, and assist you with the enrollment process. All information discussed is confidential.

To schedule an appointment with a benefits counselor, log in to your employee benefits website from your computer or mobile device at employeeconnects.com/COPBenefits and select your desired appointment date and time.

- Meetings typically last 20–30 minutes
- To prepare for your meeting with a counselor:
 - Review your benefit summary
 - Have your necessary dependent information readily available (Social Security numbers, birth dates, etc.)

Information

Check out the employee benefits website www.employeeconnects.com/COPBenefits for benefit documents such as summaries of benefits, compliance notices, wellness information, and much more!





Information

Click [here](#) to learn more about Open Enrollment.

Eligibility

Eligible employees

Unless otherwise noted in this guide, you may enroll in benefits if you are a permanent City of Portland employee scheduled to work 18.75 or more hours per week. You have the opportunity to enroll in benefit plans as a new hire or during the annual open enrollment.

If you're enrolling as a new employee, you will become eligible for most benefits on the first of the month following your hire date. Your local HR Representative will cover each benefit during your first week of employment.

Dependent eligibility

If you are eligible for benefits, you can also add certain family members onto your health, vision, dental insurance. Your eligible dependents include:

- Your legal spouse
- Your domestic partner. We offer coverage for domestic partners and children of domestic partners on the same terms as for other City employees. To qualify, you must be benefit eligible, satisfy certain criteria and have been in the relationship for 6 months or more, and complete an Affidavit of Domestic Partnership (available in Human Resources). Benefits included are Health Insurance, Vision Insurance, and Dental Insurance. Please check with your tax accountant to learn how adding a domestic partner could impact your taxes.
- Your children up to the age of 26. This includes your natural children and those of your spouse, adopted children, stepchildren, foster children, or children obtained through court-appointed legal guardianship. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided to and approved by HR. Additionally, children who have been named in a QMSCO are covered by our plan.

A Few Notes About Enrolling In Benefits

Please be sure to review this benefit guide in its entirety. If you want medical, dental or vision coverage starting July 1, 2022 for yourself or your family, you must enroll in one of the plan options during the annual enrollment period. After Open Enrollment, to add or remove coverage for yourself or your dependents, you must wait until the next open enrollment period, unless you have a qualifying life event as defined by the IRS.

Here are some examples of qualifying life events:

Adding Coverage

- Birth, legal adoption or placement for adoption.
- Marriage, divorce or legal separation
- Spouse or dependent loses coverage elsewhere
- Court-ordered change
- Spouse's open enrollment that occurs at a different time than yours.
- Change in residence that changes coverage eligibility.

Ending Coverage

- Marriage, divorce or legal separation
- Dependent child reaches age 26
- Death of your spouse or dependent child.
- Spouse or dependent gains coverage elsewhere
- Court-ordered change
- Spouse's open enrollment that occurs at a different time than yours.

The City of Portland requires that you make changes to your coverage within 30 days of your qualifying life event. You'll need to provide proof of the event, such as a marriage certificate, divorce decree, birth certificate, gain or loss of coverage letter, or other documentation.

Please remember to add your Social Security number and the Social Security numbers of your dependents during enrollment.

When can I make changes to my benefits?: <https://www.youtube.com/watch?v=w7Inz-MsN9A>

Basic Insurance Terms

Coinsurance: Coinsurance is your share of the costs of a covered healthcare service, calculated as a percent (for example, 20%) of the allowed amount for the service. Your coinsurance will begin after you have met your deductible. For example, if the health plan's allowed amount for an x-ray is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health plan pays the rest of the allowed amount.

Copay: A copay is a fixed dollar amount you pay for a healthcare service. The amount can vary by the type of service. Your copays will not count toward your deductible but will count toward your out-of-pocket maximum.

Deductible: The deductible is the amount you owe for covered healthcare services before your plan begins to pay benefits. For example, if your deductible is \$2,800, your plan won't pay anything until you've met your \$2,800 deductible for covered healthcare services subject to the deductible. Preventive care is not subject to the deductible as it is covered 100% by any medical plan option.

Explanation of Benefits (EOB): An EOB is a statement from the insurance company showing what portion of the claim was paid to the healthcare provider and what portion of the payment, if any, you are responsible for.

In-Network vs. Out-of-Network: A network is composed of all contracted providers. Networks request providers to participate in their network, and in return, providers agree to offer discounted services to their patients. City of Portland offers three network tiers: Preferred network, Standard network, and out of network. You will receive the best discounts using the Preferred network and lesser discounts under the Standard network; you will not receive any discounts when you use out-of-network providers.

Out-of-Pocket Maximum: The out-of-pocket maximum is designed to protect you in the event of a catastrophic illness or injury. Your out-of-pocket maximum includes your deductible, coinsurance and copays that come out of your pocket. After you have paid the specified out-of-pocket amount during a policy year, the plan pays the remaining covered services at 100%.

Preventive Care: Routine healthcare services can minimize the risk of certain illnesses or chronic conditions. Examples of preventive care services include but are not limited to physical exams, mammograms, flu vaccines, prostate tests and smoking cessation.

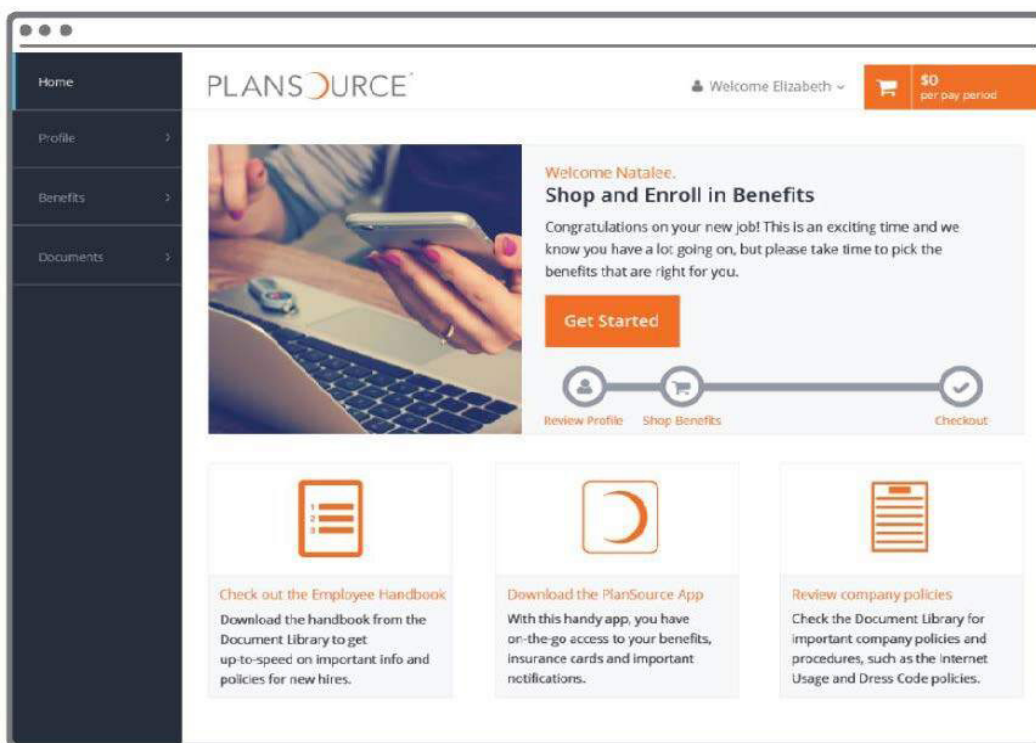
Reasonable and Customary: The amount of money a health plan determines is the normal or acceptable range of charges for a specific health-related service or medical procedure. If your healthcare provider submits higher charges than what the health plan considers normal or acceptable, you may have to pay the difference.

PlanSource

You will complete your benefits enrollment online using PlanSource.

To Log in, go to www.plansource.com/login and click on benefits, then enter your username and password.

- Username: Your username is the first initial of your first name, up to the first six letters of your last name, and the last four digits of your SSN.
 - For example, if your name is Taylor Williams, and the last four digits of your SSN are 1234, your username would be twillia1234.
- Password: Your initial password is your birthday in the YYYYMMDD format.
 - For example, if your birth date is June 4, 1979, your password would be 19790604. The first time you log in, you will be prompted to change your password.



Medical benefits

City of Portland is committed to helping you and your dependents maintain health and wellness by providing you with access to the highest levels of care. For the July 2022 plan year, City of Portland offers the Meritain Choice POS medical plan, which utilizes the Aetna provider network.

An overview of this plan appears on the following page.



Meritain medical and prescription drug plan summary

Medical	POS Plan		
	Maximum Savings Tier 1	Standard Plus Tier 2	Out of Network Tier 3
Deductible			
Employee only	\$400	\$1,000	\$1,000
Family	\$800	\$2,000	\$2,000
Coinsurance (what the plan pays after the deductible is reached)	90%	70%	70%
Out-of-pocket maximum (includes deductible)			
Employee only	\$1,500	\$2,500	\$2,500
Family	\$3,000	\$5,000	\$5,000
Preventive care	\$0	Same as Tier 1	Not Covered
PCP office visit	\$0	30% after Tier 2 Deductible	30% after Deductible
Specialist office visit	\$20 copay	Same as Tier 1	30% after deductible
Teladoc Telehealth visit (includes mental health counseling)	\$0	\$0	\$0
Routine eye exam	\$0	Same as Tier 1	30% after Deductible
Acupuncture	\$10 Copay	Same as Tier 1 12 visits per year; max payable per visit \$70	\$10 Copay
Massage therapy	\$10 Copay	Same as Tier 1 12 visits per year; max payable per visit \$70	\$10 Copay
Emergency room	\$100 Copay	\$100 Copay	\$100 Copay
Urgent care	\$20 Copay	Same as Tier 1	30% after Deductible
Inpatient care	10% after Tier 1 Deductible	Same as Tier 1	30% after Deductible
Outpatient care	10% after Tier 1 Deductible	Same as Tier 1	30% after Deductible
Prescription drugs	Employee pays		
Retail (30-day supply)			
Tier 1 — generics	\$10 Copay	\$10 Copay	\$10 Copay
Tier 2 — preferred	\$30 Copay	\$30 Copay	\$30 Copay
Tier 3 — non-preferred	\$60 Copay	\$60 Copay	\$60 Copay
Specialty drugs	Paid the same as generic, preferred, and non-preferred		
Mail order (90-day supply)			
Tier 1 — generics	\$15 Copay	\$15 Copay	\$15 Copay
Tier 2 — preferred	\$45 Copay	\$45 Copay	\$45 Copay
Tier 3 — non-preferred	\$90 Copay	\$90 Copay	\$90 Copay

Prescription drugs — 100% coverage for preventive generics before the deductible applies.

Preventive brand and non-preferred brand (second- and third-tier) drugs are covered at the plan's coinsurance maximum amounts as outlined in the chart. A deductible does not apply.

Medical and prescription weekly employee payroll contributions BEFORE Wellness Credits

Effective July 1, 2022

Weekly Rates before Wellness Credits	Full Time	Part Time
Employee	\$28.79	\$92.15
Employee + spouse	\$119.02	\$245.71
Employee + child(ren)	\$91.95	\$199.63
Family	\$182.17	\$353.21

Employees can elect the medical and prescription drug plan without enrolling in the dental or vision plan.



Dana-Farber Direct Connect for the City of Portland

What is Dana-Farber Direct Connect?

When you are faced with a possible diagnosis of cancer, Dana-Farber Direct Connect is there to provide support and dedicated care coordination during your diagnosis and treatment. Our patient liaisons will help find the right specialist, arrange an appointment tailored to your individual situation, and make sure you have what you need throughout your experience at Dana-Farber. Dana-Farber Direct Connect is offered to all employees, dependents and retirees of the City of Portland.

Why Dana-Farber Cancer Institute?

For over 70 years, Dana-Farber has provided expert cancer care and life-changing research for adult and pediatric patients from all over the world. Based in Boston, and a principal teaching hospital of Harvard Medical School, Dana-Farber trains and recruits some of the world's best and brightest physicians and researchers in every cancer specialty – including the most complex and rare. They partner with two of the world's leading hospitals – Brigham and Women's Hospital and Boston Children's Hospital – to provide you with complete and integrated care.

When should I contact Dana-Farber Direct Connect?

You should contact Dana-Farber Direct Connect when you have been told that you have cancer and would like to explore treatment options at Dana-Farber Cancer Institute. Additionally, if you have test results that may signal a cancer diagnosis, you can choose to be diagnosed and treated at Dana-Farber Cancer Institute. If you are currently receiving treatment for cancer elsewhere and want to be treated at Dana-Farber, you can contact Dana-Farber Direct Connect.

How will the Dana-Farber Direct Connect team assist me?

- Identify the right specialist based on your type of cancer
- Coordinate an appointment for you or your loved one based on your individual needs
- Connect you with the appropriate resources and services throughout your experience at Dana-Farber

Contact Dana-Farber

Email: DirectConnect@dfci.harvard.edu

Phone: 866-977-3262 (866-977-DANA)

Find more information at www.dana-farber.org/city-of-portland

Get More Value From Your Medical Plan



Preventive Medications

Certain maintenance drugs (asthma, diabetes, hyperlipidemia, hypertension, cardiovascular) are covered at 100% and no charge for you. To see whether your preventive medication is covered at 100%, go to the City of Portland benefits site www.employeeconnects.com/copbenefits, the list is attached under the medical tab. You may also login to your Meritain health portal or call Meritain Customer Service at 800-925-2272.

Consider Generic Drugs

One way to save money on prescription drugs is to use generic drugs when they are available. Ask your doctor to prescribe generic drugs when possible.

Mail-Order Pharmacies

In some instances, if you are taking a prescription medication on a regular, ongoing basis, you may be able to save money by ordering an extended day supply through the convenient mail-order program. To learn more about mail order, click here <https://www.meritain.com/resources-for-members-meritain-health-insurance/>

Meritain/Aetna In-Network Vs. Out-Of-Network

Some doctors may accept our insurance, but are not in-network, which will mean more costs for you. Avoid asking providers if they take your insurance. Instead, ask them if they are contracted as a participating provider with Meritain/Aetna.

The name of our insurance is Meritain but they are owned by Aetna and we use the Aetna network. Aetna's network has doctors and hospitals across the country. To locate in-network providers, you can call Meritain at 800-925-2272 or visit the Meritain Health Directory [Here](#)

Virtual Visits

What Type of care would they provide: cold & flu symptoms, allergies, bronchitis, sinus issues

Virtual visits are held through Teladoc. Access to care is usually immediate and they can call in prescriptions. For more information on Teladoc virtual visits, visit teladoc.com or call 800-835-2362.



Emergency Room

Use the ER when you need immediate treatment for a serious, life-threatening condition. If life-threatening, call 911.

What type of care would they provide: heavy bleeding, chest pain, major burns, severe head injury

Cost: The City's health plan requires a \$100 copay for emergency room visits. The ER is open 24/7, but waiting time may be longer because people with life-threatening conditions are treated first.

Expert Opinions

Make sure you're getting the right care with an expert opinion

Do you have a new medical condition? Did your doctor recommend surgery or new medications? Are you getting the best possible care? Get fast answers with an expert opinion from your Meritain Customer Service at no cost to you, without leaving home.

Meritain will connect you with a top doctor for your health condition to review your case with no exams or appointments. They collect all your medical records and share their expert opinion with you and your doctor. They can even find you a new doctor or specialist if you need one.

Phone: 800-925-2272

Website: www.meritain.com



Wellness Incentive Program

Without good health, you cannot be your best self at home, at play, or at work. That's why we're investing in you with the City of Portland Employee Wellness Program. This program guide explains the different components of the wellness program and how employees enrolled in the City's medical plan can earn rewards by participating!

Getting Started

- 1. REGISTER OR LOG IN:** Start by visiting cityofportland.wellnessworkdays.com and register or log on to access everything the wellness program has to offer. Note: You do not need to re-register if you participated in the program last year.
- 2. MEET WITH YOUR OMC HEALTH COACH:** Schedule your annual health coaching session using the link in the Schedule your Health Coaching Session section in the center column of the portal. Complete this activity to earn 3% towards your wellness incentive. **Note: You must meet with your Health Coach at least one time on or before May 31, 2023 to earn the full 15% towards your premium contribution reward.**
- 3. COMPLETE UP TO 4 ADDITIONAL WELLNESS ACTIVITIES:** Participate in up to 4 different wellness activities on or before May 31st, 2023 to earn the remaining 12% and achieve the full 15% wellness incentive! See the next page for more details on the available activities.
- 4. CELEBRATE:** In addition to good health and free health coaching, you can earn up to a 15% reduction to your medical insurance premium! This means you could pay \$0 toward your medical insurance premium. For a single employee on the health plan, you could save over \$1,400 per year!

How do I register?

1. Visit cityofportland.wellnessworkdays.com.
2. Click scroll down to NEW USERS and click REGISTER, then click ACCEPT at bottom of privacy notices.
3. Enter cityofportland (one word, no spaces) in the Company field.
4. Enter your Member ID, which is your 5-digit employee ID number.
5. Enter your gender, date of birth and preferred email.
6. Click REGISTER.
7. Create a password, then log in!

Privacy & Security

Your portal is encrypted & firewall-protected so your information is secure. No personal health information will ever be shared with your employer!



Choose Your Additional Wellness Activities

The Activities shown below are worth a 3% reward. Choose up to 4 more Wellness Activities from the options below to earn your full premium reward! Complete activities by May 31, 2023 to earn your 2023 incentive.

- 1. COMPLETE A SECOND HEALTH COACHING APPOINTMENT WITH THE WELL-BEING WHEEL:** Meet with your health coach a second time during the wellness benefit year to complete the well-being wheel. This activity will allow you to earn a bonus 3% for a 6% total.
- 2. COMPLETE A BIOMETRIC SCREENING:** Complete a biometric screening with your Health Coach or download the PCP form on the portal and bring it to your preferred healthcare provider. Submit the completed form to your Health Coach at your next coaching session or via the secure Messaging tool on your Portal.
- 3. PARTICIPATE IN PHYSICAL ACTIVITY - FOUR OPTIONS TO EARN CREDIT:**
 - Participate in 1 physical activity challenge offered through the portal (complete 50% of the milestones)
 - Provide proof of a physical activity membership (3 month minimum) by uploading an invoice or membership agreement within the Physical Activity Membership activity under the Wellness Activities section of your portal. Note: Memberships may include gym, golf/country club, cycling, yoga, etc.
 - Provide proof of attendance at a physical activity class, including virtual or CityFit! led workouts (4 weeks or greater), by uploading an invoice or class confirmation within the Physical Activity Class activity under the Wellness Activities section of your portal
 - Complete a community 5k (or greater) event and provide proof by uploading a receipt or confirmation of registration within the Community 5k Event activity under the Wellness Activities section of your portal. Note: the 5k event may be a walk, run, cycling, swimming, etc., or any combination, virtual or in person.
- 4. COMPLETE TOBACCO ATTESTATION OR CESSATION PROGRAM:** Non-tobacco users can submit the Tobacco Attestation activity under the Wellness Activities section of the wellness portal. Tobacco users can complete the Quitting Smoking Action Plan on the wellness portal.
- 5. COMPLETE A PREVENTIVE DENTAL OR MEDICAL EXAM:** Attend a preventive medical or dental exam and provide proof of your exam by uploading a confirmation or receipt of your appointment within the Preventive Medical or Dental Exam activity under the Wellness Activities section of your Portal.
- 6. COMPLETE ONE WELLNESS CHALLENGE:** Participate in one of the non-physical activity wellness challenges offered through the wellness portal and complete 50% of the milestones.
- 7. COMPLETE ONE ACTION PLAN:** Complete one self-directed Action Plan under the Action Plans section of your wellness portal. Action Plans take 7 weeks to complete and must be started by April 12th, 2022 in order to be completed before May 31st. Note: If you complete the Quitting Smoking Action Plan to fulfill the Tobacco Cessation requirement, the Quit Smoking Action Plan will not count towards this wellness activity.

Riverside Golf Course Membership Discount

City Employee 2022 Membership

City of Portland Employee Benefit Program

Any current City employee who is a permanent, benefit eligible employee who works 18.75 hours or more per week is eligible to take advantage of the City's Riverside Golf Course membership discount. Portland School Department Employees are not eligible.

Proof of employment with the City of Portland (employee ID badge or pay stub) is required.

Any City employee who wishes to purchase a membership with no restriction will receive a \$150 discount off the membership fee.

Membership restriction:

- Membership includes green fee only. Carts are not included and will be charged at the member rate. Additional guests and family will be charged at regular rates.
- Valid for both the north course and south course.
- Memberships are valid during the following days and times.
 - Monday through Friday: between 9:00am – 2:30pm.
 - Saturday, Sunday, holidays: after 12:00pm.





Navia Benefit Solution - FSA Plan

A great way to plan ahead and save money over the course of a year is to participate in a Flexible Spending Account (FSA). An FSA lets you redirect a portion of your salary on a pre-tax basis into a reimbursement account, saving you money on taxes. Each year that you would like to participate in the FSA, you must elect the amount you want to contribute.

The federal government takes about 30% of each dollar you earn in FICA and federal income taxes, and you take home the remaining 70% to use for your living expenses. When you use an FSA, you set aside money *before* it is taxed, so you spend the entire 100% of your earned income on your healthcare or day care expenses.

Note: FSA enrollment takes place in November--not during annual benefits enrollment--and takes effect the following January.

City of Portland offers two types of FSAs: a Healthcare FSA and a Dependent Care FSA.

For more information on Healthcare FSAs and Dependent Care FSAs:

Healthcare: <https://www.youtube.com/watch?v=jg15HrG1bU4>

Dependent Care: <https://www.youtube.com/watch?v=3j4RcGRrvgo>

Election and Claim Filing Period

When you enroll in an FSA, be sure to only elect an amount that you know you will use during the calendar year (January through December). At the end of the plan year you will have a claim filing period to turn in any leftover claims for your benefits. Unused Healthcare FSA balances up to \$570 will be carried over to the subsequent plan year. Any Healthcare FSA funds in excess of \$570 are subject to the Use-it-or-Lose-it rule and cannot be refunded to you.

Accessing Your Benefits

Accessing your benefits is easy— simply swipe your Navia Benefit Card to pay for eligible healthcare and daycare expenses. Funds come directly out of your FSA and are paid to the provider. Some swipes require us to verify the expense, so hang on to your receipts! If we need to see it, we will send you an email or notification via our smartphone app.

You can also submit healthcare and daycare claims online, through our smartphone app for Android and iPhone, email, fax or mail. Be sure to include documentation that clearly shows the date, type and cost of the service.

- Access your account online: Order additional debit cards, update bank and address information, and see up-to-date details of your benefits.
- Submit your claims online: Upload your documentation, complete the online wizard, and-- voila!-- a reimbursement will be on its way within a few days!
- Submit your claims using the mobile app: MyNavia allows you to simply snap a photo and submit for reimbursement direct from your mobile device.

How much could you save?

Let's look at an example: Employees A and B both earn \$55,000 per year. They each have \$2,000 in out-of-pocket daycare expenses.

Employee A and Employee B have the same earnings and tax bracket, but Employee B saves \$600 per year by contributing to an FSA!

Employee A	
Annual gross income	\$55,000
Estimated taxes (30%)	<u>-\$16,500</u>
Annual net income	\$38,500
Out-of-pocket care expenses	-2,000
Actual take home pay	\$36,500

Employee B	
Annual gross income	\$55,000
Out-of-pocket care expenses	<u>-\$2,000</u>
Adjusted gross income	\$53,000
Estimated taxes (30%)	-\$15,900
Actual take home pay	\$37,100

Note:

There is a monthly fee of \$5.15 when you enroll in the Flexible Spending Accounts. This fee is deducted from the first paycheck of each month.

How does it work?

- During open enrollment, estimate your expenses for the plan year and enroll in the FSA.
- Your annual election amount will be evenly deducted pre-tax from your paycheck throughout the plan year.
- You cannot change your annual election amount after the FSA starts up unless you have a qualified change in status (examples: birth, death, marriage, or divorce).

Check out your [Navigate My Benefits](#) and [Pre-Tax Solutions](#) pages for more details on how your plan works.

Show me my pre-tax solutions:

Healthcare FSA

- The Healthcare FSA can be used to pay for eligible out-of-pocket medical, dental, vision and prescription drug expenses. Simply use your FSA debit card to pay any qualifying expenses.
- Funds in the Healthcare FSA are available at the beginning of the plan year and can be used for your expenses and those of your spouse and dependents, even if you and your family aren't covered by the City's medical, dental or vision plans.
- Expenses for you, your spouse and tax-dependents are eligible for reimbursement, regardless of if they are covered on your medical plan.
- The Healthcare FSA is a pre-funded benefit. This means you have access to your full annual election amount at any time during the plan year.
- Estimating future expenses is an important step as you prepare to enroll in a Healthcare FSA. The more accurate you are in estimating your expenses the better the plan will work for you!

Common Eligible Healthcare FSA Expenses

- Prescription drugs
- Copays and coinsurance
- Deductibles
- Office visits
- Dental work
- Orthodontia
- Glasses
- Contacts
- Chiropractic
- Massage

Expenses that are cosmetic in nature are not eligible. Click [here](#) for a full list of eligible healthcare expenses.

Healthcare FSA Carryover Benefit

The maximum contribution in 2022 for the Healthcare FSA is \$2,850 per household. This is a use-it-or-lose-it account, meaning any funds remaining in the account following the close of the plan year will be forfeited. Our plan features a carryover provision that allows you the flexibility to roll over up to \$570 of your unused Healthcare FSA funds to the 2023 calendar year. Carryover amounts will be credited after your claim filing period.

If you are contributing to a Health Savings Account (HSA) through your spouse's plan, you are not eligible to participate in the Healthcare FSA.

Dependent Care FSA

Childcare can be one of the single largest expenses for a family with children. A Dependent Care FSA (DCFSA) allows you to set aside money pre-tax to pay for your qualified daycare expenses, saving you up to \$1,700 per year! This is also a great benefit for employees and their spouses that work or attend school full-time. You must contribute money through payroll deduction to your DCFSA before you can spend it. The DCFSA limit is set by the IRS and is a calendar year limit of \$5,000 per household, \$2,500 if married and filing separately. If your plan year is not on a calendar year, take extra care in calculating your annual election.

Expenses can be for your dependent children 13 and under, and in some cases for eldercare, and must be enabling you to work, actively look for work or be a full-time student.

Eligible expenses

- Adult daycare
- Child daycare
- After-school care
- Babysitting (work-related, in your home or someone else's home)
- Babysitting by your relative who is not a tax dependent (work-related)
- Nanny or au pair
- Custodial eldercare
- Transportation to and from eligible care (provided by your care provider)

Ineligible expenses

- Babysitting (not work-related, for other purpose)
- Babysitting by your tax dependent (work-related or for other purpose)
- Custodial eldercare (not work-related, for other purpose)
- Dance lessons, piano lessons or sports lessons
- Educational, learning or study skills services for child(ren)
- Household services (housekeeper, maid, cook, etc.)

Common Eligible Expenses

- Childcare
- Preschool
- Before and after school care
- Day camps

Expenses for school tuition and overnight camps are not eligible.

Northeast Delta Dental's Voluntary Dental Plan

Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay the same percentage but the reimbursement will be based on out-of-network rates. You may be billed for the difference. Dental exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

To see a provider directory, please visit www.deltadental.com/us/en/member/find-a-dentist.html. You have the choice between two dental plans: Low Plan and High Plan. The Low Plan costs less out of your paycheck, but does not cover as much as the High Plan. See below for an outline of the plans.

	PPO plus Premier Network	
	Low	High
Deductible		
Employee only	\$50	\$50
Family	\$150	\$150
Is the deductible waived for preventive services?	Yes	Yes
Annual plan maximum (per individual)	\$1,000	\$1,500
Diagnostic and preventive		
Oral exams, X-rays, cleanings, fluoride, space maintainers, sealants	100%	100%
Basic		
Oral surgery, fillings, endodontic treatment, periodontic treatment, repairs of dentures and crowns	70%	80%
Major		
Crowns, jackets, dentures, implants	50%	50%
Orthodontia		
Adults and dependent children	50%	50%
Lifetime orthodontia plan maximum (per individual)	\$1,000	\$1,500

Employee dental weekly payroll contributions

Effective July 1, 2022

	Weekly contribution	
	Low	High
Employee	\$7.77	\$9.20
Employee + spouse	\$17.53	\$20.76
Employee + child(ren)	\$18.16	\$21.50
Family	\$25.23	\$29.87

- You can elect the Northeast Delta Dental plan regardless of whether you are enrolled in the medical or vision plan.
- You will not receive a dental ID card because you typically do not need to present one when visiting your dentist. To print an ID card, log in to www.deltadental.com.



You will get the best value from your Delta Dental Plan when you receive your dental care from one of Delta's PPO (greatest savings) or Premier network participating dentists:

- **No Balance Billing:** Because participating dentists accept Northeast Delta Dental's allowed fees for services, you will typically pay less when you visit a participating dentist.
- **No Claims Paperwork:** Participating dentists will prepare and submit claims for you.
- **Direct Payment:** Northeast Delta Dental pays participating dentists directly, so you don't have to pay the covered amount up front and wait for a reimbursement check.

To find out if your dentist participates in Delta's PPO or Premier network, you can: call your dentist, visit our website at nedelta.com, or call Customer Service at 1-800-832-5700.

Predetermination of Benefits

Northeast Delta Dental recommends that you ask your dentist to submit a pre-treatment estimate for any dental work involving costly or extensive treatment plans. Predeterminations helps avoid any potential confusion and enable us to help you estimate any out-of-pocket expenses you may incur.

Health through Oral Wellness® (HOW®)

A healthy mouth is part of a healthy life, and Delta's Health through Oral Wellness program (HOW) works with your dental benefits to help you achieve and maintain better oral wellness. HOW is all about YOU because it's based on your specific oral health risk and needs. Best of all, it's secure and confidential. Here's how to get started:

1. **REGISTER:** Go to healththroughoralwellness.com and click on "Register Now."
2. **KNOW YOUR SCORE:** After you register, please take the free oral health risk assessment by clicking on "Free Assessment" in the Know Your Score section of the website.
3. **SHARE YOUR SCORE WITH YOUR DENTIST:** The next step is to share your results with your dentist at your next dental visit. Your dentist can discuss your results with you and perform a clinical version of the risk assessment. Based on your risk, you may be eligible for additional preventive benefits.

Double-Up Max

This Northeast Delta Dental Plan allows enrollees to double their calendar year maximum by earning an additional \$250 per year for use in future benefit periods. Here is how it works:

- To qualify for the carryover, you must have a claim paid for either an oral exam or a cleaning during a calendar year (a focus on prevention), and their total paid claims cannot exceed \$500 during the same calendar year.
- The carryover will accumulate for each year of qualification up to an amount equal to the plan's original calendar year maximum. If, for example, the calendar year maximum is \$1000, enrollees can ultimately achieve an annual maximum of \$2000.
- This feature does not apply to orthodontic benefits.

Aetna's Voluntary Vision Plan

Aetna's Preferred vision care benefits include coverage for eye exams, standard lenses and frames, and contact lenses, and also offers discounts for laser surgery. The vision plan is built around a network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to the Aetna Vision Network. When you use an out-of-network provider, you will have to pay more for vision services.

Eye exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

	In-network	Out-of-network
Use your Exam coverage once every calendar year		
Routine/Comprehensive Eye Exam	\$0 Copay	\$35 Reimbursement
Standard Contact Lens Fit/Follow Up	Member pays discounted fee of \$40	Not Covered
Premium Contact Lens Fit/Follow-Up	Member pays 90% of retail	Not Covered
Eyeglass Lenses / Lens options		
Single	\$0 Copay	\$30 Reimbursement
Bifocal	\$0 Copay	\$45 Reimbursement
Trifocal	\$0 Copay	\$75 Reimbursement
Lenticular	\$0 Copay	\$75 Reimbursement
Progressive	\$65 Copay	\$45 Reimbursement
Premium Progressive Vision Lenses ¹	20% Discount off retail minus \$120 plan allowance plus \$65 Copay = member out-of-pocket	\$45 Reimbursement
Contact Lenses		
Use your Contact Lens coverage once every calendar year to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses		
Conventional Contact Lenses	\$140 Allowance**Additional 15% off balance over the allowance	\$100 Reimbursement
Disposable Contact Lenses	\$140 Allowance	\$100 Reimbursement
Medically Necessary Contact Lenses	\$0 Copay	\$200 Reimbursement
Frames		
Use your Frame coverage once every 2 calendar years		
Any Frame available, including frames for prescription sunglasses	\$140 Allowance**Additional 20% off balance over the allowance.	\$70 Reimbursement

Employee vision weekly payroll contributions

Effective July 1, 2022

	Weekly contribution
Employee	\$1.95
Employee + spouse	\$3.70
Employee + child(ren)	\$3.90
Family	\$5.70

- Lasik Laser Vision Correction or PRK is eligible for a discount when using the U.S. Laser network only. Call 1.800.422.6600.

Group Term Basic Life And AD&D Insurance

All permanent employees working 18.75 hours or more per week, except project employees, are eligible to purchase Group Term Basic Life insurance through the Maine Public Employees Retirement System (underwritten by The Hartford). You have 31 days from your date of hire to enroll without providing evidence of insurability (EOI). To enroll or upgrade coverage, you must complete an EOI application and turn it in to your HR Representative. Coverage takes effect when your application is approved. If you wish to decrease or cancel coverage, you need to complete a cancellation/reduction MainePERS form and turn it in to your HR Representative.

You may purchase coverage in increments of your annual salary rounded up to the nearest \$1,000. You may purchase Basic Life and then either an additional one times, two times, or three times your salary. The cost for Basic Life is \$.12 per \$1,000 coverage per week. Rates for supplemental insurance for all participants are “age-based.”

Dependent coverage is available with the purchase of Basic Life coverage. There are two plans:

- Plan A @ \$.49 per week. Which provides \$5,000 for spouse, \$5,000 for children 6 months or older or \$1,000 for children 0-6 months.
- Plan B @ \$.85 per week. Which provides \$10,000 for spouse, \$5,000 for children 6 months or older or \$2,500 for children 0-6 months.

Payroll deductions are on a pre-tax federal, state, and Medicare basis, taken out 4 weeks of each month in months containing 5 pay dates, no deduction is made on the fifth pay date.

Dependent life	Plan A \$0.49/wk	Plan B \$0.85/wk
Spouse	\$5,000	\$10,000
Child(ren) 6 months and older	\$5,000	\$5,000
Child(ren) 0 - 6 months	\$1,500	\$2,500

Accidental Death and Dismemberment (AD&D)

The Group Term Life coverage includes AD&D insurance, which provides additional coverage in the event of accidental death, loss of limb or eyesight, brain damage, etc. In the event of a covered accident that results in your death, AD&D coverage is in addition to your Group Term Life.

In order to update your beneficiary reach out to your Human Resources Team for a beneficiary form.

Helpful Insurance Terms:

Imputed Income: Federal regulations require payment of income and Social Security taxes on the value of the life insurance premiums in excess of \$50,000 when paid for by your employer. The value of dependent life coverage paid for by your employer is also taxable. These values are known as imputed income. If you have questions or concerns, please contact your tax professional.

Portability And Conversion: Portability and conversion are available if your employment with City of Portland ends. Portability allows you to continue your term life coverage, while the conversion option allows you to convert your term life policy into an individual whole life policy.

Supplemental life and AD&D

You may purchase Basic Life and then either an additional one times, two times, or three times your salary. If you did not enroll in this coverage when you were first eligible, you will be subject to medical underwriting evidence of insurability.

Supplemental Life employee rates per \$1,000 of coverage	
Age<=34	\$0.0100
35-44	\$0.0175
45 - 49	\$0.0275
50-54	\$0.0375
55-59	\$0.075
60-64	\$0.1075
65+	\$0.2175

Example

If the rate is \$.0275 per \$1,000 and an enrollee has a benefit salary of \$35,000, the weekly premium will be \$0.96.

$$\begin{array}{rcccl}
 \frac{\$.0275}{\text{Plan rate (determined by age)}} & \times & \frac{35}{\text{Coverage per \$1,000}} & = & \frac{\$.96}{\text{Weekly premium}}
 \end{array}$$



Disability Plans



City of Portland offers you disability benefit options to provide financial assistance in case you become disabled or unable to work:

- Short-Term Disability is optional and is paid for by the employee.
- Long-Term Disability is provided by City of Portland at no cost to you and is automatically included if you choose the MainePERS retirement plan. If you don't choose the MainePERS plan, then the city pays for Long-Term Disability for you through UNUM.

Short-Term Disability plan

The MMEHT Income Protection Plan is a short-term disability plan that provides income benefits to you if you are unable to work due to a non-job related accident, injury or illness.

Benefit Options

You may select from three options: 40%, 55%, or 70% of your salary.

Rate Schedule

Take your annual gross salary and multiply by:

.00017	for	40%	=
.00023375	for	55%	=
.0002975	for	70%	=

Exclusions / Limitations

- Benefits begin on the 1st day of an accident or the 8th day of an illness.
- Benefits are paid regardless of sick leave or other income you may receive. Benefits will, however, be offset by the amount of any disability income payments received from the Maine State Retirement system, or under U.S. Social Security, if such payments are made as the result of the same disability that the IPP benefit is covering.
- Benefits are paid on a weekly basis.
- Partial benefits are paid if you return to work for less than your normal work schedule.
- The maximum benefit you may receive is \$1,000 per week.
- Benefits will be paid for a maximum of 52 weeks for each separate period of disability.
- No benefits are payable for claims submitted more than 90 days following the onset of total disability.

To learn more about disability coverage: <https://www.youtube.com/watch?v=p1Q8JSdCmJE>

Eligibility

The MMEHT Income Protection Plan is available to employees who work an average of at least 20 hours per week on a year round basis.

This description is intended only as a summary of the MMEHT Income Protection Plan. All benefits are subject to the terms of the Plan Document.

Coordination of disability benefits

Your benefit may be reduced if you receive disability benefits from retirement, Social Security, workers' compensation, state disability insurance, no-fault benefits or return-to-work earnings. Refer to your certificate of coverage for more details.

Long-Term Disability plan

The City of Portland Long-Term Disability plan is available to all employees who have opted out of the Maine Public Employees Retirement System (MainePERS) and have opted to enroll in MissionSquare 401 retirement plan in active employment. You must work at least 18.75 hours per week, provided your work time in the City of Portland payroll status records is at least 21 hours per week. This benefit offers financial protection to you when you need it most -- if you become disabled and can no longer work. The plan will also help you return to work, if appropriate.

The amount you receive is based on the amount you earned before your disability began. If you become totally disabled, you will receive 60% of your base salary, up to \$5,000 monthly, after you have satisfied the waiting period for benefits. Your benefit amount may be offset by other benefits received, such as Social Security or workers' compensation. Your monthly benefits are subject to federal income tax and may be subject to state and local taxes.

Long-term disability eligibility	100% paid by the employer
Monthly benefit amount	60%
Monthly benefit maximum	\$5,000
Benefits begin	The later of: 360 days; or the date your accumulated sick leave payments end, if applicable
Benefits duration	SSNRA
Preexisting condition limitation	3/12
Waiting period	None

The LTD benefit is paid for by City of Portland; there is no cost to you. However, any income replacement benefits received are taxable.

Employee Assistance Program

The City of Portland offers an Employee Assistance Program (EAP) at no cost for all employees and their families.

City of Portland in-house EAP Coordinator

Carol Young

Please call to schedule an appointment

207-871-9272

carol@portlandmaine.gov

What is an EAP?

EAP resources offer professional support whenever and wherever you need it to help you cope with issues such as job pressures, relationships, retirement planning, grief, loss, disability, and more.

Sessions are available in person at a private office on Exchange Street or sessions are available remotely.

Supplemental Health Benefits

The City of Portland is committed to providing employees with options to guard against unexpected illness and injury. To that end, the City offers the option of enrolling in Critical Illness Insurance, Accidental Injury Insurance and Hospital Indemnity Insurance through Cigna. These benefits are 100% employee paid and are portable, meaning you can take the coverage with you if you leave City of Portland.

Critical Illness Insurance

Critical Illness Insurance pays a lump sum benefit at the diagnosis of a covered illness such as cancer or heart attack. You choose the level of coverage: \$5,000, \$10,000, \$20,000 or \$30,000.

To learn more about this coverage see this video: <https://www.youtube.com/watch?v=IwAb35ZMqrU>

Health Screening Benefit

Annual health screenings are a vital preventive illness measure taken to ensure a long and healthy life for you and your family. Regular health exams and tests can help find problems early, increasing your chances for treatment and a cure. By getting the right health services, screenings, and treatments, you are taking steps that help increase your chances for living a longer, healthier life.

The Cigna Critical Illness Insurance plan features a Health Screening Benefit, which provides you with \$50 annually for a health screening. Examples of screenings include mammograms and certain blood tests.

Note:

Please visit the City of Portland's Benefits Page for a full copy of the voluntary benefits SBCs:

www.employeeconnects.com/copbenefits/voluntary-benefits/

Accidental Injury Insurance

Accidents happen every 2 seconds at home and every 9 seconds on the road. Accidents can be costly, even if you have health insurance, because expenses can add up quickly. To help you cover the cost of unforeseen events, City of Portland offers you the opportunity to enroll in Accidental Injury Insurance. This program pays an after-tax lump sum benefit directly to you. You have a choice of two plans, each covering a multitude of medical services, treatments and care for common accidents and injuries. Examples of covered incidents include hospitalizations, broken bones, and certain surgeries.

To learn more about this coverage see this video: https://www.youtube.com/watch?v=AIatGfn_aGE

Hospital Indemnity Insurance

Hospital stays are rarely an enjoyable experience. Costs can add up quickly — medical bills; travel, food and lodging costs; plus the day to-day expenses that don't stop while you're in the hospital. The financial pressures can be overwhelming. That's where the Cigna Hospital Indemnity plan can help.

The plan pays a daily benefit if you have a covered stay in a hospital. The benefit amount is determined by the type of facility and the number of days you stay.

To learn more about this coverage see this video: <https://www.youtube.com/watch?v=qqWojzWTPIg>

Rates Per Insured Class (Weekly)		
	Accidental Injury	Hospital Indemnity
Employee	\$1.95	\$2.26
Employee + Spouse	\$3.50	\$5.08
Employee + Child(ren)	\$4.32	\$4.02
Family	\$5.87	\$6.84

Employee's Weekly Cost of Coverage for Critical Illness: Benefit Amount: \$5,000				
Attained Age	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
0-25	\$0.53	\$0.94	\$0.94	\$1.36
25-29	\$0.56	\$0.99	\$0.97	\$1.40
30-34	\$0.66	\$1.18	\$1.08	\$1.59
35-39	\$0.85	\$1.48	\$1.26	\$1.90
40-44	\$1.02	\$1.79	\$1.43	\$2.20
45-49	\$1.39	\$2.40	\$1.81	\$2.81
50-54	\$1.97	\$3.28	\$2.39	\$3.70
55-59	\$2.71	\$4.45	\$3.13	\$4.87
60-64	\$3.38	\$5.59	\$3.79	\$6.01
65-69	\$4.16	\$6.84	\$4.58	\$7.26
70-74	\$5.54	\$9.21	\$5.96	\$9.63
75-79	\$7.48	\$12.13	\$7.90	\$12.55
80-84	\$7.90	\$14.19	\$8.32	\$14.61
85+	\$13.04	\$20.51	\$13.46	\$20.93

Employee's Weekly Cost of Coverage for Critical Illness: Benefit Amount: \$10,000				
Attained Age	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
0-25	\$1.05	\$1.88	\$1.88	\$2.71
25-29	\$1.11	\$1.97	\$1.94	\$2.81
30-34	\$1.32	\$2.35	\$2.15	\$3.18
35-39	\$1.69	\$2.95	\$2.52	\$3.79
40-44	\$2.03	\$3.57	\$2.86	\$4.41
45-49	\$2.78	\$4.79	\$3.61	\$5.63
50-54	\$3.93	\$6.56	\$4.77	\$7.40
55-59	\$5.42	\$8.90	\$6.25	\$9.73
60-64	\$6.75	\$11.18	\$7.58	\$12.01
65-69	\$8.32	\$13.67	\$9.15	\$14.51
70-74	\$11.09	\$18.41	\$11.92	\$19.25
75-79	\$14.96	\$24.27	\$15.79	\$25.10
80-84	\$15.80	\$28.39	\$16.63	\$29.22
85+	\$26.09	\$41.02	\$26.92	\$41.85

Employee's Weekly Cost of Coverage for Critical Illness: Benefit Amount: \$20,000				
Attained Age	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
0-25	\$2.10	\$3.76	\$3.76	\$5.42
25-29	\$2.22	\$3.95	\$3.89	\$5.61
30-34	\$2.64	\$4.70	\$4.31	\$6.36
35-39	\$3.38	\$5.91	\$5.04	\$7.58
40-44	\$4.06	\$7.14	\$5.73	\$8.81
45-49	\$5.55	\$9.58	\$7.22	\$11.25
50-54	\$7.87	\$13.13	\$9.54	\$14.79
55-59	\$10.83	\$17.80	\$12.50	\$19.47
60-64	\$13.50	\$22.36	\$15.17	\$24.03
65-69	\$16.63	\$27.35	\$18.30	\$29.02
70-74	\$22.17	\$36.83	\$23.84	\$38.49
75-79	\$29.91	\$48.53	\$31.58	\$50.20
80-84	\$31.60	\$56.77	\$33.26	\$58.44
85+	\$52.17	\$82.04	\$53.84	\$83.71

Employee's Weekly Cost of Coverage for Critical Illness: Benefit Amount: \$30,000				
Attained Age	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
0-25	\$3.14	\$78.26	\$5.64	\$8.13
25-29	\$3.32	\$5.92	\$5.83	\$8.41
30-34	\$3.95	\$7.04	\$6.46	\$9.54
35-39	\$5.06	\$8.86	\$7.56	\$11.36
40-44	\$6.09	\$10.71	\$8.59	\$13.22
45-49	\$8.32	\$14.37	\$10.82	\$16.88
50-54	\$11.80	\$19.69	\$14.30	\$22.19
55-59	\$16.25	\$26.69	\$18.74	\$29.20
60-64	\$20.25	\$33.54	\$22.75	\$36.04
65-69	\$24.95	\$41.02	\$27.45	\$43.52
70-74	\$33.26	\$55.24	\$35.76	\$57.74
75-79	\$44.87	\$72.80	\$47.36	\$75.29
80-84	\$47.39	\$85.16	\$49.89	\$87.66
85+	\$78.26	\$123.05	\$80.76	\$125.56

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

The policy's rate structure is based on attained age, which means the premium can increase due to the increase in your age.

Professional Development Programs



Discount on Professional Development Program

University of Southern Maine (USM) Non-Credit Classes

AFFILIATE DISCOUNT: Benefits-eligible employees regularly working 18.75 hours or more per week may receive a 50% tuition reduction on undergraduate or graduate degree courses and a 20% discount on the workshop fee for any USM Professional Development (PDP) course(s) described at <https://usm.maine.edu/pdp>

1. If you are an eligible City of Portland employee who wants to take a course of personal interest and pay for it on your own:
 - a. You will receive a 20% discount when you enroll and pay for the class.
 - b. Call Human Resources at (207) 874-8624 to confirm eligibility and to receive the 20% discount code.
 - c. To enroll, set up a [Customer Profile](#) and enroll in the class of your choice, visit enrole.com/usmmaine/jsp/login.jsp.
 - d. When prompted, apply the discount code that HR provided you to the shopping cart.
 - e. You must pay with a credit card before checking out to secure your seat in class.
2. If you are an eligible City of Portland employee and want to take an approved career-related course and your department has agreed to pay for this course:
 - a. The employee or department manager should contact Human Resources for approval and coordination: Diane Doane or Kathy Vosmus can be reached at hrinfo@portlandmaine.gov or (207) 874-8624.
 - b. The HR Department coordinates your registration directly with USM.
 - c. Once you are registered, USM will send an email to you confirming enrollment.
 - d. If you do not complete the course, with completion defined by USM, you will be responsible for repaying the City of Portland the cost of the course within 60 business days of the last scheduled class in the course.



Retirement Plan

Your Retirement — Which is the Best Option for You?

As a permanent or project City of Portland employee scheduled to work 21 or more hours per week, you have the option to join one of two retirement programs: either the Maine Public Retirement System (MainePERS) Defined Benefit program or the MissionSquare Defined Contribution program.

If you elect not to join MainePERS, then you must participate in the City's alternative pension plan choice, MissionSquare 401(a) Defined Contribution Plan. Federal law requires employees to participate in a qualified pension plan since the City of Portland does not cover employees under Social Security.

You need to decide which pension plan is best for you.

Below is a brief comparison of these plans to help you decide which plan is best for you. To see more information about MainePERS Defined Benefit Plan, go to <https://www.maineper.org/before-you-join/>. To read more about the MissionSquare 401(a) Defined Contribution Plan, visit [icmarc.org/products-and-services/401\(a\)-defined-contribution-plans.html](http://icmarc.org/products-and-services/401(a)-defined-contribution-plans.html).

DC Plan	MainePERS Defined Benefit (DB) Plan	MissionSquare 401(a) Defined Contribution Plan
Plan Features	Once you are vested, this plan guarantees you an income after you retire based on your years of service, level of compensation and the age at which you retire. Your membership ends upon retirement, upon your death or if you take a refund of your contributions and accrued interest.	This plan bases your benefits on the total amount of money in your account at retirement or other eligible event. Your retirement benefit amount is not guaranteed—your account will depend on the performance of your investment choices.
Retirement Benefit	2% of average final compensation for each year of service at age 65 or 25 years of service.	Accumulation of Employee and Employer contributions and investment earnings.
Employee Contribution	7.05% of gross weekly salary. Contact HR for contribution rates for members in the age 60 plan. Pre-tax federal only.	7.05% of gross weekly salary. Contact HR for contribution rates for members in the age 60 plan. Pre-tax federal and state.
City Contribution	Determined on an annual actuarial basis.	7.5% of gross weekly salary at this time
Disability Benefits paid by the City	Yes – Disability Retirement	Yes – Administered by UNUM
Survivor Benefits	Lump sum, monthly benefit or survivor payment plan (beneficiary's choice)	Employee's and Employer's contributions plus investment earnings regardless of years of service
Statements	Upon Request	Quarterly
Investment Choices	No	Yes
Vesting	5 years of creditable service or reaching normal retirement age of 65 with at least 1 year of creditable service	Employee contributions and investment earnings = 100% Employer contributions and investment earnings based on years of service: 1 year=33%, 2 years= 67%, 3 or more years= 100% Age 60/Death/Disability = 100%
Portability	You take retirement credit with you when moving between employers in the same plan.	Not applicable
Cash Refunds/ Rollovers on Resignation or Termination	Employee contributions only plus accrued interest	Vested account balance

**Note: Loans and/or hardship withdrawals are not available with either of these pension choices

Frequently Asked Health And Dental Questions

Q: Where can I find an Annual Open Enrollment form?

A: All benefits information can be found on our dedicated website www.employeeconnects.com/COPBenefits/. To enroll in your benefits, you must go online at www.plansource.com/login.

Q: Outside of annual enrollment, when can I add or drop a spouse/domestic partner or child to health and dental plans?

A: You need to have a Qualifying Life Event, and you have 30 days from the date of the Event to make your change(s). The coverage will be effective on the first day of the month following the Life Event date. It's very important to notify Human Resources (HR) as soon as possible to avoid delays. You must submit your change in PlanSource — doing this automatically notifies HR. If you are dropping a spouse following a divorce, or dropping a domestic partner upon ending the domestic partnership, it's the same process — you submit the change in PlanSource. If you are dropping a dependent, you will want to submit the change immediately so that COBRA coverage can be offered.

Q: Are there any waiting periods for dental insurance?

A: No. Once your benefits take effect, there are no additional wait periods applied for any dental service.

Q: How long do I have to add my child to the dental plan from date of birth or adoption?

A: A child may be added any time between birth or date of adoption up to 30 days following the child's 3rd birthday. If the child is not added within 30 days following the 3rd birthday, the child may be added during the next annual enrollment period.

Q: How do I change my Primary Care Physician (PCP) and/or order a replacement medical ID card?

A: Both can be done by calling Meritan at 800-952-2272 or by going online [here](#).

Q: How do I check to see if my doctor participates with the Aetna network?

A: Starting on 7/1/2021, you can find the highest-quality, in-network providers for your unique needs by selecting the "Find Care" option within your Meritan member portal online [here](#). Providers in the Preferred Network will be clearly indicated in the recommendations when applicable. You may also contact your Meritan Customer Service team by phone at 800-925-2272 for assistance in identifying the best in-network doctors and facilities for your needs.

Q. What does the health plan offer so that I can improve my health?

- A. The health plan has features to assist employees in improving their health such as:
- **Fitness Reimbursement:** Covered programs improve cardiovascular condition, muscular strength/endurance and flexibility (for example, health clubs, gyms, yoga, martial arts, pilates, swim programs). The benefit is administered by the City's Benefits Division, not by Aetna.
 - **Smoking Cessation:** Prescription medication & over-the-counter (OTC) filled at a pharmacy payable at 100% administered by Meritain. Hypnosis: benefits are payable at 100% after a \$10 therapy visit copayment administered by the City's Benefits Division, not by Meritain. Smoking Cessation classes: payable at 100% administered by the City's Benefits Division, not by Meritain.
 - **Nutrition Counseling:** The health plan provides benefits for nutritional counseling when required for a diagnosed medical condition at \$0 co-payment.

Q. How long may I keep my child on the health/dental/vision plan?

- A. Children may be covered by the City's health plan. They do not have to be dependent on the parent/subscriber for tax purposes; they do not have to be students; they do not have to be unmarried and living in the same home as the parent/subscriber. Children will remain on the City's health plan until the end of the month in which they turn 26 unless you complete paperwork to remove them from the plan.

Q. When can I add or drop a spouse/domestic partner or child to health and dental plans?

- A. There are two ways this can be done:
- **Qualifying Life Event:** You have 30 days from the date of the event to make your change(s). The coverage will be effective on the first day of the following month. You will need to complete a qualified life event on PlanSource (www.plansource.com/Login) and upload documentation for the life event.
 - **Annual Enrollment:** You can make the change during June to May's annual enrollment for an effective date of July 1st. No Qualifying Life Event is needed to make a change during this period.

Who To Contact:

City of Portland Human Resources

389 Congress Street
Portland, ME 04011

874-8621
portlandmaine.gov
From website, select:
Human Resources>Benefits

To find a copy of the Summary of Benefits and Coverages (SBCs) for each line of coverage, please visit the City of Portland's Benefits Page: www.employeeconnects.com/copbenefits

MainePERS (Retirement, Disability and Group Life Insurance)

46 State House Station
Augusta, ME 04333-0046

1-800-451-9800
Ask for PLD Unit
mainepers.org

Employer Code:
P0002/PLD unit

MissionSquare Retirement Corporation

P.O. Box 96220
Washington, DC 20090-6220

1-800-669-8216
Fax: 202-682-6439
icmarc.org

Brenda Cota,
Retirement Plans Specialist

1-866-266-7311
bcota@missionsq.org

401(a) Plan Number: 109126
457 Deferred Comp Plan Number: 300592
Payroll Deduct Roth IRA Plan Number: 705813

Meritan

PO Box 853921
Richardson, TX 75085

Customer Service and
Eligibility Inquiries
800-925-2272
www.meritain.com

Richardson, TX 75085

1-800-754-3207 <https://my.cigna.com/>

Aetna Vision

877-973-3238 aetnavision.com

Northeast Delta Dental

1-800-832-5700 nedelta.com
Fax: 1-603-223-1199

UNUM (Disability Claims)

The Benefits Center
P.O. Box 100158
Columbia, SC 29202-3158

1-800-858-6843
Fax: 1-800-447-2498

Maine Municipal Employers Health Trust

60 Community Drive
Augusta, ME 04330-9486

In Maine:
1-800-452-8786
(207) 623-8423
mmeht.org

AFSCME Maine Membership Benefit Fund

P.O. Box 1279
Portland, ME 04104

(207) 939-7087
Fax: 508-457-9994
MyAFSCME@ppandb.com

Navia Benefit Solutions

P.O. Bo 53250
Bellevue, WA 98015-3250

1-800-669-3539
Fax: 1-866-535-9227
naviabenefits.com

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.