# 2025-26 EMPLOYEE BENEFITS

Beaverton
OREGON

**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.**
**Please see page 19 for more details.**

# A Message from HR at City of Beaverton

At the City of Beaverton, we recognize that our success is driven by the talent and dedication of our employees. Each individual's contributions play a vital role in achieving our goals. To attract and retain the best team, we offer a comprehensive and competitive benefits program designed to support the well-being of our employees and their families. Our benefits are intended to be easy to understand, accessible, and affordable. This document will guide you in selecting the plan and coverage level that best meets you and your family's needs.

You can also access overviews of our benefit plans on the intraweb.


Important
Notice:
The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Consult the Summary Plan Descriptions to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plans. In case of a conflict between your plan documents and this information, the plan documents will
govern. The availability of a plan or program may vary by geographic service area.

Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of our respective insurance companies or our broker. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. While this material is believed to be accurate as of the print date, it is subject to change. Notice of change shall be provided in accordance with applicable state and federal law. All trademarks, trade names or company names referenced herein are used for informational and identification purposes only and are the exclusive property of their respective owners. Their use is not intended to imply any relationship, endorsement, sponsorship, or affiliation by and between the trademark owners and USI.

# Contact Information

**City of Beaverton Benefits Specialist:**
**Rachel Cali-Ramirez - 503-350-4067**
**rcali-ramirez@beavertonoregon.gov**

## Carrier Customer Service

| BENEFIT | CARRIER | PHONE NUMBER | WEBSITE |
|---|---|---|---|
| Medical / Dental - HMO | Kaiser Permanente | 503-813-2000 | www.kp.org |
| Medical PPO | Moda Health Plan | 503-243-3962<br>888-217-2363 | www.modahealth.com |
| Dental PPO | Delta Dental<br>(Moda Health) | 503-265-2965<br>888-217-2365 | www.deltadentalor.com |
| Group Term Life | Standard Insurance | 888-937-4783 | www.standard.com |
| Voluntary Life | | | |
| Long Term Disability | | | |
| Accidental Death & Dismemberment (AD&D) Employer Paid | AIG | 800-225-5244 | www.aig.com/home |
| FSA Section 125 | BenefitHelp Solutions | 503-219-3679 | www.benefithelpsolutions.com |
| Employee Assistance (EAP) Plans | Canopy<br>Standard Insurance | 800-433-2320<br>503-850-7721 Text<br>877-851-1631 | www.info@canopywell.com<br>workhealthlife.com/Standard6 |
| Travel Assistance | Assist America | 800-872-141 | Email:<br>medservices@assistamerica.com |
| Voluntary Coverages | AFLAC | 503-704-3552<br>800-992-3522<br>customer service | Email:<br>lisa_wilson@us.aflac.com |

# Eligibility

## Who is Eligible:

Regular employees who work 20 hours or more per week are eligible for insurance coverage for themselves and their eligible dependents. Insurance premiums for part-time positions (20 to 29 hours) are pro-rated.

The renewal date for your benefits is July 1, 2025. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a family status event.

## Eligible Dependents:

- Spouse
- EE's Children (biological or adopted)
- EE's registered domestic partner
- EE's domestic partner (and domestic partner's children)

## When coverage begins:

**Medical / Vision & Dental**

- First of the month, coinciding with, or following date of hire. If the date of hire is the first workday of the month, coverage will begin that month.

**Life, Long Term Disability Insurance / AD&D**

- Coverage will begin on the date of hire.

## Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change in legal marital status (i.e. marriage, divorce, death of a spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of a dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

# Medical Insurance

City of Beaverton offers medical coverage through Kaiser Permanente and Moda Health Plan. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

| | Kaiser Foundation Health Plan | Moda Health Plan | |
|---|---|---|---|
| **Benefits Coverage** | In-Network Benefits Only | In-Network Benefits | Out-of-Network Benefits |
| Annual Deductible | | | |
| Individual / Family | $0 / $0 | $500 / $1,500 | $500 /$1,500 |
| Maximum Out-of-Pocket | | | |
| Individual / Family | $750 / $1,500 | $1,500 $3,000 | $3,000 / $6,000 |
| Physician Office Visit | | | |
| Primary Care | 1st 3 visits $5 copay thereafter, $20 copay | 1st 3 visits $5 copay (dw) thereafter, $20 copay (dw) | 40% After Ded |
| Specialist Visits | $20 copay | $20 copay (dw) | 40% After Ded |
| Preventive Care | | | |
| Wellness / Preventive Care | $0 / 100% | $0 / 100% (dw) | Not covered |
| Other Services | | | |
| X-ray and Lab Tests | $0 | 15% (dw) | 40% After Ded |
| Complex Radiology | $0 | $100 copay (dw) | 40% After Ded |
| Urgent Care Facility | $20 copay | $20 copay (dw) | 40% After Ded |
| Emergency Room Facility | $200 copay waived if admitted | $100 copay (dw) | |
| Inpatient Facility Charges | $50 per day up to $250 per admission | $100 copay up to $500 | 40% After Ded |
| Outpatient Facility and Surgical Charges | $20 copay | 15% After Ded | 40% After Ded |
| Mental Health / Substance Abuse | | | |
| Inpatient | $50 per day up to $250 per admission | $100 copay up to $500 | 40% After Ded |
| Outpatient | $20 copay | $20 copay (dw) | 40% After Ded |
| Other Services | | | |
| Chiropractic | $15 copay / 20 visits | $20 copay (dw) / 20 combined visits | 40% after Ded / 20 combined visits |
| Acupuncture | $15 copay / 12 visits | | |
| Massage Therapy | $25 copay / 12 visits | Not Covered | Not Covered |
| Retail Pharmacy (30 Day Supply) - dw | | | |
| Value | $15 copay | $2 copay | Not covered |
| Generic | | $15 copay | Not covered |
| Brand | | $30 copay | Not covered |
| Specialty Generic | | $15 copay | Not covered |
| Specialty Brand | | $30 copay | Not covered |
| Mail Order Pharmacy (90 Day Supply) -dw | | | |
| Value / Generic | $30 copay | $4 copay / $30 copay | Not covered |
| Brand | | $55 copay | Not covered |
| Specialty Generic/Brand | | N/A | Not covered |
| Vision | | | |
| Vision Exam (19+) | $15 copay | $300 allowance per calendar year | |
| Vision Hardware (19+) | $300 allowance per calendar year | | |

(dw) deductible waived

# Employee Cost Share

| Enrollment Tier | 2025-2026 Total Rate (including employee portion) | Employee Portion Effective July 1, 2025 |
|---|---|---|
| **Kaiser (Medical/Vision)** | | |
| Employee Only | $889.36 | $0 |
| Employee + 1 | $1,778.71 | $0 |
| Employee + Family | $2,668.07 | $0 |
| **Moda Health- Preferred 500 (Medical/Vision)** | | |
| Employee Only | $1,438.86 | $71.94 |
| Employee + 1 | $2,633.44 | $131.67 |
| Employee + Family | $3,971.57 | $198.58 |
| **Delta Dental (formerly Moda)** | | |
| | BPA/SEIU | Management |
| Employee Only | $84.16 | $89.57 | $0 |
| Employee + 1 | $146.82 | $155.41 | $0 |
| Employee + Family | $213.69 | $228.54 | $0 |
| **Kaiser Dental** | | |
| Employee Only | $78.14 | $0 |
| Employee + 1 | $136.33 | $0 |
| Employee + Family | $198.40 | $0 |

# Dental Insurance

The City offers two dental plans to choose from and the premium is fully paid by the City for either plan.

The Kaiser plan is an HMO plan: you must visit a Kaiser dentist or facility. There is no deductible, and the plan has an unlimited annual maximum. Services are paid at different percentages based on the services received.

The Delta Dental Plan, is incentive-based. . You will be responsible for paying 30% in the first year and this decreases, with annual preventative check-ups, by 10% each year down to 0% by the 4th year. Coverage includes, but is not limited to, preventive, diagnostic, routine fillings, periodontics, root canals, and major (including implants). Employees must use a member dentist to receive the highest level of benefit. There is no deductible. Differences in coverage are based upon the employee group and are shown in the table below.

| % shown is the co-insurance you will pay | Kaiser Permanente of Oregon | Delta Dental | | |
|---|---|---|---|---|
| | DHMO – Plan Q | BPA | Management | SEIU |
| **Benefit Coverage** | In-Network Only | In-Network* | In-Network* | In-Network* |
| **Annual Deductible** | | | | |
| Individual | $0 | $0 | $0 | $0 |
| Family | $0 | $0 | $0 | $0 |
| **Annual Maximum** | | | | |
| Per Person/Family (calendar year) | unlimited | $2,500 | $3,000 | $2,500 |
| Preventive | 0% | Schedule:<br>1st year - 30%<br>2nd year - 20%<br>3rd year - 10%<br>4th year - 0% | Schedule:<br>1st year - 30%<br>2nd year - 20%<br>3rd year - 10%<br>4th year - 0% | Schedule:<br>1st year - 30%<br>2nd year - 20%<br>3rd year - 10%<br>4th year - 0% |
| Basic | 20% | | | |
| Major | 50% | | | |
| **Orthodontia** | | | | |
| Benefit Percentage | 50% up to max benefit | 100% up to max benefit | 100% up to max benefit | 100% up to max benefit |
| Elgibility | Adult / Child | Child to age 17 | Adult / Child | Child to age 17 |
| Lifetime Maximum | $2,000 | $5,000 | $1,500 | $1,500 |

* For Delta Dental – Non-Participating Dentist: Members may be held liable for the difference between the dentist's billed charge and the non-participating allowable.

# Vision Insurance

The City offers vision coverage, and the premium is paid fully paid by the City. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details. Vision coverage is included in the medical plan that you select.

The vision services listed are covered annually. Members under age 19 have no cost share. For members age 19 and over, the benefits are paid up to a maximum of $300 every calendar year for all combined services. Payment is based on the contracted fee for in-network providers and billed charges for out-of-network providers.

### Moda Vision Benefits

| Vision plan | V1003 |
|---|---|
| Benefit maximum (Age 19+) | $300 per calendar year |
| | What members pay |
| Eye examination (including refraction) | 0% |
| Lenses | 0% |
| Frames | 0% |

### Kaiser Vision Benefits

| Vision plan | |
|---|---|
| Benefit maximum (Age 19+) | $300 per calendar year |
| | What members pay |
| Eye examination (including refraction) | $15 Copay |
| Lenses | 100% to $300 PCY |
| Frames | 100% to $300 PCY |

# Group Term Life Insurance

| Standard Insurance Company – Term Basic Life<br>All Active Employees- (20+ HPW) | |
|---|---|
| **FOR YOURSELF** | |
| Benefit Maximum | $50,000 |
| Guaranteed Issue | Full Benefit |

- Basic Life insurance coverage amount reduces to 65% at age 70, and to 50% at age 75

# Voluntary Additional Life Insurance

Eligible employees have the option to purchase additional life coverage through Standard Insurance.

| Standard Insurance Company – Voluntary Term Life (Additional Life)<br>(All Employees Working 20+ HPW) | |
|---|---|
| **FOR YOURSELF** | |
| Benefit Maximum | $10,000 increments to a maximum of $500,000 or 5 times your salary |
| Guaranteed Issue | $100,000 |
| **YOUR SPOUSE** | |
| Benefit Maximum | $5,000 increments to a maximum of $250,000 not to exceed 100% of the employee's Additional Life |
| Guaranteed Issue | $20,000 |
| **YOUR CHILD** | |
| Benefit Maximum | $2,000 increments to maximum of $10,000 not to exceed 100% of the employee's Additional Life |
| Guaranteed Issue | Full Benefit Amount |

- Employee must be enrolled in Additional Life to elect coverage for their spouse and or dependents
- Additional Life insurance coverage amount reduces to 65 % at age 70, and to 50% at age 75

# Long Term Disability Insurance

The City provides employees with a monthly income disability insurance policy through Standard Insurance. The policy provides a maximum of 66.66% of an employee's monthly base salary to a maximum of $8,000 after 90 days of disability; this applies to all employee groups. Premiums for long-term disability insurance are fully paid by the City.

# Accidental Death & Dismemberment Insurance (AD&D)

Coverage is provided through AIG Life Insurance Company. Coverage differs by employee group. The premium is fully paid by the City.

| AIG – AD&D<br>All Active Employees | | | |
|---|---|---|---|
| **Working Hours per Week** | **40 hours** | **30-40 hour** | **20-30 hours** |
| **Management Employees** | | | |
| Executive | $151,000 | $113,250 | $75,500 |
| Non-executive exempt | $101,000 | $75,750 | $50,500 |
| Non-exempt | $81,000 | $60,750 | $40,500 |
| **SEIU Employees** | $81,000 | $8,250 | $5,500 |
| **BPA Employees** | $81,000 | $60,750 | $40,500 |

# Flexible Spending Accounts (FSA)

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

## How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.
- The IRS has a strict "use it or lose it" rule. If you do not use the full amount in your FSA, you will lose any remaining funds except for the carryover.
- Carryover -up to $660 in unused FSA funds may be kept at the end of the plan year. You must be a participant in Health FSA as of the last day of the Plan and make a minimum salary reduction election to the Health FSA for the next Plan Year to benefit from the carryover.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.

## How the Dependent Care works:

- This is specifically for expenses for a child up to age 13 or disabled taxable dependent who is unable to care for themselves, including elder care expenses.
- When you have a qualified change in status—such as if your spouse's employment changes—you can increase or decrease how much you put into your account.
- In many cases, this account will be more beneficial to you than the federal tax credit.

| Maximum Annual Election | |
|---|---|
| Health Care FSA | $3,300 |
| Dependent Care FSA | $5,000 |

***** The FSA plan runs on a calendar year basis.**

# Employee Assistance Plan (EAP)

Life does not always go smoothly. All of us experience times when a personal problem or crisis affects the way we function at work or home. Your Employee Assistance Program (EAP) is a problem-solving resource available to you and your household members. A professional counselor will assist you in assessing your situation, finding options, making choices or locating further help.

## This FREE & CONFIDENTIAL benefit is offered through Canopy.

Personal Consultation with an EAP Professional

Police have 10 sessions and Non-Police have 6 sessions face to face, over the phone, or online for concerns such as:

- Marital conflict
- Conflict at work
- Depressions
- Stress Management
- Family relationships
- Anxiety
- Alcohol or drug abuse
- Grieving a loss
- Career

Additional Resources include:

Legal Consultation / Mediation

Financial Coaching

Identity Theft

Home Ownership Program

Pet Parent Resources

Wellbeing Tools

**Log in at: my.canopywell.com**
- Police Enter: City of Beaverton Police
- Non-Police Enter: City of Beaverton

Crisis Counselors are available by phone 24/7/365
Call: 800-433-2320
Text: 503-850-7721
Email: info#canopywell.com

# A helping hand when you need it.

## Rely on the support, guidance and resources of your Employee Assistance Program.

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program,[1] which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential — information will be released only with your permission or as required by law.

### Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)[2] and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to six counseling sessions per issue. Sessions can be done in person, on the phone or through video.

**EAP services can help with:**

- Depression, grief, loss and emotional well-being
- Family, marital and other relationship issues
- Life improvement and goal-setting
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Identity theft and fraud resolution
- Online will preparation and other legal documents

Contact **EAP**

**877.851.1631**
**(TTY Services: 711)**
24 hours a day,
seven days a week

**healthadvocate.com/standard6**

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

With EAP, personal assistance is immediate, confidential and available when you need it.

### WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

### Online Resources

Visit **healthadvocate.com/standard6** to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

1 The EAP service is provided through an arrangement with Health Advocate℠, which is not affiliated with The Standard. Health Advocate℠ is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10–2,499 lives. This service is only available while insured under The Standard's group policy.

2 Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | **standard.com**



SI **17200**

Employee Assistance Program-6 EE
(3/23)

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.[1]

You and your spouse are covered with Travel Assistance — and so are kids through age 25 — with your group insurance from Standard Insurance Company (The Standard).[2]

## Security That Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:

- Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories
- Credit card and passport replacement and missing baggage and emergency cash coordination
- Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission
- Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains[3]
- Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond
- Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization
- Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded
- Evacuation arrangements in the event of a natural disaster, political unrest and social instability

## Contact Travel Assistance

**800.872.1414**
United States, Canada, Puerto Rico, U.S. Virgin Islands and Bermuda

Everywhere else
**+1.609.986.1234**

Text:
**+1.609.334.0807**

Email:
**medservices@assistamerica.com**

## Get the App

### Get the most out of Travel Assistance with the Assist America Mobile App.

Click one of the links below or scan the QR code to download the app. Enter your reference number and name to set up your account. From there, you can use valuable travel resources including:

- One-touch access to Assist America's Emergency Operations Center
- Worldwide travel alerts
- Mobile ID card
- Embassy locator


**Reference Number:**
**01-AA-STD-5201**

Download on the App Store

GET IT ON Google Play

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | **standard.com**

1 Travel Assistance is provided through an arrangement with Assist America, Inc. and is not affiliated with The Standard. Travel Assistance is subject to the terms and conditions, including exclusions and limitations of the Travel Assistance Program Description. Assist America, Inc. is solely responsible for providing and administering the included service. Travel Assistance is not an insurance product. This service is only available while insured under The Standard's group policy.

2 Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

3 Must be arranged by Assist America, Inc.



SI **14684**

Travel Assistance EE
(6/20)

# HRA VEBA Plan Benefits

The HRA VEBA Plan is a great way to cover your future medical care costs. Here's how it works: (1) your employer makes contributions to your account; (2) you get to invest that money; and (3) you can use the funds to reimburse your out- of-pocket medical care expenses. Your employer, like more than 550 cities, counties, and special purpose districts in the Northwest, has made a wise choice to provide you with this important benefit.

## Health Reimbursement Arrangement

A health reimbursement arrangement (HRA) is a spending account you can use to cover qualified medical care expenses and premiums. Your HRA is funded with contributions from your employer. For more information on how your account is funded, refer to your collective bargaining agreement (if applicable) or check with Human Resources.

## No Taxes

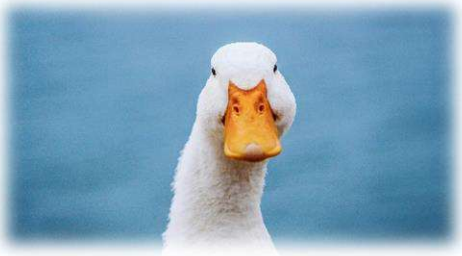
Your HRA is exempt from federal income tax and FICA (Social Security and Medicare) taxes. You do not pay any taxes on employer contributions, investment earnings, or reimbursements (claims) from your HRA. Money goes in tax- free, is invested tax-free, and comes out tax-free. It doesn't get much better than that!

## HRA Advantages

An HRA is one of the best ways to cover your medical care expenses for several reasons.

- You save money by paying zero tax on contributions, investment earnings, and reimbursements.
- Your HRA can cover retiree medical premiums before and after age 65, including Medicare supplement and Medicare Part D premiums.
- Your legal spouse and qualified dependents are covered.
- Your HRA does not require coverage under a high-deductible health plan.
- Your unused balance rolls over each year— no annual "use-it-lose-it" requirement.

# Aflac Voluntary Benefit Plans



### Accident:
Includes increased benefits and lower premiums. Featuring a wellness benefit ($60) for an annual health screening or immunization (Flu Shot).

### Critical Illness:
Covers cancer, heart attack and most major illnesses with a wellness benefit ($50) for an annual health screening.

### Hospital:
Provides hospital admission benefit, daily confinement, emergency room, and many additional benefits to help you cover the cost of a hospital stay.

### Short Term Disability
To provide a source of income if you get hurt or are sick and can't work.

All benefits are paid directly to you in cash. Premiums are payroll deducted. Plans are guaranteed renewable and portable. City employees and their families can be covered at the same low rates. For details, including monthly premiums, on the Aflac Plans contact Lisa Wilson @ 503-704-3552 or Lisa_Wilson@us.aflac.com

# TriMet Passport Program

The City currently provides employees an annual TriMet pass for use on all TriMet services. These passes are for current, regular City employees who use public transportation to get to work or attend business related meetings. They are available through the Human Resources department.

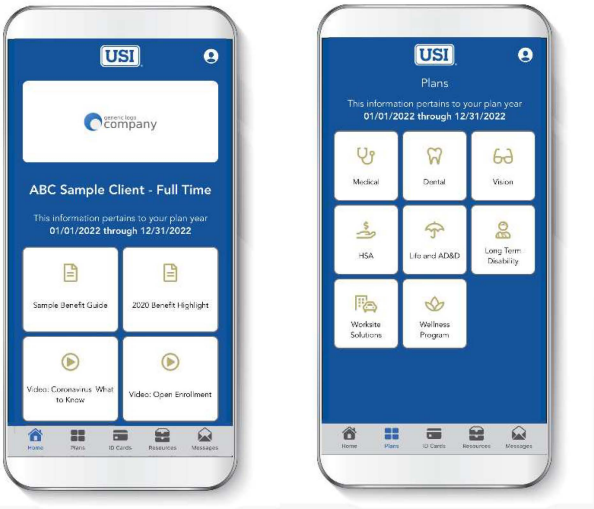
# Benefits Information When You Need It Most

**City of Beaverton**

## FIND IT IN THE APP STORE

Search for '**MyBenefits2GO**' and download our free app.

Enter this code when prompted: **P89057**




## HIGHLIGHTS OF THE MyBenefits2GO APP

- Access benefits information on the go
- Convenient contact information for Carriers and HR
- Organized plan information in one place
- View the most updated plan information
- Store your ID cards in the app

## MyBenefits2GO: FREE MOBILE BENEFITS APP FOR ANDROID AND IPHONE

**The MyBenefits2GO app gives you on-the-go access to your benefit and insurance policy details, HR contact information and more!**

The app is a quick and simple way for you and your enrolled dependents to access benefit summaries and other important information about our group plans. Store photos of ID cards in the app and easily locate carrier and HR contact information—all in one place. The MyBenefits2GO app is free for iPhone and Android.

### Getting In Touch

The app provides employees and their enrolled dependents single-point contact information for benefits resources and insurance carriers.

### Lightening Wallets

The app allows you to store and share images of your ID cards, freeing up space and giving you access when you need it.

### Keeping Up-to-Date

The app automatically connects you with the most updated plan information and allows for message reminders from your employer.

### Staying Organized

The app gives you access to benefit plan information and ID cards—all in one place.


# Call the Benefit Resource Center ("BRC"), We're Here To Help!

## We speak insurance.

Our Benefits Specialists can help you choose the right plan for you and your family, translate confusing jargon, answer questions about which benefits are on your plan and which aren't, work directly with insurance carriers to resolve tricky issues regarding claims and denials of service—and more!

**Benefit Resource Center**

BRCWest@usi.com | Toll Free: 866-468-7272

Monday through Friday 8:00am to 5:00pm Mountain, Pacific and Alaska Standard Time

# Important Legal Notices Affecting Your Health Plan Coverage

## THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please contact your medical customer service representative or refer to your benefits booklet for more information.

## NEWBORNS ACT DISCLOSURE – FEDERAL

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

## NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

## PATIENT PROTECTION MODEL DISCLOSURE

Kaiser Permanente of Oregon and Moda Health Plan, Inc. generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Kaiser Permanente of Oregon or Moda Health Plan, Inc. designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Kaiser Permanente of Oregon at www.kp.org or Moda Health Plan, Inc. at www.modahealth.com.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Kaiser Permanente of Oregon or Moda Health Plan, Inc. or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Kaiser Permanente of Oregon at www.kp.org or Moda Health Plan, Inc. at www.modahealth.com.

## CONTACT INFORMATION

Questions regarding any of this information can be directed to:
Rachel Cali-Ramirez
12725 SW Millikan Way, Beaverton, OR 97005
503-350-4067
rcali-ramirez@beavertonoregon.gov

# Your Information. Your Rights. Our Responsibilities.

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information.* ***Please review it carefully****. Contact information for questions or complaints is available at the end of the notice.*

## Your Rights

You have the right to:

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

## Your Choices

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

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

## Our Uses and Disclosures

We may use and share your information as we:

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

## Your Rights

### When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

### Get a copy of health and claims records

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

### Ask us to correct health and claims records

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

### Request confidential communications

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

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

- You can ask us not to use or share certain health information for treatment, payment, or our operations.

- We are not required to agree to your request.

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

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

### Get a copy of this privacy notice

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

### Choose someone to act for you

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

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

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html.
- We will not retaliate against you for filing a complaint.

## Your Choices

### For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
  *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- In these cases, we never share your information unless you give us written permission:
  Marketing purposes
  Sale of your information

## Our Uses and Disclosures

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

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

### Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.
*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

### Pay for your health services

We can use and disclose your health information as we pay for your health services.
*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

### Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.
*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

### Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.

- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

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

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

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

### Help with public health and safety issues

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

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

### Do research

We can use or share your information for health research.

### Comply with the law

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

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

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

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

We can use or share health information about you:

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

### Respond to lawsuits and legal actions

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

## Our Responsibilities

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

For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

### Changes to the Terms of this Notice

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

### Other Instructions for Notice

- Effective Date: July 1, 2025
- Rachel Cali-Ramirez, 12725 SW Millikan Way; Beaverton, OR 97005

# INDIVIDUAL **CREDITABLE COVERAGE** DISCLOSURE NOTICE

If you are receiving a copy of this notice electronically, you are responsible for providing a copy of it to any Part-D eligible dependents covered under the group health plan.

## Important Notice from City of Beaverton About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Beaverton and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of Beaverton has determined that the prescription drug coverage offered by the City of Beaverton group health plan for the plan year July 1, 2025 to June 30, 2026 is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered **Creditable Coverage**. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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### When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, the following options may apply:

- You may stay in the City of Beaverton group health plan and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date without penalty either:
    - During the Medicare prescription drug annual enrollment period, or
    - If you lose City of Beaverton group health plan creditable coverage.
- You may stay in the City of Beaverton group health plan and also enroll in a Medicare prescription drug plan. The City of Beaverton group health plan will be the primary payer for prescription drugs and Medicare Part D will become the secondary payer.
- You may decline coverage in the City of Beaverton group health plan and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do not enroll in the City of Beaverton group health plan, you are not able to receive coverage through the plan unless and until you are eligible to reenroll in the plan at the next open enrollment period or due to a status change under the cafeteria plan or special enrollment event.

## When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of Beaverton and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information About This Notice or Your Current Prescription Drug Coverage…

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Beaverton changes. You also may request a copy of this notice at any time.

## For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

| | |
|---|---|
| Date: | 07/01/2025 |
| Name/Entity of Sender: | City of Beaverton |
| Contact Position/Office: | Rachel Cali-Rameriz, Benefits Specialist |
| Address: | 12725 SW Millikan Way; Beaverton, OR 97005 |
| Phone Number: | 503-350-4067 |

# 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're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

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**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. Contact your State for more information on eligibility –**

| OREGON – Medicaid and CHIP |
|---|
| Website: http://healthcare.oregon.gov/Pages/index.aspx<br>Phone: 1-800-699-9075 |
| **WASHINGTON – Medicaid** |
| Website: https://www.hca.wa.gov/<br>Phone: 1-800-562-3022 |

For more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
**www.dol.gov/agencies/ebsa**
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
**www.cms.hhs.gov**
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub.L.104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C.3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C.3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

# Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

## PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

## What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

## Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

## Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution – as well as your employee contribution to employment-based coverage – is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all these factors in determining whether to purchase a health plan through the Marketplace.

## When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023, and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

## What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023, and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

## How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact:

| | |
|---|---|
| Name/Entity of Sender: | City of Beaverton |
| Contact Position/Office: | Rachel Cali-Rameriz, Benefits Specialist |
| Address: | 12725 SW Millikan Way; Beaverton, OR 97005 |
| Phone Number: | 503-350-4067 |

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

| 3. Employer Name | | 4. Employer Identification Number (EIN) |
|---|---|---|
| City of Beaverton | | 93-6002125 |
| 5. Employer address | | 6. Employer phone number |
| 12725 SW Millikan Way | | 503-350-4067 |
| 7. City | 8. State | 9. ZIP code |
| Beaverton | Oregon | 97005 |
| 10. Who can we contact about employee health coverage at this job? | | |
| Rachel Cali-Ramirez | | |
| 11. Phone number (if different from above) | 12. Email address | |
| | Rcali-ramiriz@beavertonoregon.gov | |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☒ All employees. Eligible employees are:

    The plan's eligibility requirements are stated in the Member Benefits Handbook. All employees who meet those requirements are eligible for coverage.

  - ☐ Some employees. Eligible employees are:

- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:

    The plan's eligibility requirements are stated in the Member Benefits Handbook. All dependents who meet those requirements are eligible for coverage.

  - ☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process.

Beaverton
OREGON

**12725 SW Millikan Way**
**Beaverton, Oregon 97005**
**503-350-4067**

*This brochure summarizes the benefit plans that are available to Client Name eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available*