



# BENEFITS

## Open Enrollment Guide Fire Employees

Plan Year: July 1, 2020 – June 30, 2021



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# Welcome to Open Enrollment

Dear City of Albany Colleagues:

The annual open enrollment period for the July 1, 2020, to June 30, 2021, plan year will begin on Monday, May 4, 2020. Open enrollment is the time of year when all eligible City employees can re-evaluate their benefit needs and review current plan elections to ensure they continue to meet their needs and those of their families.

Now is the time to make changes to current elections or enroll for the first time for the new benefit year. Any new elections and all changes will become effective July 1, 2020, and continue through June 30, 2021. This guide includes helpful information for evaluating your benefits options. If you do not wish to make any changes to your current benefit elections, you do not need to do anything. Your current choices will remain in place for the July 1, 2020, through June 30, 2021, plan year.

Due to the current pandemic, we are holding open enrollment entirely online this year. Please visit [www.cityofalbany.net/openenrollment](http://www.cityofalbany.net/openenrollment) to view videos on plan offerings or to find the forms that you need.

Should you have any questions about any of the plan options or need assistance related to the open enrollment process, our benefit team at Aldrich is eager to assist you. As always, you can reach out directly to us in HR with any questions as well.

Sincerely,

Your Human Resources Team

Email: [hr@cityofalbany.net](mailto:hr@cityofalbany.net)

Phone: 541-917-7512

# What do I need to do?

The City of Albany offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

## Who is eligible?

If you are an employee working 20 or more hours per week, you are eligible to enroll in the benefits described in this open enrollment guide. All regular, full-time employees are required to enroll themselves, their spouse, and their eligible dependent children in health insurance (medical, dental, vision) coverage.

## How to make changes or enroll

Review your current benefit elections on your semi-monthly paystub for details on what benefits you are currently enrolled in! Once you have made your insurance changes, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.

## When to enroll

Your benefits will remain the same unless you make changes during open enrollment. Open enrollment change forms are **due by 5:00 p.m., Friday, May 29, 2020**. Changes you elect to make during open enrollment will take effect July 1, 2020.

## No changes to your current elections?

If you do not want to make any changes to your current benefit elections, you do not need to do anything. Your 2019 elections for these benefit plans will automatically continue for the July 1, 2020, through June 30, 2021, plan year.

## How to make changes during the plan year

You can make changes with a qualified change in status during the plan year. Qualified changes in status include: marriage; divorce; legal separation; domestic partnership status change; birth or adoption of a child; change in child's dependent status; death of spouse, child, or other qualified dependent; change in residence due to an employment transfer for you, your spouse, or domestic partner; commencement or termination of adoption proceedings; or change in spouse's or domestic partner's benefits or employment status.

**It is your responsibility to notify Human Resources within 30 days of any and all changes that affect your insurance benefits and benefit records or other changes that affect payroll deductions. (Employees who do not comply with this requirement and for whom the City pays insurance premiums for ineligible dependents may be required to reimburse the City for those expenditures per Human Resources Policy HR-BC-09-005).**

# Have questions about your benefits?

## The team at Aldrich Benefits is here to help!

I'm Tracey Davis, the benefits consultant at Aldrich Benefits working for the City of Albany. The City has hired us to coordinate most of your employee benefits package, including medical, dental, disability and life insurance.

Our team has a number of years of experience in the industry, including 30+ years working directly with the City. We are here to help you with any insurance issues that confront you, including questions about your benefits or any claims issues you may be experiencing. We are the first to admit that navigating your benefit plans can be confusing and we are happy to help! Please feel free to reach out to us! We pride ourselves on getting back to you quickly, usually within one business day.

The Health Insurance Portability and Accountability Act (HIPAA) protects the privacy of your personally identifiable health information. As a result of this legislation, the City of Albany human resources staff is not able to assist you in resolving claims issues or answering any insurance related claims questions that would lead them to have knowledge of any medical condition you have, especially if the condition is of a sensitive nature. If you have claims issues or benefit questions which would make it necessary for you to discuss a medical condition, please contact us directly. We can assist you with most of all your claims questions and all of your information is kept confidential.

I look forward to serving your employee benefit needs!

Sincerely,

Tracey Davis  
Partner, Employee Benefits Consultant

**Tracey Davis**  
Employee Benefits Consultant

Toll Free: 877-588-0002  
Direct Dial: 503-485-2482

Email: [tdavis@aldrichadvisors.com](mailto:tdavis@aldrichadvisors.com)

**Trina Berry**  
Account Manager

Toll Free: 877-588-0002  
Direct Dial: 503-716-9329

Email: [tberry@aldrichadvisors.com](mailto:tberry@aldrichadvisors.com)

**Todd Eide**  
Member Claims Advocate

Toll Free: 877-588-0002  
Direct Dial: 360-787-0654

Email: [mybenefits@aldrichadvisors.com](mailto:mybenefits@aldrichadvisors.com)



# Health Plan Summary

## Medical coverage and prescription drugs

The City continues to offer a preferred provider plan through Regence BlueCross BlueShield (BCBS) for the upcoming plan year July 1, 2020, through June 30, 2021. This plan offers Upfront Benefits for office visits and outpatient radiology and laboratory services for treatment of illness or injury.

For more full plan details see your Regence Plan Summary at [hr.cityofalbany.net](http://hr.cityofalbany.net) for full plan information. Please contact [HR@cityofalbany.net](mailto:HR@cityofalbany.net) to request a paper copy.

### Medical coverage summary:

Services	Category 1: Preferred	Category 2: Participating	Category 3: Non-Participating
<b>Office Visit - Physician</b>	\$20/copay for preferred providers  No deductible needs to be met	\$35/copay  No deductible needs to be met	30% coinsurance  After deductible
<b>Deductible</b> - Individual - Family	\$300 per person \$900 per family (3 or more)	\$300 per person \$900 per family (3 or more)	\$300 per person \$900 per family (3 or more)
<b>Out-of-Pocket Max</b> - Individual - Family	\$1,500 per person \$3,000 per family (3 or more)	\$1,500 per person \$3,000 per family (3 or more)	\$1,500 per person \$3,000 per family (3 or more)
<b>Prescription Drugs</b> -Generic/Brand/Nonpreferred or Specialty Retail/Mail Order	30-day supply \$10/\$20/\$40 90-day supply \$30/\$60/\$120  Preauthorization for some drugs may apply	30-day supply \$10/\$20/\$40 90-day supply \$30/\$60/\$120  Preauthorization for some drugs may apply	You may be responsible for excess amounts including deductibles, copays and/or coinsurance

# Health Plan Summary

## Vision

Regence BCBS is now administering your vision insurance through VSP. This benefit includes services for vision exams, prescription lenses, prescription contact lenses, and frames. In order to be a covered benefit, services must be provided by a licensed eye care provider, ophthalmologist, or optometrist.

**Reminder:** Each calendar year (January 1) your benefit allowance will start over.

Services	VSP Provider	Out-of-Network Provider
<b>Eye Examination (complete, including refraction):</b>	No charge up to the VSP doctor limit	\$45
<b>Frame or elective contact lenses*</b>	\$150 from a VSP doctor or \$80 from a VSP approved wholesale/retail vendor	\$70
<b>Lenses</b>	Coverage for lenses limited to 1 pair (2 lenses) for glass or plastic single vision lenses, lined bifocal lenses, lined trifocal lenses, lenticular lenses, standard progressive lenses or elective contact lenses* every calendar year.	\$30 for single vision lenses, \$50 for lined bifocal / standard progressive lenses, \$65 for lined trifocal lenses, \$100 for lenticular lenses, \$105 for elective contacts (includes fitting/evaluation services)*, or \$210 for necessary contact lenses (includes fitting/evaluation services)
<b>Contact lens evaluation and fitting examination</b>	\$60 copay	No charge up to the out-of-network provider limit**

\*Contact lenses are in lieu of all other frame and lens benefits. When you receive contact lenses, you will not be eligible for any frames and/or lenses until the next calendar year.

\*\*Coverage from an out-of-network provider is included in the elective contact lens or necessary contact lens allowance described above.

## Dental Plan

Your dental coverage is through the Regence BCBS Expressions plan, which allows you to seek treatment from the dentist of your choice.

Services	Amount You Pay	Amount You Pay	Benefit Amount
<b>Preventive Services</b>	Exams, Cleanings, X-rays	\$0	100% of the Allowed Amount
<b>Calendar Year Deductible</b>	Applies to basic and major services only	N/A	NA
<b>Basic Services</b>	Fillings, Simple extractions, Oral Surgery, Endodontic (Root Canal), Periodontics	\$0	100% of the Allowed Amount
<b>Major Services</b>	Crowns, implants, dentures	0%	100% of the Allowed Amount
<b>Orthodontia</b>	No age limit	50%	50% to a \$1,500 lifetime maximum
<b>Annual Maximum</b>			\$1,500.00

# Group Life and Long-term Disability

## Basic Life Insurance

Employees are provided \$50,000 of life and accidental death and dismemberment insurance and \$2,000 of dependent life insurance (each dependent) through Standard Insurance Company. This insurance is fully paid by the City. Contact Human Resources to update your beneficiary.

## Disability Income Benefits

Long-Term Disability: The City of Albany provides employees with long-term disability income benefits through Standard Insurance Company and pays the full cost of this coverage. In the event you become disabled from a non-work-related injury or sickness and are off work for more than 90 days, 66 2/3 percent of your salary in disability income benefits are provided as a source of income.

## Supplemental Benefits



**These are benefits that you can choose to newly elect or change at Open Enrollment. These benefits are paid by the employee through payroll deduction.**

### Voluntary Life Insurance

Employees who want to supplement their group life insurance benefits may purchase additional coverage through CIGNA. When you enroll yourself, your spouse, and/or dependents in this benefit, you pay the full cost through monthly payroll deductions. You can purchase coverage in \$10,000 increments with the following restrictions:

	Minimum Coverage	Maximum Coverage
Employee	\$10,000	5x Annual Salary up to \$500,000
Spouse or Domestic Partner	\$10,000	\$250,000
Dependent Children up to age 25 if still a full-time student	\$10,000	\$10,000

**Not sure how much life insurance you may need?** Use the Cigna provided worksheet for an estimate. The monthly cost of insurance for you and your spouse will depend on your age and the amount of insurance you wish to purchase. The cost of insurance increases with the age of the insured.

[Cigna Informational Brochure](#)

### Questions?

Cigna Group Insurance customer service representatives can assist you with the completion of your enrollment form by calling 1-800-732-1603 toll-free anytime from Monday through Friday, 8 a.m. to 6 p.m. Eastern time. For specific benefit/account questions on what is available under your plan, please contact Human Resources.

# Supplemental Benefits Continued

## Colonial Short-Term Disability

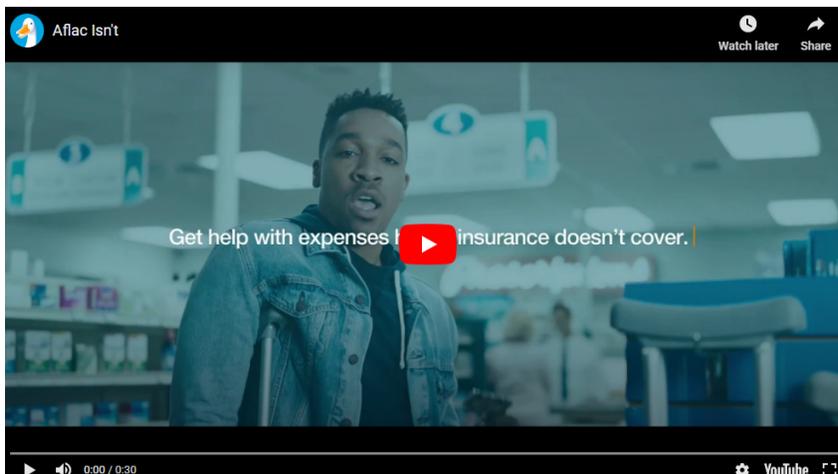
It's important to be financially prepared for the future. That's why you have insurance for your house, your car and your health. If an accident or illness prevented you from earning an income, how would you pay for your everyday expenses? You never know how long a disability could last, so it's important to have a backup plan. Colonial Life's disability insurance can help protect your way of life by providing a monthly benefit for a covered disability.

This is a payroll-deducted employee-paid benefit through Colonial Insurance that provides replacement income after 7 days of disability for up to 90 days. This benefit provides up to 60 percent of your salary. Complete an [interest form](#) to learn more. A Colonial representative will contact you directly.



## AFLAC

These policies provide additional medical insurance (premiums after tax) including: Accident Protection; Cancer Indemnity; Specific Event including intensive care for sickness and injury, critical illness such as heart attack, stroke, coma, paralysis, end stage renal failure, third degree burns, coronary bypass surgery and angioplasty; and Hospital Protection coverage. Complete an [interest form](#) to learn more. An AFLAC representative will contact you directly.



# Employee Assistance Program



## Standard Insurance Company

There are times when you might need a little help coping or figuring out what to do. Take advantage of the free, confidential Employee Assistance Program which includes WorkLife Services and is available to you, your dependents (including children up to age 26), and all household members through your Standard group life insurance.

You can contact master's-degreeed clinicians 24/7 by phone, online, live chat, email, and text. There's even a mobile EAP app. Receive referrals to support groups, a network counselor, community resources, or your health plan. If necessary, you'll be connected to emergency services. This program includes up to three face-to-face assessment and counseling sessions per issue.

[www.workhealthlife.com](http://www.workhealthlife.com)

## Calapooia Employee Assistance (CALEA)

All of us are faced with changes; some changes we choose, and others are not voluntary. We all have various levels of stress due to these changes in our lives. At some point or another, most of us could benefit from some professional assistance, support, or guidance during our more difficult times.

This is an independent EAP service based in Albany. CALEA was established for the specific purpose of linking local employees and their families with local mental health professionals so that employer, employees, and community all benefit. There is no charge to you for this service.

Call 541-967-8345 and identify yourself as an employee or family member asking about the EAP. You may call any time, day or night, seven days a week, 365 days a year. If you reach a voicemail, please leave a message that you would like the EAP counselor to return your call.

# What's your plan for retirement?

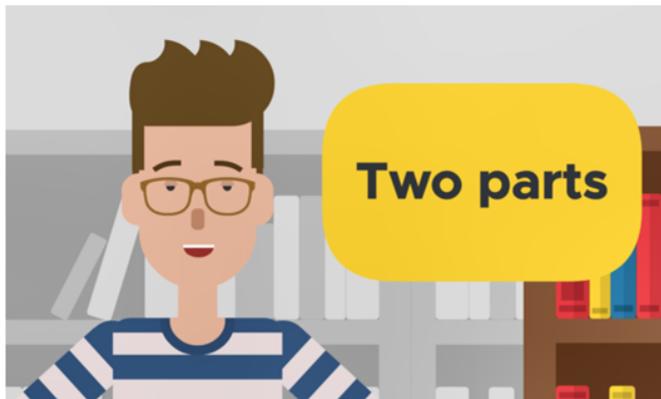
## Oregon Public Employees Retirement System (PERS)

The City contributes to the PERS retirement system for employees. For more information visit [www.oregon.gov/pers](http://www.oregon.gov/pers).

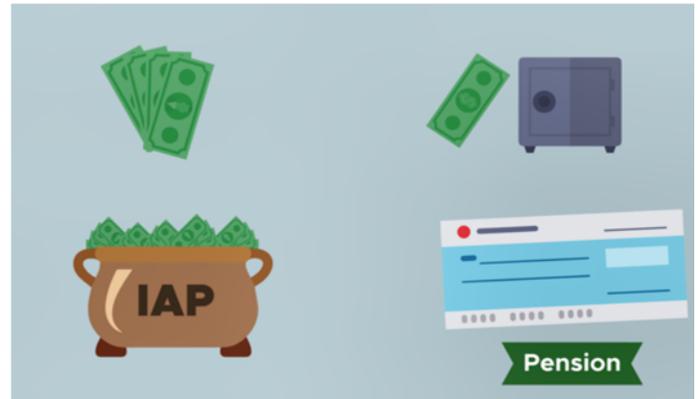
### July 1, 2020, changes to PERS

Oregon PERS has created new, animated videos to help explain some of the upcoming changes due to Senate Bill (SB) 1049. A portion of your employer paid 6% Individual Account Program (IAP) contribution will be redirected to a new "Employee Pension Stability Account."

1. The two parts to your future PERS retirement: your **pension** and your **IAP**



2. What is changing with your **IAP** under SB 1049, starting July 1, 2020



**Have questions or need help?** PERS Member Services representatives are available Monday through Friday, from 8:30 a.m. until 5:00 p.m., Pacific Time, via [phone and email](#).

## Deferred Compensation Plans

### 457 Deferred Compensation & City Match

Employees are eligible to participate with employee contributions into a pre-tax or after tax (Roth) 457 deferred compensation plan with ICMA-RC and/or Nationwide Retirement Solutions; the City contributes 1.5% of an employee's base salary and, in addition, will match up to 0.5% (one-half of one percent) based on an employee's base salary.

An employee can make changes to their deferred compensation deferral at any time during the year. [Forms are available online](#).

### Meet with a Plan Representative

Nationwide and ICMA have knowledgeable plan representatives available to meet with you individually.

<b>Nationwide</b>	Web/Phone Meetings Available
<b>Contact:</b> Andy Segrist <a href="mailto:a.segrist@nationwide.com">a.segrist@nationwide.com</a> 503-702-3769 OFFICE	
<b>ICMA</b>	Web/Phone Meetings Available
<b>Contact:</b> DeLana Hansen <a href="mailto:dhansen@icmarc.org">dhansen@icmarc.org</a> 888-803-2726 OFFICE 202-731-0134 CELL	

# Annual Notices

## 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](http://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](http://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](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility –**

<p><b>ALASKA – Medicaid</b>          The AK Health Insurance Premium Payment Program          Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a>          Phone: 1-866-251-4861          Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a>          Medicaid Eligibility:  <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a></p>	<p><b>WASHINGTON – Medicaid</b>          Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a>          Phone: 1-800-562-3022 ext. 15473</p>
<p><b>OREGON – Medicaid and CHIP</b>          Website:  <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  <a href="http://www.oregonhealthcare.gov/indexes.html">http://www.oregonhealthcare.gov/indexes.html</a>          Phone: 1-800-699-9075</p>	

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
 Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
 1-877-267-2323, Menu Option 4, Ext. 61565

# Annual Notices

## **Women’s Health and 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;
- Protheses; 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. For more information regarding these notices contact Human Resources.

## **Newborns’ and Mothers’ Protection Act**

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).

## **Patient Protection Disclosure**

The group health plan listed in this guide generally allows 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. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the group health plan 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 preapproved treatment plan, or procedures for making referrals.

For information on how to select a primary care provider, for a list of the participating primary care providers or participating health care professionals who specialize in obstetrics or gynecology, contact your plan administrator.

# Annual Notices

## Important Notice from Regence BlueCross BlueShield Health Plans about Your Prescription Drug Coverage and Medicare

May 1, 2020

Re: Your Prescription Drug Coverage Is Creditable for Medicare Part D

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

- 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.
- Regence BlueCross BlueShield Health Plans has determined that the prescription drug coverage offered by your employer's health plan 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.

### **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 15 to December 7. 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, your current Regence BlueCross BlueShield Health Plans coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drugs. You will still be eligible to receive all of your current health and prescription benefits if you choose to enroll in a Medicare prescription drug plan. The two plans combined will never pay more than 100 percent of your prescription drug costs.

You should compare your current coverage with Medicare prescription drug coverage in your area. The cost of the plans and which drugs are covered should be taken into consideration. If you do decide to join a Medicare drug plan and drop your current Regence BlueCross BlueShield Health Plans coverage, be aware that you and your dependents will be able to get this coverage back.

### **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 Regence BlueCross BlueShield Health Plans 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 percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19 percent 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.

# Annual Notices

## Medicare Part D Notice Continued

For more information about this notice or your current prescription drug coverage, contact your group plan administrator as indicated below.

Name of Plan Sponsor (employer):	City of Albany
Name of Group Health Plan:	Regence BlueCross BlueShield Health Plans
Name of Group Administrator:	Katie Forsman
Address:	333 Broadalbin Street SW, Albany, OR 97321
Phone Number:	541-917-7500

**NOTE:** You'll receive this notice each year. You will also receive it before the next period you can join a Medicare drug plan, and if this coverage through Regence BlueCross BlueShield Health Plans 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 available in the *Medicare and You* handbook. Medicare will mail a copy of the handbook to you. They may also contact you directly regarding their prescription drug plans.

### For more information about Medicare Prescription Drug Coverage

Visit the Medicare website at [Medicare.gov](http://Medicare.gov).

Call your state Health Insurance Assistance Program. (See the inside back cover of *Medicare and You* handbook for their telephone number.)

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 online at [Socialsecurity.gov](http://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).

**The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your guide, contact Human Resources.**

# Reminders

All Open Enrollment Forms Due by  
5:00 p.m., Friday, May 29, 2020.

**Attend open enrollment meetings:** Ask supplemental insurance questions, pick up plan summaries and enrollment/change forms.

## Changes that you can make during open enrollment to be effective July 1, 2020:

- Enroll or terminate individual and/or dependent coverage in the medical/dental plans
- Add or make changes to the Voluntary Life and AD&D plan (CIGNA/LINA Insurance), the Colonial Short-Term Disability Plan and AFLAC Insurance Plans
- Add or terminate your City Match Program with ICMA or Nationwide Retirement Solutions

**Review your beneficiaries:** Life changes? Be sure to review your designated beneficiaries for your Standard Life Insurance, CIGNA Life Insurance, Deferred Compensation and PERS/OPSRP. Required forms are available online <https://www.cityofalbany.net/hr/benefits/supplemental-benefits> or <https://www.cityofalbany.net/hr/benefits/retirement-benefits>.

**Benefit Summary:** Review your semi-monthly paystub for details on what benefits you are currently enrolled in!

**Flexible Spending Account (FSA):** Open Enrollment will be in November for the January 1, 2021, to December 31, 2021, plan year. Remember only \$500 rolls over into the next plan year for your unreimbursed health-related expenses account. Setup a MyFlex account to access your benefit information online <https://psa.pacificsource.com/MyFlex.aspx>.

# Who do I contact?

**Contact Human Resources with any questions or for enrollment/change forms.**

Email [HR@cityofalbany.net](mailto:HR@cityofalbany.net).

- Melissa Humphries 541-791-0072
- Amy Steele 541-917-7512

**Aldrich Benefits** works on your behalf to negotiate insurance contracts and resolve claim issues. If you have questions, you can reach Aldrich Benefits directly at 877-588-0002.

- Tracey Davis, Consultant
- Trina Berry, Account Manager
- Todd Eide, Employee Advocate/Claims Analyst



## SUMMARY OF CHANGES: Oregon Group 51-100

This comparison summarizes the substantive revisions that will be made to products effective with the first renewal on or after January 1, 2020 (unless specifically noted otherwise). If there is any inconsistency between this Summary of Changes and the Booklet, Policy, Plan or Endorsement the terms of the Booklet, Policy, Plan or Endorsement will prevail.

### MANDATED CHANGES – apply to all plans

Benefits	1/2019	1/2020	Mandate
<b>\$1,350 Deductible</b> <i>Applies to HSA 2.0, HSA 3.0</i>	\$1,350 deductible plan	Groups with the \$1,350 individual/\$2,700 family deductible plan will be transitioned to the \$1,500 individual/\$3,000 family deductible plan due to the updated 2020 Cost of Living Adjustments for HSAs.	Section 223 of the Internal Revenue Code

### BENEFIT AND LANGUAGE CHANGES – apply to all plans

Benefits	1/2019	1/2020
<b>Acupuncture and Chiropractic Spinal Manipulations (2019 benefit title Complementary Care)</b> <i>Applies to Classic</i>	Optional benefit: coinsurance with deductible waived, then covered at 20% member cost share from In-network (INN) and Out-of-Network (OON) providers.	Current option will now have an In-network (INN) copay with deductible waived. Copay amounts will match office visit copays.  Out-of-Network (OON) coverage will now be subject to regular plan cost shares.
<b>Blue Distinction Total Care (BDTC) Office Visits and Psychotherapy Visits</b> <i>Applies to all plans with the reduced BDTC member cost share option</i>	Non-HSA plans: Copays were reduced by half when seeing a BDTC provider.  HSA plans: Coinsurance was reduced by half when seeing a BDTC provider.	Non-HSA plans: Removed lower BDTC copays. HSA plans: Removed lower BDTC coinsurance.  All plans: Coverage will now be subject to regular plan cost shares.
<b>Complementary Care (optional benefit)</b>	Acupuncture and chiropractic spinal manipulations combined as a benefit titled "Complementary Care."	Changed the name to "Acupuncture and Chiropractic Spinal Manipulations".
<b>Congenital Anomalies</b>	Covered up to age 26.	Removed age limitation.

## SUMMARY OF CHANGES: Oregon Group 51-100

### BENEFIT AND LANGUAGE CHANGES – apply to all plans

Benefits	1/2019	1/2020
Exclusions - Medical: Over-the-Counter Contraceptives	Over-the-counter contraceptive supplies are not covered unless approved by the FDA and prescribed by a Provider.	Removed the prescription requirement. Over-the-counter contraceptive supplies are not covered unless approved by the FDA.
Foot Care	Foot care covered when associated with diabetes.	Foot care coverage includes additional diagnoses beyond diabetes including care due to hazards of a systemic condition causing severe circulatory dysfunction or diminished sensation in the legs or feet.
Gene Therapy and Adoptive Cellular Therapy	Gene therapy and adoptive cellular therapy benefit is available, including travel, when treatment is provided by a Center of Excellence (COE) provider. There is no benefit for members receiving treatment from non-COE providers.	Due to new therapies becoming available, updated administration and added benefits for when a Center of Excellence facility has not been identified. For some of these new therapies, based on the generally accepted course of treatment in the United States, travel benefits may not apply.
Immunizations Outside of ACA <i>Applies to HSA 2.0, HSA 3.0</i>	In-network (INN)/Category 1 and 2 coverage was not subject to the deductible.	In-network (INN)/Category 1 and 2 coverage is subject to the deductible.
Manufacturer Coupons	Member cost-sharing paid with a drug manufacturer coupon will not be credited toward the out-of-pocket maximum.	Member cost-sharing paid with a drug manufacturer coupon may not be credited toward the out-of-pocket maximum.
Mental Health Substance Use Disorder - Upfront Outpatient Radiology and Lab <i>Applies to plans with an upfront radiology and lab benefit</i>	A claim billed with a Mental Health Substance Use Disorder (MHSUD) diagnosis, covered under the MHSUD benefit at regular cost shares.	Revised when radiology and laboratory services are billed with a MHSUD diagnosis, coverage will now apply to the Upfront Outpatient Radiology and Lab benefit first. Once any limit is exhausted, coverage will then be provided under the MHSUD category.
Neurodevelopmental / Rehabilitation (Outpatient) <i>Applies to Classic</i>	Covered at regular plan cost shares.	In-network (INN) coverage will now be deductible waived, subject to copay. Copay amounts will match office visit copays.  Out-of-Network (OON) benefits will continue to be covered at regular plan cost shares.

## SUMMARY OF CHANGES: Oregon Group 51-100

### BENEFIT AND LANGUAGE CHANGES – apply to all plans

Benefits	1/2019	1/2020
Participating level visits with BlueCard <i>Applies to Classic, HSA 3.0</i>	Services received from a Participating provider outside of the Cambia service area were covered at INN cost share levels.	Services received from a Participating provider outside of the Cambia service area will be covered at OON cost share levels. These providers may still continue to balance bill.
Pharmacy - Naloxone Value List	Naloxone injections were covered as pharmacy Tier 1; nasal spray was covered as Preferred brand.	Implemented a Naloxone Value List, which includes specific opioid antagonists, intended to treat opioid overdose. Coverage is available at \$0 cost share for all non-HSA plans; \$0 after deductible for HSA plans.
Therapeutic Injections	Self-administrable hemophilia (clotting) factor drugs were covered under the Medical benefit.	Self-administrable hemophilia (clotting) factor drugs are covered under the Pharmacy specialty benefit.
Virtual Care - Telemedicine/Telehealth <i>Applies to HSA 2.0</i>	Telehealth and Telemedicine services are covered.  Telehealth: Category 3 services were not covered.	Telehealth and Telemedicine services are included as a benefit titled "Virtual Care."  Telehealth: Category 3 benefits are covered at regular plan cost shares.
Virtual Care - Telemedicine/Telehealth / Store and Forward <i>Applies to all plans except HSA 2.0</i>	Telehealth (including Store and Forward services) and Telemedicine are covered.  Telehealth/Store and Forward services: Out-of-Network/Category 3 services were not covered.	Telehealth, Telemedicine, and Store and Forward* Services are included as a benefit titled "Virtual Care."  Out-of-Network (OON)/Category 3 benefits are covered at regular plan cost shares.  ***Store and Forward technology" is secure one-way electronic transmission (sending) of a patient's medical information from an originating site to a Provider, which is later used by the Provider for diagnosis and medical management of the patient.