



Enclosed is information to help you during the Benefits Open Enrollment period from October 15 through November 15, 2011. Changes to benefit packages go into effect January 1, 2012.

If you have questions or comments about your benefits, you can contact Human Resources at hr@springfield-or.gov, or call 541-726-3705.

City of Springfield – Human Resources
225 5th St., Springfield, OR 97477
Phone: 541-726-3705
Fax: 541-726-4614

2012 City of Springfield Open Enrollment October 15 – November 15



Carefully read **2012 Benefit Updates** below and use **SHEETS 1 & 2** to help you learn more about your benefit plans and open enrollment options.

SHEET 1:

- **Medical Plan Comparisons** presents side-by-side comparisons of HIP plan and the New PPO plan. Compare plans to see how services you typically use during the year – like office visits and prescription drugs – will be covered. Consider choosing the least costly plan that meets your health-care needs.
- **Medical and Dental Plan Monthly Premium Rates**
- **Health Plan Cost Estimator** helps you estimate monthly costs for your choice of health plan.
- **Benefit Contact Information**

SHEET 2:

- **A List of Medical and Dental Plan Changes**
- **Required Notices** gives you important information from the federal government about your benefits.

2012 BENEFIT UPDATES:

NEW PPO PLAN: Effective January 1, 2012 a new version of the PPO plan will replace the current PPO plan available to City employees. Please see *SHEET 1*, visit an in-forum, or contact HR to learn more about the new plan option. An interactive calculator to help you determine your cost in each of the Medical plan options is available on the Human Resources page, on Springboard and the City's website.

Waiver of Dependent Medical and Dental Coverage: All full-time employees must be enrolled in City health and dental insurance. If the employee's dependents have other medical insurance coverage, the employee may apply for Waiver of Dependent Coverage. Interested employees must provide proof of other medical insurance coverage and a waiver of coverage form for the dependents to be deleted from City coverage. Enrollment in the City's dental plan must be the same as the enrollment for the health plan. Part-time employees may waive employee health insurance coverage as well as dependent coverage by applying for Waiver of Coverage.

Incentive for the Waiver of Dependent Coverage

If the Waiver of Dependent Coverage meets certain criteria, the employee will receive an incentive for the Waiver of Dependent Coverage.

1. If the employee is enrolled in the Preferred Provider plan (PPO) and the Waiver of Dependent Coverage affects the employee's insurance enrollment status the employee will receive a Dual Coverage Allowance (DCA). For example, going from two-party to single or from full family to two-party or single would qualify.
2. If the employee is enrolled in the Health Incentive Plan (HIP) and the Waiver of Dependent Coverage changes the employee's enrollment status to single coverage the employee will receive the two-party/full family Health Reimbursement amount.

2012 Open Enrollment Information and FAQ's

Q: What steps do I need to take this year?

- A. Review the 2012 Benefit Updates, the FAQ's below, and your Union Benefit Summary located on the HR webpage on Springboard and the City's website; then decide what enrollments you want to make. Submit completed paperwork to HR by 5:00 PM November 15th.

Q: What are my options during Open Enrollment this year?

A. Open Enrollment is the time to decide if you:

- Want to switch Medical plans (HIP or the *new* PPO)
- Add or drop dependents
- Apply for Waiver of Dependent Medical and Dental Coverage
- Enroll in the Sick Leave Reserve Program (SLRP) (SEIU, AFSCME, and Non-Represented employees only) **Sign on to Employee Self-Service to enroll.**
- Enroll in a Flexible Spending Account (FSA) for 2012 (this form must be completed annually if you want to set aside pre-tax dollars for 2012 qualified health care expenses or childcare expenses.)

Q: What if I don't want to make any changes, and don't want to enroll in FSA or SLRP?

A: If you don't want to make any changes, or enroll in FSA and SLRP then no action is needed on your part. However, if you do want to enroll in SLRP and/or to set aside pre-tax dollars for 2012 FSA then you need to complete the FSA annual enrollment form and sign into Employee Self-Service to enroll in SLRP.

Q: Where can I find Open Enrollment Materials?

A: Enrollment Materials and information are found on the HR webpage on Springboard and the City Website, http://www.springfield-or.gov/hr/dept_hr.htm.

Q: Who do I call with questions?

A: If you have questions about what form to complete, call HR at 541-726-3705, or to get your PeopleSoft login and password, call the IT helpdesk at 541-726-1234.

Q: How do I review my current benefit elections?

A. Current benefit enrollment election (2012 plan year) can be viewed from within PeopleSoft Employee Self-Service. (This currently can only be viewed from a computer within the City network.)

- To sign-in, go to: Springboard and click on Employee Self Service.
- Select: *Employee_Self_Service>Benefits>Benefits_Home* from the left menu once you have logged in.

Q: How do I find out how much I contributed to my 2011 FSA account?

A: You can look up your 2011 FSA contribution in PeopleSoft Employee self service, or at www.mybenny.com. Call Manley Services at (888) 532-5332 if you need help logging in to the "My Benny" website.

Q: When should I complete the other forms?

PacificSource Medical Enrollment & Change Form

- Complete if you wish to add or drop dependents to your medical coverage.
- Complete this form if you wish to change medical plans (HIP or PPO)

Manley Services HRA form

- Complete if you want to update your beneficiaries, or if you have added or dropped dependents to your medical coverage.

ODS Dental Enrollment & Change form

- Complete if you want to add or drop a dependent to your dental coverage.

Waiver of Dependent Medical and Dental Coverage

- Complete if you want to apply to waive medical and dental coverage for your dependents.

Voluntary Life and Accidental Death and Dismemberment Insurance

- Complete if you want to apply for voluntary (employee paid) life, or AD&D insurance. (This can be done any time during the year.)

Deferred Compensation

- Contact the Deferred Compensation carriers directly should you wish to enroll in Deferred Compensation or update your beneficiaries. (This can be done during any time of the year.)

PERS

- Contact PERS directly if you wish to update your beneficiaries. <http://www.oregon.gov/PERS/>

City of Springfield - Medical Plans Effective January 1, 2012

(Sheet 1)

Benefits are illustrated at the Participating Provider Benefit Level	Renewal	Replacement PPO (New Plan effective 1/1/2011)
PacificSource	HIP Plan	Preferred 300+25
Annual Deductible - Individual / Family - Per Calendar Year	\$1,500 / \$3,000	\$300 / \$900
Annual Out-of-Pocket Maximum - Individual / Family - Per Calendar Year	\$2,000 / \$4,000 includes deductible	\$2,000 / \$4,000 + Deductible and Copays
Lifetime Benefit Maximum	Unlimited	Unlimited
Office Visits (Primary Care / Specialist)	90%	\$25 Copay*
Preventive Services		
Well-Baby Care / Annual Gynecological Exams / Routine		
Physicals-Schedule Applies (no annual limit) / Routine	100% paid*	100%*
Colonoscopy (in-network ages 50-75)		
Diagnostic X-Ray & Lab Tests	90%	80%*
Specialized Imaging (CT, MRI, PET Scans)	90%	80% After Ded.
Inpatient Room & Board	90%	80% After Ded.
Outpatient Surgery	90%	80% After Ded.
Physical Therapy Services	90%	80%
Emergency Room Visits	90%	\$100 Copay, 80%*
Urgent Care Center Visits	90%	\$25 Copay*
Mental Health / Chemical Dependency Office Visits	90%	\$25 Copay*
Mental Health / Chemical Dependency Inpatient Care	90%	80% After Ded.
Durable Medical Equipment & Prosthetics	90%	80% After Ded.
Pharmacy / Mail Order	Subject to Deductible and Applies to Out-of-Pocket Maximum	Not subject to Deductible and does Not apply to Out-of-Pocket Maximum
Retail Pharmacy - Generic / Brand / Non-Formulary (30-Day Supply)* ^	10% / 10% / 25%	\$15 / \$30 / \$50
Mail Order Pharmacy - Generic / Brand / Non-Formulary (90-Day Supply)* ^	10% / 10% / 25%	\$37.50 / \$75 / \$125
Self-Administered Injectables - Specialty Pharmacy (30-Day Supply)* ^	Same as Retail	\$100 or 20%, Whichever is Less
Vision Services		
Eye Exam / Lenses	100% Covered	100% Covered
Frames	\$75 Benefit	\$75 Benefit
Contact Lenses	\$131 Benefit	\$131 Benefit
Benefit Frequency (age 17 or younger/age 18 or older)	12 months / 24 months	12 months / 24 months
Alternative Care		Chiro/Acupuncture/Naturopath
Chiropractic Services	\$25 Copay*, 12 Visit Max	\$25 Copay*, \$1,000 annual max

Notes:

* Deductible does not apply

^^ Single coverage deductible and out-of-pocket maximum applies when an individual is enrolled without dependents. Family coverage deductible and out-of-pocket maximum applies when an individual and one or more dependents are enrolled. Prior to benefits being paid, the entire family deductible must be met.

This is merely a summary of benefits and rates for comparison purposes only. Please refer to the formal proposal for details.

2012 Employee Monthly Medical & Dental Premium Share						
	Employee Only		Employee + 1		Employee + Family	
	HIP	PPO	HIP	PPO	HIP	PPO
Non-Represented	\$59.42	\$178.60	\$126.77	\$388.83	\$175.79	\$532.99
AFSCME	\$59.42	\$178.60	\$126.77	\$388.83	\$175.79	\$532.99
SEIU	\$59.42	\$128.60	\$126.77	\$288.83	\$175.79	\$432.99
IAFF	\$40.00	\$159.18	\$63.38	\$325.44	\$87.88	\$445.08
SPA	\$17.82	\$137.00	\$38.02	\$300.08	\$52.72	\$409.92
Police Management	\$17.82	\$137.00	\$38.02	\$300.08	\$52.72	\$409.92
SEIU & Non-Represented Part - time:						
.5 to .64 FTE	\$89.12	\$217.89	\$190.15	\$483.23	\$263.68	\$699.48
.65 to .79 FTE	\$80.22	\$191.11	\$171.12	\$424.90	\$237.30	\$619.52

Health Plan Cost Estimator Use this tool to help you estimate monthly costs for your choice of health plan. This interactive tool is located on the Human Resources Website.

Benefits Contact Directory



City of Springfield Staff

Greta Utecht: (HR Director)	(541) 726-3787	Annamarie McDonald: (HR)	(541) 726-3788
Tom Mugleston: (HR)	(541) 726-3724	Kathleen Hinman: (HR)	(541) 736-1002
Laura Decker: (HR)	(541) 726-4661	Ali Rich: (Payroll)	(541) 726-2242
Peter Fehrs: (HR)	(541) 726-3786	Ann Berg: (Wellness Nurse)	(541) 744-4164
HR Main Phone:	(541)726-3705	HR Confidential Fax:	(541) 726-4614
External HR Website:	http://www.springfield-or.gov/hr/dept_hr.htm		
Intranet Wellness Clinic Page:	http://springboard/departments/hr/WellnessClinic/WellnessClinic.htm		
Intranet Benefits Page:	http://springboard/departments/hr/Benefits/New%20Benefits%20Page/Benefit%20Directory.htm		

<p><u>PacificSource (Medical)</u> Group Number: G0020720 Customer Service: (800) 624-6052 or (541) 686-1242 Fax: (541) 485-0915 Address: P. O. Box 7068 Eugene, OR 97401 Website: www.pacificsource.com</p>	<p><u>Oregon Dental Service – ODS (Dental)</u> Group Number: 10001700 Customer Service: (800) 852-5195 or (503) 228-6554 Address: 601 S. W. Second Ave. Portland, OR 97402 Website: www.odshealthplans.com</p>	<p><u>Manley Services (FSA and HRA)</u> Customer Service: (541) 485-7488 Fax: (800) 575-1109 Address: P. O. Box 70168 Eugene, OR 97401-0110 Email: customerservice@manleyserv.com Websites: www.manleyplan.com www.mybenny.com</p>
<p><u>Standard Insurance Company</u> Voluntary Life Policy: 612599-C AD&D Policy: 612599-D LTD Policy: 612599-E Customer Service: (800) 521-8780 (503) 248-2756 Fax: (503) 796-5802 Address: 920 S. W. Sixth Ave., Suite 1002, Portland, OR 97204</p>	<p><u>Sun Life Financial</u> STD Policy: 214181 Office Phone: (503) 639 - 4090 Claim Phone: (800) 247-6875 Claim Fax: (781) 304-5599 Claim Address: Group STD Claims P.O. Box 81915, Wellesley Hills, MA 02481 Website: www.sunlife.com/us</p>	<p><u>PERS (Oregon Public Employees Retirement System)</u> Customer Service: (888) 320-7377 (503) 598-7377 Fax: (503) 598-0561 Address: 11410 S. W. 68th Parkway Tigard, OR 97231 Website: http://www.oregon.gov/PERS/</p>
<p><u>Deferred Compensation</u> ING – Financial Planning Company Elle A. Brooks & Kimberly Martin – Financial Planners Customer Service: (800) 618-2928 (541) 343-2928 Fax: (541) 343-5564 Address: 395 W. Broadway Eugene, OR 97401 Website: http://www.ing-usa.com/us/index.htm</p>	<p><u>Deferred Compensation</u> ICMA Retirement Corporation DeLana Hansen – Retirement Plans Specialist Customer Service: (888) 803-2726 (541) 933-2090 Fax: (541) 933-1313 E-Mail: dhansen@icmarc.org Address: 2405 Evergreen Park Dr, SW, Ste B-4 Olympia, WA 98502 Website: www.icmarc.org</p>	<p><u>Deferred Compensation</u> OSGP - Oregon Savings Growth Plan Justin Naegle – Local Government Representative Customer Service: (800) 365-8494 (503) 378-3471 Fax: (503) 378-8346 E-Mail: justin.naegle@us.ing.com Address: 800 Summer Street, NE, Suite 200 Salem, OR 97301 Website: www.osgp.csplans.com</p>
<p><u>Assurant Employee Benefits</u> Customer Service: (800) 733-7879 Fax: (888) 208-2323 Address: 2323 Grand Boulevard Kansas City, MO 64108-2670</p>	<p><u>DIRECTION for Employee Assistance (EAP)</u> Customer Service: (800) 535-1347 (541) 345-2800 Address: 66 Club Road, Suite 120 Eugene, OR 97401 Website: www.cascadehealth.org/direction</p>	<p><u>Wells Fargo Benefit Group (Benefits Broker)</u> Phone: (800) 422-2389 or (541) 687-2222 Fax: (541)-345-1813 Address: 975 Oak Street, Suite 200 Eugene, OR 97401</p>
<p><u>Willamalane Center</u> Denise Downs – Center Manager Phone: (541) 736-4518 Fax: (541) 736-4025 Address: 250 S. 32nd Street Springfield, OR 97478</p>		

2012 City of Springfield Open Enrollment October 15 – November 15



IMPORTANT NOTICES REQUIRED BY HEALTH CARE REFORM REGULATIONS (Sheet 2)

Medical Plan Changes Effective January 1, 2012:

NEW PPO PLAN: Effective January 1, 2012 a new version of the PPO plan will replace the current PPO plan. Please see the 2012 benefit summaries, visit an in forum, or contact HR to learn more about the new plan option.

Section (HIP & PPO Plans)	Change Effective 1-1-12	Former Benefit
Durable Medical Equipment – Power-assisted Wheelchair	Coverage for members under age 19 will be subject to preauthorization and medical review.	Preauthorization was not previously required.
Covered Services	The plan no longer covers non-emergency and planned medical care performed outside the United States. Benefits will continue to apply as they normally would under the plan for true medical emergencies that occur outside the United States.	No previous restriction.
Covered Services	The plan will provide hearing aid coverage to dependent children through age 25 if they are enrolled in a secondary school or an accredited educational institution.	Previously limited to children under age 18.

Dental Plan Changes Effective January 1, 2012:

Section	Change Effective 1-1-12	Former Benefit
Benefits and Limitations - Diagnostic	Cover complete series x-ray or a panoramic film once every five years as part of evidence-based dentistry.	Covered every three years.
Benefits and Limitations – Diagnostic	Cover supplementary bitewing x-rays once every 12 months as part of evidence-based dentistry.	Covered every six months.

2012 City of Springfield HIP Plan Notice of Grandfathered Health Plan status:

This group health plan believes that it is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at the number below. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans. For more information on the Affordable Care Act and to view the helpful timeline, *What’s Changing and When*, visit the website <http://www.healthcare.gov/law/timeline/index.html>.

Please contact Kathleen Hinman at (541) 736-1002, or khinman@ci.springfield.or.us, if you have questions about any of this information. Or, contact HR at 541-726-3705, hr@springfield-or.gov.

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Important Notice From the City of Springfield About Your **HIP Plan** 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 the City of Springfield 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three 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. The City of Springfield has determined that the prescription drug coverage offered by the City of Springfield HIP group health plan is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered **Non-Creditable Coverage**. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the City of Springfield. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.

3. You can keep your current coverage from the City of Springfield. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

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 decide to drop your current coverage with the City of Springfield, since it is employer/union sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under the City of Springfield HIP Plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

Since the coverage under the City of Springfield HIP Plan is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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 City of Springfield coverage will not be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current City of Springfield coverage, be aware that you and your dependents will only be able to get this coverage back by satisfying the plan's eligibility criteria.

Important Notice From the City of Springfield About Your **HIP Plan** Prescription Drug Coverage and Medicare continued....

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 the City of Springfield 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).

Date:	October 11, 2011
Name of Sender:	City of Springfield
Contact:	Human Resources Department
Address:	225 North Fifth Street, Springfield, Oregon 97477
Phone Number:	541-726-3704

Important Notice from the City of Springfield About Your Preferred Plan (PPO) 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 the City of Springfield 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. The City of Springfield has determined that the prescription drug coverage offered by the City of Springfield Preferred group 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.
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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, your current City of Springfield coverage will not be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current City of Springfield coverage, be aware that you and your dependents will only be able to get this coverage back by satisfying the plan's eligibility criteria.

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 the City of Springfield 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...

Important Notice from the City of Springfield About Your Preferred Plan (PPO) Prescription Drug Coverage and Medicare continued....

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 the City of Springfield 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).

Note: Please provide a copy of this Notice to your Medicare-eligible dependents who have coverage under this plan.

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:	October 11, 2011
Name of Sender:	City of Springfield
Contact:	Human Resources Department
Address:	225 North Fifth Street, Springfield, OR 97477
Phone Number:	541-726-3704

Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you live in a state that offers an assistance program, you may be eligible for assistance paying your employer health plan premiums. The following programs are available in Oregon and Washington:

OREGON – Medicaid and CHIP	WASHINGTON – Medicaid
Medicaid Website: http://www.oregon.gov/DHS/healthplan/index.shtml Medicaid Phone: 1-800-359-9517 CHIP Website: http://www.oregon.gov/DHS/healthplan/app_benefits/ohp4u.shtml CHIP Phone: 1-800-359-9517	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-877-543-7669

For a complete listing of States with premium assistance programs, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/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, Ext. 61565