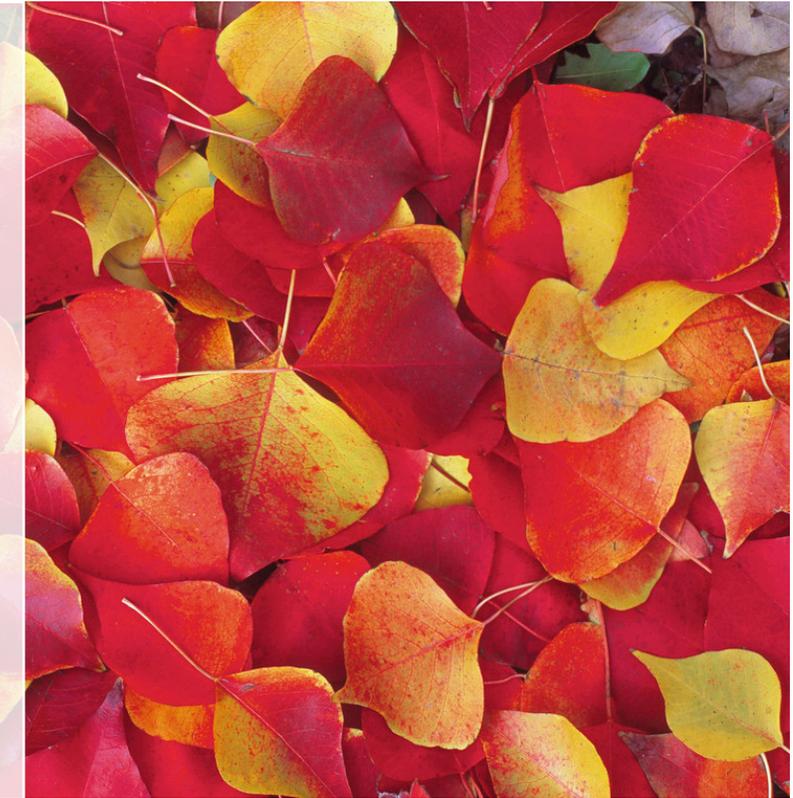




City of Springfield

Open Enrollment

2013



Enclosed is information to help you during the Benefits Open Enrollment period from November 5th through November 19, 2012. Changes to benefit packages go into effect January 1, 2013.

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



2013 Open Enrollment Information

Q: Where can I find Open Enrollment Materials?

A: Enrollment Materials and information are found on the HR page on Springboard and the external City Website.
External City Website: http://www.springfield-or.gov/hr/dept_hr.htm
Springboard (only accessible from a city computer): [Springboard Benefits Page](#)

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.
- After logging in, select: *Employee Self Service>Benefits>Benefits Home* from the left menu.

Q: How do I contact my insurance carriers?

A: [Benefit Carrier Contact Information](#)

Q: Where do I submit Open Enrollment Forms?

A: Submit completed paperwork to HR by 5:00 PM November 19th. Paperwork can be delivered, mailed or faxed to:

Human Resources – Open Enrollment
225 Fifth Street
Springfield, OR 97477
Confidential Fax: 541-726-4614

Q: Where can I find more information about my benefit package?

A: Information regarding your benefit package can be found in your [Collective Bargaining Contract](#), [Benefit Summary](#), on [Springboard Benefit's page](#) (accessible from city network only), and the [City's HR web page](#).

Important Notices Required by Health Care Reform Regulations

- 2013 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 <http://www.dol.gov/ebsa/>. 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>.

- [Children's Health Insurance Program \(CHIP\)](#)
- [Prescription Drug Coverage and Medicare Part D - HIP](#) Non-Creditable
- [Prescription Drug Coverage and Medicare Part D - PPO](#) Creditable

Please contact Kathleen Hinman at (541) 736-1002, or khinman@springfield-or.us, if you have questions about this information.

MEDICAL and DENTAL COVERAGE:

➤ **Plan Summaries:**

- [HIP Plan Summary of Benefits and Coverage](#)
- [PPO Plan Summary of Benefits and Coverage](#)
- [ODS Dental Plan Summary of Benefits and Coverage](#)
- [Glossary of Health Coverage and Medical Terms](#)

➤ **Plan Changes:**

MEDICAL

| | |
|--------------------------------|--|
| Durable Medical Equipment | Following chemotherapy or radiation therapy wigs are covered up to \$150 per calendar year subject to the plans Durable Medical Equipment benefit listed in Schedule of Benefits. |
| Preventative Care | Any cost-sharing in the plan (deductibles, co-payment, and/or co-insurance amounts) will be waived for specific women's preventative care services when provided by a participating provider and following federal guidelines. |
| Lifetime Limits | \$200 lifetime limit on breast pumps will be removed from the policy. |
| End-Stage-Renal-Disease (ESRD) | Benefits for members who are receiving services for (ESRD) beyond 90 days will be limited to 125% of the current Medicare allowable amount for participating and non-participating ESRD service providers. Members receiving treatment for ESRD and who are eligible for Medicare will be encouraged to enroll for Part B through the new premium reimbursement program. |
| Pharmacy Plan Changes | Cost sharing in the plan (deductible, co-payments, and/or co-insurance amounts) will be waived for prescribed FDA approved contraceptive methods for all women with reproductive capacity (not including over the counter methods). |

DENTAL

| | |
|--------------------------|--|
| Benefits and Limitations | ViziLite Plus TBlue is no longer a covered benefit. With more recent evidence-based results, the initial findings of the effectiveness of ViziLite Plus TBlue turn out to be inconclusive. |
| Exclusions | Services provided under separate contracts from the Group (e.g. medical and dental) are considered parts of the same plan. Clarification that if a service is covered under the member's medical plan, then the dental plan will not cover the procedure, except for accident related dental claims. |

➤ **Rates:** No change in Medical and Dental Premiums for 2013.

| 2013 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 |
| <i>SEIU & Non-Represented Part - time:</i> | | | | | | |
| .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 |

➤ **Registered Domestic Partner Tax-Qualified Health Benefits:**

Before enrolling a registered domestic partner and a partner's child/children as a dependent on City of Springfield's health plan, there may be important tax considerations. The City of Springfield will add the imputed value to the eligible employee's taxable wages for the fair market value of the insurance premium for coverage of the domestic partner and domestic partner's child/children, unless the employee notifies the City that the domestic partner and the domestic partner child/children qualifies as a tax dependent(s) under IRS rules. **City of Springfield strongly suggests employees consult their tax advisor.**

If you have a registered domestic partner and/or their child/children enrolled on your health plan and you believe they **are qualified** tax dependents please complete the certification form and return to HR.

If you have a registered domestic partner and/or their child/children listed as dependents on your health plan and they **do not qualify** please complete the certification form and sign the declination section at the bottom of the form and return to HR.

- [Certification of Tax-Qualified Dependents of Domestic Partnership Form](#)

Contact Human Resources for more information about adding domestic partners to your health plans.

➤ **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.
 - 2013 [Waiver of Dependent Coverage Form](#) (must be completed annually if waiving coverage, reminder to attach proof of other coverage to your completed form).

➤ **Enrollment Options:**

- Complete these forms if you wish to add dependents to your medical coverage.
 - [PacificSource Adding Dependent and Change Form](#)
 - [ODS Enrollment & Change Form](#)
- Complete these forms if you wish to remove dependents from your medical coverage.
 - [PacificSource Removing Dependent Form](#)
 - [ODS Enrollment & Change Form](#)
- Complete these forms if you wish to change medical plans (HIP or PPO).
 - [PacificSource Adding Dependent and Change Form](#)

HEALTH REIMBURSEMENT ACCOUNT (HRA): City Paid Contributions

City Pays Into HRA for HIP Plan Only (not PPO):

- Single Individual Contribution to HRA (City Paid) = \$1200 annually
- 2-Party & Family Contribution to HRA (City Paid) = \$2400 annually

[PacificSource Administrators Website](#)

➤ **Enrollment Options:**

- [HRA Enrollment and Change Form](#) - : Complete only if you have added or dropped dependents to your medical coverage or if you have changed to the HIP plan for 2013.

FLEXIBLE SPENDING ACCOUNTS (FSA): Employee Paid Contributions

➤ **Plan Changes:**

| | |
|-------------------------------|--|
| Unreimbursed Health Expenses: | As required by the Affordable Care Act, the maximum deduction for 2013 will be \$2500. |
|-------------------------------|--|

- ### ➤ **Enrollment Options:** Complete only if you wish to enroll in FSA for the 2013 plan year. (Must re-enroll annually.)

The open enrollment period for the FSA will be November 5th through November 19th, and all enrollments will be done **online** this year. You can enroll online using your work computer or your home computer.

To enroll online, navigate to the PacificSource Administrators [secure web portal](#). Enrolling is easy. See the [MyFlex Member Online Open Enrollment Instructions](#). For renewing members, you must have your PSA member ID (ZZMAN#####) on hand to begin the process. For first time enrollees, you will need the pass code to create an account:

Pass Code: DRIFTBOAT13

As part of your benefit package, you have an option to enroll in an FSA, which can help you offset the costs of health and/or dependent care. An FSA allows you to pay for certain health-related and dependent care expenses with pretax dollars, resulting in increased take-home pay for you. These expenses include health, dental and vision insurance premiums, unreimbursed medical costs, and child care.

- **Unreimbursed Health Expenses:** Healthcare expenses that are either not covered or only partially covered by your insurance plan can now be paid pretax. Examples include deductibles, copays, dental expenses (even orthodontia), vision care, and more. The maximum deduction for 2013 will be **\$2,500**.
- **Dependent Care Expenses:** Child care and elder care expenses you incur while at work or school may be deducted from your paycheck before tax. In many cases, this will be more advantageous than the federal tax credit. The maximum deduction for 2013 will be **\$5,000**.
- **Other Health Related Premiums:** (Not for City deducted premiums) The maximum deduction for 2013 will be **\$5,000**.

What are pretax dollars? Pretax dollars are those that are set aside from your gross earnings before any taxes are computed. Because your taxable income will be lower, your taxes will also be lower. This includes federal, state, and Social Security taxes. The end result is more spendable income for you and your family.

If you have questions regarding the online enrollment process, please contact Customer Service at 800-422-7038 or psacustomerservice@pacificsource.com.

