

2021 - 2022

BENEFITS GUIDE

CITY OF PORTLAND





Welcome to your benefits!

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

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

This guide is not your only resource, of course. Anytime you have questions about benefits or the enrollment process, you can contact your human resources representative. Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description (SPD) at portlandmaine.gov/304/Benefits

Here's where to find ...

| | |
|--|----|
| Executive Message | 3 |
| A Few Notes About Enrolling In Benefits | 4 |
| PlanSource | 7 |
| Benefits Engagement Team | 8 |
| Grand Rounds Health | 9 |
| Medical Benefits | 11 |
| Meritain Tools | 13 |
| Wellness Incentive Program | 14 |
| Riverside Golf Course Membership Discount | 16 |
| Navia Benefit Solution - FSA Plan | 18 |
| Northeast Delta Dental's Voluntary Dental Plan | 22 |
| Aetna's Voluntary Vision Plan | 23 |
| Group Term Basic And AD&D Insurance | 24 |
| Supplemental Life And AD&D | 25 |
| Disability Plans | 26 |
| Employee Assistance Program | 27 |
| Voluntary Benefits | 28 |
| Professional Development Programs | 31 |
| Retirement Plan | 32 |
| Frequently Asked Health And Dental Questions | 34 |
| Contacts | 36 |

EXECUTIVE MESSAGE

Each year, the City of Portland reviews our benefits package to ensure that our insurance offerings continue to deliver excellent benefits and services to our employees and their families. We remain committed to developing and maintaining a range of benefits so that you can select those that best suit your individual needs. Your health and well-being is a top priority for the City of Portland, as our ability to provide excellent public service is dependent upon you!

A few of the highlights for 2021 are as follows:

- We offer a medical plan through Meritain Health (an Aetna company using the Aetna network). This plan is a 3-tier benefit that offers lower deductibles and copays when you see a Tier 1 provider/specialist. *Please note that this is the same medical plan that you have had, but with a different Third Party Administrator (TPA).*
- As an employee, you have an opportunity to earn wellness credits to bring the employee premium contribution down to \$0.
- We offer two voluntary dental plan offerings through Delta Dental, and a voluntary vision plan through Aetna.
- The COVID-19 pandemic has disrupted the way we utilize healthcare services. It is **critical** to not delay important healthcare screenings and check-ups, as these services help to prevent or develop early diagnosis of potentially serious conditions. **Telemedicine** offers participants an easy and socially-distanced way to access quality medical assistance online or by phone. A new level of service provided by **Grand Rounds** is available to all City of Portland participants. Please read more about this program in the Benefits Guide.
- The City of Portland offers wellness benefits to support you through any difficulties that you may experience. The **Employee Assistance Program** allows you to confidentially connect with a licensed clinician online or phone to talk through personal and professional issues. Please read more about the EAP within the Benefits Guide.
- The City of Portland offers a health advocacy program through **Grand Rounds** that assists with finding a local doctor, scheduling appointments, and billing issues for your healthcare plans.
- To enroll in your benefits, we use **PlanSource**. The City of Portland has a **Benefits Engagement** team that can help you review all of the plan offerings, to help you decide what best suits your individual needs. Learn more about PlanSource and the Benefits Engagement team within this Guide.

Thank you for your dedication to the City of Portland!



Gina Tapp, Director of Human Resources



A FEW NOTES ABOUT ENROLLING IN BENEFITS

Please be sure to review this benefit guide in its entirety as some of our benefit programs have changed. If you want medical, dental or vision coverage starting July 1, 2021 for yourself or your family, you must enroll in one of the plan options during the annual enrollment period. After Open Enrollment, to add or remove coverage for yourself or your dependents, you must wait until the next open enrollment period, unless you have a qualifying life event as defined by the IRS.

Here are some examples of qualifying life events:

- Birth, legal adoption or placement for adoption.
- Marriage, divorce or legal separation.
- Dependent child reaches age 26.
- Spouse or dependent loses or gains coverage elsewhere.
- Death of your spouse or dependent child.
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or the state children's health insurance program.
- Change in residence that changes coverage eligibility.
- Court-ordered change.
- Spouse's open enrollment that occurs at a different time than yours.

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

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

IMPORTANT: If you want medical, dental or vision benefits coverage starting July 1, 2021, you must enroll in or waive each plan option. If you do not make a benefits election during open enrollment, you will be defaulted to NO COVERAGE for the July 1, 2021 - June 30, 2022 plan year.

QUALIFYING LIFE EVENTS: It is your responsibility to notify human resources within 30 days of the qualifying life event. Failure to do so may result in an inability to change your benefit election(s).

Eligibility

Open enrollment is your opportunity to elect coverage in City of Portland's benefit plans. Our open enrollment period will be held from May 17, 2021 - June 1, 2021. All elections made during this period will be effective July 1, 2021 through June 30, 2022.

Outside this open enrollment period, you will not have the chance to add, change or remove benefits unless you have a qualifying life event.

Eligible employees

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

If you're enrolling as a new employee, you become eligible for benefits the first of the month following your hire date.

Dependent eligibility

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- Your spouse, this includes your legal spouse or domestic partner.
- Your children up to the age of 26. This includes your natural children and those of your spouse, adopted children, stepchildren, foster children, or children obtained through court-appointed legal guardianship. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided to and approved by HR. Additionally, children who have been named in a QMSCO are covered by our plan

Domestic Partner Benefits

Coverage for domestic partners and children of domestic partners is offered on the same terms as for other City employees. To qualify, you must be benefit eligible, satisfy certain criteria and have been in the relationship for 6 months or more and complete an Affidavit of Domestic Partnership available in Human Resources. Benefits included are Health Insurance, Vision Insurance, and Dental Insurance. Please check with your tax accountant to learn how adding a domestic partner may impact your taxes.



Basic insurance terms

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

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

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

EMBEDDED DEDUCTIBLE: If you are on a family medical plan with an embedded deductible, your plan contains two components: an individual deductible and a family deductible. Say your family has a health plan with an individual deductible of \$1,000 and a family deductible of \$2,000. If your spouse experiences an injury with medical expenses of \$1,000, your spouse would have met his/her individual deductible and he or she would have their medical expenses covered for the rest of the year. But you and your child would still need to pay expenses out-of-pocket until the family deductible or your individual deductible requirement is met.

Suppose that, later on in the year, you and your child have collected \$1,000 of medical expenses together. Therefore, combined with the \$1,000 of health care costs your spouse incurred earlier, you would fulfill the family deductible limit of \$2,000. From this point onward

during the plan year, you would no longer need to pay any deductibles, and the insurer would begin to pay covered medical expenses for the entire family.

EXPLANATION OF BENEFITS (EOB): An EOB is a statement from the insurance company showing how claims were processed. The EOB tells you what portion of the claim was paid to the healthcare provider and what portion of the payment, if any, you are responsible for.

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

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

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

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

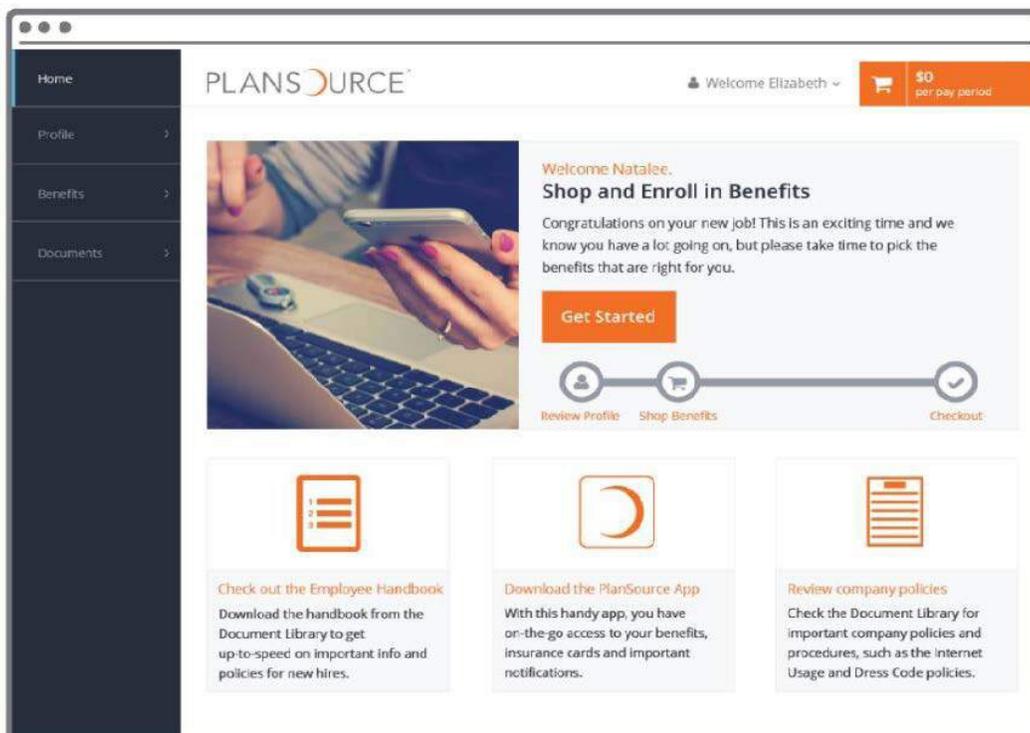
PLANSOURCE

Helping people live happier, healthier lives by maximizing the benefits of their benefits

PlanSource is a technology company that automates and simplifies every aspect of employee benefit programs. The City of Portland has partnered with PlanSource to enhance your overall enrollment and health benefits experience. With an end-to-end benefits platform and suite of technology-enabled services, PlanSource helps people maximize the benefits of their benefits, so they can live happier, healthier lives. Just log in to your PlanSource account at www.plansource.com/login to access benefit related documents such as SBCs and SPDs and also make your open enrollment or other qualifying life event benefit elections here!

To Login, go to www.plansource.com/login and enter your username and password.

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



BENEFITS ENGAGEMENT TEAM

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

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

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

Information

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



Meet Grand Rounds Health, your personal care team.

Finding great healthcare should be easier. That’s why City of Portland partnered with Grand Rounds Health to help you get the healthcare support you need, when you need it.

As your no-cost personal care team, we can help you or your covered dependents:



Understand your medical bills. Track your healthcare spending in one place and have billing experts review potential errors.



Maximize your benefits. Find out how your insurance works, how much care costs, and what health benefits you have.



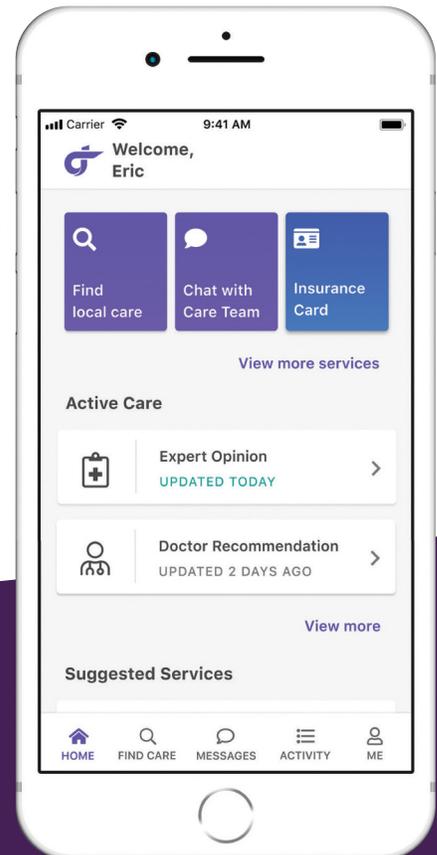
Find a new doctor. Find high-quality, in-network primary care doctors and specialists for your specific needs.



Confirm your doctors are in-network. Check that your doctors are in-network to avoid out-of-pocket costs.



Address medical needs, 24/7. Understand symptoms, discuss treatment options, or request a written expert second opinion.



Get started today.

1 Three ways to sign up:

 grandrounds.com/cop

 1-855-498-4661

 Grand Rounds app



2 Easy set-up:

Enter a few details to activate your account, or let a Care Coordinator help you.

3 Get answers right away:

 Chat with us

 View your digital ID card

 Search for high-quality doctors

Expert Opinions

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

Do you have a new medical condition? Has your doctor recommended surgery or new medications? Are you getting the best possible care? Get fast answers with an expert opinion from Grand Rounds Health at no cost to you, without leaving home.

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



Telemedicine

Get virtual care – 24/7

The City of Portland has partnered with Grand Rounds Health to offer you 24/7 medical support, by phone, or video, free of charge. Whether you've got a bad cough or allergies, our team is here to help. We'll provide fast, convenient virtual care for your medical needs anytime, day or night.

- Same day answers: Talk to a medical provider within the same day of your request about anything from the flu to minor sprains and rashes.
- COVID-19 needs: Get help with COVID-19 symptoms, discuss testing or vaccination, and learn where to go to secure a vaccination appointment.
- Get 1:1 medical help from expert clinicians and specialists to get answers on issues like allergies and anxiety.
- Easy prescription orders: State-licensed clinicians diagnose and prescribe medication for fulfillment by your pharmacy of choice.

Getting started with your personal care team at Grand Rounds Health is quick and simple. You can activate your account and connect with the team by going online to www.grandrounds.com/cop, downloading and messaging via the app for iOS or Android, or just by calling them directly at 1-855-498-4661.



MEDICAL BENEFITS

City of Portland is committed to helping you and your dependents maintain health and wellness by providing you with access to the highest levels of care. For the July 2021 plan year, City of Portland has partnered with Meritain utilizing the Aetna network (same network being used now) to bring you the following medical plan option:

- Meritain Choice POS Plan
 - Preferred: \$400 Individual / \$800 Family Deductible
 - In-Network: \$1,000 Individual / \$2,000 Family Deductible



Meritain medical and prescription drug plan summary

| Medical | POS Plan | | |
|--|----------------------------------|----------------------------------|----------------------------------|
| | Preferred | Standard Network | Out of Network |
| Deductible | | | |
| Employee only | \$400 | \$1,000 | \$1,000 |
| Family | \$800 | \$2,000 | \$2,000 |
| Coinsurance (what the plan pays after the deductible is reached) | 90% | 70% | 70% |
| Out-of-pocket maximum (includes deductible) | | | |
| Employee only | \$1,500 | \$2,500 | \$2,500 |
| Family | \$3,000 | \$5,000 | \$5,000 |
| Preventive care | 100% | 70% after Deductible | Not Covered |
| PCP office visit | No charge | 70% after Deductible | 70% after Deductible |
| Specialist office visit | \$20 copay | \$20 copay | 70% after deductible |
| Emergency room | \$100 Copay (waived if admitted) | \$100 Copay (waived if admitted) | \$100 Copay (waived if admitted) |
| Urgent care | \$20 Copay | \$20 Copay | 70% after Deductible |
| Inpatient care | 90% after Deductible | 90% after Deductible | 70% after Deductible |
| Outpatient care | 90% after Deductible | 90% after Deductible | 70% after Deductible |
| Prescription drugs | Employee pays | | |
| Retail (30-day supply) | | | |
| Tier 1 — generics | \$10 Copay | \$10 Copay | \$10 Copay |
| Tier 2 — preferred | \$30 Copay | \$30 Copay | \$30 Copay |
| Tier 3 — nonpreferred | \$60 Copay | \$60 Copay | \$60 Copay |
| Mail order (90-day supply) | | | |
| Tier 1 — generics | \$15 Copay | \$15 Copay | \$15 Copay |
| Tier 2 — preferred | \$45 Copay | \$45 Copay | \$45 Copay |
| Tier 3 — nonpreferred | \$90 Copay | \$90 Copay | \$90 Copay |

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

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

Medical and prescription weekly employee payroll contributions BEFORE Wellness Credits

Effective July 1, 2021.

| Weekly Rates before Wellness Credits | Full Time | Part Time |
|--------------------------------------|-----------|-----------|
| Employee | \$28.23 | \$ 90.34 |
| Employee + spouse | \$116.68 | \$ 240.89 |
| Employee + child(ren) | \$90.14 | \$ 195.72 |
| Family | \$178.60 | \$ 346.29 |



MERITAIN TOOLS

Benefit Highlights

Nationwide provider access at a discount

When you and your family seek health care services, you have access to Aetna's broad national provider network of health care providers and facilities. Aetna's network contains more than 664,000 participating physicians and ancillary providers, with 5,667 hospitals¹. When you visit providers in the Aetna network, you will receive services at strong, negotiated rates, helping you to save on the cost of health care.

¹ <https://www.aetna.com/about-us/aetna-facts-and-subsidiaries/aetna-facts.html>

Locate your preferred providers

With Aetna's comprehensive provider participation, many of your preferred doctors may already be in the Aetna network. If you need help finding or verifying an in-network doctor/ health care facility, visit www.grandrounds.com/cop or call 855-498-4661 to speak to a personal care team representative.

How to access your mobile web app

iPhone®

- Once you log in to your member portal through www.meritain.com, click the icon at the bottom of the page.
- Then, scroll through the menu options and select Add to Home Screen.
- Click Add in the upper right-hand corner.
- Your Meritain Health app logo will then be installed and added to your home screen.
- Then, you'll be able to log in through the app instead of going through the web page.

Android™

- Once you log in to your member portal through www.meritain.com, you'll be prompted with the pop-up message Add Meritain Health to Home Screen at the bottom of the page. Click this message.
- Then, you can click Add to add the logo to the home page or Cancel to opt-out.
- Your Meritain Health app logo will then be installed and added to your home screen.
- Launch the app from your home screen and log in.



WELLNESS INCENTIVE PROGRAM

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

Getting Started

- 1. REGISTER OR LOG IN:** Start by visiting cityofportland.wellnessworkdays.com and register or log on to access everything the wellness program has to offer. Note: You do not need to re-register if you participated in the program last year.
- 2. MEET WITH YOUR OMC HEALTH COACH:** Schedule your annual health coaching session using the link in the Schedule your Health Coaching Session section in the center column of the portal. Complete this activity to earn 3% towards your wellness incentive. **Note: You must meet with your Health Coach at least one time on or before May 31, 2022 to earn the full 15% towards your premium contribution reward.**
- 3. COMPLETE UP TO 4 ADDITIONAL WELLNESS ACTIVITIES:** Participate in up to 4 different wellness activities on or before May 31st, 2022 to earn the remaining 12% and achieve the full 15% wellness incentive! See the next page for more details on the available activities.
- 4. CELEBRATE:** In addition to good health and free health coaching, you can earn up to a 15% contribution to your medical insurance premium! This means you could pay \$0 toward your medical insurance premium. For a single employee on the health plan, you could save over \$1,400 per year!

How do I register?

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

Privacy & Security

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



Choose your Additional Wellness Activities

Activities below are worth a 3% reward. Choose up to 4 more Wellness Activities from the options below to earn your full premium reward! Complete activities by May 31, 2022 to earn your 2022 incentive.

1. COMPLETE A SECOND HEALTH COACHING APPOINTMENT WITH THE WELLBEING

WHEEL: Meet with your health coach a second time during the wellness benefit year to complete the wellbeing wheel. This activity will allow you to earn a bonus 3% for a 6% total.

2. COMPLETE A BIOMETRIC SCREENING: Complete a biometric screening with your Health Coach or download the PCP form on the portal and bring it to your preferred healthcare provider. Submit the completed form to your Health Coach at your next coaching session or via the secure Messaging tool on your Portal.

3. PARTICIPATE IN PHYSICAL ACTIVITY FOUR OPTIONS 3. TO EARN CREDIT!:

- Participate in 1 physical activity challenge offered through the portal (complete 50% of the milestones)
- Provide proof of a physical activity membership (3 month minimum) by uploading an invoice or membership agreement within the Physical Activity Membership activity under the Wellness Activities section of your portal. Note: Memberships may include gym, golf/country club, cycling, yoga, etc.
- Provide proof of attendance at a physical activity class, including virtual or CityFit! led workouts (4 weeks or greater), by uploading an invoice or class confirmation within the Physical Activity Class activity under the Wellness Activities section of your portal
- Complete a community 5k (or greater) event and provide proof by uploading a receipt or confirmation of registration within the Community 5k Event activity under the Wellness Activities section of your portal Note: 5k event may be a walk, run, cycling, swimming, etc., or any combination, virtual or in person.

4. COMPLETE TOBACCO ATTESTATION OR CESSATION PROGRAM: Non-tobacco users can submit the Tobacco Attestation activity under the Wellness Activities section of the wellness portal. Tobacco users can complete the Quitting Smoking Action Plan on the wellness portal.

5. COMPLETE A PREVENTIVE DENTAL OR MEDICAL EXAM: Attend a preventive medical or dental exam and provide proof of your exam by uploading a confirmation or receipt of your appointment within the Preventive Medical or Dental Exam activity under the Wellness Activities section of your Portal.

6. COMPLETE ONE WELLNESS CHALLENGE: Participate in one of the non-physical activity wellness challenges offered through the wellness portal and complete 50% of the milestones.

7. COMPLETE ONE ACTION PLAN: Complete one self-directed Action Plan under the Action Plans section of your wellness portal. Action Plans take 7 weeks to complete and must be started by April 12th, 2022 in order to be completed before May 31st. Note: If you complete the Quitting Smoking Action Plan to fulfill the Tobacco Cessation requirement, the Quit Smoking Action Plan will not count towards this wellness activity.



RIVERSIDE GOLF COURSE MEMBERSHIP DISCOUNT

City Employee 2021 Membership City of Portland Employee Benefit Program

Without good health, you cannot be your best self at home, at play, or at work. That's why we're investing in you with access to Riverside Golf Course.

Any current City employee who is a permanent, benefit eligible employees who works 18.75 hours or more per week. Portland School Department Employees are not eligible.

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

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

MEMBERSHIP RESTRICTION:

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





NAVIA BENEFIT SOLUTION - FSA PLAN

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

City of Portland offers two types of FSAs that can help you save on a pretax basis for out-of-pocket expenses.

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

Healthcare flexible spending account

The Healthcare FSA can be used to pay for eligible out-of-pocket medical, dental, vision and prescription drug expenses. Simply use your FSA debit card to pay any qualifying expenses.

Funds in the Healthcare FSA are available at the beginning of the plan year and can be used for your expenses and those of your spouse and dependents, even if you and your family aren't covered by our plan.

Carryover benefit

The maximum contribution in 2021 for the healthcare flexible spending account is \$2,750 per household. This is a use-it-or-lose-it account, meaning any funds remaining in the account following the close of the plan year will be forfeited. Our plan features a carryover provision that allows you the flexibility to rollover up to \$550 of your unused Healthcare FSA funds to the 2022 calendar year. The carryover feature does not apply to unused daycare FSA funds. Carryover amounts will be credited after your claim filing period.

If you are contributing to an HSA through your spouse's plan, you are not eligible to participate in the healthcare FSA.

Election and Claim Filing Period

When you enroll in an FSA, be sure to only elect an amount that you know you will use during the calendar year (January through December). At the end of the plan year you will have a claim filing period to turn in any leftover claims for your benefits. Unused Healthcare FSA balances up to \$550.00 will be carried over to the subsequent plan year. Any Healthcare FSA funds in excess of \$550.00 is subject to the Use-or-Lose rule and cannot be refunded to you.

Accessing Your Benefits

Accessing your benefits couldn't be easier, just swipe your Navia Benefit Card to pay for eligible health care and daycare expenses. Funds come directly out of your FSA and are paid to the provider. Some swipes require us to verify the expense, so hang on to your receipts! If we need to see it, we will send you an email or notification via our smartphone app.

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

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

How much could you save?

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

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

| | |
|-----------------------------|-----------------|
| Employee A | |
| Annual gross income | \$55,000 |
| Estimated taxes (30%) | -\$16,500 |
| Annual net income | <u>\$38,500</u> |
| Out-of-pocket care expenses | -\$2,000 |
| Actual take home pay | \$36,500 |
| Employee B | |
| Annual gross income | \$55,000 |
| Out-of-pocket care expenses | -\$2,000 |
| Adjusted gross income | \$53,000 |
| Estimated taxes (30%) | -\$15,900 |
| Actual take home pay | \$37,100 |

Note:

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

How does it work?

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

Spend less on day care expenses and more on the things you love. Enroll now!

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

Show me my pre-tax solutions:

Healthcare FSA

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

- Expenses for you, your spouse and tax-dependents are eligible for reimbursement, regardless of if they are covered on your medical plan.
- The Healthcare FSA is a pre-funded benefit. This means you have access to your full annual election amount at any time during the plan year.
- Estimating future expenses is an important step as you prepare to enroll in an FSA. The more accurate you are in estimating your expenses the better the plan will work for you!

Common Eligible Expenses

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

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

Dependent care flexible spending account

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

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

Eligible expenses

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

Ineligible expenses

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

Common Eligible Expenses

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

Expenses for school tuition and overnight camps are not eligible.



NORTHEAST DELTA DENTAL'S VOLUNTARY DENTAL PLAN

Northeast Delta Dental

View covered services, claim status or your account balance; find a dentist; update your information; and much more at www.deltadental.com

Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay the same percentage but the reimbursement will be based on out-of-network rates. You may be billed for the difference.

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

To see a current provider directory, please visit www.deltadental.com/us/en/member/find-a-dentist.html.

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

Employee dental weekly payroll contributions

Effective July 1, 2021

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

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



AETNA'S VOLUNTARY VISION PLAN

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

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

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

Employee vision weekly payroll contributions

Effective July 1, 2021

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

- This is a completely voluntary program - meaning you are responsible for 100% of the premiums.
- You can elect Aetna's vision plan regardless of whether you are enrolled in the medical or dental plan.
- You will not receive a vision ID card. However, you can print an ID card on www.aetnavision.com.



GROUP TERM BASIC LIFE AND AD&D INSURANCE

All permanent employees working 18.75 hours or more per week, except project employees, are eligible to purchase group term life insurance through Maine Public Employees Retirement System (underwritten by The Hartford). Employees have 31 days from their date of hire to enroll without providing evidence of insurability (EOI). To enroll or upgrade coverage, an EOI application must be completed and turned in to your HR Representative. Coverage is effective upon approval. To decrease or cancel coverage, a cancellation/reduction MainePERS form needs to be completed and turned in to your HR Representative.

Coverage is purchased in increments of the employee’s annual salary rounded up to the nearest \$1,000. Employees may purchase basic life and then either an additional one times, two times, or three times their salary. The cost for basic is \$.12 per \$1,000 coverage per week. Rates for supplemental insurance for all participants are “age-based.”

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

Plan A @ \$.49 per week which provides \$5,000 for spouse, \$5,000 for children 6 months or older, \$1,000 for children 0-6 months.

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

Payroll deductions are on a pre-tax federal, state, and medicare basis, taken out 4 weeks of each month (months in which there are 5 pay-dates, no deduction on the fifth pay-date).

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

Age reduction schedule

- Ages 65 to 69: Benefit decrease to 65% of original benefit.
- Ages 70+: Benefit decrease to 50%.

Accidental death and dismemberment

The group term life coverage includes accidental death and dismemberment coverage. AD&D insurance provides additional coverage in the event of accidental death, loss of limb or eyesight, brain damage, etc. In the event of a covered accident that results in your death, AD&D coverage is in addition to your group term life.

Helpful Insurance Terms:

IMPUTED INCOME: Federal regulations require payment of income and Social Security taxes on the value of the life insurance premiums in excess of \$50,000 when paid for by your employer. The value of dependent life coverage paid for by your employer is also taxable. These values are known as imputed

income. Contact your tax professional for information regarding these tax consequences if you have questions or concerns.

AGE REDUCTION: The group term basic life and AD&D insurance coverage are subject to a reduction in benefit amount as you age.

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



SUPPLEMENTAL LIFE AND AD&D

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

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

Example

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

$$\frac{$.0275}{\text{Plan rate (determined by age)}} \times \frac{35}{\text{Coverage per \$1,000}} = \frac{\$0.96}{\text{Weekly premium}}$$





DISABILITY PLANS

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

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

Short-term disability (STD) plan



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

Benefit Options

Employees may select from three options: 40%, 55%, or 70% of their salary.

Rate Schedule

Take your annual gross salary and round it up to the nearest dollar, then multiply by:

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

Exclusions / Limitations

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

Eligibility

The MMEHT Income Protection Plan is available to employees of employers who participate in this Plan providing the employee works an average of at least twenty (20) hours per week on a year round basis.

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

Coordination of disability benefits

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

Long-term disability (LTD) plan

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

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

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

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

EMPLOYEE ASSISTANCE PROGRAM

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

1. Aetna Resources for Living EAP
1-888-238-6232, TTY: 711
<https://www.resourcesforliving.com/login>
Username: City of Portland
Password: EAP
2. City of Portland in-house EAP Coordinator
Carol Young
Please call to schedule an appointment
207-871-9272
carol@portlandmaine.gov

What is an EAP?

From everyday issues like job pressures, relationships and retirement planning to highly impactful issues like grief, loss, or a disability, both EAP resources offer professional support whenever and wherever you need it.

The service includes up to six face-to-face personal or work-life counseling sessions per occurrence per year. This means you and your family members won't have to share visits. You can each get counseling help for your own unique needs. Counseling for your legal, financial, medical and benefit-related concerns is also available by phone.

VOLUNTARY BENEFITS

The City of Portland is committed to providing employees with options to guard against life's unexpected illnesses and injuries. To that end, City of Portland will begin offering the option of enrolling in Critical Illness Insurance, Accidental Injury Insurance and Hospital Indemnity Insurance through Cigna. These benefits are 100% employee paid and are portable. This means you can take the coverage with you if you leave City of Portland.

Critical Illness Insurance

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

Health Screening Benefit

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

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

Accidental Injury Insurance

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

Hospital Indemnity Insurance

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

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

Note:

Please visit the City of Portland's Benefits Page for a full copy of the voluntary benefits SBCs: www.employeeconnects.com/COPBenefits/.

Rates Per Insured Class (Weekly)

| | Accidental Injury | Hospital Indemnity |
|-----------------------|-------------------|--------------------|
| Employee | \$1.95 | \$2.26 |
| Employee + Spouse | \$3.50 | \$5.08 |
| Employee + Child(ren) | \$4.32 | \$4.02 |
| Family | \$5.87 | \$6.84 |

Employee's Weekly Cost of Coverage for Critical Illness: Benefit Amount: \$5,000

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

Employee's Weekly Cost of Coverage for Critical Illness: Benefit Amount: \$10,000

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

Employee's Weekly Cost of Coverage for Critical Illness: Benefit Amount: \$20,000

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

Employee's Weekly Cost of Coverage for Critical Illness: Benefit Amount: \$30,000

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

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.
 The policy's rate structure is based on attained age, which means the premium can increase due to the increase in your age.



PROFESSIONAL DEVELOPMENT PROGRAMS

Discount on Professional Development Program

University of Southern Maine (USM) Non-Credit Classes

AFFILIATE DISCOUNT: Benefits-eligible City of Portland employees regularly working 18.75 hours or more per week are eligible to receive a 20% discount on the workshop fee for any USM Professional Development (PDP) course(s) described at usm.maine.edu/pdp

- 1. If you are an eligible City of Portland employee who wants to take a course of personal interest and pay for it on your own:**
 - a. You will receive a 20% discount when you enroll and pay for the PDP class.
 - b. Call Human Resources at [\(207\) 874-8624](tel:2078748624) to confirm eligibility and to receive the 20% discount code.
 - c. To enroll, set up a [Customer Profile](#) on PDP and enroll in the class of your choice. enrole.com/usmmaine/jsp/login.jsp
 - d. When prompted, apply the discount code that HR provided you to the shopping cart.
 - e. You must pay with a credit card before checking out to secure your seat in class.

- 2. If you are an eligible City of Portland employee and want to take an approved career-related course and your department has agreed to pay for this course:**
 - a. The employee or department manager begins by contacting Human Resources for approval and coordination, Diane Doane or Kathy Vosmus can be reached at hrinfo@portlandmaine.gov or (207) 874-8624.
 - b. The HR Department coordinates registration of the employee directly with USM.
 - c. Once the employee is registered, USM will send an email to the employee confirming enrollment.
 - d. If the City of Portland employee does not complete the course, with completion defined by USM, he or she will be responsible for repaying the City of Portland the cost of the PDP within 60 business days of the last scheduled class in the PDP course.



RETIREMENT PLAN

Your Retirement - Which is the Best Option for You?

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

Your status as an optional member, or non-member, of MainePERS will be your status during all periods of employment with the City of Portland.

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

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

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

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

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

FREQUENTLY ASKED HEALTH AND DENTAL QUESTIONS

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

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

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

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

Q: Are there any waiting periods for dental insurance?

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

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

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

Q: Grand Rounds left a voice mail message asking me to call them. Why has Grand Rounds called me unexpectedly as I didn't call them?

A: Grand Rounds Health provides personalized care guidance, assistance and support for healthcare needs. They partner with our medical claims carrier, Meritain, and are able to determine various diagnoses based on the claims received. When a claim reaches Grand Rounds Health, they can see that a member might benefit from additional services that we offer within our health plan, and they may make an outreach call. Additional services may be available for certain health conditions such as cardiac events and diabetes. Should you receive a call from Grand Rounds Health, we encourage you to take or return the call.

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

A. Both can be done by calling Grand Rounds Health at 1.855.498.4661, going online at www.grandrounds.com/cop or by downloading the app.

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

A. Starting on 7/1/2021, you can find the highest-quality, in-network providers for your unique needs by selecting the “Find Care” option within your Grand Rounds Health member portal online at grandrounds.com/cop, or in the Grand Rounds Health app. Providers in the Preferred Network will be clearly indicated in the recommendations when applicable. You may also contact your Grand Rounds Health personal care team by phone at 855-498-4661 for assistance in identifying the best in-network doctors and facilities for your needs.

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

A. The health plan has features to assist employees in improving their health such as:

- **Fitness Reimbursement:** Covered programs improve cardiovascular condition, muscular strength/endurance and flexibility (for example, health clubs, gyms, yoga, martial arts, pilates, swim programs). The benefit is administered by the City’s Benefits Division, not by Aetna.
- **Smoking Cessation:** Prescription medication & over-the-counter (OTC) filled at a pharmacy payable at 100% administered by Aetna. Hypnosis: benefits are payable at 100% after a \$10 therapy visit copayment administered by the City’s Benefits Division, not by Aetna. Smoking Cessation classes: payable at 100% administered by the City’s Benefits Division, not by Aetna.

- **Nutrition Counseling:** The health plan provides benefits for nutritional counseling when required for a diagnosed medical condition at \$0 co-payment.

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

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

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

A. There are two ways this can be done:

- **Qualifying Life Event:** You have 30 days from the date of the event to make your change(s). The coverage will be effective the first day of the following month. You will be required to complete a Qualifying Life Event change form and provide verification of the Life Event.
- **Annual Enrollment:** Each June for an effective date of July 1st. No qualifying event is needed to make a change during this period.

WHO TO CONTACT:

City of Portland Human Resources

389 Congress Street
Portland, ME 04011

874-8621
portlandmaine.gov
Select: Human
Resources>Benefits

To find a copy of the Summary of Benefits and Coverages (SBCs) for each line of coverage, please visit the City of Portland's Benefits Page: <http://portlandmaine.gov/425/Benefit-Summaries>

MainePERS

(Retirement, Disability and Group Life Insurance)
46 State House Station
Augusta, ME 04333-0046
Employer Code:
P0002/PLD unit

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

ICMA Retirement Corporation

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

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

Brenda Cota,
Retirement Plans
Specialist

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

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

Grand Rounds Health

1 California St Suite 2300
San Francisco, CA 94111

Personal Care Team
Assistant:
855-498-4661
www.grandrounds.com/cop

Cigna (Voluntary Benefits)

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

Aetna EAP

User Name: 888-238-6232
City of Portland
Password: EAP
Available 24 hours a day,
7 days a week
resourcesforliving.com

Aetna VISION

877-973-3238
aetnavision.com

Northeast Delta Dental

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

UNUM (Disability Claims)

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

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

Maine Municipal Employers Health Trust

60 Community Drive
Augusta, ME 04330-9486

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

AFSCME Maine Membership Benefit Fund

P.O. Box 1279
Portland, ME 04104

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

Navia Benefit Solutions

1-800-669-3539
P.O. Bo 53250
Bellevue, WA 98015-3250

Fax: 1-866-535-9227
naviabenefits.com

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

