



CITY OF MILWAUKIE

2025

BENEFITS GUIDE





CITY OF MILWAUKIE

2025 BENEFITS GUIDE Contents



05	<u>Benefits Eligibility</u>	●
07	<u>Benefits Enrollment</u>	●
08	<u>2025 Benefit Changes</u>	●
09	<u>Medical Plans</u>	●
17	<u>Dental Plans</u>	●
20	<u>Vision Plans</u>	●
21	<u>Employee Assistance Program (EAP)</u>	●
22	<u>Flexible Spending Accounts (FSA)</u>	●



2025 BENEFITS GUIDE Contents

<u>22</u>	<u>Flexible Spending Accounts (FSA)</u>	●
<u>23</u>	<u>HRA VEBA</u>	●
<u>24</u>	<u>Long-Term Disability Coverage</u>	●
<u>26</u>	<u>Supplemental Life Insurance</u>	●
<u>27</u>	<u>Voluntary Benefits</u>	●
<u>29</u>	<u>2025 Benefit Rates</u>	●
<u>33</u>	<u>Contact Us</u>	●





Welcome Message

Hello Team Milwaukie!

We are committed to providing you with a comprehensive benefits package that supports your well-being and financial security, both now and in the future. This Benefits Guide is designed to help you understand and appreciate the value of the various benefits we offer. We encourage you to take the time to review this information and to take full advantage of the programs and resources available to you.

Your contributions to our community are invaluable, and we believe that investing in you is an investment in the future of Milwaukie. We hope this Benefits Guide will be a valuable tool as you navigate your career and personal life.

Thanks so much,

Emma Sagor
City Manager



Benefit Eligibility

All full-time and part-time (0.5 FTE or greater) regular-status employees are eligible for benefits. Every employee is eligible for the EAP benefit.

Benefit Eligibility

All full-time and part-time (0.5 FTE or greater) regular-status employees are eligible for City of Milwaukie benefits. The city pays 95% of insurance premiums for employees in 36+ hour/week roles and 75% for all other benefit-eligible employees.

Benefits are effective the first day of the calendar month following your date of hire. Benefits are effective immediately if your start date is the first calendar day of the month.

Cost Sharing

The city covers 95% of the monthly cost of medical and dental premiums. The city pays 75% of the monthly cost for part-time employees (at least 0.5 FTE, but less than 0.9 FTE).

Eligible Dependents

You may enroll your eligible dependents in the same plans you elect for yourself. Eligible dependents include your legal spouse or Oregon-registered domestic partner (ORDP) and your children, up to age 26. Children include biological, step, foster, adopted children, children of an ORDP, and may include disabled adult children.

Newly Acquired Dependents

If dependents are not enrolled when first eligible due to a qualifying event, Open Enrollment will be the next opportunity to add them

Newborn/Adopted Children

Coverage begins as of the date of birth/placement in the home. The child must be enrolled within 60 days. A copy of the birth certificate/adoption papers are required for the child to be eligible.

Premium Payment is due as follows:

- Born/placed on the 1st through the 15th, premium payment is due for that month.
- Born/placed on the 16th through the 31st, premium payment is due the first of the following month.



New Spouse/Registered Domestic Partner

Coverage begins the first of the month following the date of marriage/filing of the Oregon Certificate of Registered Domestic Partnership. The spouse/partner must be enrolled within 60 days. **A copy of the marriage license or RDP certificate must be provided for the new spouse/partner to be eligible.**

Premium Payment is due as follows:

- Married/registered on the 1st through the 15th, premium payment is due for that month.
- Married/registered on the 16th through the 31st, premium payment is due the first of the following month.



CIS Benefits



citycounty insurance services

CIS Benefits administers the City of Milwaukie's benefits program. Partnering with CIS helps to keep insurance premiums low while maintaining the quality we expect for our team.

CIS Benefits has a dedicated website for enrolling and making changes to benefits, viewing and downloading detailed benefits information, and uploading required documentation.

In addition to the Human Resources Department, CIS Benefits are your partners in getting the most out of your benefits.



Benefits Enrollment

Enrolling/Changing Benefits

New Hire Enrollment

Newly hired members of Team Milwaukie become eligible on the first day of the month following their start date. For example: If you start on March 3, your benefits will begin on April 1. You must enroll for benefits online at www.cisbenefits.org within 60 days from your date of hire or date of becoming eligible due to increased hours,

Open Enrollment

The city's annual Open Enrollment occurs in October for the upcoming plan year beginning January 1. All charges and new elections for benefits during open enrollment must be done online at www.cisbenefits.org.

Benefit Changes

Outside of the initial enrollment period as a new hire or newly benefit eligible employee, you may not make changes to your benefits selections unless you have a qualifying life event such as:

- Marriage, registering an ORDP, divorce, or legal separation
- Birth or adoption of a child
- Death of a dependent
- Dependent child reaching the age of 26
- Loss or gain of other group health coverage

Employees have 60 days from a qualifying events to make a benefit change.

Most qualifying life events required documentation in order to complete a change in coverage.



2025 Benefit Changes

Medical Insurance Hearing Benefit

(MPEA, Management & Non-Represented Staff Only)*

- **Regence Hearing Benefit**

- Annual hearing exam covered at 60% (80% for Regence Category 1 providers).
- Hearing aids are covered 100% up to a maximum of \$3,000 every four years. The \$3,000 accumulates over the four years and is not a one-time benefit.

- **Kaiser Hearing Benefit:**

- \$30 hearing exam copay
- \$1,500 allowance per hearing aid per ear every three years.

**AFSCME declined to add this benefit for 2025.*

Increased CIS Delta Dental & Kaiser Dental Orthodontia Benefit

- **CIS Delta Dental**

- Orthodontic Coverage *increases* in 2025 to 50% with a \$2,000 lifetime maximum, up from the current \$1,000.

- **Kaiser Dental:**

- Orthodontic Coverage *increases* in 2025 to 50% with a \$2,000 lifetime maximum, up from the current \$1,000.
- Preventative services *no longer count* towards the annual maximum benefit. (Brings this plan in line with CIS Delta Dental)

Increased Supplemental Life Maximum Benefit & Guaranteed Issue Amount

- **The Hartford**

- The Employee Maximum Benefit *increases* in 2025 from \$300,000 to \$1,000,000, and the Employee Guaranteed Issue Amount is growing from \$100,000 to \$400,000.
- The Spouse Maximum Benefit *increases* from \$300,000 to \$500,000 & the Spouse Guaranteed Issue Amount is rising from \$20,000 to \$30,000.



Medical Plans

The City of Milwaukie offers two medical plans designed to meet the needs of our diverse and dynamic team. We offer a Management Organization (HMO) plan through Kaiser Permanente and a Preferred Provider Organization (PPO) plan administered by Regence Blue Cross Blue Shield of Oregon.

Understanding the Basics

Both the Kaiser and Regence plans help cover your healthcare costs, but they do it in slightly different ways. Let's break down some key terms to understand how these plans work:

- **Deductible:** This is the amount you pay out of your own pocket before the insurance plan starts to cover costs.
- **Copay:** This is a fixed amount you pay for a specific service, like a doctor's visit or a prescription.
- **Coinsurance:** This is the percentage of the cost of a service that you share with the insurance plan after you've met your deductible.
- **Out-of-Pocket Maximum:** This is the most you'll have to pay in a year for covered services. Once you reach this limit, the insurance plan covers 100% of the costs for the rest of the year.
- **Network:** The doctors, hospitals, and other health care providers that contract with your health insurance plan to provide services at a discounted rate.

Plan Highlights

Feature	Kaiser Plan	Regence Plan
Deductible	\$0	\$250 Individual / \$750 Family
Out-of-Pocket Maximum	\$1,500 Individual / \$3,000 Family	\$2,250 Individual / \$4,750 Family (Preferred and Participating Providers) or \$4,250 Individual / \$8,750 Family (Non-Preferred Provider)
Copays	Vary by service (e.g., \$5/\$20 for primary care, \$30 for specialist)	Vary by service (e.g., \$5 for first 3 primary care visits, then \$20; 20% for lab tests after the first \$400)
Coinsurance	Applies to some services (e.g., 20% for durable medical equipment)	Applies to most services after the deductible is met (e.g., 20% for most services with Preferred Providers)

Kaiser Permanente Plan Summary

Core Medical Coverage:

- **Preventive Care & Telehealth:** Services like routine check-ups, screenings, and telehealth consultations are covered at 100%.
- **Doctor Visits:** Primary care visits are \$5 for the first 3 visits, then \$20. Specialist visits are \$30, and urgent care is \$40.
- **Tests & Medications:** Costs vary. Preventive tests are \$0, while lab tests and X-rays are \$20 per department visit. Prescription drugs have copays ranging from \$10 to \$40, and mail-order options are available.
- **Hospital Stays:** Inpatient hospital services have a \$200 per day copay, up to \$1,000 per admission.
- **Mental Health & Substance Use Disorder:** Outpatient services have copays similar to primary care, while inpatient services have the same copay structure as hospital stays.
- **Maternity Care:** Prenatal and postpartum visits are covered at 100%.
- **Other Services:** The plan also covers [infertility treatments](#), [Gender Pathways Clinic](#), ambulance services, emergency services, outpatient surgeries, therapies, skilled nursing facilities, and durable medical equipment, each with its own cost-sharing structure.

Alternative Care & Hearing Benefits:

- **Alternative Care:** Acupuncture, chiropractic, and massage therapy are covered with copays and visit limits. Naturopathic medicine has copays similar to primary care.
- **Hearing:** A \$1,500 allowance is applied per hearing aid per ear every three years.

Additional Information:

- **Out-of-Pocket Maximum:** The most you'll pay out-of-pocket in a year is \$1,500 for an individual or \$3,000 for a family.
- **Network Providers:** Using Kaiser Permanente providers is generally more cost-effective.
- **Resources:** Kaiser offers various resources like online services, an advice nurse line, virtual care options, and more to help you manage your healthcare



KAISER PERMANENTE



Regence Plan Summary

Core Medical Coverage:

- **Preventative Care:** Services like routine check-ups, screenings, and immunizations are covered at 100% (no out-of-pocket cost).
- **Doctor Visits:** You'll pay a \$5 copay for the first 3 primary care, behavioral health, and virtual care visits each year. After that, it's 20% coinsurance. Specialist visits have a \$20 copay, with 20% coinsurance for additional services.
- **Tests:** The plan covers various diagnostic tests like lab work, X-rays, and imaging. You'll pay a \$20 copay for outpatient lab tests and X-rays. The first \$400 of outpatient diagnostic tests and imaging combined are covered in full each year, after which you'll pay 20% coinsurance.
- **Medication:** Express Scripts' participating provider copays range from \$10 for generics to \$100 for non-preferred brands, with specialty medications varying based on status. There is a separate deductible and out of pocket cost.
- **Hospital Stays & Surgeries:** You'll be responsible for 20% coinsurance for most inpatient and outpatient services.
- **Mental/Behavioral Health:** The plan offers coverage for both inpatient and outpatient mental/behavioral health and substance use disorder treatment.
- **Maternity Care:** Prenatal care, postpartum visits, and childbirth services are covered at 20% coinsurance.
- **Other Benefits:** The plan also covers services like ambulance rides, rehabilitation, hearing aids for children, home health care, hospice care, and durable medical equipment.

Alternative Care & Hearing Aids:

- **Acupuncture & Chiropractic:** You have a \$20 copay for these services, with a limit of 12 visits per year for acupuncture and 20 visits for chiropractic spinal manipulations.
- **Hearing Aids:** Coverage of up to \$3,000 every 4 years for hearing aids is available for individuals up to age 26. One hearing exam is covered per year.

Additional Information:

- **Deductible & Out-of-Pocket Maximum:** The plan has a \$250 individual/\$750 family deductible. Once you meet the deductible, your out-of-pocket maximum is \$2,250 individual/\$4,750 family when using preferred or participating providers.
- **Extra Services:** The plan offers additional benefits like Hinge Health for virtual physical therapy, MDLIVE for telehealth consultations, and more.



Medical Plan Scenarios

Scenarios to help you understand how it all works together

1. Routine Checkup:

- **Kaiser:** You pay \$0 for a routine preventive physical exam because it's covered at 100%.
- **Regence:** You pay \$0 for preventive care, including routine checkups, as they are not subject to the deductible.

2. Specialist Visit for a Sprained Ankle:

- **Kaiser:** You pay a \$30 copay for the specialist visit.
- **Regence:** You pay a \$20 copay for the specialist visit, as it falls under the category of services not subject to the deductible.

3. Surgery:

- **Kaiser:** You pay \$50 for the outpatient surgery visit; the plan covers the rest.
- **Regence:** You pay 20% of the surgery cost after meeting your deductible. If the surgery costs \$5,000, and you've already met your deductible, you'll pay \$1,000 (20% of \$5,000).

4. Expensive Medication:

- **Kaiser:** You pay \$40 for a 30-day supply of a non-preferred brand-name drug.
- **Regence:** You pay \$80 for a 30-day supply of a non-preferred brand-name drug. You also have a separate out-of-pocket maximum of \$2,500 for prescription drugs.

5. Primary Care Visits:

- **Kaiser:**
 - Your first three primary care visits in a year cost \$5 each.
 - Any additional primary care visits in the same year cost \$20 each.
- **Regence:**
 - Your first three primary care visits (combined with mental/behavioral health and virtual care visits) are \$5 each.
 - Any additional visits beyond the first three cost \$20 each.




Benefit Comparison



KAISER PERMANENTE



Regence

 citycounty insurance services	Kaiser Copay B: Alternative Care & Vision January 1, 2025 - December 31, 2025	Regence BCBS Copay E: Alternative Care & VSP Vision January 1 - December 31, 2025	
Deductible & Out-of-Pocket Maximum		All Copayment and Coinsurance amounts count toward the Out-of-Pocket Maximum and/or Deductible unless otherwise noted.	
		Category 1 - Preferred	Category 2 - Participating Category 3 - Non-Preferred
Out-of-Pocket Maximum	You pay	Category 1 & 2	Category 3
For one Member	\$1,500	\$2,250	\$4,250
For an entire Family	\$3,000	\$4,750	\$8,750
Deductible Per Calendar Year	You pay	Category 1 & 2	Category 3
For one Member	\$0	\$250	\$250
For an entire Family	\$0	\$750	\$750
Office visits	You pay	Category 1	Category 2 & 3
Routine preventative physical exam	\$0	0% for Category 1 & 2 (deductible waived)	40% for Category 3 (after deductible)
Telehealth (phone/video)	\$0*	\$5 copay for first 3 visits. \$20 copay (deductible waived)	40%
Primary Care	\$5 for first 3 visits; then \$20 for additional visits in the same Year *	\$5 copay for first 3 visits. \$20 copay (deductible waived)	40%
Specialty Care	\$30	\$20 copay/office visit; deductible doesn't apply. 20% coinsurance for all other services	40%
Urgent Care	\$40	\$20 copay/office visit; deductible doesn't apply. 20% coinsurance for all other services	40%
Tests (outpatient)	You pay	Category 1	Category 2 & 3
Preventive Tests	\$0	0% for Category 1 & 2 (deductible waived)	40% for Category 3 (after deductible)
Laboratory	\$20 per department visit	\$0 up to first \$400 (deductible waived) then 20%	40%
X-ray, imaging, and special diagnostic procedures	\$20 per department visit	\$0 up to first \$400 (deductible waived) then 20%	40%
CT, MRI, PET scans	\$50 per department visit	\$0 up to first \$400 (deductible waived) then 20%	40%



 citycounty insurance services	Kaiser Copay B: Alternative Care & Kaiser Vision January 1 - December 31, 2025	Regence BCBS Copay E: Alternative Care & VSP Vision January 1 - December 31, 2025	
	Maternity Care You pay	Category 1	Category 2 & 3
Scheduled prenatal care visits and postpartum visits	\$0	\$20 copay/office visit; deductible doesn't apply. 20% coinsurance for all other services	40%
Laboratory	\$20 per department visit	\$0 up to first \$400 (deductible waived) then 20%	40%
X-ray, imaging, and special diagnostic procedures	\$20 per department visit	\$0 up to first \$400 (deductible waived) then 20%	40%
Inpatient Hospital Services	\$200 per day up to \$1,000 per admission	20%	40%
Hospital Services	You pay	Category 1	Category 2 & 3
Ambulance Services (per transport)	\$75	20%	20%
Emergency services	\$200 (Waived if admitted)	20% after a \$100 copay/visit	20% after a \$100 copay/visit
Inpatient Hospital Services	\$200 per day up to \$1,000 per admission	20%	40%
Outpatient Services (other)	You pay	Category 1	Category 2 & 3
Outpatient surgery visit	\$50	20%	40%
Chemotherapy/radiation therapy visit	\$30	20%	40%
Durable medical equipment	20% Coinsurance	20%	40%
Physical, speech, and occupational therapies	\$30	20%	40%
	Up to 20 visits per therapy per calendar year.	Regence covers a combined 77 visits for outpatient rehabilitation/habilitation services.	
Skilled Nursing Facility Services	You pay	Category 1	Category 2 & 3
Inpatient skilled nursing Services (up to 100 days per Calendar Year)	\$0	20%	40%
Mental Health and Substance Use Disorder Services	You pay	Category 1	Category 2 & 3
Outpatient Services (Group visit 1/2 copay)	\$5 for first 3 visits; then \$20 for additional visits in the same Year *	\$5 for first 3 visits; then \$20 for additional visits in the same Year	Category 2 \$20 copay/office visit, deductible does not apply Category 3 40%
Inpatient hospital & residential Services	\$200 per day up to \$1,000 per admission	20%	40%






KAISER PERMANENTE



Regence

 citycounty insurance services	Kaiser Copay B: Alternative Care & Vision January 1, 2025 - December 31, 2025	Regence BCBS Copay E: Alternative Care & VSP Vision January 1 - December 31, 2025	
Alternative Care** (self-referred)	You pay	Category 1	Category 2 & 3
Acupuncture Services (up to 12 visits per year)	\$20 per visit	\$20 per visit	\$20 per visit
Chiropractic Services (up to 20 visits per year)	\$20 per visit	\$20 per visit	\$20 per visit
Massage Therapy (up to 12 visits per year)	\$25 per visit	Not included	Not included
Naturopathic Medicine	\$5 for first 3 visits; then \$20 for additional visits in the same Year *	\$5 copay for first 3 visits; then \$20 copay (deductible waived)	40%
Medications (outpatient)	Kaiser Pharmacy	Express Scripts - Participating Provider (Non-participating Providers are not covered)	
Out-of-Pocket Max	Goes towards your Medical Plan OOP Max	\$2,500 per person/\$7,500 per family This is separate from the Medical Plan OOP Max	
Prescription drugs (up to a 30-day supply) Copay	Generic \$10, Preferred \$20, Non-preferred \$40, Specialty \$40 (Per prescription)	Generic \$10, Preferred \$40, Non-preferred \$100 Specialty: Generic \$ 50, Preferred \$100, Non-Preferred \$200 (Per prescription)	
Mail Order Prescription drugs (up to a 90-day supply)	2 x Copay	2 x Copay	
Administered medications, including injections (all outpatient settings)	20% Coinsurance	20% Under Medical Plan	40% Under Medical Plan
Nurse treatment room visits to receive injections	\$10	20% Under Medical Plan	40% Under Medical Plan

Hearing Benefit (New in 2025)


MPEA, Management, and Non-Represented Plans Only*



KAISER PERMANENTE



Regence

 <small>citycounty insurance services</small>	Kaiser Copay B: Alternative Care & Vision January 1, 2025 - December 31, 2025	Regence BCBS Copay E: Alternative Care & VSP Vision January 1 - December 31, 2025	
Hearing Benefit	You pay	Category 1&2	Category 3
Hearing Aids	\$1500 allowance is applied for each hearing aid per ear every three years.	Paid at 100% up to a maximum of \$3,000 every 4 calendar years. The \$3,000 is an accumulative amount over the 4 calendar years and not a one-time benefit.	
Hearing Exam	\$30	One exam every calendar year. Covered <u>at 20% using a Category 1 provider, 40% using a Category 2 or 3 provider</u> ; not subject to the deductible. Does not accumulate toward the out-of-pocket maximum.	

*AFSCME declined to add the hearing benefit in 2025.



Dental Plans

The City of Milwaukie offers three dental plans, providing the variety of options to meet most any situation. CIS Dental, administered by Delta Dental provides a large, national panel of dental providers, Kaiser Permanente and Willamette Dental both provide focused care at their dedicated facilities across the area.

Understanding the Basics

CIS Delta Dental with Ortho, Kaiser Permanente Dental II with Ortho, and Willamette Dental Plan A all have unique features, networks of providers, coverage levels, and costs. Understanding these basics is crucial in selecting the plan that best suits your needs.

- **Deductible:** This is the amount you pay out of your own pocket before the insurance plan starts to cover costs.
- **Copay:** This is a fixed amount you pay for a specific service, such as an office visit or a filling.
- **Coinsurance:** This is the percentage of the cost of a service that you share with the insurance plan after you've met your deductible.
- **Out-of-Pocket Maximum:** This is the most you'll have to pay in a year for covered services. Once you reach this limit, the insurance plan covers 100% of the costs for the rest of the year.
- **Network:** The doctors, hospitals, and other health care providers that contract with your health insurance plan to provide services at a discounted rate.
- **Preventive Care:** These are services focused on preventing dental problems, such as cleanings, exams, and X-rays.
- **Basic Procedures:** These include treatments like fillings, extractions, and root canals.
- **Major Procedures:** These are more extensive treatments like crowns, bridges, and dentures.
- **Orthodontics:** This refers to treatment for correcting teeth and jaw alignment, often involving braces or Invisalign.



Dental Plans Continued



CIS Delta Dental with Ortho

- **Network:** Delta Dental PPO and Premier. Offers flexibility to choose from a wide network of dentists.
- **Annual Maximum:** \$1,500 per member.
- **Deductible:** \$0
- **Coverage Highlights:**
 - **Preventive Care:** Starts at 70% coverage in the first year, increasing by 10% each year up to 100% with at least one dental visit in the previous year.
 - **Basic Procedures (fillings, extractions, etc.):** Similar to preventive care, coverage increases over time.
 - **Major Procedures (crowns, dentures):** 50% coverage.
 - **Orthodontics:** 50% coverage with a lifetime maximum of \$2,000.
- **Key Features:**
 - No deductible.
 - Increasing coverage for preventive and basic services over time, incentivizing regular dental visits.
 - Freedom to choose any licensed dentist, but staying in-network offers cost savings.
 - Pre-determination of benefits available.
 - Health through Oral Wellness program for additional preventive care based on risk assessment.



Dental Plans Continued

Kaiser Permanente Dental II with Ortho



- **Network:** Kaiser Permanente providers. Requires using Kaiser-affiliated dentists.
- **Annual Maximum:** \$2,000 per member.
- **Deductible:** \$0
- **Coverage Highlights:**
 - Preventive and Diagnostic Services: No additional charge.
 - Minor Restorations and Simple Extractions: No additional charge.
 - Major Restorations: \$45 copay per service
 - Orthodontics: 50% covered with a \$1,000 lifetime maximum.
- **Key Features:**
 - No deductible and no additional charge for many preventive, basic, and some major services.
 - Lower annual maximum compared to Delta Dental.
 - Limited network of providers.
 - Emphasis on preventive care with no additional cost for those services
 - Tele dentistry is available at no additional cost

Willamette Dental Plan A

- **Network:** Willamette Dental Group providers. Requires using Willamette Dental Group dentists
- **Annual Maximum:** No annual maximum
- **Deductible:** \$0
- **Coverage Highlights:**
 - Preventive and Diagnostic Services: Covered with a \$20 office visit copay
 - Fillings: \$15 copay
 - Major procedures (crowns, dentures, root canals): copays ranging from \$50-\$200.
 - Orthodontics: \$2,000 copay.
 - Implants: \$1,500 annual maximum benefit
- **Key Features:**
 - No annual maximum and no deductible
 - Very limited network
 - Simple cost structure with copays for most services.
 - Depending on circumstances this could be the best for orthodontia.



Vision Plans

visionessentials by KAISER PERMANENTE. **vsp** VISION™

Vision Services	Kaiser Vison	VSP -Regence BCBS	
Routine eye exam	\$0 until age 19 \$20 ages 19 and older	WELLVISION EXAM Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision	\$10 Copay Every calendar year \$20 per Exam
Vision hardware and optical Services until age 19	No charge for eyeglass lenses or frames or contact lenses every 12 months.	Frame	\$25 Copay \$190 featured frame brands allowance \$170 frame allowance 20% savings on the amount over your allowance 95 Walmart®/Sam's Club®/Costco® frame allowance
Vision hardware and optical Services Ages 19 and older	Balance after \$150 allowance, once every calendar year	Lenses Lens Enhancement Anti-glare coating Tints/Light-reactive lenses Impact-resistant lenses Scratch-resistant coating UV protection Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements	Single vision, lined bifocal, and lined trifocal lenses - Included with frame Copay \$0 \$0 \$0 \$0 \$0 \$50 \$50 \$50
CONTACTS (INSTEAD OF GLASSES)	Balance after \$150 allowance, once every calendar year	CONTACTS (INSTEAD OF GLASSES)	\$166 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation)



Employee Assistance Program (EAP)

EAP is available from day 1 for ALL City of Milwaukie Employees

The Employee Assistance Program (EAP) is a FREE and CONFIDENTIAL benefit that can assist you, your dependents, and household family members with any personal life problems, large or small.

Canopy EAP

Confidential Coaching and Counseling

Access to masters-level counselors in person, over the phone, or online for concerns such as:

- Stress and Burnout
- Relationships and Family
- Depression and Anxiety
- Alcohol and Drug Use

Work/Life Balance Services

Canopy will help locate resources related to Eldercare, Childcare, Identity Theft, Housing, Pet Parent Support, and more.

Legal

Call for a free legal consultation, and then receive a discount thereafter.

Financial Coaching

Access to unlimited financial coaching to help you develop a plan to improve your financial wellbeing.

Wellbeing Tools

- Fertility Health Support
- Will Kit Questionnaire
- Online Legal Tools
- Life Coaching
- Gym Membership Discounts

EAP Member Site

Access innovate tools, chat for support, view video and webinars, and more at my.canopywell.com.

Enter your company name when you register as: CIS

Crisis Counselors are available 24/7/365

Call 800-433-2320 Text 503-850-7721



canopy

Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSAs) allow you to set aside money from your paycheck on a pre-tax basis to pay for medical and child/elder care expenses. That means you do not have to pay federal or state income tax, or FICA taxes on those dollars,

There are two types of FSA account:

Healthcare FSA

The Healthcare FSA provides you an opportunity to use pre-tax dollars to pay for out-of-pocket medical, dental, vision, and hearing expenses for you, your spouse, and any of your dependents (even if they aren't covered by your health insurance plan(s)). There are hundreds of eligible expenses, including co-pays, deductibles, over-the-counter medications, prescription drugs, and many more. Check the Eligible Expense list at www.asiflex.com for more information.

You can contribute up to \$3,200 for healthcare expenses for 2025. Even if/when the IRS maximum goes up later this year, that amount will remain \$3,200 for the CIS 2024 plans. You can use these dollars for eligible expenses you and your eligible dependents incur throughout the year. And your full annual election is available to use on January 1!

Dependent Care FSA

The Dependent Care can be used for work-related childcare expenses, or for work-related expenses for older tax dependents who are incapable of self-care. Eligible expenses include daycare, summer day camps (overnight camps are NOT eligible), babysitting, before and after school care, nursery school, and pre-kindergarten expenses primarily for the dependent's protection and well-being.

You can contribute up to \$5,000 per household per calendar year (\$2,500 if married and filing separate income tax returns).

Use it or lose it!

For the Dependent Care FSA, unused funds are forfeited. For the Healthcare FSA, you can carryover up to \$640 of unused healthcare funds into the following plan year (2025). Consider your anticipated needs before making an election.



HRA VEBA

A health reimbursement arrangement (HRA) is a spending account you can use to cover medical care expenses such as copays, deductibles, prescription drugs, and retiree and Medicare insurance premiums. You do not pay any taxes on contributions, investment earnings, or reimbursements (claims) from your HRA. Money goes in tax-free, is invested tax-free, and comes out tax-free!

HRA VEBA

HRA VEBA vs. FSA

The same IRS rules for what is or isn't an eligible medical expense apply to an HRA as to an FSA. However, HRA plans do not have annual use-or-lose or carryover limits. You can choose an investment strategy for your HRA VEBA dollars and the money is portable. It follows you after you leave the city.

HRA VEBA Contributions

All benefit-eligible employees contribute pre-tax dollars to an HRA VEBA plan based on the agreed-upon amount set by each employee group (AFSCME, MPEA, or Management/Non-Represented employees).



Long-Term Disability Coverage

The City of Milwaukie pays 100% of the cost of long-term disability coverage for all benefit-eligible employees.

Long-Term Disability Coverage replaces up to 50% of your monthly income in the event you become unable to work for more than 90 days due to injury or illness.

The Hartford Value-Added Services

As part of your long-term disability coverage through The Hartford, you automatically receive the following services at no additional cost to you:

Travel Assistance with Identity Theft Protection Services

Travel Assistance is available when traveling more than 100 miles from home and for 90 days or less. Services include but are not limited to:

- Medical assistance, including worldwide medical referrals, medical monitoring, prescription transfer, replacement of medical devices and corrective lenses.
- Emergency transports, medical repatriations and evacuations and repatriations of mortal remains.
- Pre-trip information, lost luggage/document assistance and legal referrals.

Identity Theft Support Services provide 24/7/365 assistance including education on how to prevent theft and guidance on what to do if a theft occurs. Caseworkers help review credit information, and if a theft has occurred, will notify major credit bureaus, assist with completing an identity theft affidavit, help with replacing credit/debit cards and more. Call 800-243-6108

EstateGuidance® Will Services

Through The Hartford you have access to EstateGuidance. It helps you protect your family's future by creating a will online – backed by online support from licensed attorneys. Just follow the instructions to create a will that's customized and legally binding.

Visit: www.estateguidance.com

Use code: WILLHLF



Long-Term Disability Coverage Continued

Funeral Concierge Service

The Hartford's Funeral Concierge offers a suite of online tools and live support to help guide you through key decisions. It allows for pre-planning, documentation of wishes, and even offers cost comparisons of funeral-related expenses. This service includes family advocacy and professional negotiation of funeral prices with local providers – often resulting in significant savings.

For more information, call: 866-854-5429

Visit: www.everestfuneral.com/hartford Use code: HFEVLC

Beneficiary Assist@Counseling Services

The Hartford offers you Beneficiary Assist counseling that can help you or your beneficiaries (named in your policy) cope with emotional, financial and legal issues that arise after a loss. Includes unlimited 24/7 phone access for legal and financial advice or emotional counseling with up to five* face-to-face sessions or equivalent professional time for one service or a combination of services, for up to a year from the date a claim is filed.

For more information, call: 800-411-7239



Supplemental Life Insurance

The City of Milwaukie pays 100% of the cost of basic life insurance for all benefit-eligible employees. You may also choose to purchase supplemental life insurance for additional protection for you and your loved ones.

NEW HIGHER LIMITS!

Supplemental Employee/Spouse/RDP Life

In 2025, the employee maximum benefit for your Supplemental Life policy will increase from \$300,000 to \$1,000,000 — and the guaranteed issue amount will increase from \$100,000 to \$400,000. The Supplemental Spouse maximum benefit will increase to \$500,000, and the guaranteed issue amount will increase from \$20,000 to \$30,000.

Supplemental Employee/Spouse/DP Rates

If enrolling in Supplemental Employee/Spouse Life for the first time, rates will be based on you and your spouse's/DP's age (if you enrolled for spouse coverage) on Jan. 1. After that, rates will increase every Jan. 1 for employees and/or spouses/DPs who changed age categories during the previous calendar year. Your first paycheck after Jan. 1 will reflect the new rates (see below).

Age	Employee Cost/\$1K	Spouse/RDP Cost/\$1K
0-29	\$0.027	\$0.032
30-34	\$0.035	\$0.040
35-39	\$0.048	\$0.055
40-44	\$0.068	\$0.078
45-49	\$0.095	\$0.110
50-54	\$0.149	\$0.173
55-59	\$0.279	\$0.322
60-64	\$0.428	\$0.494
65-69	\$0.808	\$0.932
70-74	\$1.272	\$1.466
75 & Older	\$1.854	\$1.854



**THE
HARTFORD**

Example: If you elect \$100,000 for employee coverage and are 45 years old your premium would be: $\$0.095 \times 100 = \9.50 . This amount would be the monthly payroll deduction.



Voluntary Benefits

Optional Benefits to Meet Your Needs

MetLife Short Term Disability

Short-Term Disability (STD) coverage replaces a portion of your income if you're hurt or sick and unable to work. The cost will vary depending on your age and income.

The benefit amount payable is 60% of your income, with a maximum weekly benefit of \$2,000. The benefit amount will be reduced by income from other sources including, but not limited to Paid Leave Oregon (PLO) and any other state or federal retirement or disability program.

MetLife Accident Insurance

Accident Insurance pays out a lump sum if you incur an injury as a result of an accident.

These benefits may supplement both health and disability insurance. A benefit payment can be used to pay for expenses that your health insurance doesn't cover—or it can provide additional financial support if a covered event causes you to lose income due to being out of work.

MetLife Hospital Indemnity Insurance

Hospital Indemnity Insurance pays you benefits when you are confined to a hospital, whether for planned or unplanned reasons.

This plan provides benefits for hospitalization due to accidents and sicknesses,⁶ such as:

- Admission to a hospital
- Hospital stays

A flat amount is paid for the day that you're admitted to a hospital, and a per-day amount is paid for each day of a covered hospital stay from the very first day of your stay.

Voluntary Benefits Continued

MetLife Critical Illness



Critical Illness Insurance is coverage that can help safeguard your finances by providing you with a lump-sum payment — one convenient payment all at once — when you or your family may need it most.

If you meet the group policy and certificate requirements, Critical Illness Insurance provides you with a lump-sum payment upon a verified diagnosis of a covered condition, including:

- Cancer
- Heart attack
- Stroke



Trauma Coverage

Trauma Coverage® was created to empower the recovery of individuals and families with financial security, physical recuperation, and emotional well-being after a traumatic incident. Covered incidents include injuries anywhere in the United States as the result of an aggravated assault, sexual assault, mass shooting or act of terror. Coverage is extended to provide benefits for witnessing a violent act, or contracting an infectious disease while working.

BRONZE	SILVER	GOLD	FAMILY
\$5,000 Individual and family counseling	\$5,000 Individual and family counseling	\$5,000 Individual and family counseling	\$5,000 / Insured Individual and family counseling
\$5,000 Maximum in lost wages ¹	\$10,000 Maximum in lost wages ¹	\$15,000 Maximum in lost wages ¹	\$20,000 / Insured Maximum in lost wages ¹
\$5,000 Maximum for expense reimbursement ² or lost wages of a family member	\$10,000 Maximum for expense reimbursement ² or lost wages of a family member	\$15,000 Maximum for expense reimbursement ² or lost wages of a family member	\$20,000 / Insured Maximum for expense reimbursement ² or lost wages of a family member
\$50,000 Accidental death benefit	\$100,000 Accidental death benefit	\$150,000 Accidental death benefit	\$200,000³ Accidental death benefit
\$50,000 Maximum benefit per policy period (1 year)	\$100,000 Maximum benefit per policy period (1 year)	\$150,000 Maximum benefit per policy period (1 year)	\$200,000 / Insured Maximum benefit per policy period (1 year)

Policy periods are one (1) year. Benefits are payable per insured per incident up to your policy maximum. There is no waiting period to receive benefits.

¹ 100% of lost wages from all income sources

² Expense reimbursement includes any medical, dental, vision, hearing, pharmaceutical, and addiction to prescribed drugs expenses

³The accidental death benefit for the Family Plan is up to \$200,000 (\$150,000 for employed Insureds and \$25,000 for non-employed Insureds)



2025 Benefits Rates

MPEA, Mgmt., Non-Rep.

36+ hours/week

Regence Blue Cross Blue Shield w/ VSP Vision Coverage & Hearing Aid Coverage	Total Cost	City Pays	Employee Pays
Employee Only	\$ 856.99	\$ 814.14	\$ 42.85
Employee and Spouse/RDP	\$ 1,818.27	\$ 1,727.36	\$ 90.91
Employee and Child	\$ 1,590.93	\$ 1,511.38	\$ 79.55
Employee and Children	\$ 2,124.80	\$ 2,018.56	\$ 106.24
Employee and Family	\$ 2,450.82	\$ 2,328.28	\$ 122.54
Kaiser Permanente w/ Kaiser Vision & Hearing Aid Coverage	Total Cost	City Pays	Employee Pays
Employee Only	\$ 906.16	\$ 860.85	\$ 45.31
Employee and Spouse/RDP	\$ 1,898.66	\$ 1,803.73	\$ 94.93
Employee and Child	\$ 1,661.96	\$ 1,578.86	\$ 83.10
Employee and Children	\$ 2,241.56	\$ 2,129.48	\$ 112.08
Employee and Family	\$ 2,584.40	\$ 2,455.18	\$ 129.22
Delta Dental (CIS II w/ \$2000 Orthodontia Coverage)	Total Cost	City Pays	Employee Pays
Employee Only	\$ 53.74	\$ 51.05	\$ 2.69
Employee and Spouse/RDP	\$ 95.24	\$ 90.48	\$ 4.76
Employee and Child	\$ 83.29	\$ 79.13	\$ 4.16
Employee and Children	\$ 161.90	\$ 153.81	\$ 8.09
Employee and Family	\$ 186.72	\$ 177.38	\$ 9.34
Kaiser Permanente Dental w/ \$2000 Orthodontia Coverage)	Total Cost	City Pays	Employee Pays
Employee Only	\$ 74.04	\$ 51.05	\$ 22.99
Employee and Spouse/RDP	\$ 130.38	\$ 90.48	\$ 39.90
Employee and Child	\$ 114.06	\$ 79.13	\$ 34.93
Employee and Children	\$ 215.00	\$ 153.81	\$ 61.19
Employee and Family	\$ 247.94	\$ 177.38	\$ 70.56
Willamette Dental w/ \$2000 OOP Maximum for Orthodontia	Total Cost	City Pays	Employee Pays
Employee Only	\$ 58.68	\$ 51.05	\$ 7.63
Employee and Spouse/RDP	\$ 102.47	\$ 90.48	\$ 11.99
Employee and Child	\$ 89.65	\$ 79.13	\$ 10.52
Employee and Children	\$ 156.40	\$ 153.81	\$ 2.59
Employee and Family	\$ 180.40	\$ 177.38	\$ 3.02

2025 Benefits Rates

MPEA, Mgmt., Non-Rep.

Less than 36 hours/week

Regence Blue Cross Blue Shield w/ VSP Vision & Hearing Aid Coverage	Total Cost	City Pays	Employee Pays
Employee Only	\$ 856.99	\$ 642.74	\$ 214.25
Employee and Spouse/RDP	\$ 1,818.27	\$ 1,363.70	\$ 454.57
Employee and Child	\$ 1,590.93	\$ 1,193.20	\$ 397.73
Employee and Children	\$ 2,124.80	\$ 1,593.60	\$ 531.20
Employee and Family	\$ 2,450.82	\$ 1,838.12	\$ 612.70
Kaiser Permanente w/ Kaiser Vision & Hearing Aid Coverage	Total Cost	City Pays	Employee Pays
Employee Only	\$ 906.16	\$ 679.62	\$ 226.54
Employee and Spouse/RDP	\$ 1,898.66	\$ 1,424.00	\$ 474.66
Employee and Child	\$ 1,661.96	\$ 1,246.47	\$ 415.49
Employee and Children	\$ 2,241.56	\$ 1,681.17	\$ 560.39
Employee and Family	\$ 2,584.40	\$ 1,938.30	\$ 646.10
Delta Dental (CIS II w/ \$2000 Orthodontia Coverage)	Total Cost	City Pays	Employee Pays
Employee Only	\$ 53.74	\$ 40.31	\$ 13.43
Employee and Spouse/RDP	\$ 95.24	\$ 71.43	\$ 23.81
Employee and Child	\$ 83.29	\$ 62.47	\$ 20.82
Employee and Children	\$ 161.90	\$ 121.43	\$ 40.47
Employee and Family	\$ 186.72	\$ 140.04	\$ 46.68
Kaiser Permanente Dental w/ \$2000 Orthodontia Coverage)	Total Cost	City Pays	Employee Pays
Employee Only	\$ 74.04	\$ 55.53	\$ 18.51
Employee and Spouse/RDP	\$ 130.38	\$ 97.79	\$ 32.59
Employee and Child	\$ 114.06	\$ 85.55	\$ 28.51
Employee and Children	\$ 215.00	\$ 161.25	\$ 53.75
Employee and Family	\$ 247.94	\$ 185.96	\$ 61.98
Willamette Dental w/ \$2000 OOP Maximum for Orthodontia	Total Cost	City Pays	Employee Pays
Employee Only	\$ 58.68	\$ 44.01	\$ 14.67
Employee and Spouse/RDP	\$ 102.47	\$ 76.85	\$ 25.62
Employee and Child	\$ 89.65	\$ 67.24	\$ 22.41
Employee and Children	\$ 156.40	\$ 117.30	\$ 39.10
Employee and Family	\$ 180.40	\$ 135.30	\$ 45.10



2025 Benefits Rates

AFSCME

36+ Hours/Week

Regence Blue Cross Blue Shield w/ VSP Vision Coverage	Total Cost	City Pays	Employee Pays
Employee Only	\$ 855.41	\$ 812.64	\$ 42.77
Employee and Spouse/RDP	\$ 1,814.87	\$ 1,724.13	\$ 90.74
Employee and Child	\$ 1,587.97	\$ 1,508.57	\$ 79.40
Employee and Children	\$ 2,120.84	\$ 2,014.80	\$ 106.04
Employee and Family	\$ 2,446.26	\$ 2,323.95	\$ 122.31
Kaiser Permanente w/Kaiser Vision Coverage	Total Cost	City Pays	Employee Pays
Employee Only	\$ 903.34	\$ 858.17	\$ 45.17
Employee and Spouse/RDP	\$ 1,892.69	\$ 1,798.06	\$ 94.63
Employee and Child	\$ 1,656.74	\$ 1,573.90	\$ 82.84
Employee and Children	\$ 2,234.53	\$ 2,122.80	\$ 111.73
Employee and Family	\$ 2,576.30	\$ 2,447.49	\$ 128.81
Delta Dental (CIS II w/ \$2000 Orthodontia Coverage)	Total Cost	City Pays	Employee Pays
Employee Only	\$ 53.74	\$ 51.05	\$ 2.69
Employee and Spouse/RDP	\$ 95.24	\$ 90.48	\$ 4.76
Employee and Child	\$ 83.29	\$ 79.13	\$ 4.16
Employee and Children	\$ 161.90	\$ 153.81	\$ 8.09
Employee and Family	\$ 186.72	\$ 177.38	\$ 9.34
Kaiser Permanente Dental w/ \$2000 Orthodontia Coverage)	Total Cost	City Pays	Employee Pays
Employee Only	\$ 74.04	\$ 51.05	\$ 22.99
Employee and Spouse/RDP	\$ 130.38	\$ 90.48	\$ 39.90
Employee and Child	\$ 114.06	\$ 79.13	\$ 34.93
Employee and Children	\$ 215.00	\$ 153.81	\$ 61.19
Employee and Family	\$ 247.94	\$ 177.38	\$ 70.56
Willamette Dental w/ \$2000 OOP Maximum for Orthodontia	Total Cost	City Pays	Employee Pays
Employee Only	\$ 58.68	\$ 51.05	\$ 7.63
Employee and Spouse/RDP	\$ 102.47	\$ 90.48	\$ 11.99
Employee and Child	\$ 89.65	\$ 79.13	\$ 10.52
Employee and Children	\$ 156.40	\$ 153.81	\$ 2.59
Employee and Family	\$ 180.40	\$ 177.38	\$ 3.02

2025 Benefits Rates

AFSCME

Less than 36 Hours/Week

Regence Blue Cross Blue Shield w/ VSP Vision Coverage	Total Cost	City Pays	Employee Pays
Employee Only	\$ 855.41	\$ 641.56	\$ 213.85
Employee and Spouse/RDP	\$ 1,814.87	\$ 1,361.15	\$ 453.72
Employee and Child	\$ 1,587.97	\$ 1,190.98	\$ 396.99
Employee and Children	\$ 2,120.84	\$ 1,590.63	\$ 530.21
Employee and Family	\$ 2,446.26	\$ 1,834.70	\$ 611.56
Kaiser Permanente w/Kaiser Vision Coverage	Total Cost	City Pays	Employee Pays
Employee Only	\$ 903.34	\$ 677.51	\$ 225.83
Employee and Spouse/RDP	\$ 1,892.69	\$ 1,419.52	\$ 473.17
Employee and Child	\$ 1,656.74	\$ 1,242.56	\$ 414.18
Employee and Children	\$ 2,234.53	\$ 1,675.90	\$ 558.63
Employee and Family	\$ 2,576.30	\$ 1,932.23	\$ 644.07
Delta Dental (CIS II w/ \$2000 Orthodontia Coverage)	Total Cost	City Pays	Employee Pays
Employee Only	\$ 53.74	\$ 40.31	\$ 13.43
Employee and Spouse/RDP	\$ 95.24	\$ 71.43	\$ 23.81
Employee and Child	\$ 83.29	\$ 62.47	\$ 20.82
Employee and Children	\$ 161.90	\$ 121.43	\$ 40.47
Employee and Family	\$ 186.72	\$ 140.04	\$ 46.68
Kaiser Permanente Dental w/ \$2000 Orthodontia Coverage)	Total Cost	City Pays	Employee Pays
Employee Only	\$ 74.04	\$ 55.53	\$ 18.51
Employee and Spouse/RDP	\$ 130.38	\$ 97.79	\$ 32.59
Employee and Child	\$ 114.06	\$ 85.55	\$ 28.51
Employee and Children	\$ 215.00	\$ 161.25	\$ 53.75
Employee and Family	\$ 247.94	\$ 185.96	\$ 61.98
Willamette Dental w/ \$2000 OOP Maximum for Orthodontia	Total Cost	City Pays	Employee Pays
Employee Only	\$ 58.68	\$ 44.01	\$ 14.67
Employee and Spouse/RDP	\$ 102.47	\$ 76.85	\$ 25.62
Employee and Child	\$ 89.65	\$ 67.24	\$ 22.41
Employee and Children	\$ 156.40	\$ 117.30	\$ 39.10
Employee and Family	\$ 180.40	\$ 135.30	\$ 45.10



Questions?

Contact us :



Katherine Hopkins
Human Resources Director
hopkinsk@milwaukieoregon.gov
503-786-7506



Jon Hennington
Human Resources Analyst
henningtonj@milwaukieoregon.gov
503-786-7507

 www.milwaukieoregon.gov/humanresources

