



Portland Public Schools Non-Represented Employees Benefit Summary

Portland Public Schools (PPS) offers a comprehensive benefit package designed to provide employees and their families with a range of employer and employee paid benefit options. **It is the employee's responsibility to enroll online in a timely manner to activate benefit elections and process their employment with PPS.** Additional benefits information and forms can be found on the Non-Represented Benefits web page: <http://www.pps.net/Page/1636>

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A. WHAT'S INCLUDED IN YOUR HEALTH INSURANCE PLAN?

Medical - PPS offers three (3) MODA medical plans and two (2) Kaiser Permanente HMO medical plans. All medical plans include prescription drug coverage and require enrollment in vision insurance, and dental insurance as part of the health insurance package. There is no pre-existing condition waiting period for employees or eligible dependents.

- After initial enrollment, changes to medical insurance elections can only be made during the Open Enrollment period (to be effective October 1st) of each year, or for “qualifying events.” For more information on qualifying events, please see below.
- Health Savings Account (HSA) - Employees who enroll in MODA Medical Plan 6 or Kaiser Plan 3 will have the option to set up an HSA. For full-time employees only, the District contributes a monthly amount of \$175 for single coverage, \$250 for employee + spouse, and \$300 for employee + children or family into an Optum HSA account in their name. Employees may elect additional voluntary, pre-tax payroll deductions into their HSA (IRS limits apply). **Employees must enroll in this plan when enrolling in the medical plan in order for the district to contribute to their HSA.**

Vision - All medical plans include VSP Choice Plus Vision Plan.

Dental - All medical plans include one of three (3) dental plan options available: Kaiser Plan 8, Delta Dental Plan 5 and Plan 6.

Important Note: If you do not enroll yourself or your dependents when initially eligible, and then enroll during the next open enrollment period, newly enrolled member(s) will be subject to a **12-month dental waiting period**, meaning only diagnostic and preventative care on the dental plans will be covered for the first full 12 months of coverage. Exceptions may apply if you enroll due to a qualifying status change.

Group Life Insurance

The Standard Group Policy Number: 646595

Eligible full-time employees are automatically enrolled in a district-paid group life insurance policy two-times (2x) their annual salary to a maximum of \$300,000. Eligible part-time employees must enroll in medical to be eligible for group life insurance. We strongly encourage you to add your beneficiary(ies) at the time you enroll.

Group Life coverage will end at the end of the month of termination. This coverage has conversion and portability options on a self-pay basis. Application must be made within 31 days after your life insurance ends. You may contact The Standard at 1-866-756-8115 for further information.

Long Term Disability (LTD)

The Standard Group Policy Number: 646595

Eligible full-time employees are automatically enrolled in district-paid LTD, which is a salary replacement policy for a disability. Following a 90-day waiting period, benefits are payable at the rate of 66 2/3% of pre-disability income up to a maximum benefit of \$8,000 per month. Eligible part-time employees must enroll in medical to be eligible for LTD.

Long-Term Disability coverage will end on your last day of employment. You may be able to convert your LTD when your coverage ends. Application must be made within 31 days after your disability insurance ends. If you are retiring from the district, you will not be eligible to convert your LTD. You may contact The Standard at 1-866-756-8115 for further information.

B. THE COST OF COVERAGE

Most District employees share in the cost of health premiums. The payroll deductions for medical insurance are withheld from the employee's pay on a pre-tax basis. Premiums are deducted the month prior to coverage, i.e., September 30th paycheck pays for October coverage.

C. OPT-OUT INCENTIVE

Full-Time employees (over 30 hours a week) may Opt-Out of health insurance benefits (medical, dental & vision) and receive a taxable monthly stipend of \$300 if they have other *employer* sponsored coverage, Medicare, or Tricare. To Opt-Out as a newly eligible enrollee, please log into Employee Self-Service (ESS) (link: <http://selfservice.pps.net>) and choose the “Opt-Out” option in the medical election section. Once you opt out, you will need to wait for the next open enrollment period to re-enroll in the district plan, unless you experience a qualifying event such as: marriage, divorce, death or loss of other coverage.

D. COVERING A DOMESTIC PARTNER

For employees covering a domestic partner, **the IRS requires the District to withhold federal/state and Social Security taxes on the fair market value of the domestic partner and their dependents' coverage.** This is in addition

to the base premium that all employees pay based on the plan they choose. State taxes may also be withheld depending on the employee's situation. The Imputed Income is also subject to the 6% PERS contribution for OPSRP Pension Members only (hired on or after August 29, 2003).

If enrolling a domestic partner, the domestic partnership must have been established for at least six months preceding the effective date of coverage. A Certificate of Registered Domestic Partnership, or a notarized Affidavit of Domestic Partnership, must be reviewed by the Benefits Department before enrollment can be completed. A link to the **Affidavit** may be found in the "Forms" drop-down menu at <http://www.pps.net/Page/1636>.

E. MAKING CHANGES TO MY BENEFITS PLAN

Qualifying Events

IRS rules state that benefit selections may only be changed when an employee experiences a qualifying event or during annual Open Enrollment. Examples of qualifying events are:

- Marital Status Change, including marriage, divorce, death of a spouse.
- Establishment or dissolution of a domestic partnership
- Birth or adoption of a child or guardianship of a child by court ordered judgment
- Change in an employee's dependents' job status that causes loss/gain of group health coverage
- Returning to work after an unpaid leave of absence which caused a loss of coverage

If a qualifying event is experienced, an employee must log on to PeopleSoft Self-Serve and update their benefits within 31 days from the date of the qualifying event in order to make changes to the plan. In addition, the change must be consistent with the event. Employees who are unsure whether an event qualifies as outlined above, should contact the PPS Benefits Department for clarification at benefits@pps.net.

ANNUAL OPEN ENROLLMENT PERIOD

The annual Open Enrollment period begins in mid-August every year, and all changes take effect October 1st. This is the time to add or remove dependents or change plans. This is a good time to update beneficiary information, as well. **Open Enrollment is often mandatory every year**, meaning you must make an election even if you intend to stay on the same plan. Please read Open Enrollment materials carefully every year.

F. DEPENDENT ELIGIBILITY

- Eligible dependents may include a spouse (including same sex married spouse), domestic partner (same sex or opposite sex), children under the age of 26, or qualifying disabled adult children beyond age 26. For more information on covering disabled adult children, please call OEBC at 888-469-6322.
- The Affordable Care Act (ACA) requires the District to collect social security numbers for all dependents enrolled in the employee's medical plan. The social security numbers are used as identifiers in reporting health insurance coverage to the IRS.
- **You will be required to submit required documentations for all your dependents enrolled in your plan.**

G. ELIGIBILITY TIMELINES

- To receive full-time benefits, an employee must be regularly scheduled to work at least .75 FTE (30 hours per week).
- Part-time employees are those scheduled to work at least .5 FTE (20 hours per week), but less .75 FTE (30 hours).
- **New benefits eligible employees must enroll in their choice of medical plans within 31 days of employment. If the benefits eligible employee does not make a benefit election during this time period, enrollment will be allowed only during the next Open Enrollment period, or if a qualifying event occurs. For more information on qualifying events, please read the "Qualifying Events" section above.**

H. WHEN WILL MY HEALTH INSURANCE BEGIN OR END?

- Employees beginning their first day of work on or before the 15th of a month will have coverage beginning the first day of the next calendar month. If the first day of work is after the 15th day of a month, coverage will begin the first day of the following month.
- Coverage will terminate at the end of the month the employee's employment ends or employee ceases to be paid, unless such time occurs on, or after the 16th of the month, then coverage terminates at the end of the following month.

I. HOW DO I ENROLL/CHANGE/VIEW MY BENEFITS

If you are a newly eligible for benefits (new hires, job changes, etc), you will receive an email notifying you that your enrollment is ready with instructions. You will not be able to enroll until you get the email. All changes are made through Employee Self-Service (ESS) through PeopleSoft (link: <http://selfservice.pps.net>).

If you have a qualifying status change (marriage, birth, divorce), you can make changes through ESS. For instruction on how to proceed, go to: <https://www.pps.net/Page/7324>

In addition, ESS allows you make other changes including but not limited to: name, address, phone, emails, emergency contact, W-4 withholding allowances, direct deposits, dependent information. You can also view paychecks and W-2.

ESS: <https://selfservice.pps.net>

Login using your PPS ID and password (same as your PPS email login).

J. ID CARDS

Insurance identification cards are issued directly from the insurance carriers. Processing time usually takes three to four weeks from the date an employee submits their enrollment through PeopleSoft ESS. Should the employee need medical attention prior to receipt of these cards, please call your medical insurance carrier directly, contact information provided below. VSP (Vision Service Provider) does not issue ID cards.

K. VOLUNTARY BENEFITS

Voluntary Life Insurance

Non-Represented employees may choose to purchase additional life insurance on a self-pay basis. The benefit values range from \$10,000 to \$500,000, in increments of \$10,000, with a guarantee issue of \$200,000 for new hires. Employees who enroll in the optional life insurance coverage may also enroll a spouse or domestic partner, with a guaranteed issue of \$30,000 for new hires or a QSC such as marriage.

Long Term Care

Employees and their family members are eligible to enroll in Long Term Care insurance provided by UNUM. New employees have a guarantee of coverage. For more information, go to: <http://unuminfo.com/oebb/>. You must enroll within 31 days of hire to receive the guarantee issue.

Flexible Spending Accounts (FSA)

Two tax-saving accounts are available: an "**Unreimbursed Health-Related Expense Account (HRE)**" and a "**Dependent Care Reimbursement Account (DCE)**." Please visit our FSA web page for further information:

<https://www.pps.net/Page/1652>

HRE: Allows employees to set aside pre-tax money to pay for *medically necessary* healthcare expenses that are not covered by a health plan. Eligible expenses may include health insurance deductibles, co-payments, dental care, vision care, prescriptions, and some over-the-counter drugs. *Due to IRS regulations, expenses for domestic partners are not eligible for reimbursement through the Flexible Spending Account.*

Limited Flexible Spending Account (LFSA:OEBB):

Participants who have a Health Savings Account (HSA) are eligible to enroll in a limited purpose flexible spending account (LFSA) similar to a traditional healthcare flexible spending account (FSA). An LFSA allows you to pay for eligible out-of-pocket preventive care for dental, orthodontic and vision expenses.

DCE: Allows employees to set aside pre-tax money to pay for dependent care expenses. A qualifying dependent is defined as a dependent of the participant who is under age 13 or the dependent or spouse of the participant, if the dependent or spouse is physically or mentally incapable of self-care.

Eligible employees must enroll in FSA online with PeopleSoft Self-Service at the same time they make their health election, or they must wait until the annual enrollment period, which begins mid-August, for an effective date of October 1st.

Important notes about FSA accounts:

Amounts not used by the end of the calendar year will be **forfeited to the Plan.**

Employees must re-enroll every year to remain in the Plan.

Tri-Met Transit Passes

State and Federal tax laws allow you to pay for your Tri-Met monthly transit pass on a pre-tax basis. This reduces your taxable earnings. You may get more information and fill out an enrollment form at <https://www.pps.net/Page/1657>.

L. EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Reliant Behavioral Health (RBH) provides confidential counseling and referral services to all benefits eligible employees and anyone living in the employee's home. This plan is limited to six (6) free sessions per situation, per year, and includes 24-hour emergency crisis intervention when experiencing personal, emotional or substance dependency problems. Also provided are financial services, will preparation kits, legal services and more. Call 1-866-750-1327 or go online to www.MyRBH.com – access code: oebb.

M. RETIREMENT SAVINGS

OPSRP - Oregon Public Services Retirement Plan (formerly PERS)

Employees hired on or after August 29, 2003 are eligible for OPSRP. This state retirement plan is for employees who work at least 600 hours per year and is mandated by law. Membership is established after completion of six (6) months of qualified employment, and requires an employee contribution of 6% of gross salary on a pre-tax basis. This contribution is not subject to Federal and State taxes until it is withdrawn from the retirement system. Additionally, the District contributes an amount to OPSRP for each covered employee. Vesting usually occurs after five (5) years of working at least 600 hours per year. Members automatically vest at age 65, even if they have worked fewer than five years. Complete information about the Oregon State retirement plan is available at <http://www.oregon.gov/PERS/>.

On July 1, 2020, Senate Bill 1049 went into effect. SB 1049 redirects .75% of your monthly contribution of 6% of your salary into the Employee Pension Stability Account (EPSA) if you are OPSRP. For PERS Tier I or Tier 2, 2.5% of your contribution will be redirected into the EPSA. You may make voluntary after-tax contributions into your IAP account to continue to have a full 6% contribution. Please go [here](#) to learn more

Tax Deferred Annuity 403(b) Plan – Voluntary

Eligible employees may elect, and/or make changes to, traditional pre-tax or Roth post-tax salary reductions for retirement savings at any time during the year. Many self-directed investment options are available through a variety of participating providers.

Employees who wish to participate in the Tax Deferred Annuity 403(b) plan must take the following steps:

1. Choose a vendor – Find a list of District approved 403(b) vendors, here: <https://www.pps.net/Page/1660>. Select: Tax Deferred Annuity 403(b), “[current year] Annual Limits and List of Vendors.”
2. Open an account with the vendor of choice. Vendor contact information is available in Plan Information (see above).
3. Go online to the PeopleSoft Self-Service (link: <http://selfservice.pps.net>) portal under ‘Benefits’ and ‘Life Events’ to submit an ‘Employee Contribution Change’. First time participants, or employees changing vendors, must provide their account number(s) for the newly opened 403(b) account. Changes must be input in PeopleSoft Self-Service by the 15th of the month to make the change effective for that month's payroll. The District does not contribute towards this plan.

More information on annual maximum contributions can be found at <http://www.pps.net/Page/1660>.

N. WHAT LEAVE PLANS ARE AVAILABLE TO ME?

Sick Leave

Employees accrue ten (10) to twelve (12) sick days per year. This leave is for absences due to an employee's personal illness and medical appointments. Sick leave may also be used for illness and medical appointments for immediate family members when the presence of the employee is required. Sick leave is paid, limited to the employee's accrued balance.

Vacation Leave – 260-day employees only

Ten (10) to twenty-two (22) vacation days are accrued annually based on the number of months/hours worked and on employment status. This leave is for eligible employees (working 260-days only), and is for whatever purpose an employee may choose, provided that the vacation leave is requested in advance and approved by the supervisor and the employee has sufficient accrued leave to cover their absence. Employees may carry over two years' worth of vacation accruals each June 30th. Anything over that will be forfeited. For the accrual rate go to: www.pps.net/Page/1636 and click on Non-Represented Vacation Eligibility.

Personal/Emergency Leave

All full-time employees receive up to three (3) days with pay for personal business that cannot be addressed outside the employee's work day. Personal Leave is not allowed for vacation or recreational purposes. Absences necessary for an employee's participation in religious observances is an appropriate use of personal leave. Except in the case of an emergency, Personal Leave must be requested and approved in advance.

Family Illness Time

All full-time employees receive up to three (3) Family Illness days with pay, due to illness of an immediate family member* or for someone else who regularly lives in the employee's home when the care or attention of the employee is required. Family Illness Leave may not be used for an employee's own illness.

***Immediate Family Member**, for purposes of Sick and Family Illness leaves, means spouse, domestic partner, children, parents, brothers, sisters, mother-in-law, father-in-law, grandparents and grandchildren.

Funeral/Bereavement Leave

This leave is for absences due to the death of a relative or friend. Generally, one (1) day is granted to attend the funeral of a relative or friend, with an additional day, if required, for travel. For a death in the immediate family, three (3) days with pay, plus two (2) additional days at two-thirds pay, are allowed.

***Immediate Family**, for the purposes of Funeral Leave, means spouse, domestic partner, children, parents, grandparents, grandchildren, mother-in-law, father-in-law, brothers and sisters, and any person regularly living in the employee's home.

Holidays

Six (6) to nine (9) specific holidays are designated and are paid as part of the work year.

CONTACT INFORMATION		
Kaiser	866-223-2375	http://my.kp.org/oebb/
Moda	503-265-2909	https://www.modahealth.com/oebb/
OEBB	888-469-6322	OEBB.Benefits@dhsosha.state.or.us
Optum (HSA)	877-470-1771	http://mycdh.optum.com/
PacificSource (FSA)	800-422-7038	psacustomerservice@pacificsource.com
PacificSource (FSA)	On-line access to account	https://hrbenefitsdirect.com/PSA/signIn.aspx
PeopleSoft	You must be on a PPS wi-fi	https://selfservice.pps.net/ - use your PPS user name and password (same as your email login)
PPS Benefits	503-916-3544	benefits@pps.net
RBH (EAP)	866-750-1327	www.MyRBH.com – access code: OEBB
Standard Insurance	866-756-8115	www.standard.com/mybenefits/oebb
UNUM (LTC)	800-227-4165	http://unuminfo.com/oebb
VSP (Vision)	800-877-7195	vsp.com

In the event that any statement in this summary varies from any benefit contract in effect, the benefit contract shall prevail.