



**Portland Public Schools
Amalgamated Transit Union (ATU)
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 his/her employment with PPS.** Additional benefits information may be found at <http://www.pps.net/Page/1635>.

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WHAT'S INCLUDED IN MY HEALTH INSURANCE PLAN?

Full-Time Employees are regularly scheduled to work at least 30 hours per week (.75 FTE). The full-time health insurance package includes:

- **Medical/Prescription**

PPS offers multiple medical plans to choose from. These include a Health Maintenance Organization (HMO) Plan, an Open Option Plan and a Personal Option EPO Plan. These plans have no pre-existing condition waiting periods. Changes to medical insurance elections may be made during the Open Enrollment period each year (to be effective January 1st). Certain qualifying events (see page 3) may also allow medical insurance plan changes. All medical plans include pharmacy benefits.

- **Vision**

All full-time employees enrolled in a Trust medical plan will have vision coverage. This coverage will either be through Vision Service Plan (VSP) or Kaiser, depending on which medical plan the employee selects.

- **Dental**

All full-time employees enrolled in a Trust medical plan will have dental coverage. Dental coverage for all plans is provided by the Regence BlueCross BlueShield of Oregon. This dental plan is a traditional fee-for-service plan. Please refer to page 8 for dental claims information.

- **Group Term Life/AD & D**

The Standard Group Policy Number: 750971-A

Full-time employees enrolled in a Trust medical plan are automatically enrolled in a \$30,000 term life insurance policy and a \$30,000 accidental death and dismemberment (AD&D) insurance policy. We strongly encourage you to add your beneficiary(ies) at the time you enroll.

- **Long Term Disability (LTD)**

The Standard Group Policy Number: 750971-B

All full-time employees enrolled in a Trust medical plan are enrolled in long-term disability (LTD) coverage. Premiums are withheld from the employee's pay on an after-tax basis. The LTD insurance is a salary replacement policy for an injury or illness sustained off the job. Following a 90-day waiting period, benefits are payable at the rate of 60% of the employee's earnings prior to the disability, up to a maximum of \$3,500 per month. Benefits are non-taxable.

Part-Time Employees working less than 30 hours per week (.75 FTE) are not eligible for health insurance benefits.

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 paycheck pays for October coverage. For rates please go to <http://sdtrust.com/benefits-rates2018.html>

COVERING A DOMESTIC PARTNER

For employees covering a domestic partner, the IRS requires the **District to withhold federal 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). Please contact the PPS Benefits Department for more details.

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 received by the Benefits Department within three (3) days of your enrollment. The Human Resources department has free notaries public. A link to the Affidavit may be found at <https://www.pps.net/Page/11776>

HOW DO I ENROLL ONLINE?

Employees will receive an email when the online system is ready for your enrollment. **You have 31 calendar days from your start date to enroll. However, enrollments must be submitted by the 20th of the month to take effect for the next month's coverage.** Here are some things you can do to be prepared for enrollment:

- View the benefits plan comparison sheet at www.sdtrust.com, click the Benefits tab at the top of the page, click plan comparisons on the left, then in the PFSP column, click Full-Time Only. Choose the medical plan that will work best for you.
- View the monthly rate sheet at www.sdtrust.com, Benefits tab, plan rates, then in the ATU, DCU column, Active Rates. You may view the rates for the medical plan you chose. Rates for Member only, Member +one and Member + family are listed.
- Gather the dates of birth and social security numbers for any dependents and/or beneficiaries.
- If you will be covering a domestic partner, complete the Affidavit of Domestic Partnership and have it notarized.
- Log in to the PeopleSoft Employee Self Service portal at <https://selfservice.pps.net>. You will log in with your PPS email username (do not enter "@pps.net") and your PPS password.
- For additional help enrolling in health insurance benefits, please visit www.pps.net/Page/7324 and click on "online enrollment instructions" in the first paragraph. This document will take you through all of the steps to enroll successfully.

MAKING CHANGES TO MY BENEFITS PLAN

Qualifying Events – Must be made within 31-days of the event

IRS rules state that benefit selections may only be changed when an employee experiences a qualifying event or during the annual Open Enrollment period. The employee must complete an online enrollment via PeopleSoft Employee Self-Service and upload the appropriate documentation. The change must be consistent with the event. Employees who are unsure whether an event qualifies should contact the PPS Benefits Department for clarification.

Employees who experience a qualifying event must complete their benefits changes within **31 calendar days** from the date of the event. This change will be in two steps:

1. Begin the qualifying event by logging into PeopleSoft Employee Self-Service (ESS), create the event and upload the required documentation. Documentation will be reviewed by the Benefits Department and you will receive an email to your pps.net e-mail address when you are able to proceed with the enrollment.
2. Once you receive the approval email, please log back into ESS and complete the enrollment.

Annual Open Enrollment Period

The annual Open Enrollment period typically takes place mid-October through mid-November every year, and all changes take effect January 1st. This is the time to add or remove dependents or change medical plans. This is a good time to update beneficiary information, as well.

Please see the following examples of required documentation for Qualifying Events:

Marriage	Marriage license required (both sides)
Divorce	Divorce decree required (pages with your names, Judges signature, and date finalized only)
Death of a spouse/domestic partner	Death certificate, if spouse/partner was enrolled in Voluntary Term Life Ins.
Establishment of a domestic partnership	Affidavit of Domestic Partnership required or Certificate of Registered Domestic Partnership

Dissolution of a domestic partnership	Email benefits@pps.net
Birth of a child	Birth certificate required
Adoption of a child	Adoption paperwork required
Guardianship of a child by court ordered judgment	Court order required
Loss of an employee's dependents' health coverage from another group plan	Certificate of Creditable Coverage required
Returning to work after an unpaid leave of absence which caused a loss of coverage	Email benefits@pps.net
Change in employee's employment status (i.e., gaining benefits eligibility, full-time to part-time and part-time to full-time)	Email benefits@pps.net

DEPENDENT ELIGIBILITY

- Eligible dependents may include a spouse, domestic partner (same sex or opposite sex), children under the age of 26, or qualifying disabled adult children over age 26. For more information on covering disabled adult children, please call the Health & Welfare Trust at (503) 238-6961.
- Upon enrollment, employees will be required to verify all eligible dependents with Secova, an independent firm who specializes in dependent validation. You will receive a packet from Secova with instructions, and a list of approved documents, and will need to follow the instructions and respond within the required timeframe to avoid a lapse in coverage. For more information, please click: <https://www.pps.net/Page/10718>.
- 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. Dependents for which social security numbers are not provided will not be enrolled.

ELIGIBILITY TIMELINES

- **Newly hired benefits-eligible employees must enroll in their choice of medical plan within 31 calendar days of their start date. New employees will receive an email when their online benefits enrollment is available.**
- Employees who have a qualifying change in FTE have **31 calendar days** to make benefits changes. Employees with job changes that impact benefits will receive an e-mail when their online benefits enrollment is ready.
- If the benefits eligible employee does not make a benefit election during this time period, enrollment will not be allowed until the next Annual Open Enrollment period or qualifying event.

ID CARDS

Insurance identification cards are issued directly from the insurance carriers. Processing time usually takes three to four weeks from the date of enrollment. Should the employee need medical attention prior to receipt of these cards, please call your medical insurance carrier directly. Contact information is listed on page 7.

WHEN WILL MY HEALTH INSURANCE BEGIN OR END?

- Enrolled employees who work their entire work year will have benefits from October 1 through September 30 of the following year, provided enrollment is timely.
- An employee who works at least half of the scheduled working days of the month, including paid holidays, will have coverage beginning the first day of the next calendar month. If the employee works fewer than half of the scheduled working days of the month, coverage will begin the first day of the month following the month they became eligible.

- Coverage will terminate at the end of the month the employee resigns or ceases to be paid, unless employee worked, or was paid, more the half the contract days of the month. Coverage will terminate at the end of the following month in this case.

VOLUNTARY BENEFITS

- **Voluntary Term Life Insurance**

The Standard Group Policy Number: 750971

Benefits-eligible employees may elect Voluntary Term Life Insurance for themselves, their spouse/domestic partner and child(ren). The employee must be enrolled in a medical plan to be eligible to enroll in Voluntary Term Life Insurance. An employee may elect from \$10,000 of coverage to up to five (5) times their annual salary (to a maximum of \$500,000) in increments of \$10,000 and may elect the same for their spouse/domestic partner. Children under 26 years of age may be enrolled in Voluntary Term Life Insurance in increments of \$2,000 up to \$10,000.

New Employees have a guarantee issue amount of \$100,000, and the spouses/domestic partners have a guarantee issue amount of \$30,000. Elections must be made within the eligibility timelines (see above). To elect amounts greater than the guarantee issue amount, employees and spouses/domestic partners must complete an Evidence of Insurability form. Additional information can be found at <http://sdtrust.com/benefits-optional-lifeADD.html>.

- **Voluntary Accident Insurance**

Employees may purchase additional Voluntary Accident insurance coverage in amounts from \$25,000 to \$300,000 (in increments of \$25,000) for themselves, or for themselves and their family members (children under 26 years of age). Employees must enroll within the eligibility timelines or during Open Enrollment, but must be enrolled in a medical plan to elect Voluntary Accident Insurance.

- **Flexible Spending Accounts (FSA)**

Administered by PacificSource Administrators

Two tax-saving accounts are available: an "**Unreimbursed Health-Related Expense Account (HRE)**" and a "**Dependent Care Reimbursement Account (DCE)**."

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.*

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. Employees may either participate in the FSA, or take the IRS standard dependent care tax credit, or both.

Eligible employees must enroll online at the time of initial benefits enrollment if they wish to participate in one or both of the above FSA plans. Or they must wait until the annual open enrollment period, which is generally held in October, for an effective date of January 1.

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 during Open Enrollment every calendar year to remain in the plan.

- **Tri-Met Transit Passes**

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

- **Credit Union Memberships**

PPS employees and their immediate family members are eligible to join the following credit unions for banking services such as savings, checking, IRAs, Certificates of Deposit, loans, and a variety of other services.

- **OnPoint Community Credit Union** - Contact OnPoint Customer Service at 1-800-527-3932 for more information.
- **Consolidated Community Credit Union** – Contact Consolidated Community Credit Union Member Services at 503-232-8070.

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 five (5) 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.

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>.

- **Tax Deferred Annuity 403(b) Plan – Voluntary**

Eligible employees may elect, and/or make changes to, traditional pre-tax and/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 – For a list of District approved 403(b) vendors, and maximum annual contributions, please visit <http://www.pps.net/Page/1660> and select “2017 TSA Announcement and List of Vendors.”
2. Open an account with the vendor of your choice. Vendor contact information is included in the above list of vendors.
3. Log into the PeopleSoft Employee Self-Service portal and follow the instructions found at <http://www.pps.net/Page/7324> “403(b) Enrollment Instructions.” First time participants, or employees changing vendors, must be certain their accounts are active under the vendor's Plan ID number. The District does not contribute towards this plan.

WHAT LEAVE PLANS ARE AVAILABLE TO ME?

- **Sick Leave**

Eligible full-time employees and part-time employees working at least 20 hours per week (.5 FTE) accrue sick leave at the rate equivalent to one (1) day for each month worked. Employees who complete one (1) full year of service are credited with the equivalent amount of leave annually, every July 1st. All unused sick leave is carried over year to year.

- **Bereavement Leave**

Employees may use one (1) day of funeral leave, ~~plus one (1) additional day for travel (if required) for a friend or relative.~~ In the case of an immediate family member, three (3) to five (5) consecutive days of bereavement leave at 100% pay, plus two (2) additional days at two-thirds pay (as stated in the union contract) are available.

- **Paid Personal Leave**

All benefits eligible employees receive three (3) paid personal leave days, which may only be used for unavoidable personal business, or for attending to matters which cannot be scheduled outside the employee's work hours. One week advance notice is required for the latter, except in the case of an emergency. Paid personal leave shall not be used for recreation, other employment, union or political activities, or to extend other leave categories, unless on an approved Federal Family Medical Leave (FMLA) or Oregon Family Leave Act (OFLA). Paid Personal Leave is reset back to three (3) days July 1st of each year and any unused balance is forfeited on June 30th of the following year. Unit members who commence employment after the end of the first semester shall be entitled to one (1) day of paid personal leave.

- **Family Illness Leave**

All benefits eligible employees receive three (3) family illness days per year, which is to be used in the event of illness of an immediate family member. "Immediate Family" is defined in the ATU union contract as the employee's spouse, domestic partner, children, parents, grandparents, grandchildren, mother-in-law, father-in-law, brothers and sisters of the employee, and also any person living in the home with the employee (use of this leave shall be for instances where care or attention by the employee is necessary). Family Illness Leave is reset back to three (3) days July 1st of each year and any remaining balance is forfeited on June 30th the following year, if unused.

- **Holidays**

Six (6) specific holidays are designated and are paid as part of the contract year.

PEOPLESOFT EMPLOYEE SELF SERVICE (ESS)

The PeopleSoft Employee Self Service Portal gives employees access to view and make changes to certain *personal information*. Use your District email log in and password to access PeopleSoft HRMS Sign-on at <https://selfservice.pps.net>.

View and/or make changes to:

- Paychecks
- W-2
- Withholding Allowances (W-4)
- Direct Deposit
- Home Addresses
- Phone Numbers
- Personal Email Addresses
- Emergency Contacts
- Benefits Enrollment
- Dependent/Beneficiary Information
- Add Life Events
- 403(b) Changes

This is a secure site that will maintain data integrity while also allowing access to your vital information and is accessible from inside and outside of the PPS network. To log in to the self-service portal please go to <https://selfservice.pps.net>.

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

HEALTH INSURANCE CONTACT AND PLAN INFORMATION

Following is information about your medical insurance plan. Please find your medical plan and read across the rows to find the vendor for prescription, vision and dental coverage.

Medical Insurance Plans	Prescription Information	Vision Information	Dental Information
Providence Option Advantage Plan – Option 1 Please call Providence for information on Health Insurance - (503) 574-7500	Caremark (800) 552-8159 ID #: employee's SSN RXBIN: 004336 RXPCN: ADV RXGRP: RX3112	VSP (Vision Service Plan) You receive a greater benefit if you use a VSP provider. For more information please call VSP at (800) 877-7195 www.vsp.com	Regence BlueCross BlueShield Dental Providers will file claims electronically with Regence on behalf of the Participant. 1-866-240-9580 ID # 9 digit number on your Regence card. Group # 10013296
	Kaiser Permanente Please call Kaiser to get more information on your prescription coverage (503) 813-2000	Kaiser Permanente Please call Kaiser for more information on your Vision Coverage (503) 813-2000	Regence BlueCross BlueShield Dental Providers will file claims electronically with Regence on behalf of the Participant. 1-866-240-9580 ID # 9 digit number on your Regence card. Group # 10013296
Providence Personal Option (EPO) Plan – Option 1 Please call Providence for information on Health Insurance - (503) 574-7500	Caremark Pharmacies (800) 552-8159 ID #: employee's SSN RXBIN: 004336 RXPCN: ADV RXGRP: RX3112	VSP (Vision Service Plan) You receive a greater benefit if you use a VSP provider. For more information please call VSP at (800) 877-7195 www.vsp.com	Regence BlueCross BlueShield Dental Providers will file claims electronically with Regence on behalf of the Participant. 1-866-240-9580 ID # 9 digit number on your Regence card. Group # 10013296
	Kaiser Permanente Please call Kaiser to get more information on your prescription coverage (503) 813-2000	Kaiser Permanente Please call Kaiser for more information on your Vision Coverage (503) 813-2000	Regence BlueCross BlueShield Dental Providers will file claims electronically with Regence on behalf of the Participant. 1-866-240-9580 ID # 9 digit number on your Regence card. Group # 10013296

Portland Public Schools recognizes the diversity and worth of all individuals and groups and their roles in society. All individuals and groups shall be treated with fairness in all activities, programs and operations, without regard to age, color, creed, disability, marital status, national origin, race, religion, sex or sexual orientation. This standard applies to all Board policies and administrative directives. Board of Education Policy 1.80.020-P.