



**Portland Public Schools
Portland Association of Teachers (PAT)
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>.

In this Summary, you will find information about the following:

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WHAT'S INCLUDED IN MY HEALTH INSURANCE PLAN?

| | <u>Option 1</u> for full-time or part-time employees | <u>Option 2</u> for part-time employees only |
|--|---|---|
| Medical and Prescription Coverage | Yes | Yes |
| Vision Insurance | Yes | No |
| Dental Insurance | Yes | No |
| District Paid Life Insurance | Yes | Yes |
| District Paid Accidental Death and Dismemberment | Yes | Yes |
| Long-Term Disability | Yes | Yes |

To qualify for full-time health insurance you must work at least 30 hours per week (.75 FTE)

To qualify for part-time health insurance you must work at least 20 hours per week (.5 FTE) to just less than .75 FTE.

- **Medical and Prescription**
PPS offers multiple medical plans to choose from. These include a Preferred Provider Plan, a Health Maintenance Organization (HMO) Plan, and a Personal Option EPO Plan. These plans have no pre-existing condition waiting periods. All medical plans include pharmacy benefits.
- **Vision**
Full-time and part-time employees enrolled in an Option 1 medical plan will have vision coverage. This coverage will be through Vision Service Plan (VSP) if you are enrolled in the Trust Preferred Provider or the Providence Personal Option plans or through Kaiser, if you are enrolled in the Kaiser medical plan. Part-time employees who enroll in an Option 2 medical plan do not have this benefit.
- **Dental**
Full-time and part-time employees enrolled in an Option 1 medical plan will have the Trust Dental Plan administered by Regence. This dental plan is a traditional fee-for-service plan. Please refer to page 8 for dental claims information. Part-time employees who enroll in an Option 2 medical plan do not have this benefit.

Group Term Life, Group AD&D and Long-Term Disability – All eligible PAT employees working at least .5 FTE (20 hours per week) will be enrolled in the following plans:

- **Group Term Life/AD & D** *The Standard Group Policy Number: 750971-A*
Full-time and part-time employees are automatically enrolled in a district-paid \$50,000 term life insurance policy and a district-paid \$50,000 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*
Long-Term Disability 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. Employees pay the full cost of the LTD insurance on an after-tax basis.

Full-time and part-time employees who waive health insurance, or fail to enroll in health insurance, are automatically enrolled in the Group Term Life, AD&D and LTD plans.

THE COST OF COVERAGE

Most District employees share in the cost of health premiums. The payroll deductions for health 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. For monthly rates please see <http://www.sdtrust.com/benefits.html> and click on the plan rates link on the left.

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's and their dependent's 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 reviewed by the Benefits Department before enrollment can be completed. A link to the Affidavit form may be found at <http://www.pps.net/Page/1732>, on the right side of the page.

HOW DO I ENROLL ONLINE?

New employees, or employees with job changes that affect benefits eligibility, will receive an automated email from the benefits department once your benefits event is open and ready for you to enroll online. **You have 31 calendar days from your start date, or status change date, to enroll. However, to receive coverage beginning the first of the following month after eligibility, an employee must log on to PeopleSoft Employee Self Service to elect benefits by the 20th of the current month.**

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 PAT column, click Full-Time, Part-Time Option 1 Chart, or the Part-Time Option 2 Chart. Select 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 PAT column, Active Rates. The rate for full-time employees is a flat rate and does not increase with the addition of eligible dependents. Part-time employees who elect an Option 2 medical plan have a tiered rate schedule.
- Gather the dates of birth and social security numbers for 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 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. Examples of qualifying events and required documentation follow:

| | |
|--|--|
| 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 Insurance |
| 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 |

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 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 and all changes take effect January 1st. You may change medical plans or add or remove dependents. This is a good time to update beneficiary information, as well. If you are enrolled in the Flexible Spending Account (FSA), you must re-enroll, as it will not roll-over into the next calendar year. Please see page 5 for more information on the FSA plans.

DEPENDENT ELIGIBILITY

- Eligible dependents may include a spouse or 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 the Health & Welfare Trust at (503) 238-6961.
 - *Upon enrollment, employees will be required to verify all eligible dependents with Secova, an independent firm that specializes in dependent validation. You will receive information from Secova with instructions, and a list of required 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 benefits plans within 31 calendar days of their start date. New employees will receive an e-mail 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 open.
 - If the benefits eligible employee does not make a benefit election during these time periods, enrollment will not be allowed until the next Annual Open Enrollment period or qualifying event.
-

INSURANCE ID CARDS

Insurance identification cards are issued directly from the insurance carriers. Processing time usually takes three to four weeks from the date employees enroll online. 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 8.

WHEN WILL MY HEALTH INSURANCE BEGIN OR END?

- Regular or Temporary Employees who work the entire school year will have benefits from October 1st through September 30th of the following year, provided online enrollment is timely.
 - Current employees who work at least half of the scheduled contract 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 contract 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 than 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. The employee must be enrolled in a medical plan to be eligible to enroll in Voluntary Term Life Insurance. The employee's spouse/domestic partner and child(ren) may also be enrolled provided the employee is enrolled. 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 age 26 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 up to \$100,000, and spouse/domestic partner has a guarantee issue amount of up to \$30,000, with no medical history questionnaire required. Elections must be made within the eligibility timelines (see above). To enroll during open enrollment or to elect amounts greater than the guarantee issue amount, the employee and spouse/domestic partner must complete an Evidence of Insurability form. Additional information and forms may be found at <http://sdtrust.com/benefits-optional-lifeADD.html>.

- **Voluntary Accident Insurance** *The Standard Group Policy Number: 750971*
Employees may purchase additional Voluntary AD&D insurance coverage in amounts from \$25,000 to \$300,000 (in increments of \$25,000) for themselves, or for themselves and their family members. Employees who wish to enroll in the Voluntary Accident Insurance plan must be enrolled in a medical plan and enroll during new hire enrollment or during Open Enrollment.
- **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 preventative care expenses. *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 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 every calendar 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: <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 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, select “403(b) and PERS Retirement from the Benefits page. Select List of District Approved 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 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>.

- **Retirement Benefits – Sunset date September 30, 2019**

Retirees who meet District service and PERS eligibility criteria may receive paid medical insurance for the retiree and one-half of the premium paid for a spouse/domestic partner, for 60 months or until age 65 and/or Medicare eligibility, whichever comes first. Age 55 and older retirees who do not meet criteria to receive District contributions toward retiree insurance are eligible to access retiree insurance on a self-pay basis, until they turn age 65 and/or become Medicare eligible. Retirees must enroll in retiree coverage upon retirement. **After September 30, 2019** the District supplemented retiree health insurance benefit will no longer be available to those retiring. An exception is, if on or before **September 30, 2019** an employee has at least 15 years of PPS accumulated service, the employee will be grandfathered in to receive the District supplemented retiree health insurance when retiring at a later date.

Retirees who meet the criteria of 15 years of accumulated service in a qualifying position and are eligible to retire from PERS, may receive \$425 per month as an early retirement stipend. This stipend is paid over 60 months, or until age 62, whichever comes first. After **September 30, 2019** the \$425 early retiree stipend will no longer be available to those retiring. An exception is, if on or before **September 30, 2019** an employee has at least 15 years of PPS accumulated service, he/she will be grandfathered in to receive the \$425 early retiree stipend when retiring at a later date.

WHAT LEAVE PLANS ARE AVAILABLE TO ME?

- **Sick Leave**

Ten (10) days are accrued annually for all employees working in a regular or temporary position. Sick leave is pro-rated based on FTE. All unused sick leave is carried over year to year.

- **Paid Personal Leave**

All benefits eligible employees receive three (3) paid personal leave days, which may only be used for unavoidable personal business, 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 Act (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.

- **Unpaid Personal Leave**

Benefits eligible employees are entitled to three (3) days of unpaid personal leave per year for personal reasons. Except in the case of an emergency, one (1) week advanced notice is required.

- **Family Illness Leave**

All benefits eligible employees receive up to five (5) days family illness leave per school year with pay, based on FTE, which is to be used in the event of illness of an immediate family member. Employees who begin work after the end of the first semester shall be entitled to one and one-half (1-1/2) days of family illness leave. "Immediate Family" is defined in the PAT union contract as the employee's spouse, domestic partner, children, parents, brothers, sisters, mother-in-law, father-in-law, grandparents, grandchildren, stepparents, stepchildren, stepsiblings or other persons who regularly live in the professional educator's home. Family Illness Leave is reset on July 1st of each year and any remaining balance is forfeited on June 30th the following year, if unused.

- **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. Employees may use four (4) days for the death of immediate family members. In the case of a spouse, domestic partner or child(ren), six (6) days may be used. Immediate family member is defined as spouse, domestic partner, children, parent, grandparent, grandchildren, mother-in-law, father-in-law, brother or sister, stepparent, stepchildren and stepsibling.

Holidays

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

- **Professional Days**

Employees accrue two (2) days per year to be used for professional leave such as attending workshops, conferences etc. Up to four (4) days per year may be used.

- **PAT Study Leave**

Up to ten (10) FTE study leaves with District paid insurance shall be granted annually. The requirements and procedures for study leaves are contained in the PAT contract.

Additional information regarding paid and unpaid absences is available in the PPS/PAT bargaining agreement.

TUITION REIMBURSEMENT

Members of PAT are eligible for Tuition Reimbursement for up to six (6) credits or maximum dollar amount, whichever occurs first. Teachers on leave of absence and substitute teachers are not eligible for tuition reimbursement. For additional information regarding Tuition Reimbursement, please email hrprofessionalgrowth@pps.net.

PROFESSIONAL IMPROVEMENT FUNDS

Members of PAT are allotted \$1,500 once every three (3) years for approved professional improvement activity. For additional information, please contact the Travel Desk in Accounting at traveldesks@pps.net or (503) 916-3112.

PEOPLESOFT EMPLOYEE SELF SERVICE (ESS)

<https://selfservice.pps.net>

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 ESS.

View and/or make changes to:

- Paychecks
- W-2
- Withholding Allowance (W-4)
- Direct Deposit
- Home Addresses
- Phone Numbers
- Personal Email Addresses
- Emergency Contacts
- Benefits Elections
- 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 **only available from inside the PPS network.**

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 |
|---|--|---|--|
| <p><u>Trust Preferred Provider Plan – Option 1</u> Regence 1-866-240-9580</p> <p>Medical – Regence Prescription – Caremark Vision – VSP Dental – Trust Dental Plan administered by Regence</p> | <p>Caremark Pharmacies (800) 552-8159</p> <p>ID #: employee's SSN RXBIN: 004336 RXPCN: ADV RXGRP: RX3112</p> | <p>VSP Providers or Non-VSP Providers (you receive a greater benefit if you use a VSP provider). VSP 1-800-877-7195</p> | <p>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</p> |
| <p><u>Trust Indemnity Plan – Option 2</u> Regence – 1-866-240-9580</p> <p>Medical – Regence Prescription - Caremark</p> | <p>Caremark Pharmacies (800) 552-8159</p> <p>ID #: employee's SSN RXBIN: 004336 RXPCN: ADV RXGRP: RX3112</p> | <p>Vision Coverage not available with Option 2</p> | <p>Dental Coverage not available with Option 2</p> |
| <p><u>Kaiser Permanente – Option 1</u> (503) 813-2000</p> <p>Medical – Kaiser Prescription – Kaiser Vision – Kaiser Dental – Trust Dental Plan administered by Regence</p> | <p>Please call Kaiser Permanente to get more information on your Prescription Coverage (503) 813-2000</p> | <p>Please call Kaiser Permanente for more information on your Vision Coverage (503) 813-2000</p> | <p>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</p> |
| <p><u>Kaiser Permanente – Option 2</u> (503) 813-2000</p> <p>Medical – Kaiser Prescription – Kaiser</p> | <p>Please call Kaiser Permanente to get more information on your Prescription Coverage (503) 813-2000</p> | <p>Vision Coverage not available with Option 2</p> | <p>Dental Coverage not available with Option 2</p> |
| <p><u>Providence Personal Option Plan – Option 1</u> (503) 574-7500</p> <p>Medical – Providence Prescription – Caremark Vision – VSP Dental – Trust Dental Plan administered by Regence</p> | <p>Caremark Pharmacies (800) 552-8159</p> <p>ID #: employee's SSN RXBIN: 004336 RXPCN: ADV RXGRP: RX3112</p> | <p>VSP Providers or Non-VSP Providers (you receive a greater benefit if you use a VSP provider). VSP 1-800-877-7195</p> | <p>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</p> |
| <p><u>Providence Personal Option Plan – Option 2</u> (503) 574-7500</p> <p>Medical – Providence Prescription – Caremark</p> | <p>Caremark Pharmacies (800) 552-8159</p> <p>ID #: employee's SSN RXBIN: 004336 RXPCN: ADV RXGRP: RX3112</p> | <p>Vision Coverage not available with Option 2</p> | <p>Dental Coverage not available with Option 2</p> |

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.