



Portland Water District Benefits Summary



PLAN YEAR | 2018



Our employees are our most valuable asset.

That's why at Portland Water District we are committed to a comprehensive employee benefit program that helps our employees stay healthy, feel secure and maintain a work/life balance.

Stay Healthy

- Medical, Prescription and Dental Care
- Flexible Spending Accounts
- WHY Reimbursement Program

Feeling Secure

- 457 Deferred Compensation Plan
- Life/Accidental Death and Dismemberment
- Disability
- EAP
- Supplemental Benefits
- Pension Plan

Work/Life Balance

- Vacation Time
- Sick Leave
- EAP
- Employee Education and Development

Contact Information



Refer to this list when you need to contact one of your benefit vendors. For general information contact Employee Services.

MEDICAL:

Provider Name	Harvard Pilgrim Health Care
Provider Contact	Harvard Pilgrim Customer Service
Provider Phone Number	888-333-4742
Provider Web Address	www.harvardpilgrim.org

DENTAL:

Provider Name	Delta Dental
Provider Contact	Customer Service
Provider Phone Number	800-832-5700

FLEXIBLE SPENDING ACCOUNTS (FSA):

Provider Name	Benefit Strategies
Provider Phone Number	888-401-3539
Provider Fax Number	603-647-4668
Provider Web Address	www.benstrat.com
e-mail:	info@benstrat.com

Mail Claims to:	Benefit Strategies
	P.O. Box 1300
	Manchester, NH 03105-1300

Medical Insurance



Who is Eligible and When:

Eligibility for medical coverage is effective the first of the month following 30 days of employment. Employee Services will meet with you and review your benefit options before your effective date.

Regular nonunion employees working 20 hours or more per week, or union employees working 25 hours or more per week are eligible to participate in the Medical Plan with District contribution prorated based on normal scheduled work hours.

Benefits You Receive:

In 2018 the Portland Water District will continue to offer comprehensive Medical Benefits to our employees, through Harvard Pilgrim. In conjunction with the union we have been able to keep our rate increase low, and have made some small changes to our plans to help maintain a balance between comprehensive benefits and affordable rates.

We will continue to offer both the HMO and POS plans with two changes. The emergency room copay is now \$100 per visit for both plans. We are also changing prescription plans to the Harvard Pilgrim 5 Tier Value Formulary. Please see page 10 in this guide for a full explanation of this new prescription plan.

We will be offering a new, high deductible Health Savings Account (HSA) plan option for non-union employees. The concept of this type of account is different from a traditional health plan. With an HSA account, you fund most covered expenses until you reach your “maximum out-of-pocket,” which is a combination of the annual deductible plus coinsurance. With the exception of the annual preventive care screening, all covered medical expenses (including prescription drugs, office visits, lab and x-ray work) are applied to the deductible and coinsurance before the plan pays part or all of your expenses. For these reasons, the premiums are lower. Portland Water District will contribute \$1,040 annually toward individual coverage, and \$2,080 for any tier of dependent coverage. This will be credited to an HSA bank account that you will open for this purpose, and for your own pre-tax contributions (through payroll deduction) to pay for unpaid medical expenses. Any funds left in the HSA account at the end of the calendar year “roll over” to the next year. Should you leave your employment, the account is “portable” and you take it with you. To learn more about the HSA plan, please see your Schedule of Benefits from Harvard Pilgrim or contact Human Resources.

The tables in this Benefit Summary list a partial outline of services. Please refer to the Harvard Pilgrim Schedule of Benefits for a more comprehensive outline of coverage.

Harvard Pilgrim offers a \$150 Fitness Reimbursement per Harvard Pilgrim policyholder (i.e. per subscriber) per calendar year. The employee must be a member of both Harvard Pilgrim and a qualified fitness facility for at least four consecutive months. One submission for reimbursement per year to Harvard Pilgrim is permitted.

Fitness reimbursement applies to monthly fees paid to a facility that provides cardiovascular and strength-training equipment for exercising and improving physical fitness, such as: health clubs and fitness centers; YMCA's and YWCA's; Jewish Community Centers; and municipal fitness centers.

Qualifying facilities also include fitness studios/facilities that offer:

- Yoga
- Pilates
- Zumba
- Aerobic/group classes
- Indoor cycling/spinning classes
- Kickboxing
- CrossFit
- Strength training
- Tennis
- Indoor rock climbing
- Personal training (taught by a certified instructor)

Preventive Care Services

The preventive services and tests listed below are covered with no Member Cost Sharing when received from a Plan Provider.

Women Only

- Aspirin (81 mg/day) for women who are at least 12 weeks pregnant and at high risk for preeclampsia
- BRCA 1 or 2 genetic counseling, evaluation and testing for women with a family history associated with increased risk of mutation
- Breast cancer chemoprevention (counseling only for women at high risk for breast cancer and low risk for adverse effects of chemoprevention)
- Breast cancer screening, including mammograms and counseling for genetic susceptibility screening
- Breast cancer risk reducing medications, such as Raloxifene and Tamoxifen, for women at increased risk for breast cancer and at low risk for adverse medication effects
- Breastfeeding primary care interventions (applicable to pregnant women and new mothers), including electric and manual breast pumps, lactation classes and support at prenatal and post-partum visits, and newborn visits
- Cervical cancer screening, including pap smears
- Comprehensive lactation support, counseling, and costs of renting breastfeeding equipment.
- Contraceptive methods approved by the FDA¹, sterilization procedures and contraceptive patient education and counseling (contraceptives covered with no member cost sharing include generics and brand name drugs with no generic alternative, including emergency contraceptives.)
- Folic acid supplements (women planning or capable of pregnancy only)
- Gestational diabetes screening
- HPV (human papillomavirus) testing
- Interpersonal and domestic violence counseling and screenings
- Iron deficiency anemia (pregnant women at prenatal visits)
- Microalbuminuria test (pregnant women)
- Osteoporosis screening (screening to begin at age 50 for women at increased risk)
- Ovarian cancer susceptibility screening
- Over the counter contraceptive items such as sponges and spermicides, when prescribed by a health care provider
- Rh (D) incompatibility, screening (pregnant women)
- Routine OB/GYN examinations
- Routine outpatient prenatal and postpartum visits

Men Only

- Abdominal aortic aneurysm screening (for males 65 – 75 one time only, if ever smoked)

¹ Plans provided by certain religious employers may be exempt from covering contraceptive services. Please see your Schedule of Benefits.

Please see next page for additional Preventive Care Services

Adults Only

- Aspirin for the prevention of heart disease when prescribed by a health care provider
- Blood pressure screening (adults without known hypertension)
- Colorectal cancer screening, including colonoscopy, sigmoidoscopy and fecal occult blood test
- Diabetes screenings
- HIV screening and counseling
- Lung cancer screening for adults ages 55 to 80 who have a 30 pack per year smoking history and currently smoke or have quit within the past 15 years
- Vitamin D supplements for the prevention of falls when prescribed by a health care provider to community-dwelling members beginning at age 65

Children Only

- Autism screening (for children at 18 and 24 months of age; primary care settings)
- Behavioral assessments (children of all ages; developmental surveillance, in primary care settings)
- Congenital hypothyroidism (screening for newborns only)
- Dyslipidemia screening (for children at high risk for higher lipid levels)
- Fluoride-oral supplementation for children to age 5 Note: Coverage for oral fluoride supplementation is only provided if your plan includes outpatient pharmacy coverage.
- Fluoride varnish for children to age 5 only, when applied by primary care providers, including pediatricians. Maximum of four fluoride varnish applications are covered per year.
- Hearing screening (screening for newborn only, primary care settings)
- Iron deficiency prevention (primary care counseling for children ages 6 to 12 months only)

- Lead screening (children at risk)
- Phenylketonuria screening (newborns before 7 days old)
- Sickle cell disease, screening (screening at birth and first newborn visit)
- Tuberculosis skin testing
- Vision screening (children to age 5 only)

Adults and Children

- Routine physical examinations
- Alcohol misuse screening and counseling (primary care visits only, beginning at age 11)
- Cholesterol screening
- Depression screening (adults, children ages 12-18, primary care visits only)
- Diet behavioral counseling (included as part of annual visit and intensive counseling by primary care clinicians or by nutritionists and dietitians)
- Hemoglobin A1c
- Hepatitis B screening for people at high risk of infection
- Hepatitis C Testing (for members born between 1945 through 1965)
- Immunizations, including flu shots (flu shots at age 19 and above at a doctor's office or pharmacy; under age 19 at a doctor's office)
- Obesity screening and counseling (adults and children, in primary care settings)
- Sexually transmitted diseases (STDs) – screening and counseling (adolescents, adults and pregnant women)
- Tobacco use screening and counseling, including smoking cessation counseling and FDA-approved nicotine replacement therapy (primary care visits only)
- Total cholesterol tests

BENEFIT HIGHLIGHTS	HMO	POS	H.S.A.
Network	New England	IN: New England OON: National	National
Deductible - In-Network	N/A	N/A	\$3,000/\$6,000
Deductible - Out-of-Network	N/A	\$250/\$750	\$6,000/\$12,000
Annual Out-of-Pocket Maximum	\$2,000/\$4,000	IN: \$1,500/\$3,000; OON: \$2,500/\$7,500	IN: \$5,000/\$10,000; OON: \$10,000/\$20,000
Hospital Coinsurance	None	30%	IN: 20% OON: 40%
Inpatient - Physician & Hospital	No Charge	IN: 10% Coinsurance; OON: Deductible/30% Coinsurance	IN: Deductible then 20% Coinsurance; OON: Deductible then 40% Coinsurance
Outpatient Day Surgery	No Charge	IN: 10% Coinsurance; OON: Deductible/30% Coinsurance	IN: Deductible then 20% Coinsurance; OON: Deductible then 40% Coinsurance
Annual Preventative Services	No Charge	IN: No Charge; OON: Deductible/30% Coinsurance	IN: No Charge; OON: Deductible then 40% Coinsurance
Office Visit - Primary Care/Specialist	\$20 Copay	IN: \$20 Copay; OON: Deductible/30% Coinsurance	IN: Deductible then 20% Coinsurance; OON: Deductible then 40% Coinsurance
Labs	No Charge	IN: No Charge; OON: Deductible/30% Coinsurance	IN: Deductible then 20% Coinsurance; OON: Deductible then 40% Coinsurance
X-rays and Advanced Radiology	No Charge	IN: No Charge; OON: Deductible/30% Coinsurance	IN: Deductible then 20% Coinsurance; OON: Deductible then 40% Coinsurance
Emergency Room	\$100 Copay	\$100 Copay	IN: Deductible then 20% Coinsurance; OON: Deductible then 40% Coinsurance
Urgent Care	Convenience Care Clinic: \$20 Copay Urgent Care Clinic: \$20 Copay Hospital Urgent Care: \$20 Copay	IN: Convenience Care Clinic: \$20 Copay; Urgent Care Clinic: \$20 Copay Hospital Urgent Care: \$20 Copay OON: Deductible/30%	IN: Deductible then 20% Coinsurance; OON: Deductible then 40% Coinsurance
Chiropractic	\$20 Copay	IN: \$20 Copay; OON: Deductible/30% Coinsurance	IN: Deductible then 20% Coinsurance; OON: Deductible then 40% Coinsurance
Therapies: Physical/Occupational/Speech limited to 40 visits combined per calendar year	\$20/Copay	IN: \$20 Copay; OON: Deductible/30% Coinsurance	IN: Deductible then 20% Coinsurance; OON: Deductible then 40% Coinsurance
5-Tier Value Formulary Prescription Drug Plan <u>(Please Note: H.S.A. participants must meet deductible before Rx co-pays take effect)</u>			
Prescription Drug Out-of-Pocket Maximum	HMO and POS Plans: \$1,000/\$2,000 H.S.A. Plan \$5,000/\$10,000		
Retail Prescription Drug	30-day: \$5/\$20/\$30/\$50/30% to \$250 ; 90-day: \$15/\$60/\$90/\$150/30% to \$750 (Some maintenance medications are available for a 90 day retail supply at two copays)		
Mail Order Prescription Drug - 90 day supply	\$10/\$40/\$60/\$100/30% to \$500		

This summary of benefits is not a contract. It is a general description of the benefits. Complete information about all benefits, limitations and exclusions is in the Harvard Pilgrim Subscriber Certificate which will be mailed to you after you enroll. If you need further information, please call the Harvard Pilgrim Customer Service number at 1-888-333-4742.

Prescription Drug Benefits

In 2018 Portland Water District will continue to provide your Prescription Drug benefits through the Harvard Pilgrim Pharmacy Program but will be changing to the value closed formulary 5-Tier Prescription Program. This program places all covered medications into one of five levels or tiers. The medications in each tier have been selected for that tier by Harvard Pilgrim.

The Value formulary excludes certain high-cost medications that have effective alternatives. FDA-approved alternatives will be available for all medications not covered. When generic equivalents are available, they will be offered in place of brand-name drugs.

Tier 1: Tier 1 is primarily made up of lower-cost generic drugs. You pay the lowest cost-sharing amount for these drugs.

Tier 2: Tier 2 is primarily made up of higher-cost generic drugs. These drugs contain the same active ingredients as their brand-name counterparts.

Tier 3: Tier 3 is primarily made up of preferred brand-name drugs.

Tier 4: Tier 4 is primarily made up of preferred specialty drugs and non-preferred brand name drugs.

Tier 5: Tier 5 is primarily made up of non-preferred specialty drugs and other selected, high-cost brand-name and generic drugs.

Your prescription drug benefit covers most generic drugs and most brand-name drugs that do not have generic equivalents.

The HMO and POS plans both have an Rx out of pocket maximum of \$1000 per member and \$2000 per family.

The HSA plan has an Rx out of pocket maximum of \$5000 per member and \$10,000 per family as well as a deductible of \$3000 per member and \$6000 per family.

Network Pharmacies

Co-pay for a 30-day supply:	Tier 1	\$5
	Tier 2	\$20
	Tier 3	\$30
	Tier 4	\$50
	Tier 5	30% to \$250

Network Pharmacies

Co-pay for a 90-day supply:	Tier 1	\$15
	Tier 2	\$60
	Tier 3	\$90
	Tier 4	\$150
	Tier 5	30% to \$750

(Some maintenance medications are available for a 90 day retail supply at two copays)

Mail Order

Co-pay for a 90-day supply:	Tier 1	\$10
	Tier 2	\$40
	Tier 3	\$60
	Tier 4	\$100
	Tier 5	30% to \$500

HP DRUG LOOKUP – Value 5-Tier

How to Look Up a Drug in the Value-5 tier Formulary on the Harvard Pilgrim Website

1. Go to <https://www.harvardpilgrim.org>
2. Scroll to the bottom of the page until you see a teal colored box on the right
3. Within that teal box, click on “Look Up a Drug”
4. “Select Year” currently defaults to 2018
5. Under the “Choose Your Plan” arrow click on “Value 5-Tier”
6. You may choose to download a printable pdf on the right which will list the drugs alphabetically or by category, or
7. You may “Look Up Drugs by Tier” or “Look Up Drugs by Category.”
8. If you wish to look up drugs by tier, click on this option and type in a drug name.
9. If the drug is covered it will give you the tier number of the drug.
10. If the drug is not covered and a generic is available, it will give you the generic names. Click on a generic and it will give you the tier number.
11. If a drug is not covered and there is no generic available, please go to <https://www.harvardpilgrim.org/public/request-an-exception> to learn how you may request an exception and to download an exception form to be completed by you and your physician.
12. If you wish to look up drugs by category, click on this option and click on the drug category to make your choice. You may also click on the subcategory to further define your selection, but clicking on subcategory is not mandatory.
13. A list of drugs in your chosen category will appear, along with each drug’s tier number.

These lists are frequently updated. Please visit <https://www.harvardpilgrim.org> or call Harvard Pilgrim Member Services at 888-333-4742 to learn more.

Your Medical Contribution

<u>Employee's Rate</u>	Individual			Employee with Child(ren)			EE/Spouse			Family		
2018 FULL Rates per week	POS	HMO	HMO HSA	POS	HMO	HMO HSA	POS	HMO	HMO HSA	POS	HMO	HMO HSA
	185.91	190.22	134.35	316.04	323.36	228.39	390.41	399.45	282.13	470.35	481.25	339.89
2018 EMPLOYEE Rates per week	14.87	15.22	10.75	53.91	55.16	38.96	76.22	77.99	55.08	100.20	102.53	72.41

<u>Retiree</u>	Single	Ret/Spouse
2018 Rate per Month-POS	805.61	1691.78

<u>COBRA Rate</u>	Individual			Employee with Child(ren)			EE/Spouse			Family		
2018 Rates per month	POS	HMO	HMO HSA	POS	HMO	HMO HSA	POS	HMO	HMO HSA	POS	HMO	HSA
	821.72	840.75	593.81	1396.93	1429.26	1009.48	1725.62	1765.57	1247.01	2078.95	2127.09	1502.35



Dental Insurance



The Portland Water District will continue to offer a Dental plan through Northeast Delta Dental. The plan has changed slightly from last year. While basic services are now covered at 70%, your annual maximum has increased to \$2,000 per person and the Ortho max has increased to a \$1,500 lifetime maximum. Please note that your coverage now includes white fillings on **all** teeth, not just the front teeth. Please remember that you could save money by choosing a PPO dentist for your care, however all dentists are covered. Dental benefits are available to all regular nonunion employees working 20 hours or more per week, or union employees working 25 hours or more per week. An overview is outlined below. A complete summary is available from Employee Services.

Services	Explanation
Preventive Services	Exams, cleanings, x-rays – 100% covered, no waiting period
Deductible	\$75/\$225 Lifetime Deductible. Waived for Preventive services.
Basic Services	Amalgam (silver) fillings, composite (white) fillings (anterior and posterior), simple extractions – 70% covered, 6 month waiting period
Major Services	Oral surgery, root canal, crowns – 50% covered, 12 month waiting period
Orthodontia	Children and Adults. \$1500 lifetime benefit – 50% covered, 24 month waiting period
Annual Maximum	\$2000 per person for Preventative, Basic and Major services combined

Your Dental Contribution

For those employees who wish to participate in the dental program, below are the pretax premiums on a monthly and a weekly basis. Rates listed below are for employees working 40 hours per week. Rates are prorated for employees working less than 40 hours per week.

<u>Employee's Rate</u>	One Person	Two Person	Three or more Persons
2018 EMPLOYER Rates per month	43.68	74.47	124.62
2018 EMPLOYEE Rates per week	3.02	10.13	21.71

<u>COBRA Rate</u>	One Person	Two Person	Three or more Persons
2018 Rates per month	44.55	75.96	127.11

Flexible Spending Accounts (FSA)

In 2018 the Portland Water District will continue to offer a Flexible Spending Account (FSA) program to all regular nonunion employees working 20 hours or more per week, or union employees working 25 hours or more per week. The FSA allows employees to have pre-tax dollars deducted from their salaries to pay for eligible out-of-pocket expenses. The pre-tax contributions made to the FSA can be used to pay for predictable non-reimbursed health care expenses and dependent care expenses during the plan year. Through the FSA program, you can reduce your taxable income without reducing your real income, so that you can keep more of the money you earn. Since the amounts that remain in the account at the end of the plan year are forfeited, you should take care not to over-fund your account.

Participation in the Health Care and/or Dependent Care FSA is optional and determined on an annual basis for the plan year. You must enroll for each plan year. You determine how much to contribute to the account, up to a specified maximum, based on anticipated expenses during the plan year. In 2018 we will continue with our Flexible Spending debit card.

Please be advised that the health care reform law has revised the definition of “qualified medical expenses” for purposes of reimbursement from health FSAs. Under the new definition, qualified medical expenses include amounts paid for medicines or drugs only if the medicine or drug is a prescribed drug (determined without regard to whether the drug is available without a prescription) or is insulin. This means that health FSAs may not reimburse the cost of over-the-counter medications that do not have a prescription.

Due to health care reform, Health Reimbursement Account contributions are now limited to \$2,650 per plan year; Dependent Care Reimbursement Account contributions will remain limited to \$5,000 per plan year.

On line enrollment directions can be found on [Sharepoint/Departments/ES/Benefits/2018 Benefit Strategies On Line Enrollment directions](#).

For employees and their dependents who chose the HSA plan and open an HSA spending account, Portland Water District will be offering a Limited Purpose Flexible Spending Plan for Dental and Vision expenses only. Please see Human Resources for further information.

Disability Insurance

The Portland Water District provides employees working 30+ hours per week long-term disability income benefits, and pays the full cost of this coverage. In the event you become disabled from a non work-related injury or sickness, disability income benefits are provided as a source of income. Individual Short Term Disability benefits are available on a Voluntary basis to employees working 30+ hours per week. Please contact Employee Services for additional information.

	Long-Term Disability	Voluntary Short-Term Disability
Benefits Begin	180 days after disability begins	1 st calendar day for injury 8 th calendar day for a disease
Benefits Payable	2 year own occupation, 65+ benefit duration	26 weeks
Income Replaced	60% of monthly salary	\$100 per week to a maximum of \$1150 per week in \$50 increments
Maximum Benefit	\$5000 per month	Not to exceed 60% of pre-disability earnings to \$1150 per week

Life and AD&D Insurance



Basic Life Insurance

Life insurance offers you and your family important financial protection. The Portland Water District provides employees working 30+ hours per week with 2x salary to a maximum of \$300,000 group life and accidental death and dismemberment (AD&D) insurance, and pays 50% of the cost of this benefit. Guaranteed Issue amount is \$50,000. The benefits reduce by 35% at age 65 and 50% at age 70. Benefits terminate at retirement with the option to individualize the policy. Please contact Employee Services to update your beneficiary.

Voluntary Supplemental Life Insurance

Employees working 30+ hours per week who would like to supplement their group life insurance benefits may purchase additional coverage through Aetna. These benefits are 100% employee paid.

Term Life: Additional Voluntary Employee Paid Term Life Insurance is available to full time employees. Coverage may be chosen for a 10, 20 or 30 year term. Coverage is also available for spouses and children. Term Life insurance is designed to cover individuals for the elected term period, and not thereafter.

Retirement

Portland Water District's Deferred Compensation (457) Plan

The Portland Water District Deferred Compensation (457) Plan offers employees a tax-favored way to contribute to your retirement income. Under the Plan, you can elect to defer from each paycheck a portion of your pay with no current income taxes withheld. You also have a choice of a Roth IRA option in which you pay taxes as you contribute, but your distributions at retirement are tax free. The Plan offers a choice of professionally managed mutual funds from which you may select when making your investment election, as well as professionally managed target date funds. As a participant, you have your own account and the amount within it is determined by the amount of compensation you defer and by the performance of your investment choices.

Employees must participate with a minimum 3% mandatory deferral, and are encouraged to contribute more. The District will match 150% of the first 4.5% of compensation. If you elect to contribute 4.5%, then the 150% match will be 6.75% of your pay. You may elect to contribute more than 4.5%, but any amount exceeding this will not be matched by the District. After successfully completing a 6 month probationary period, the "match" accrued during those 6 months will be applied retroactively.

You can increase your 457 retirement plan contributions any time you wish! Please visit www.principal.com. If you have never logged on before, the directions can be found on Sharepoint/Departments/ESBenefits/457 Log on info.

Portland Water District's Defined Benefit Plan

Non-union employees hired before 1/1/12 participate in the Defined Benefit Plan for non-union employees. Union employees hired before 1/1/11 participate in the Defined Benefit Plan for bargaining unit employees. (Summary Plan Descriptions are available at Sharepoint).

New in 2017

Any bargaining unit employee who is currently eligible and in the bargaining unit defined benefit plan prior to 1/1/11, and transfers or promotes into a non-bargaining unit position on or after 10-1-17, will have the choice of:

- a. Remaining in the bargaining unit defined benefit plan, or
- b. having their benefit "frozen" at the years of service obtained prior to transferring, and participating in the 457 plan. This choice can only be made once and is irrevocable. For this reason, the District encourages such employees to seek advice from an independent financial counselor when making this decision.

If the employee chooses to participate in the 457 Plan upon transfer or promotion into the non-bargaining unit position, the employee must participate in a minimum 3% mandatory deferral, with the same terms noted above under the summary of the 457 Plan. After successfully completing a 6-month probationary period, the "match" accrued during those 6 months will be applied retroactively.

Supplemental Employee Paid Insurance Options



In 2018 the Portland Water District will continue to offer several benefits on a Voluntary basis through Colonial: Cancer, Accident, Critical Illness and Life Insurance. These benefits are available to full time employees working 40 hours per week. Employees pay the full cost of these benefits post-tax, and the premiums are payroll deducted. Open Enrollment will be held once a year for these benefits each Fall. For more information please contact Employee Services.

Cancer: Voluntary Cancer Insurance is available for full-time employees. Cancer insurance helps employees and their families maintain financial security in the event of a cancer diagnosis. Employees can choose from four levels of coverage amounts. Employee and family coverage is available. There is an annual Wellness reimbursement for certain cancer screenings.

Accident: Accident insurance can help after experiencing a covered accidental injury. Accident benefits paid directly to you to assist with the care following the accident. Benefits are paid regardless of any other insurance you may have with any other insurance companies. This coverage is portable and available to family members.

Critical Illness: Voluntary Critical Illness Insurance is available for full-time employees. Critical Illness insurance is “living life insurance” for heart attacks, stroke, major organ transplants, end stage renal failure and coronary artery bypass surgery. Employees can choose from several levels of coverage amounts. Employee and spouse coverage is available.

Whole Life: Voluntary Employee Paid Whole Life Insurance is available to full time employees. Coverage is also available for spouses. Whole life insurance stays with individuals for their entire lives, unlike term insurance. Often people purchase whole life insurance to ensure that the expenses of their funeral/burial are not burdensome to their family. Colonial’s whole life insurance offers guaranteed level premiums, cash values and death benefit.

Universal Life Insurance and Long Term Care Rider: This voluntary benefit includes a life insurance policy with cash accumulation as well as the availability of both Long Term Care facility and Home Health Care coverage.

Term Life: Term Life Insurance offers a predictable way to provide peace of mind for you and your family. You can help protect your loved ones from unpaid debts, secure your children’s education and goals, and ensure financial stability during high-need years.

WHY Reimbursement Program

The Portland Water District WHY Reimbursement Program is designed to help you achieve your health goals. After 6 months of employment, PWD will provide you with a \$100 per year reimbursement toward the cost of fitness club membership and wellness classes such as Swimming membership, Aerobic Classes, Tai Chi Classes, and Weight Loss Meetings. Sport club memberships, such as golf, baseball, etc., are not eligible. **OR**, PWD will offer \$100 per year reimbursement toward the purchase of fitness and aerobic equipment such as Treadmills, Lifecycles, Weights and Bench, Bicycles. Sporting equipment, apparel and footwear are not eligible. Employees may combine the 2 options but the total is \$100 per year combined. The amount submitted to PWD for WHY reimbursement for health club membership cannot be submitted to Harvard Pilgrim as part of their fitness reimbursement. Please contact Employee Services for more information.

Employee Assistance Program



Portland Water District has contracted with Maine Behavioral Healthcare to offer you and your family members the services of an Employee Assistance Plan (EAP). Your EAP can provide you or a family member in your household with up to three sessions per year of professional counseling to help you resolve personal or family problems. The program is staffed by licensed clinical social workers skilled at identifying concerns and finding potential solutions. To use the EAP service, please call Maine Behavioral Healthcare at 207-874-1030 (voice) or 207-874-1043 (TTY) or visit www.mainebehavioralhealthcare.org. You will give your name, identify yourself as an employee of Portland Water District, and ask to speak with the Intake Worker. This service is 100% confidential.

Short Term Sick Leave

Short Term Sick Leave covers absences for non-union and union employees. For full time employees sick leave will accrue at the rate of 8 hours for each full calendar month of active service, to a maximum of 120 days. Covered absences are temporary medical illness and/or disability of the employee, the employee's spouse, parents, children, and/or stepchildren. Short-term absences covered under this policy are for non-occupational illness and/or injury. A maximum of five days (40 sick pay hours) may be deducted annually from the employee's accrued sick bank to care for an ill family member. Sick Leave runs concurrent with FMLA leave when applicable. Employees must use time from their sick bank first. If their sick bank is exhausted or has not yet accrued, accrued vacation time can be applied.

Vacation

All vacation time is accrued on a current month basis. The maximum vacation accrual is equal to two times the employee's annual vacation entitlement. Once an employee's vacation balance reaches the maximum allowed (see chart), the employee will stop accruing additional vacation hours. Accruals will not resume until the employee's vacation balance drops below the maximum.

The majority of a calendar month must be worked in order to earn vacation credit for that month. Increases in the vacation allotment will be made on the month that the employee's anniversary falls. Vacation may only be taken after the six-month probationary period has been completed.

Length of Service	Annual Vacation Weeks/Hours	Accrual Rate (Hrs/month)	Maximum Balance
First full month of employment to less than 5 years (5 th year anniversary)	2 (80 hours)	6.667 hours/month	160 hours
5 years to 9 years	3 (120 hours)	10.000 hours/month	240 hours
10 years to 19 years	4 (160 hours)	13.333 hours/ month	320 hours
20 years +	5 (200 hours)	16.667 hours/ month	400 hours

All regular part-time employees who regularly work more than 20 hours per week non union and 25 hours per week union shall be entitled to the same vacation schedule as regular full-time employees; EXCEPT the number of hours constituting a workweek shall be based on the average number of hours worked per week by the employee during the preceding month, not to exceed 40 hours.



Additional Benefits

Please contact Employee Services for more information regarding Additional Benefits.

Referral Bonus: In appreciation for helping recruit the very best candidates, employees who refer someone that is hired into a full-time, part-time or temporary position lasting 6 months with the District will receive a \$100 referral bonus (less applicable taxes). However, employees are not eligible for this incentive if the candidate is already employed within PWD, or the employee works in Employee Services.

Holidays: The Portland Water District provides twelve paid holidays each year. This policy applies to non-union and union employees. The holidays observed shall be as follows.

1. New Year's Day	7. Labor Day
2. Martin Luther King's Birthday	8. Columbus Day
3. Washington's Birthday	9. Veteran's Day
4. Patriot's Day	10. Thanksgiving Day
5. Memorial Day	11. Day after Thanksgiving
6. Independence Day	12. Christmas Day

Discounts: Available for PWD employees at AAA, Sullivan Tire, Tire Warehouse, AT&T, Verizon. Summer parks: Funtown/Splashtown, York's Wild Kingdom, and Ski areas: Mt. Abram, Shawnee Peak, Sugarloaf, and Sunday River. Please contact Employee Services for additional information.

Bereavement Leave: This leave provides time away from work for an employee who has a death in his/her family or spouse's family. Please see leave policy or contact Employee Services for more information.

Who do I contact?

Who do I contact with questions or changes to my plans?

Any questions about the available benefits should be addressed to Mindi Pelletier in Employee Services at 774-5961 x 3074.

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources. © 2008-2011 Zywave, Inc. All rights reserved.

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