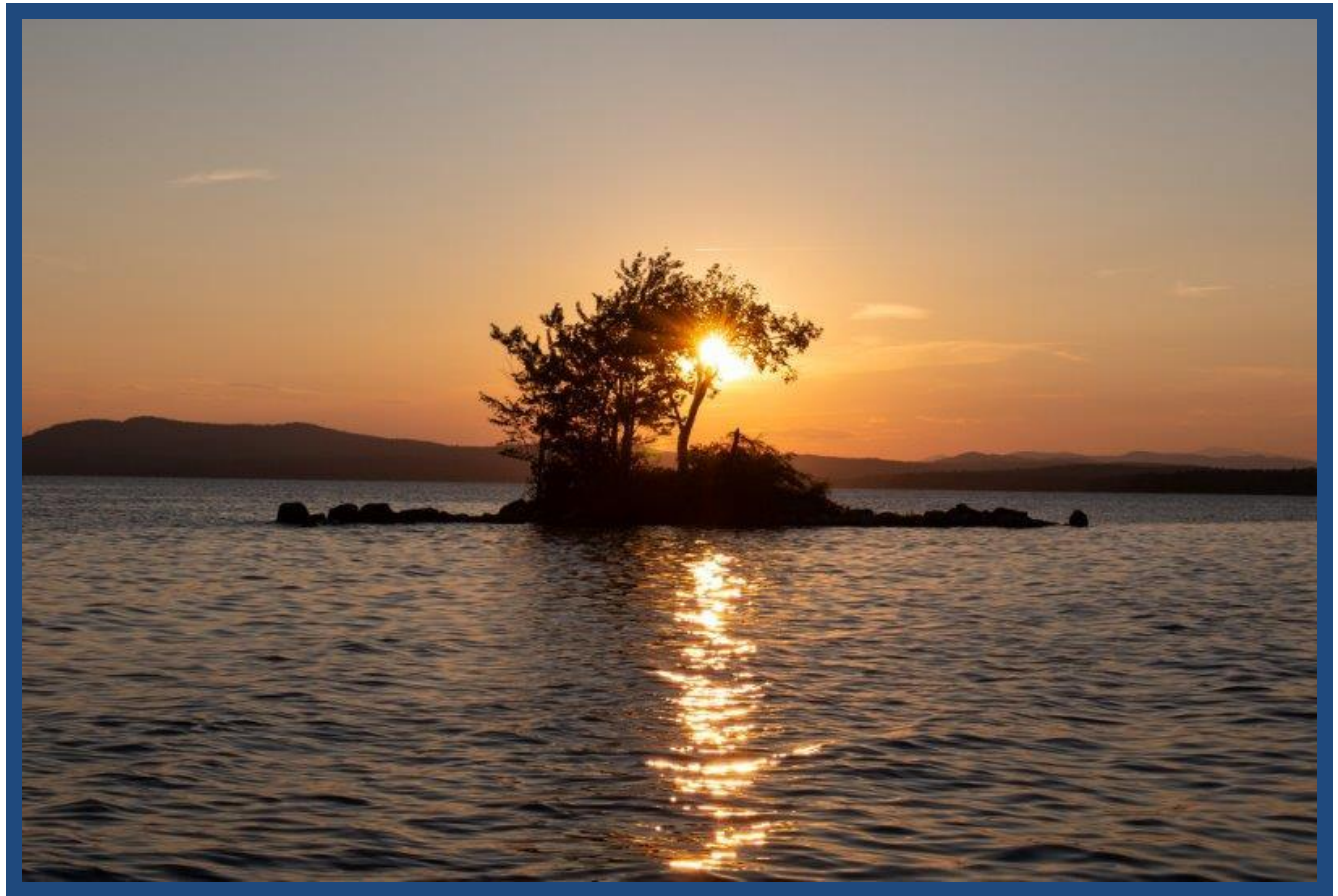




# Portland Water District Benefits Summary



**PLAN YEAR | 2020**



# 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	<a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a>

## FLEXIBLE SPENDING ACCOUNTS (FSA) 1-1-20 – 12-31-20:

Provider Name	Benefit Strategies
Provider Phone Number	888-401-3539
Provider Fax Number	603-647-4668
Provider Web Address	<a href="http://www.benstrat.com">www.benstrat.com</a>
e-mail:	<a href="mailto:info@benstrat.com">info@benstrat.com</a>

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

## FLEXIBLE SPENDING RUNOUT(FSA) FOR 2019:

Provider Name	HRC Total Solutions (HRCTS)
Provider Phone Number	(603) 647-1147 option 1
Provider Fax Number	(866) 978-7868
Provider Web Address	<a href="http://hrcts.com">http://hrcts.com</a>
e-mail:	<a href="mailto:customerservice@hrcts.com">customerservice@hrcts.com</a>
Mail Claims to:	HRC Total Solutions, 111 Charles St. Manchester NH 03101

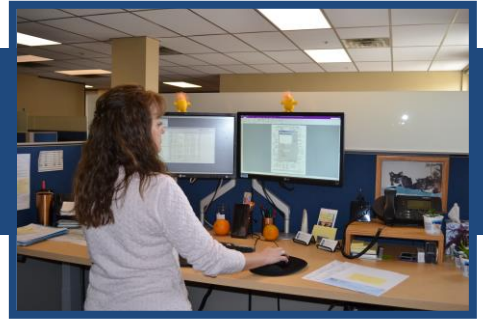
## DENTAL/VISION:

Provider Name	Northeast Delta Dental
Dental Provider Contact	Northeast Delta Dental Customer Service
Dental Provider Phone Number:	800-832-5700 or 603-223-1234
Vision Provider Contact	EyeMed
Vision Provider Phone Number:	866-723-0513

## EAP:

Provider Name	AnthemEAP
Provider Phone Number:	800-999-7222
Provider Web Address:	<a href="http://anthemeap.com">anthemeap.com</a> (login: pwd)

# 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 2020 the Portland Water District will continue to offer comprehensive Medical Benefits to our employees, through Harvard Pilgrim.

We will continue to offer the HMO and PPO medical plans. 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.

Our prescription plan remains Harvard Pilgrim 5 Tier Value Formulary. Please see page 8 for details.

## 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 FDA<sup>1</sup>, 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)

---

<sup>1</sup> 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

2020 Harvard Pilgrim Plans	HMO	POS
<b>BENEFIT HIGHLIGHTS</b>		
Deductible - In-Network	N/A	N/A
Deductible - Out-of-Network	N/A	\$250/\$750
Annual Out-of-Pocket Maximum	\$2,000/\$4,000	IN: \$1,500/\$3,000; OON: \$2,500/\$7,500
Hospital Coinsurance	None	30%
Inpatient - Physician & Hospital	No Charge	IN: 10% Coinsurance; OON: Deductible/30% Coinsurance
Outpatient Day Surgery	No Charge	IN: 10% Coinsurance; OON: Deductible/30% Coinsurance
Annual Preventative Services	No Charge	IN: No Charge; OON: Deductible/30% Coinsurance
Office Visit - Primary Care/Specialist	\$20 Copay	IN: \$20 Copay; OON: Deductible/30% Coinsurance
Labs	No Charge	IN: No Charge; OON: Deductible/30% Coinsurance
X-rays and Advanced Radiology	No Charge	IN: No Charge; OON: Deductible/30% Coinsurance
Emergency Room	\$100 Copay	\$100 Copay
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% Coinsurance
Chiropractic	\$20 Copay	IN: \$20 Copay; OON: Deductible/30% Coinsurance
Therapies: Physical/Occupational/Speech limited to 40 visits combined per calendar year	\$20/Copay	IN: \$20 Copay; OON: Deductible/30% Coinsurance
<b>5-Tier Value Formulary Prescription Drug Plan</b>		
Prescription Drug Out-of-Pocket Maximum	\$1,000/\$2,000	
Retail Prescription Drug	30-day: \$5/\$20/\$30/\$50/30% to \$250 ; 90-day: \$15/\$60/\$90/\$150/30% to \$750	
Mail Order Prescription Drug - 90 day supply	\$10/\$40/\$60/\$100/30% to \$750	

## Prescription Drug Benefits

In 2020 Portland Water District will continue to provide your Prescription Drug benefits through the Harvard Pilgrim Pharmacy Program, which will be changing to Optum Rx. All mail order prescriptions and prior authorizations will be automatically transferred.

**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.

### Network Pharmacies

Co-pays for a 30/90-day supply:	Tier 1	\$5/\$15
	Tier 2	\$20/\$60
	Tier 3	\$30/\$90
	Tier 4	\$50/\$150
	Tier 5	30% to \$250/\$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

### Prescription Mail Order:

On 1/1/20, Harvard Pilgrim will be changing their mail order pharmacy to OptumRx. You will be receiving a mailing with information concerning this change and you will also receive a new Harvard Pilgrim ID card with the OptumRx logo. In early December, a letter will be sent to those who have used MedImpact Direct (the current Harvard Pilgrim mail order pharmacy) with details concerning the transfer of prescriptions from MedImpact Direct to Optum Rx.

Should you have questions or wish to learn more, please call the Member Services phone number on the back of your ID card.



## **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 “Check drug coverage and costs for 2020.”
4. Under “2020 Prescription Drug Plans” click on “Value 5-Tier.”
5. You may choose to download a printable pdf which will list the drugs alphabetically or by category, or
6. You may look at the “Prescription Drug List.”
7. If you wish to look up drugs by tier, click on this option and type in a drug name.
8. If the drug is covered, it will appear and list Brand and Generic. Click on “Brand” or “Generic” and you will see the tier number for your choice.
9. 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.
10. If you wish to look up drugs by category, click on “Therapeutic Class” 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.
11. 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.**



## **OptumRx Pharmacy Services Transition Frequently Asked Questions for Members**

OptumRx will be our new partner for pharmacy services, including mail order prescriptions, as of January 1, 2020.

### **What communications will Harvard Pilgrim send to subscribers and members about these changes?**

1. **Pharmacy annual notice of change (ANOC) mailing** – We will notify subscribers about our new PBM and mail service pharmacy provider via the pharmacy ANOC mailing. It will let them know to expect new member ID cards before the end of the year. Subscribers will receive the ANOC no later than November 1, 2019.
2. **ID card mailings** – All members who have Harvard Pilgrim prescription drug coverage will receive ID cards with the OptumRx logo by the end of this year. Be sure to show your new ID card to your pharmacy for prescriptions filled on or after January 1, 2020.
3. **OptumRx home delivery mailings and outreach** – For members who currently get mail order drugs through MedImpact Direct, we will transfer prescriptions with available refills automatically to OptumRx home delivery on January 1. In December and January, you will receive a welcome kit and phone call from OptumRx home delivery to help you set up your account and payments.

### **How does the change to OptumRx benefit me?**

As a Harvard Pilgrim member, you will be able to manage your OptumRx mail order prescriptions and get updates on prior authorization status when you log in to your harvardpilgrim.org member account. Email and text alerts will be available for mail order prescription refill reminders and order status updates. You can also set up reminders for when it's time to take your medications.

### **Can I continue to get drugs at my current pharmacy?**

Yes. OptumRx has more than 67,000 pharmacies nationwide. All the pharmacies our members have used historically are in the OptumRx network.

### **Do I need to get new prescriptions or transfer my current prescriptions?**

No. Your current prescriptions will remain active at retail and specialty pharmacies. You will need to show your new member ID card with the OptumRx logo when you fill prescriptions on or after January 1.

Mail order prescriptions that have refills available will be transferred from MedImpact Direct Mail to OptumRx home delivery. If you currently use mail order, you will receive instructions on how to enroll.

### **I have received prior approval for a drug I take. Do I need to get approval again?**

No. Any current prior authorizations will remain in place for the length of approval.

**I was granted a formulary exception request for my drug. Do I need to request another exception?**

No. Any current approved exceptions will remain in place for the length of approval.

**Is the formulary changing?**

Yes, there will be some formulary changes taking effect on January 1. These changes will be outlined in the annual notice of change mailing.

**I receive my maintenance medications through the mail. Do I need to do anything different?**

If you receive maintenance medications through the mail and have refills available, your prescriptions will be automatically transferred to OptumRx home delivery as of January 1. You will receive a mailing and follow-up phone call with instructions on enrolling and setting up payment.

**I receive specialty medications that are mailed to me. Do I need to do anything different?**

No. Our specialty pharmacy provider, CVS Specialty, is not changing. There is nothing you need to do.

**Is Harvard Pilgrim's fertility pharmacy provider changing?**

No. Village Fertility Pharmacy and Freedom Fertility Pharmacy will continue to be our fertility pharmacy providers.

## Your Medical Contribution

<u>Employee's Rate</u>	Individual		Employee with Child(ren)		EE/Spouse		Family	
	POS	HMO	POS	HMO	POS	HMO	POS	HMO
2020 FULL Rates per week	187.66	192.00	319.02	326.40	394.08	403.20	474.77	485.76
2020 EMPLOYEE Rates per week	16.89	17.28	56.30	57.60	78.82	80.64	103.02	105.41

<u>Retiree</u>	Single	Ret/Spouse
2020 Rate per Month-POS	813.18	1707.68
2020 Rate per Month-HMO	832.01	1747.22

<u>COBRA Rate</u>	Individual		Employee with Child(ren)		EE/Spouse		Family	
	POS	HMO	POS	HMO	POS	HMO	POS	HMO
2020 Rates per month	829.44	848.65	1410.07	1442.70	1741.83	1782.16	2098.50	2147.08

## Estimate My Costs

Be sure to register for your member account at [harvardpilgrim.org](http://harvardpilgrim.org) as there are many money saving opportunities on the portal. One of them is "Estimate My Costs." Where you receive medical care can determine what you pay. The cost of a common surgery may vary at two different hospitals, even with the same doctor performing the procedure. An x-ray or MRI at one facility may cost much more than at another facility. Estimate My Costs allows you to search for a medical procedure, type of visit or procedure code. You may compare options based on cost and quality ratings provided for multiple providers and facilities. To get started, log in to your member account at [harvardpilgrim.org](http://harvardpilgrim.org), click "Tools & Resources" at the top of the page, then click "Estimate My Cost."

## Reduce My Costs

When your doctor recommends an outpatient test or procedure such as: radiology (e.g. MRI and CT scan), mammogram, bone density study, lab work, ultrasound, colonoscopy or other non-emergency outpatient tests and procedures, the Reduce My Costs program could save you money and put a little cash back into your pocket.

How Reduce My Costs works:

1. Call 855-772-8366 whenever your doctor recommends an outpatient test or procedure such as the ones listed.
2. You'll speak with an experienced nurse who will:
  - Compare provider costs and inform you of the lower-cost providers in your area
  - Assist with scheduling or rescheduling your appointment and help with any paperwork
3. If you're already seeing a lower-cost provider, you'll receive a reward just for calling.
4. If you decide to receive care from a lower-cost provider, you will earn a cash reward, depending on the service and the associated cost savings.

## Fitness Reimbursement

Harvard Pilgrim offers a \$150 Fitness Reimbursement per Harvard Pilgrim policyholder (i.e. per PWD employee) 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)

# Dental Insurance



The Portland Water District will continue to offer a Dental plan through Northeast Delta Dental. All dentists are covered, but please remember that you save money by choosing a PPO dentist for your care. Dental benefits are available to all regular non-union 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

Good news! PWD has received a rate hold for 2020. There will be no change in what employees pay for dental coverage. 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
2019 EMPLOYER Rates per month	\$44.68	\$76.17	\$127.50
2019 EMPLOYEE Rates per week	\$3.09	\$10.36	\$22.21

<u>COBRA Rate</u>	One Person	Two Person	Three or more Persons
2019 Rates per month	\$45.57	\$77.69	\$130.05

# Voluntary Vision Insurance



In 2020, Portland Water District will continue to offer DeltaVision, a voluntary vision plan supported by the EyeMed Vision Care network. This is a **Hardware Only plan**, and available to all employees, union and nonunion, working 20 hours or more per week. A rate table and a plan overview are outlined below.

<u>Employee's Rate</u>	One Person	Two Person	Three or more Persons
2020 EMPLOYER Rates per month	\$5.45	\$9.36	\$16.74
2020 EMPLOYEE Rates per week	\$1.26	\$2.16	\$3.86

<u>COBRA Rate</u>	One Person	Two Person	Three or more Persons
2020 Rates per month	\$5.56	\$9.55	\$17.07

## DeltaVision Hardware Only Plan Summary

	Network Benefit	Non-Network Reimbursement
<b>Frames every 24 months</b>		
Any available frame at provider location	\$150 allowance, then 20% off balance	\$75
<b>Standard Plastic Lenses every 12 months</b>		
Single/Bifocal/Trifocal	Member pays \$20; plan pays balance	\$25/\$40/\$55
<b>Lens Options</b>		
UV coating/Tint/Standard scratch resistance	Member pays \$15 each	None
Standard polycarbonate	Member pays \$40	None
Standard anti-reflective coating	Member pays \$45	None
Standard progressive	Member pays \$85	None
Premium progressive	Member pays \$85; 80% of charge less \$120 allowance	None
Other add-ons and services	20% off retail price	None
<b>Contact Lenses every 12 months; In lieu of spectacle lenses; Allowance covers materials only</b>		
Conventional	\$150 allowance, then 15% off balance	\$120
Disposable	\$150 allowance, member pays balance	\$120
Medically necessary	Paid in full	\$200
Laser Vision Correction – Lasik or PRK	15% off retail price or 5% off promotional price	None

# Flexible Spending Accounts (FSA)



**In 2020 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. Our Flexible Spending carrier will change to Benefit Strategies, LLC. You will have two cards. Use the Benefit Strategies card for all 2020 funds. Use your HRC card for all 2019 funds through March 15, 2020. HRC is handling the run out of 2019 funds.

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 2020 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 \$2,700 per plan year; Dependent Care Reimbursement Account contributions will remain limited to \$5,000 per plan year.



# Wellness



Portland Water District will continue to offer wellness events in 2020, and we encourage you to participate. Wellness is important to you and your family, and over time benefits the health plan, and that helps all of us. Take advantage of the Wellness benefits through programs offered through the Employee Assistance Program (EAP), screenings and information at the annual wellness fair, the flu shot clinic, reimbursement through the WHY Program, wellness coach and the many preventive features of the Harvard Pilgrim Health Plans.

# 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. For newly hired employees, who have not had a chance to accrue a large sick bank, or for employees who may have depleted their sick bank, short term disability provides a way to insure your income should you become incapacitated due to an accident or illness. If you purchase short term disability, your premiums are deducted on an after-tax basis. Eligible employees can enroll at the time of hire subject to a 12 month pre-existing condition requirement. At annual open enrollment, employees *who have received a pay increase* may opt to increase their coverage up to 60% of earnings to \$1,150. The increased amount is subject to a 12 month pre-existing condition provision. Employees who have declined coverage in the past may enroll each year during fall open enrollment, subject to medical questions and subject to a 12 month pre-existing condition provision.

	Long-Term Disability	Voluntary Short-Term Disability
Benefits Begin	180 days after disability begins	1 <sup>st</sup> calendar day for injury 8 <sup>th</sup> 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 a life insurance benefit equal to 2x salary to a maximum of \$300,000 and pays 50% of the cost of this benefit. Eligible employees pay 50% of the cost. If you elect not to pay for this, you will not receive the benefit. If you choose to enroll at a later date, it will be available to you subject to medical questions. The benefits reduce by 35% at age 65 and 50% at age 70. Benefits terminate at retirement unless you exercise the option to individualize the policy. Be sure that you keep your beneficiary information current.

## **Voluntary Supplemental Term Life Insurance**

Employees working 30+ hours per week who would like to supplement their group life insurance benefits may purchase additional coverage Voluntary Life Insurance through Aetna.

You can buy Voluntary Life Insurance for yourself, your spouse and your children.

You may purchase coverage in \$10,000 increments up to a maximum for \$300,000 for yourself and \$100,000 for your spouse. You may purchase \$15,000 for your children.

For New Hires, employees can purchase up to \$50,000, and spouses can purchase up to \$30,000 without answering any medical questions. New hires may also purchase \$15,000 for their children without medical questions. These are called guarantee issue amounts. Over these amounts, for new hires, or for existing employees, you may purchase up to the maximum by answering medical questions.

Coverage reduces by 35% of the original amount when you turn 65 and by 50% of the original amount when you turn 70. If your coverage ends because you leave the District, you can continue coverage and have it billed directly to your home, by either converting your Portland Water District policy to a whole life policy, or by continuing your term life policy through a process called portability. You have 31 days to convert or apply for portability without answering any medical questions.

# 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 the prior 6 months will be applied retroactively.

You can increase your 457 retirement plan contributions any time you wish! Please visit [www.principal.com](http://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). Employees who are participants in either of the Defined Benefit Pension plans are eligible to receive \$1,225 in matching contributions from the District to the 457 plan.

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:

- remaining in the bargaining unit defined benefit plan, or
- 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 with a minimum 3% mandatory deferral, under 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.

# 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.

## Employee Assistance Program



Portland Water District has contracted with Anthem EAP to offer you and your family members the services of an Employee Assistance Plan (EAP). The program consists of resources and referral services, counseling and support services, online information and interactive tools. All services are free, confidential, accessible 24 hours a day, 365 days a year and available to all members of your household, regardless of insurance coverage.

The program includes:

- 24-hour/365-day live telephonic access
- 24-hour crisis intervention
- 24-hour telephonic consultation with licensed behavioral health clinicians
- Referrals for up to 4 free, face-to-face counseling visits for behavioral issues
- Referrals to community resources for localized support
- Consultation and referrals for work-related issues
- Comprehensive website offering resources, education, tools and referrals
- Legal/financial consultation
- Tobacco coaching
- ID theft recovery and credit monitoring service
- Cost savings center

Just call EAP at 1-800-999-7222 or go online to [anthemeap.com](http://anthemeap.com) and enter pwd to log on and access a wealth of information.

# Sick Leave



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. Short-term absences covered under this policy are for non-occupational illness and/or injury. In addition, 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 immediate family member. Sick Leave runs concurrent with FMLA leave when applicable. Employees must use time from their sick bank first for their own illness or injury. If their sick bank is exhausted or has not yet accrued, accrued vacation time may be substituted.

# Vacation

Employees will accrue vacation per the following schedule:

Length of Service	Annual Vacation Weeks/Hours	Accrual Rate Hours/Month	Maximum Balance
At hire	Two days deposited (16 hours)	1.333	32 hours
First year	2 weeks (80 hours)	6.667	160 hours
After 1 year	2 weeks plus 2 days (96 hours)	8.000	192 hours
After 3 years	2 weeks plus 4 days (112 hours)	9.333	224 hours
After 5 years	3 weeks plus 2 days (136 hours)	11.333	272 hours
After 7 years	3 weeks plus 4 days (152 hours)	12.667	304 hours
After 10 years	4 weeks plus 1 day (168 hours)	14.000	336 hours
After 15 years	4 weeks plus 2 days (176 hours)	14.667	352 hours
After 20 years	5 weeks (200 hours)	16.667	400 hours

Employees will also receive the following longevity bonuses:

25 <sup>th</sup> Employment Anniversary	<u>1 day</u> credited to the vacation bank
30 <sup>th</sup> Employment Anniversary	<u>1 day</u> credited to the vacation bank
35 <sup>th</sup> Employment Anniversary	<u>1 day</u> credited to the vacation bank
40 <sup>th</sup> Employment Anniversary	<u>1 day</u> credited to the vacation bank
45 <sup>th</sup> Employment Anniversary	<u>1 day</u> credited to the vacation bank

# 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. Indigenous Peoples 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

**Voluntary Benefits through Colonial Life and Employee Discounts:** Lists available at Sharepoint.

**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 available at Sharepoint.

## Who do I contact?

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

To change a primary care physician, please call Harvard Pilgrim Health Care at 888-333-4742. For all other questions, please call Employee Services at 774-5961 x 3074.

This booklet is provided for your convenience and is for informational purposes only. Portland Water District and Borislow Insurance are not responsible for errors, omissions or changes initiated by Portland Water District, Borislow Insurance, or a Third Party. The Subscriber Certificate(s) and applicable riders define the terms and conditions of these benefits in greater detail. If there is a discrepancy between the information in this pamphlet and the official subscriber certificate(s) and/or riders, the official subscriber certificate(s) and/or riders will always govern. Although this guide may reference an individual policy (voluntary benefit(s)), these individual policies available through employment with the Plan Sponsor are not subject to ERISA or the provisions of this Plan even though our benefit materials may mention such benefits. The Plan Sponsor does not sponsor, endorse, or contribute toward these voluntary benefits and they are not considered part of any program of benefits maintained by the Plan Sponsor. This guide is not a contract and does not intend to create contractual obligations of any kind. **Revised April 19, 2019.**

## NOTES

NOTES

