MEMORANDUM

TO: Employees in the CIS Health Insurance Plan
FROM: Nancy McDonald, Interim Human Resources Director

Following is information on the **rates** for the insurance year **effective January 1, 2016.**

The employer/employee share of the total health insurance premium is a 90%/10% breakdown and is based on the tier of coverage selected.

Regence Medical Copay Plan A and VSP-3 (vision)
Delta Dental Plan III w/Ortho:

Enrollment Tier	*Total Monthly Premium*	*City 90% Contribution*	*Employee 10% Contribution*
Employee only	$660.86	$594.77	**$66.09**
Employee + Child	$1,208.07	$1,087.26	**$120.81**
Employee + Children	$1,663.80	$1,497.42	**$166.38**
Employee + Spouse	$1,377.93	$1,240.14	**$137.79**
Family	$1,915.08	$1,723.57	**$191.51**

- ODS Dental will be changing their name to Delta Dental, keep your old cards – **new cards will only be sent to those that add/delete a dependent.** Full mouth debridement is limited to once in a 2-year period and only if there has been no cleaning within 24 months.

- Regence pharmacy benefit manager has changed its name from RegenceRX to OmedaRx and the formulary will be changing to Optimum Value formulary. A new program called Site of Care is being added for members utilizing infusion vendors. Members impacted by these change will receive a letter from Regence. The Nurse Advice Line will be discontinued and replaced with Telehealth services through MDLive. **ALL members will receive new ID cards – remember to share this update with your providers.**

City of Newberg
Public Works & Non-Represented Employees
EMPLOYEE BENEFIT PACKAGE – January 2016

City County Insurance Services ("CIS")

Medical: Regence BC/BS of Oregon
Copay Plan A - $250 deductible ($750-family) – Maximum out-of-pocket per person (including deductible) $2,250 includes well baby care and annual physicals (see flyer for additional information)

Vision: VSP-3 (Vision Service Plan)
Annual exam & prescription change for under 19 years of age
Exam & prescription change every 24 months for over 19 years of age
Frames every 24 months

Dental: Delta Dental - Plan III w/orthodontia
Incentive Plan beginning with 70% coverage
Applies to all procedures up to $1,500 per year
Orthodontia: 50% up to $1,000

Employee Assistance Program via CIS
- **Reliant Behavioral Health (RBH):** Up to five (5) visits per occurrence for each member of the household; **Call: 1-866-750-1327**

The Standard Insurance Co.

Life: 1.5 times salary, maximum $150,000
AD & D: 1.5 times salary, maximum $150,000
Long-term Disability:
90 day waiting period
60% of salary for up to 2 years in own occupation, after 2 years, any for any occupation; rehabilitation and training

Employee Assistance Program via Standard Insurance Co.
- **Bensinger, DuPont & Associates (DBA)** – three (3) visits per occurrence; **Call 1-888-293-6948**

Unum Provident Insurance Co.

Long Term Care: Long Term Care Facility and 50% Professional Home Care
$1,500 monthly benefit
3-Year Benefit Duration
90-day waiting period

Retirement: Non-Exempt Employees: City Plan (Principal Financial Group)
Exempt Employees: Oregon PERS