

July 1, 2013 to June 30, 2014

**MAKING A
GREAT
PLACE**



METRO EMPLOYEE
BENEFITS
HANDBOOK

TABLE OF CONTENTS

Introduction	3
Eligibility and benefit changes after enrollment	4
Health plans coverage levels	5
Medical plans comparison charts	6-9
Dental and vision plans summary charts	10
Life and accidental death and dismemberment (AD&D) insurance	11-12
Long term disability	13
Voluntary Short term disability.....	13
Flexible spending account	13-15
Employee assistance program	16
Travel Connect	17
Public Employees Retirement System (PERS)	18
401(k) and 457 retirement plans	19
Other benefits and e-Portal	20-21
Important benefit notices	22-25
Contact information	27

Forms

Medical and dental enrollment/change form (required for newly eligible employees)

Lincoln Financial group life insurance form (required for newly eligible employees)

IMPORTANT NOTE

This handbook provides a summary of benefits. To learn about your specific benefits, refer to your labor contract, work agreement or employee handbook. You can find your complete contract on the Metro intranet or get a copy by contacting the benefits department at 503-797-1723.

Welcome. Your Benefits Handbook is a general guide to the benefits you receive as a Metro employee. **Please keep this handbook available for your use as a convenient reference throughout the entire benefits year.**

When enrolling for benefits, whether during open enrollment or as a new employee, take ample time to educate yourself on what each plan provides and how the various plan provisions fit your needs. Your benefits package is part of your overall compensation package from Metro. Make sure that you are well informed with plenty of time to meet enrollment deadlines.

Important dates

Medical, Dental, and Vision benefits are offered on a fiscal year schedule and renew each July 1. You can enroll or make changes to your medical, dental and vision benefits each year during open enrollment with an effective date of July 1.

The flexible spending account program is on a calendar year schedule and renews each January 1. Open enrollment for the FSA program is during November and December each year.

Changes to your 401(k) and your 457 plans can be made at any time.

If you have any questions, contact a benefits staff member or you may visit the Benefits Department in Human Resources at Metro Regional Center.

Jodi Wilson, Benefits Program Manager

Ph: 503-797-1723

jodi.wilson@oregonmetro.gov

Santos Aguilar, Benefits Assistant

Ph: 503-797-1638

Santos.aguilar@oregonmetro.gov

BENEFITS ELIGIBILITY

Benefits for eligible employees become effective the first day of the month following or coinciding with 30 days of continuous employment.

You may enroll your dependents, which include:

- your spouse or domestic partner. Domestic partner coverage is subject to federal and in some cases state income tax. A marriage certificate, domestic partnership registration or domestic partner certificate are required when initially enrolling a spouse, domestic partner, or children of domestic partner
- dependent children until they reach the end of the month in which they turn 26
- dependent children of domestic partner until they reach the end of the month which they turn 26.

BENEFITS CHANGES AFTER ENROLLMENT

Your benefit elections and flexible spending account plans cannot be changed outside of open enrollment unless you experience a family status change. Family status changes may include:

- marriage or domestic partner registration
- divorce, legal separation or annulment
- birth or adoption of an eligible child
- change in your or your spouse's health coverage attributable to your spouse's employment
- a change in your child's eligibility for benefits.

It is the employees' responsibility to notify the Benefits Department of family status changes within 30 days of a qualifying event.

You may change your 401(k) and 457 plan elections at any time.

COVERAGE LEVELS

Benefit eligible employees have four coverage levels to choose from for health insurance. The amount that you pay depends on the coverage you choose and the number of people that you cover:

- employee only
- employee and spouse or domestic partner*
- employee and child or children up to age 26
- employee and family

To enroll your partner, you are required to provide an affidavit confirming your domestic partnership. Benefits coverage for your domestic partner or your domestic partner's children may be taxable. To learn more, review the guidelines outlined on the domestic partner affidavit.

COST OF COVERAGE

You and Metro share in the cost of your health benefits. Your health care contributions are deducted on a pre-tax basis. This means that the money used to pay for these benefits is deducted from your pay before social security, federal, state and local taxes are withheld.

MEDICAL PLANS

You have a choice of four medical plans:

- Kaiser Permanente HMO
- Kaiser Permanente High Deductible Health Plan (HDHP)
- PacificSource PPO
- PacificSource High Deductible Health Plan (HDHP)

Selecting either PacificSource plan gives you the freedom to see any provider that you prefer either in network or out of network; selecting in-network providers affords you a higher level of benefits. Kaiser Permanente has its own hospitals and doctors. You must select a Kaiser doctor to direct your care for either plan you choose. Vision Service Plan (VSP) is the only vision plan available and is automatically included with both medical plan options.

Under a number of employment contracts and collective bargaining agreements, employees may Opt Out of employer paid health insurance if they have coverage from another group source. If you wish to opt out of Metro's health insurance program, you are entitled to a cash reimbursement of \$150 per month. This is prorated if you work less than full time. To choose this option, complete and select the opt-out option in the medical and dental enrollment/change form in the back of the handbook.

MEDICAL PLANS	Kaiser Permanente HMO in network only	Kaiser Permanente HDHP in network only
Annual deductible	none	\$1,500 individual OR \$3,000 family
Out-of-pocket limit	\$600 individual \$1,200 family	\$3,500 individual OR \$7,000 family <i>Includes Deductible</i>
Office visits	\$10 co-pay	20% after deductible
Prescriptions	\$15 generic \$30 brand 30-day supply	\$15 generic after deductible \$30 brand after deductible 30-day supply
Mail order prescriptions	\$30 generic \$60 brand 90-day supply	\$30 generic after deductible \$60 brand after deductible 90-day supply
Emergency visit	\$75 co-pay	20% after deductible
Urgent care	\$30 copay	20% after deductible
Surgery	inpatient covered in full outpatient \$20 co-pay per visit	20% after deductible
Maternity care	Prenatal and 1 st postpartum visit – covered in full \$10 co-pay per visit	20% after deductible
Newborn, well-baby, and well-child care	covered in full	covered in full
Well women visits	covered in full	covered in full

Medical Plans <i>continued</i>	Kaiser Permanente HMO in network only	Kaiser Permanente HDHP in network only
Routine physical exam/Immunizations	covered in full	covered in full
Doctor visits in hospital	covered in full	covered in full
X-ray and lab services	\$10 co-pay per department visit	20% after deductible
MRI, CT, and PET scans	\$10 co-pay	20% after deductible
Outpatient rehabilitation (physical therapy)	\$10 co-pay	20% after deductible - up to 20 visits
Inpatient rehabilitative care	covered in full	20% after deductible
Ambulance	\$75 co-pay	20% after deductible
Skilled nursing facility care	100% covered up to 100 days/year	20% after deductible - up to 100 visits
Infertility services	50% co-pay for eligible treatment and diagnosis	20% after deductible
Alternative care	\$10 co-pay \$1,500 combined maximum per calendar year for chiropractor, acupuncture, and naturopath \$25 co-pay per massage therapy (up to 12 maximum visits per year)	\$10 co-pay after deductible \$1,500 combined maximum per calendar year for chiropractor, acupuncture, and naturopath \$25 co-pay after deductible per massage therapy (up to 12 maximum visits per year)
Inpatient psychiatry mental health	covered in full	20% after deductible
Outpatient mental health	\$10 co-pay	20% after deductible

MEDICAL PLANS	<i>PacificSource PPO Plan</i>		<i>PacificSource HDHP Plan</i>	
	in network	out of network	in network	out of network
Annual deductible	\$500 individual \$1,500 family	\$1,000 individual \$3,000 family	\$1,500 individual OR \$3,000 family	\$3,000 individual OR \$6,000 family
Out-of-pocket limit	\$5,000 individual \$15,000 family <i>Does not include deductible</i>	\$10,000 individual \$30,000 family	\$5,000 individual OR \$10,000 family <i>Includes deductible</i>	\$10,000 individual OR \$20,000 family
Office visits	\$25 co-pay primary care \$35 co-pay specialist	40% after deductible	20% after deductible 20% after deductible	50% after deductible 50% after deductible
Prescriptions	\$10 generic \$20 preferred \$40 non-preferred 30-day supply	not covered	20% after deductible 20% after deductible 30-day supply	50% after deductible 50% after deductible
Mail order prescriptions	\$20 generic \$40 preferred \$80 non-preferred 90-day supply	not covered	20% after deductible 20% after deductible 90-day supply	not covered not covered
Emergency visit	20% after deductible	40% co-insurance	20% after deductible	50% after deductible
Urgent care	\$35 copay	40% co-insurance	20% after deductible	50% after deductible
Surgery	20% after deductible	40% after deductible	20% after deductible 20% after deductible	50% after deductible 50% after deductible
Maternity care	physician: 100% after \$25 co-pay specialist: 100% after \$35 co-pay 20% after deductible for all other charges	40% after deductible	20% after deductible	50% after deductible
Newborn, well-baby, and well-child care	covered in full	not covered	covered in full	50% after deductible
Well woman visits	covered in full	40% after deductible	covered in full	50% after deductible
Routine Colonoscopy, ages 50-75	covered in full	40% after deductible	covered in full	50% after deductible

Medical Plans <i>continued</i>	PacificSource PPO Plan		PacificSource HDHP Plan	
	in network	out of network	in network	out of network
Routine physical exams / immunizations	covered in full	not covered	covered in full	50% after deductible
Doctor visits in hospital	20% after deductible	40% after deductible	20% after deductible	50% after deductible
X-ray and lab services	20% deductible waived	40% after deductible	20% after deductible	50% after deductible
MRI, CT, and PET scans	20% deductible waived	40% deductible waived	20% after deductible	50% after deductible
Outpatient rehabilitation (physical therapy)	physician: 100% after \$25 co-pay specialist: 100% after \$35 co-pay	40% after deductible	20% after deductible	50% after deductible
Inpatient rehabilitative care	20% after deductible	40% after deductible	20% after deductible	50% after deductible
Ambulance	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Skilled nursing facility care	20% after deductible	40% after deductible	20% after deductible	50% after deductible
Infertility services	not covered	not covered	not covered	not covered
Alternative care	\$25 co-pay \$1,500 combined maximum per calendar year for chiropractic, acupuncture, and naturopath	40% after deductible \$1,500 combined maximum per calendar year for chiropractic, acupuncture, and naturopath	20% after deductible \$1,500 combined maximum per calendar year for chiropractic, acupuncture, and naturopath	50% after deductible \$1,500 combined maximum per calendar year for chiropractic, acupuncture, and naturopath
Inpatient psychiatry mental health	20% after deductible	40% after deductible	20% after deductible	50% after deductible
Outpatient mental health	Covered in full	40% after deductible	20% after deductible	50% after deductible

DENTAL PLANS	Kaiser Permanente	MODA HEALTH
Co-pays	\$10 co-pay Office visit; \$25 co-pay for emergency services	no charge
Deductible	no annual deductible	\$50 annual deductible (\$150 family) twice-yearly exams and cleanings not subject to deductible
Maximum benefit allowance	no annual benefit maximum allowance	\$1,500 individual annual benefit maximum allowance
Preventative treatment	\$10 co-pay	no charge (preventive service not subject to the maximum benefit allowance)
Restorative treatment	20% of charges for crowns and inlays	20% of charges for major restorative treatment, including most crowns and cast restorations
Bridges and dentures	20% of charges	50% coverage for partial and complete dentures and implants
Orthodontia	50% up to \$1,000 per person lifetime maximum benefit, up to age 17	50% up to \$1,000 per person lifetime maximum benefit, up to age 17
VISION PLANS	Vision Service Plan (VSP) VSP provider	Vision Service Plan (VSP) non-VSP provider
Examination covered every 12 months	\$15 co-pay	\$50 reimbursement
Lenses covered every 24 months	single lenses: paid in full	lenses: \$50-\$100 reimbursement choose between lenses and frames or contact lenses
Frames covered every 24 months	\$130 allowance plus 20% discount for amount over allowance	up to \$70 reimbursement choose between lenses and frames or contact lenses
Contact lenses covered every 24 months	up to \$150 allowance	up to \$105 reimbursement in lieu of eyeglasses
Computer Vision Exam Covered every 12 months	\$10 co-pay for exam and/or eyewear	Not covered

LIFE AND AD&D INSURANCE

Life insurance is an important part of your financial wellbeing, especially if others depend on you for support. That is why Metro offers a life insurance program through Lincoln Financial Group that includes basic employee life and accidental death and dismemberment (AD&D) insurance for you, as well as the opportunity to purchase supplemental coverage. Under this policy, insurance coverage is reduced to 65 percent at age 70, to 50 percent at age 75, and to 35 percent at age 80.

Metro provides basic life and AD&D insurance equal to 1.5 times your annual base salary up to a maximum of \$50,000. Metro also provides dependent coverage of \$1,000 for your spouse and dependent children up to age 21 or age 25 if a full-time student.

Supplemental life insurance

You may purchase supplemental life insurance for yourself, your spouse and/or your eligible children. Supplemental AD&D insurance is available for you or your family in increments of \$10,000 up to a maximum of \$500,000. You can purchase up to a maximum of \$100,000 in supplemental life insurance during new hire enrollment without answering any medical questions. You may add supplemental life insurance, or if you already enrolled in supplemental life insurance, you may increase your amount each year during open enrollment with evidence of insurability. The monthly cost of your supplemental coverage is based upon your age and the amount of coverage selected.

Supplemental life insurance rates

Age	Cost per \$10,000	Age	Cost per \$10,000
<30	\$0.75	55-59	\$7.82
30-34	\$1.04	60-64	\$9.51
35-39	\$1.22	65-69	\$14.69
40-44	\$1.70	70-74	\$22.60
45-49	\$2.64	75-79	\$34.85
50-54	\$4.61	80+	\$54.10

Spouse Supplemental Life Insurance

You can purchase life insurance for your spouse in increments of \$5,000 to a maximum of \$250,000, but cannot exceed the total amount of your (the employee's) supplemental life coverage. If you elect more than \$25,000 of coverage for your spouse or are a late applicant, you will be asked to complete a medical questionnaire. The above rate table represents the monthly cost for spouse supplemental life insurance based upon your (the employee's) age and the amount of coverage selected.

Child(ren) Supplemental Life Insurance

Supplemental life insurance for your child(ren) is available for a benefit amount of \$10,000. The monthly cost for your child(ren)'s coverage is \$1.50 for the \$10,000 regardless of the number of eligible children covered. You may elect this option provided that you have also elected supplemental life insurance for yourself.

Evidence of insurability

When applying for supplemental life insurance coverage, you may be asked to provide information about your general health to the insurance company. In some cases you will be required to submit to a basic physical exam. This is called evidence of insurability. If it is needed, you will receive the appropriate form after making your election. This form must be returned and approved by our life insurance provider before your new election becomes effective.

Supplemental AD&D insurance

You can purchase additional AD&D insurance in increments of \$10,000 up to \$500,000 through Lincoln Financial Group.

- The monthly cost of the supplemental AD&D is .28 per \$10,000 for employee only.
- The monthly cost of the supplemental AD&D is .57 per \$10,000 for the family plan.

By selecting this plan, family members will automatically be insured at the following levels:

Family Protection Plus coverage levels

AD&D coverage for:	Amount of coverage provided	Examples
Employee and spouse/ domestic partner	50% of employee amount	If your coverage amount is \$100,000, your spouse/domestic partner will automatically receive \$50,000 in coverage
Employee and child(ren)	15% of employee amount for each child	If your coverage amount is \$100,000, each child will automatically be covered for \$15,000
Employee, spouse/domestic partner and child(ren)	40% of employee amount for spouse/domestic partner and 5% for each child	If your coverage amount is \$100,000, your spouse/domestic partner will automatically receive \$40,000 and each child will automatically receive \$5,000 in coverage

Life insurance beneficiary designation

Your life insurance beneficiary is the person you choose to receive life and AD&D benefits in the event of your death. A beneficiary form must be completed and returned to the benefits department in order to ensure that we follow your wishes and bequeath the appropriate beneficiaries.

LONG TERM DISABILITY

Metro provides long term disability insurance through Lincoln Financial Group, at no cost to the employee. If you become disabled due to a non-work injury and are you meet the plan's definition of disability, you are eligible to apply and receive a monthly amount equal to 66-2/3 percent of your monthly salary, up to a maximum of \$3,000 per month (subject to reduction from other sources of income). This benefit lasts as long as you are disabled or until you qualify for Social Security. You must show a loss of income of 20 percent or more for at least 90 days in order to qualify for this benefit.

VOLUNTARY SHORT TERM DISABILITY

Metro provides eligible employees with employee-paid short term disability (STD) benefits insured by Lincoln Financial Group. If you become disabled due to an off-the-job illness or injury and you meet the plan's definition of disability, you are eligible to apply for a weekly STD benefit equal to 60% of you monthly salary (pre-disability earnings) to a maximum benefit of \$1,000 per week (subject to reduction from other sources of income). This benefit begins after 14 days of disability and continues as long as you are disabled according to the plan's definition of disability or until you reach the maximum benefit period, whichever occurs first. You may not be eligible for benefits if you have received treatment for a condition within the past 3 months until you have been covered under the plan for 6 months.

FLEXIBLE SPENDING ACCOUNTS (FSA)

Metro sponsors a flexible spending account (FSA) program, administered by Eflexgroup, which allows you to defer salary into an account to pay for eligible medical and dependent care expenses with pre-tax dollars.

During open enrollment (from mid-November to mid-December each year), you can elect to defer up to \$2,500 for medical expenses and \$5,000 per married couple for dependent care expenses in to a FSA to be spent throughout the following calendar year. This IRS-regulated program is "use it or lose it," so plan wisely. Beginning in 2014, the IRS amended the FSA program allowing you to carryover up to \$500 of unused funds from the previous plan year for medical expenses; the carryover does not apply to dependent care expenses. Certain qualified dependent and employment status changes may allow you to change an election within 30 days of the status change.

The program offers an eflex debit card, which can be used everywhere MasterCard is accepted. You can use the eFlex debit card to pay at the time of service for your qualified purchases and submit a copy of the receipt to Metro's FSA provider.

Eligible health care expenses

To be eligible for reimbursement, health care expenses must be for medical care and primarily for a medical purpose. Over-the-counter medications must be accompanied by a doctor's prescription and a reimbursement request to be covered under the FSA. For a complete list of eligible expenses please see your eflex enrollment packet.

Alcoholism and drug addiction treatment	Hearing aids
Alternative care office visits (chiropractic, naturopath, and acupuncture)	Herbal supplements (if prescribed by a physician)
Ambulance	Hospital services
Artificial limbs and teeth	Laboratory fees
Blood pressure monitoring devices	Laser/LASIK eye surgery and radial keratotomy
Co-insurances, co-pays and deductibles	Massage therapy (if prescribed by a physician)
Contact lenses and solution	Operations/surgeries
Individual counseling (for a medical condition)	Orthodontia
Crutches	Osteopath
Dental and denture expenses	Physical therapy
Diabetic supplies and insulin	Pregnancy test
Diagnostic services and x-rays	Prescription drugs
Dietary supplements (if prescribed by a physician to treat a medical condition)	Psychiatric and psychology expenses
Exercise programs (if prescribed by a physician to treat a medical condition)	Smoking cessation program and products
Eye glasses and reading glasses	Sterilization procedures
Glucose monitoring equipment	Test strips
	Transplants
	Weight-loss programs (if prescribed by a physician)

Ineligible healthcare expenses

The following expenses are considered cosmetic or primarily used for general health purposes. These expenses are not eligible for reimbursement, even with a physician's recommendation.

- Annual fees for medical services (i.e. LifeFlight, MedicAlert)
- Cosmetic surgery
- Food supplements for weight loss
- Long-term care expenses
- Physician retainer fees
- Vitamins/herbal supplements for general health

Eligible dependent care expenses

To be eligible for reimbursement, the dependent care expense must be custodial in nature and allow you and your spouse, if married, to be gainfully employed.

- Before and after school care for children under the age of 13
- Care provided in your home (provider cannot be an IRS tax dependent or a dependent under the age of 19)
- Home or day care for eligible disabled IRS tax dependents (must spend at least eight hours per day in your home)
- Licensed day care providers
- Registration fees
- Summer day camps for children under the age of 13

Ineligible dependent care expenses

The following expenses are not considered custodial in nature and are not eligible for reimbursement.

- Enrichment programs (dance, sports or music lessons)
- Educational fees/tuition
- Overnight camps
- Food, clothing or transportation
- Housekeeping expenses
- Care not related to work

EMPLOYEE ASSISTANCE PROGRAM

The EmployeeConnect Employee Assistance Program (EAP) offers support, guidance and resources that can help you resolve personal issues and meet life's challenges. This service is provided at no additional cost to you by Metro, in connection with your group long term disability coverage from Lincoln Financial Group. All calls and inquires made to the EAP are confidential.

The EmployeeConnect EAP can help you with a number of issues such as:

- Child care and elder care
- Alcohol and drug abuse
- Life improvement
- Difficulties in relationships
- Stress and anxiety with work or family
- Depression
- Personal achievement
- Emotional well-being
- Financial and legal concerns
- Grief and loss
- Identity theft and fraud resolution

The program is available 24 hours a day, every day, to you and members of your household. You'll receive up to four face-to-face counseling sessions per issue, per year.

You may also access WorkLife services. WorkLife services provide research and referrals for child care, elder care, education, and adoption.

How to contact EmployeeConnect EAP

EmployeeConnect EAP is ready to assist you 24 hours a day, 365 days a year.

Phone: 888-628-4824

Online: www.GuidanceResources.com or www.Lincoln4Benefits.com

Enter: username = LFGsupport; password = LFGsupport1

Group Name: Metro Regional Government

TRAVEL CONNECT

(TRAVEL ASSISTANCE SERVICES)

TravelConnect focuses on travel, medical and safety related services you may need while traveling. The TravelConnect benefit is provided at no additional cost to you and your family members and includes a wealth of services when traveling 100 miles or more from home. Services are provided for both business and leisure travel.

Medical evacuation and transportation - In a medical emergency, TravelConnect will arrange and pay for transportation of the patient to the nearest medical facility able to treat the illness or injury. Once the patient is able to travel home, Travel Connect will arrange and pay for the trip home.

Dependent child transportation- If a medical emergency leaves no parent available, TravelConnect will either arrange and pay for the child's trip home or arrange and pay for a family member to travel to and care for the child.

Medical Treatment monitoring- TravelConnect acts as the care manager when the traveler has a medical emergency. TravelConnect can request medical records and have them reviewed by their medical director to ensure the treatment is appropriate; they could act as an intermediary; they could provide medical translation services for the patient and/or family; or they could act as the communication conduit between the patient and their family back home.

TravelConnect can also help you with a number of additional issues such as:

- Destination info — weather, currency and more
- Emergency travel arrangements and funds transfer
- Lost or stolen travel documents assistance
- Language translation services
- Medical and dental referrals
- Assistance with lost or broken corrective lenses or medical devices
- Arrangement for the delivery of medications, vaccines or other medical treatments
- Updates to family, employer and/or home physician in the event of medical emergency
- Repatriation of a deceased traveler
- Security and political evacuation assistance

How to contact TravelConnect

Phone: 800-527-0218

ID number 322541

PUBLIC EMPLOYEES RETIREMENT SYSTEM (PERS)

Metro participates in the Oregon Public Employees Retirement System (PERS). Employees become eligible after working six full months.

- If you were hired prior to Dec. 31, 1995, you are a PERS Tier 1 member.
- If you were hired after Jan. 1, 1996 but before Aug. 29, 2003, you are a PERS Tier 2 member.
- If you were hired on or after August 29, 2003, you are a part of the Oregon Public Service Retirement Plan (OPSRP).

The OPSRP is a hybrid pension plan with two components – the Pension Program and the Individual Account Program (IAP). Metro contributes 6 percent toward employees Retirement Plan (OPSRP). Employees then pay an additional 6 percent towards their IAP plan. The IAP portion is immediately 100 percent vested. The employer-paid portion (OPSRP) is vested over a 5-year schedule. Eligibility and contributions are tracked and administered automatically by the payroll department. You do not need to fill out a form to participate in the PERS retirement program but you are encouraged to fill out a beneficiary form that can be found on the PERS web site at www.oregon.gov/PERS.

PERS comparison chart

	Tier one	Tier two	OPSRP pension	IAP
Retirement age	58 (or 30 years of service)	60 (or 30 years of service)	65 (58 with 30 years of service)	55
Early retirement	55	55	55	55
Earnings	Guaranteed assumed rate; currently 8% annually	No guarantee; market returns	N/A; no member account	No guarantee; market returns

For more information about PERS, contact PERS at 503-598-7377 or visit www.oregon.gov/PERS.

VOLUNTARY EMPLOYEE PAID RETIREMENT

Metro offers both a 401(k) and a 457 retirement plan option. Participation in these plans is voluntary. You may contribute into one or both plans.

ICMA-RC 401(k) plan

401(k) plans are typically offered to private sector employees. Metro offered this plan prior to becoming a governmental agency and was able to “grandfather” in this benefit. Metro’s 401(k) plan is administered through ICMA-RC. This plan offers both the traditional pre-tax contribution election and the Roth 401(k) plan after-tax election option. As of the 2013 calendar year employees under age 50 may defer up to \$17,500 into the 401(k) plan; employees age 50 and older may defer up to \$23,000 per calendar year. You can self-direct your contributions into a number of ICMA-RC funds.

ICMA-RC 457 plan

457 plans are the voluntary retirement savings plans that are typically offered to governmental employees. Metro’s 457 plan is administered through ICMA-RC. This plan offers both the traditional pre-tax contributions and the Roth 457 plan after-tax election option. Starting in 2013 employees under age 50 may defer up to \$17,500 into the 457 plan; employees age 50 and older may defer \$23,000 per calendar year. You can self-direct your contributions into a number of ICMA-RC funds.

You may enroll or change your 401(k) and 457 plan elections at any time by completing an enrollment/change form obtained from Metro’s intramet or by visiting the benefits department. See enrollment packet for additional information.

OTHER BENEFITS

Membership eligibility and discounts

- Advantis Credit Union membership eligibility
- Point West Credit Union membership eligibility
- LA Fitness corporate membership discounts with no enrollment fee
- Lloyd Athletic Club corporate membership discount with no enrollment fee

Home Ownership Program

Metro, in partnership with HomeStreet Bank, offers an Employee Assisted Housing Program. This program has a comprehensive amount of resources to assist you in the home purchasing process. Benefits of the program include:

- Free home buying seminars
- Budget and credit resources
- Special loan programs
- Access to down payment assistance
- Significant savings on closing costs

For more information about the home ownership program, contact HomeStreet Bank at 503-227-3956 or toll free at 888-408-0066 or visit www.homestreet.com/Metro

Commute Options Metro offers a number of programs to encourage employees to develop sustainable commuting habits. Most Metro sites offer a Tri-Met Universal Pass, pre-tax parking expense, discounted parking expense for carpooling, and rewards for biking and walking to work.

Payroll services Direct deposit and annual paycheck deduction for charitable contributions.

Online Access to benefit and payroll information Metro's e-Portal provides employees with an up-to-date view of their personal, employment and benefit information. All employee accessible data from the Human Resources and payroll systems are available online. Visit e-Portal to access and manage your information.

- View and print paycheck information.
- Discontinue printed direct deposit statements.
- Update federal tax withholding and direct deposit information.
- View your current benefits elections and deductions.

- Maintain current emergency contact, e-mail or phone numbers.
- Update your address.
- Submit a name change. (This requires a copy of your new Social Security card, marriage certificate or divorce decree to be sent to Human Resources before the change will be approved.)

How to get started

Type **e-Portal** in your internet browser address bar.

Your e-Portal User ID is the same as your employee ID number with the leading zeros (for example, 000441). Your initial password will be the first two letters of your last name (upper case) and the last four digits of your social security number. (For example, the password for employee John Morse, SSN 555-55-1234 would be M01234.)

For assistance with e-Portal, call the help desk at 503-797-1722 or ext. 2222.

Important benefit notices

Please read the following notices providing important information about your benefits. In some cases, the government requires Metro to provide these notices to you to help you make better choices in regard to your health insurance and to help you understand your rights under these plans. Please read the complete benefit booklet(s) for your health plans for more details or contact Metro's Benefits Department at 503-797-1723 for assistance.

Privacy Notice (HIPAA)

The Health Portability and Accountability Act of 1996 (HIPAA) privacy rules went into effect April 14, 2003, for certain agencies and health care providers. Part of this federal law protects your personally identifiable health information (called Protected Health Information or *PHI* under HIPAA) and gives you rights in relation to accessing this information. For those Metro health plans that are insured by insurance carriers, Metro does not receive PHI from these carriers and has only a minimal level of compliance responsibilities under HIPAA. For example, if you or a family member requests a member of Metro's Benefits Division to assist you in resolving a health claim issue, you may need to sign an authorization form allowing Metro staff to view and/or use your PHI for this purpose. You may contact our health insurance carriers at any time for a notice of their HIPAA privacy practices and/or to request information about how your PHI is used by these carriers.

In regard to Metro's self-funded health flexible spending account, Metro does not access plan PHI for any reason other than to administer this plan and then, only as allowed by HIPAA privacy and security laws. In addition, Metro has policies and procedures in place to safeguard and protect the PHI of plan participants. Contact the Benefits Division at any time for a copy of Metro's Notice of Privacy Practices for this plan.

Medicare Part D – Notice of Group Health Plan Creditability

This notice applies to those retirees who are age 65 or older, or who have a covered spouse that is age 65 or older. It also applies if you or your eligible dependent are under age 65 and qualify for Medicare due to disability or end stage renal disease (ESRD).

Medicare's prescription drug coverage "Medicare Part D" went into effect January 1, 2006 for qualified Medicare beneficiaries who enroll for this benefit. Group health plans coordinate with the Medicare Part D Prescription Drug benefits. Metro is required to notify you that the prescription drug benefits provided by Metro's PacificSource and Kaiser medical plans **are considered "creditable" with Medicare Part D drug benefits**. This means they are equal to or better than the Medicare Part D prescription drug benefits. Please contact Metro's Benefits Department for our complete Creditable Coverage Notice

and keep it in the event you need to provide documentation of creditable coverage in the future. It is important that an individual be able to provide evidence that he/she had creditable prescription drug coverage during any period they were eligible for, but did not enroll in, Medicare Part D benefits or the individual must pay significantly higher Medicare Part D premiums for late enrollment. You can learn more about Medicare Part D and creditable coverage on the CMS website: <http://www.cms.gov/CreditableCoverage/>.

Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families (CHIPRA)

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

Oregon – Medicaid and CHIP	Washington - Medicaid
Medicaid Website: http://www.oregon.gov/DHS/healthplan/index.shtml Medicaid Phone: 1-800-359-9517 CHIP Website: http://www.oregon.gov/DHS/healthplan/app_benefits/ohp4u.shtml CHIP Phone: 1-800-359-9517	Website: http://hrsa.dshs.wa.gov/premiumpymt/apply.shtm Phone: 1-877-543-7669

To see if any more States have added a premium assistance program or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Ext. 61565

WHCRA Annual Notice – Benefits for Mastectomy-Related Treatment

The medical plans provided to you by Metro, as required by the Women's Health and Cancer Rights Act of 1998 (WHCRA), provide benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedemas.

COBRA Health Plan Continuation Benefits

The Consolidated Omnibus Budget Reconciliation Act (COBRA) passed by Congress in 1986 provides for continuation of group health insurance when that coverage might otherwise be terminated due to certain “qualifying events” under this law. If eligible for COBRA, group coverage can be extended to former employees, retirees, spouses, former spouses, and dependent children at group rates, however, COBRA participants must pay the entire cost of the continued health coverage and an additional 2% surcharge. The type of qualifying event will determine who the qualified beneficiaries are and the amount of time that Metro’s health plans must offer continued coverage to them. To be eligible for COBRA coverage, you must have been enrolled in a Metro health plan when the qualifying event occurred and the Metro health plan must continue to be in effect for active employees. Continuation of health FSA benefits is governed by federal cafeteria plan rules; contact our FSA administrator for continuation information if you lose your health FSA coverage and have un-used health FSA funds remaining in your account.

Uniformed Services Employment & Reemployment Rights Act Notice (USERRA)

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services. This notice is about your rights under USERRA.

REEMPLOYMENT RIGHTS. You have the right to be reemployed in your civilian job if you leave that

job to perform service in the uniformed service and:

- you ensure that your employer receives advance written or verbal notice of your service;
- you have five years or less of cumulative service in the uniformed services while with that particular employer;
- you return to work or apply for reemployment in a timely manner after conclusion of service; and
- you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION. If you are a past or present member of the uniformed service; have applied for membership in the uniformed service; or are obligated to serve in the uniformed service; then an employer may not deny you:

- initial employment;
- reemployment;
- retention in employment;
- promotion; or
- any benefit of employment because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

HEALTH INSURANCE PROTECTION. If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military. Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

ENFORCEMENT. The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations. For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>. If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation. You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA. 1-800-336-4590

CONTACT INFORMATION

Advantis Credit Union

503-785-2528
www.advantiscu.org

Point West Credit Union

503-546-5000
www.pointwestcu.com

Eflexgroup (flexible spending accounts)

877-933-3539
www.eflexgroup.com

PacificSource PPO

Group number G0030502
www.pacificsource.com
888-977-9299

EmployeeConnect Services

Employee Assistance Program
888-628-4824
www.GuidanceResources.com
username = LFGsupport
password = LFGsupport1
Group: *Metro Regional Government*

Kaiser Medical

Medical group number 1543-037
503-813-2000
www.kp.org

Kaiser Alternative Care (CHP Group)

503-203-8333
www.chpgroup.com

Home Street Bank

Home Ownership Program
503-227-3956
www.homestreet.com/Metro

ICMA-RC

800-669-7400
www.icmarc.org
401(k) Plan # 106953, 457 Plan # 307037

Kaiser Dental

Dental group number 1543-043
503-813-2000
www.kaiserpermanentedentalnw.org

LA Fitness

All locations
www.lafitness.com

Lloyd Athletic Club

503-287-4594
www.lloydac.com

Moda Health Dental (formerly ODS)

Group number 10001772
503-265-5680
www.modahealth.com

PERS

Metro employer number 2594
503-598-7377
www.oregon.gov/PERS

Lincoln Financial

Life Insurance Policy # 000010165956
LTD Policy # 000010165957
(800) 423-2765
www.LincolnFinancial.com

Vision Service Plan (VSP)

Group number 3107884
800-877-7195
www.vsp.com

Medical, Dental, and Vision Enrollment/Change Form

PLAN YEAR 2013-14

Last Name, First Name, Middle Initial		Social Security Number:		Employee ID Number:		Birth Date:	
Street Address, Apt		City, State, Zip:		Home Phone:		Work Phone:	
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Active <input type="checkbox"/> COBRA <input type="checkbox"/> Retiree		<input type="checkbox"/> Represented <input type="checkbox"/> Non-Represented		Union (if Represented):	
Date of hire:							

- Coverage**
- | | | | | | |
|---|---|---|--|--|---|
| <input type="checkbox"/> Employee Only | <input type="checkbox"/> Kaiser \$10 HMO | <input type="checkbox"/> Medical - Traditional Plan | <input type="checkbox"/> Medical - HDHP ³ | <input type="checkbox"/> Dental & Vision | <input type="checkbox"/> Dental & Vision Only |
| <input type="checkbox"/> Employee and Spouse | <input type="checkbox"/> PacificSource PPO | <input type="checkbox"/> PacificSource HDHP | <input type="checkbox"/> Kaiser HDHP | <input type="checkbox"/> Kaiser & VSP | <input type="checkbox"/> Kaiser & VSP |
| <input type="checkbox"/> Employee and Domestic Partner ¹ | <input type="checkbox"/> Opt Out ² | | <input type="checkbox"/> PacificSource HDHP | <input type="checkbox"/> MODA & VSP | <input type="checkbox"/> MODA & VSP |
- Employee and Children **1 May require Domestic Partner Certification**
 Employee and Family **2 Must have other coverage to opt out**
 Employee, Domestic Partner¹, and Family **3 Complete a Health Savings Account (HSA) Enrollment Form if enrolling in a High-Deductible Health Plan (HDHP)**

Enrollment Information

Last Name, First Name, Middle Initial	Gender (M/F)	Date of Birth (month/day/year)	Social Security Number	Your legal dependent?	Is dependent disabled?	Other Insurance? (Name of plan and policy number)
Spouse						
Child						
Child						
Child						
Child						

Child Custody Information *If you are enrolling children of a previous relationship, you must complete this section for any court ordered coverage listed above.*

Child's Name	Whose Child	Joint Custody	Custodial Parent Name	Custodial Parent Address	Custodial Parent Phone Number	If Court Order, Name Responsible for Insurance

Acknowledgement:
 I understand that, by signing and submitting this form, I am making a legally binding election of my benefits and authorizing any corresponding payroll deductions. I cannot change my elections during the plan year unless I have a status change event. The coverage provided will be subject to the terms and conditions of the group insurance policies for which I have elected. I certify that the information on this form is true and correct to the best of my knowledge and I understand that my benefits may be affected by failure to provide complete, accurate and timely information. I understand that any person who knowingly and with intent to defraud any insurance company provides false or misleading information concerning any material fact commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties. I understand that after I enroll, the carriers selected on this form may need to obtain Confidential Information. I also understand that the carriers may need to provide this confidential information to others. Until revoked in writing, this authorization may be relied upon by the carriers, Metro, and other parties involved in insurance administration.



Employee Benefits
 Phone: 503-797-4723
 Fax: 503-797-1798

Employee/Retiree Signature (read acknowledgement prior to signing) _____ **Date** _____
I authorize and confirm my election as indicated. I understand that I cannot change my election until July 1, 2014 unless I have a qualified change in family status. My signature authorizes Metro to withhold my portion of the monthly premium from my paycheck.

ENROLLMENT FORM FOR GROUP INSURANCE

Please Use Ink or Type	GROUP ID: METROOR	GROUP POLICY #:	Billing Division or Location:
------------------------	-------------------	-----------------	-------------------------------

A. Employee Information (Complete for ALL Enrollments)

Employer Name/Company Name (Please Print) Metro			County	Employer ZIP	State
Employee Last Name	First Name	Middle Initial	Social Security Number		Date of Birth
Spouse Last Name	First Name	Middle Initial	Social Security Number		Date of Birth
Street Address			City	State	Zip
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single		Home Phone ()		Work Phone ()

Completed By Employer

Average Hours Worked Per Week:	Occupation:	
Earnings: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Yearly \$ _____	Date of Full-Time Employment:	Rehire Date:

B. Product Selection (Complete for ALL Enrollments)

Basic Coverage NOTE: Please mark the box or boxes for each coverage you are applying for.
 All coverage amounts are subject to the limitations and exclusions as stated in the policy.

Class	Effective Date	Type of Coverage	Amount of Coverage	Total Premium
		Basic Group Life/AD&D <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	\$	Employer Paid
		Dependent Life <input type="checkbox"/> Yes <input type="checkbox"/> No*	\$	Employer Paid
		Long Term Disability <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	\$	Employer Paid

*By selecting No, application for coverage at a later date may require further medical information and/or a physical exam, which will be at my own expense.

--Actual deductions may vary slightly from above illustrations due to rounding--

Voluntary Coverage NOTE: Please mark the box or boxes for each coverage you are applying for.
 All coverage amounts are subject to the limitations and exclusions as stated in the policy.

TYPE OF COVERAGE	AMOUNT OF COVERAGE	TOTAL PREMIUM
Voluntary Employee Life Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No*	\$	\$
Voluntary Spouse Life Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No*	\$	\$
Voluntary Dependent Child Benefit <input type="checkbox"/> Yes <input type="checkbox"/> No*	\$	\$
Voluntary Accidental Death & Dismemberment (Standalone) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Employee Only <input type="checkbox"/> Family	\$
Voluntary Short Term Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Weekly Benefit Amount \$ _____	\$

*By selecting No, application for coverage at a later date may require further medical information and/or a physical exam, which will be at my own expense.

--Actual deductions may vary slightly from above illustrations due to rounding--

C. Beneficiary Information (Complete ONLY for Life/AD&D)				
Primary Beneficiary's Last Name	First	MI	Relationship of Beneficiary	Social Security Number
Street Address			City	State Zip
Contingent Beneficiary's Last Name	First	MI	Relationship of Beneficiary	Social Security Number
Street Address			City	State Zip
Note: A Contingent Beneficiary will receive benefits only if the Primary Beneficiary does not survive you. If you wish to designate more than one Primary or Contingent Beneficiary, please attach a separate sheet of paper.				

D. Request for Coverages
This coverage has been offered to me and after careful consideration of the benefits, I have decided to:
<input type="checkbox"/> REQUEST COVERAGE for which I am or may become eligible under the group policies issued by The Lincoln National Life Insurance Company. I hereby enroll for group insurance, for which I am eligible or may become eligible. If contributions are required, I authorize my employer to deduct premiums from my salary.
<input type="checkbox"/> NOT ENROLL myself in the Program. I understand that if I enroll for coverage at a later date, and if a physical examination or further medical information is required, it will be at my own expense.
<input type="checkbox"/> NOT ENROLL my dependents in the Program. I understand that if I enroll for coverage for my dependents at a later date, and if a physical examination or further medical information is required, it will be at my own expense.

NOTE: A PERSON MAY BE COMMITTING INSURANCE FRAUD, IF HE OR SHE SUBMITS AN APPLICATION OR CLAIM CONTAINING A MISSTATEMENT, MISREPRESENTATION, OMISSION OR CONCEALMENT WITH INTENT TO DEFRAUD (OR KNOWING THAT HE OR SHE IS HELPING TO DEFRAUD) AN INSURANCE COMPANY.

The insurance requested on this enrollment form will not be effective until approved by the Group Insurance Service Office of The Lincoln National Life Insurance Company, or its insurance partners, and the initial premium is paid to The Lincoln National Life Insurance Company. A delayed effective date will apply if the employee is not Actively at Work or an Active Member, or a dependent is in a period of limited activity on the date insurance would otherwise take effect.

Employee Full Name: _____ Employee Signature: _____ Date: _____

Clean air and clean water do not stop at city limits or county lines. Neither does the need for jobs, a thriving economy, and sustainable transportation and living choices for people and businesses in the region. Voters have asked Metro to help with the challenges and opportunities that affect the 25 cities and three counties in the Portland metropolitan area.

A regional approach simply makes sense when it comes to providing services, operating venues and making decisions about how the region grows. Metro works with communities to support a resilient economy, keep nature close by and respond to a changing climate. Together, we're making a great place, now and for generations to come.

Stay in touch with news, stories and things to do.

www.oregonmetro.gov/connect

Metro Council President

Tom Hughes

Metro Council

- Shirley Craddick, District 1
- Carlotta Collette, District 2
- Craig Dirksen, District 3
- Kathryn Harrington, District 4
- Sam Chase, District 5
- Bob Stacey, District 6

Auditor

Suzanne Flynn

MAKING A GREAT PLACE

