



2025

Open Enrollment

Benefits Guide

January 1, 2025 –
December 31, 2025

Open Enrollment Deadline:
November 8, 2024, at 5 pm

IMPORTANT INFORMATION ENCLOSED





What's New for 2025

Each year, we evaluate our employee benefits program to ensure it provides benefits you need at a price you – and we – can afford.

For 2025, look for the following changes:

Medical/RX for HSA: Due to IRS regulations, the HDHP deductible will increase to \$1,650/individual and \$3,300/ family.

Dental Benefits: The Constant Traditional plan orthodontia lifetime maximum will increase from \$1,000 to \$1,500.

Flexible Spending Account and Health Savings Account

+ Limits are increasing for 2025 – look for details later in this document.

Rates and Contributions

- + The health insurance premium rates will change. The January rates will be deducted on your December paychecks.
- + The City contribution to the Health Savings Account (HSA) is changing.

Note

- + Benefits may have been added for your specific group. Carefully review the following pages to see what coverages are available to you.



On your interactive benefits journey, make sure to look for this icon.

This icon indicates that there is a Carrier-provided educational video available to help you better understand your benefits.

Open Enrollment FAQs

Q. Where can I find Open Enrollment materials?

A. Open Enrollment materials can be found on the City of Salem website:

[Open Enrollment Benefits for City of Salem Employees | Salem, Oregon](#)

Q. Where can I learn more about my benefits?

A. This year, we are offering an in-person Benefits Fair on October 31, 2024 between 10 am-2 pm in the Salem Public Library Anderson Room. Virtual Benefits webinars will take place the week of October 28 – November 1 2024, with a mix of registered live webinars, pre-recorded webinars, and handouts. The Benefits Fair is a great opportunity to learn more about your benefits. Click [here](#) to enter the Benefits Fair.

Q. Can I request a paper copy of the Open Enrollment materials?

A. Yes, if you would like a paper version of the Open Enrollment materials, contact Carrie Wagner at cwagner@cityofsalem.net or (503) 589-2085.

Q. How do I review my current benefit elections?

A. A personalized individual letter will be mailed to your home. The letter includes your current benefit plan elections and the dependents you are covering on the health plan. If you did not receive your personal letter, please contact Carrie Wagner at cwagner@cityofsalem.net or (503) 589-2085.

Q. Are there any required forms this year?

A. Below are the only required forms this year:

1. Employees that waive/opt-out of the City of Salem health insurance must complete a new form each year. Opt-out incentive employees must provide proof of other insurance each year.
2. Employees that wish to enroll in a 2025 Flexible Spending Account (FSA) must complete a new form each year.

If you do not wish to make a health insurance plan change, and the above does not apply to you, you do not need to complete any forms and your current benefits will remain the same for 2025.

Q. Who do I contact if I have benefits questions?

A. Please email the Benefits Team at benefits@cityofsalem.net for any questions.

Q. Where do I submit my Open Enrollment forms?

A. Submit completed forms to Human Resources by 5:00 pm, November 8, 2024.

Forms can be sent by interoffice mail, emailed to benefits@cityofsalem.net, or submit an electronic form in the NEOGOV system Sign In (neogov.com). Contact the Benefits Team email benefits@cityofsalem.net if you have trouble logging into your NEOGOV account.

Eligibility

Who is Eligible

All active benefit-eligible employees working a minimum of 20 hours per week. Eligible dependents may also participate. Eligible dependents for benefits include:

- + Your spouse or domestic partner
- + A child under age 26, including your natural child, stepchild, adopted child or any other child for whom you are the legal guardian or are required to provide support because of a qualified medical child support order
- + Children, over age 26, who are incapable of self-support because of a physical or mental disability

Dependent documentation is required for all dependents.

When Benefits Begin

For new hires, employees become eligible for benefits beginning the first of the month following the date of employment.

However, if you are hired on the first business day of the month, your benefits start immediately.

For existing employees, the open enrollment period is the only opportunity to make elections or changes to your current elections without a qualifying life event.

Benefits elected during our annual Open Enrollment will begin on January 1.

Special Note about Mid-Year Plan Changes

Plan carefully. The choices you make when you are first eligible or during Open Enrollment will stay in effect until December 31, 2025, unless you experience a qualifying event. Qualifying events are defined by the IRS and include things like:

- + Marriage, divorce or legal separation
- + Birth or adoption of a child
- + Change in a child's dependent status (e.g., they turn age 26)
- + Death of a spouse, child or other qualified dependent
- + Change in employment status or a change in coverage under another employer-sponsored plan

If you experience a qualifying event and want to change your benefit choices, you must inform HR within 60 days of the event.





Health Insurance Opt-Out

For benefit eligible employees who opt-out of all City-sponsored health insurance plans (medical, vision, and dental) the City will contribute \$225 per month to an HRA VEBA or Health Savings Account (HSA). Pro-rated amount for a part-time employee.

In addition to the opt-out, Police/Fire employees receive a contribution per contract.

To be eligible for this opt out incentive, all of the following conditions must be met:

- 1) Must be a benefit eligible employee.
- 2) The employee and dependents must be enrolled in another employer's group health plan that provides minimum essential health coverage as required by the Affordable Care Act, and the employee must provide documentation of such enrollment upon each annual opt-out election and upon City request.
- 3) The employee and dependents must not use HRA VEBA or HSA funds to purchase health plan in the Marketplace, a state exchange, or through the individual insurance market.
- 4) The employee cannot revoke the opt-out election until the next open enrollment period for the coverage in the following calendar year, unless the employee experiences and provides timely notice and documentation of a qualifying event, including loss of other employer group health insurance coverage, a qualifying status change, or the acquisition of a new dependent.
- 5) The employee must sign a waiver each year agreeing to these conditions.

Medical Insurance

City of Salem offers 3 medical plans. The HMO plan is fully insured by Kaiser. The two PPO plans are self-insured by the City and administered by Cigna.

Each plan provides comprehensive medical coverage. Details about each plan are provided on the following pages.

- The Kaiser plan is an HMO, which means that in order to have coverage, you have to use a **Kaiser** in-network provider. There is no out of network coverage. Search for providers at www.kp.org.
- On the PPO plans, you will receive a higher level of benefit if you stay in-network.
 - + Any questions you may have before you enroll can be answered by a Cigna One representative. Don't delay! call 888-806-5042 to get help selecting a plan or checking if your provider is in-network.
 - + Once enrolled, register for and log in to mycigna.com to get the most out of your plan.

When you receive care, show your doctor or pharmacy your member ID card. It has the information they need to verify your coverage.

Be in the Know Before You Go

Insurance can be confusing. It has its own vocabulary. Understanding the terms below will help you make a better choice for yourself and your family.

Copay A set dollar amount that you pay when you receive services – often for provider visits or prescriptions.

Deductible This is a set amount of money that you must pay before the insurance company will pay a larger claim. Deductibles apply to more expensive services, like hospitalization.

Coinsurance After you have paid the deductible, you and the insurance company split the cost of care: you pay a % and they pay the remaining %.

Out of Pocket Maximum (OOP) This is the most you will pay for covered services in a calendar year. If you reach the OOP, the insurance company will pay 100% of eligible expenses for the rest of the year.

City of Salem's Health Hub

In addition to our medical insurance plans, the City has its own medical clinic, located at 960 Liberty Street SE.

Some of the services available at the Health Hub are:

- Physicals and wellness visits
- Immunizations
- Diagnosing and treating illness and injury
- Routine lab tests
- Management of chronic conditions

Schedule by calling (815) 578-6109.

For additional information, click [here](#).



Kaiser: See How Connected Health Care Helps You Thrive
By Kaiser Permanente



Cigna Customer Service – A Step Above
By Cigna

Kaiser HMO Plan Overview

Your Kaiser plans is an HMO, which means that in order to have coverage, you have to use an in-network provider. There is no out of network coverage.

You may search for network providers at www.kp.org or by calling Member Services at the number on the back of your Identification Card.

Adult hearing aids will now be covered: one aid per ear every 36 months.

HMO PLAN

In-Network Coverage Only

Calendar Year Deductible

Individual	\$250
Family	\$750

Calendar Year Out-of-Pocket Maximum (Includes Deductible)

Individual	\$1,250
Family	\$3,750

Copays/Coinsurance

Office Visit (Primary/ Specialist)	\$15 / \$25
Preventive Care	\$0
Inpatient Care	20% after deductible
Outpatient Care (Day Surgery)	20% after deductible
Lab/x-rays, MRI/CT Scan	\$10
Chiropractic Care (limited to 20 visits)	\$10
Acupuncture (limited to 12 visits)	\$10
Urgent Care	\$15
Emergency Room	20% after deductible
Vision Exam	\$15

Prescription Drugs

Retail Supply (30 days)	
Generic	\$10
Brand Preferred	\$20
Brand Non-Preferred	\$40
Mail Order (90 days)	
Generic	\$20
Brand Preferred	\$40
Brand Non-Preferred	\$80

A complete list of covered expenses and exclusions can be found in the Summary Plan Description located on the intranet.

Cigna - PPO Plan Overview

Our PPO plans allow you to use any licensed provider. There is a network of physicians, hospitals and facilities that are in-network. [Our Cigna network is called Open Access Plus](#). Using a provider that is part of that network will result in greater benefits and lower member costs. Use of out-of-network providers is allowed, but you will be responsible for greater cost sharing and may be subject to balance billing.

To search for network providers as a guest, before you enroll, start [here](#) (make sure that the plan selected is: *Open Access Plus, OA plus, Choice Fund OA Plus*). After you enroll, call Member Services at the number on the back of your ID Card; or register and log in to [mycigna.com](#) to view information that is customized to you.



**How to Search
for Providers**
By Cigna

HDHP PLAN WITH HSA

PPO PLAN

In-Network

Out-of-Network

In-Network

Out-of-Network

Calendar Year Deductible

	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual	\$1,650	\$3,000	\$250	
Family	\$3,300	\$6,000	\$750	

Calendar Year Out-of-Pocket Maximum (Includes Deductible)

	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual	\$6,350	\$12,700	\$1,250	\$2,250
Family	\$12,700	\$25,400	\$3,750	\$6,750

Copays/Coinsurance

	In-Network	Out-of-Network	In-Network	Out-of-Network
Office Visit (Primary/ Specialist)	20% after ded.	40% after ded.	20% after ded.	40% after ded.
Preventive Care	\$0	\$0	\$0	40% after ded.
Inpatient Care	20% after ded.	40% after ded.	20% after ded.	40% after ded.
Outpatient Care (Day Surgery)	20% after ded.	40% after ded.	20% after ded.	40% after ded.
Lab/x-rays, MRI/CT Scan	20% after ded.	40% after ded.	20% after ded.	40% after ded.
Chiropractic Care (limited to 20 visits)	20% after ded.	40% after ded.	\$10 copay	
Acupuncture (limited to 12 visits)	20% after ded.	40% after ded.	\$10 copay	
Urgent Care	20% after ded.	40% after ded.	\$50	40% after ded.
Emergency Room	20% after ded.	40% after ded.	\$100	
Vision Benefit	Exam and materials coverage		Exam and materials coverage	

Prescription Drugs

	In-Network	Out-of-Network
Retail Supply (30 days)		
Generic	20% after ded.	\$10
Brand Preferred	20% after ded.	30% (\$25-\$50)
Brand Non-Preferred	20% after ded.	30% (\$45-\$75)
Mail Order (90 days)		
Generic	20% after ded.	\$20
Brand Preferred	20% after ded.	30% (\$25-\$100)
Brand Non-Preferred	20% after ded.	30% (\$45-\$120)

A complete list of covered expenses and exclusions can be found in the Summary Plan Description located on the intranet.

Vision Insurance – Cigna

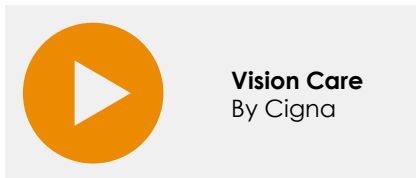
Benefits You Receive

Your Cigna Vision plans allow you to use any licensed provider. There is a network of optometrists, ophthalmologists and other vision providers who are contracted. Using a provider who is part of that network will result in greater benefits and lower member costs. Use of out-of-network providers is allowed, but members will be responsible for greater cost sharing and may be subject to balance billing. Additionally, if you use out of network providers, you may have to manually submit a claim to Cigna.

To search for network providers as a guest, before you enroll, start [here](#) (click on the FIND A CIGNA VISION NETWORK EYE CARE PROFESSIONAL tab and Search as a Guest). After you enroll, call Member Services at the number on the back of your ID Card; or register and log in to mycigna.com to view information that is customized to you.

This chart shows how each type of service is covered.

	Vision Plan
Benefit Design	
Wellness Vision Exam	Covered in full every 12 months
Prescription Glasses Lenses	Covered in full*
Frames	Covered in full*
Contact Lenses Elective	Covered in full*
Maximum Benefit	\$500 combined, every 2 years *Subject to the maximum benefit
Wellness Vision Exam	Covered in full every 12 months



Dental Insurance

Benefits You Receive

There are two carriers available to choose from.

The Willamette Dental plan requires you to stay within the Willamette dental network. There is no coverage out of network. Search for providers at www.willamettedental.com.

The Moda/Delta Dental plans allow you to use any licensed provider. However, there is a network of dentists that have contracted with Moda/Delta Dental. Using a provider who is part of the network will result in greater benefits and lower costs. Use of out-of-network providers is allowed, but you will be responsible for greater cost sharing and may be subject to balance billing. Search for Delta Dental network providers at www.modahealth.com by selecting the Delta Dental Premier network; or by calling Member Services.

Note, the Incentive plan is closed to new enrollments and is only grandfathered for existing enrollees. Only the Constant plan is available for new enrollment.

This chart shows how the plan works and how each type of service is covered.



	Willamette EPO	Delta Dental Constant Traditional PPO	Delta Dental Incentive <i>(closed to new enrollments – except IAFF)</i> PPO
Office Visit Copay			
Primary/Specialist	\$10 / \$30	None	None
Annual Maximum			
	None	\$1,800	\$1,000
Coverage (your portion shown below)			Benefit by year covered
Preventive Services	No Charge	0%	30% / 20% / 10% / 0%
Basic Services	Various copays	20%	30% / 20% / 10% / 0%
Major Services	Various copays	40%	30% / 20% / 10% / 0%*
Orthodontia	\$1800 copay	50%	50%
Ortho Lifetime Max	None	\$1,500	\$1,000

*Except Bridges, Dentures, Implants – covered at 50%



Health Reimbursement Arrangement (HRA VEBA)

City of Salem provides the following contributions:

AFSCME, PCEA (9-1-1), SCABU, Unrepresented (other than Fire or Police Management)

- + \$225 per month/\$112.50 per paycheck (pro-rated for part-time) in lieu of enrollment on the City's health plan

IAFF (Fire)

- + Employees electing the HDHP medical plan will have the contribution made to HRAVEBA instead of the HSA. Employee only \$137.50 per month, Employee + Dependent \$275.00 per month. Pro-rated for part time.

SPEU and SPEU-S (Police)

- + \$85.00 per month/ \$39.23 per paycheck
- + \$225 per month/\$112.50 per paycheck (pro-rated for part-time) in lieu of enrollment on the City's health plan
- + Employees electing the HDHP medical plan will have the contribution made to HRAVEBA instead of the HSA. Employee \$137.50 per month, Employee + Dependent \$275.00 per month. Pro-rated for part time.

SPEU (CSO/Part-Time)

- + \$51.00 per month/\$23.54 per paycheck
- + \$135 per month/\$67.50 per paycheck in lieu of enrollment on the City's health plan

Unrepresented (Fire Management)

- + Assistant Fire Chief, Deputy Fire Chief: 2% of base salary
- + \$225 per month/\$112.50 per paycheck (pro-rated for part-time) in lieu of enrollment on the City's health plan

Unrepresented (Police Management)

- + Deputy Police Chief and Lieutenant: 2% of base salary
- + \$225 per month/\$112.50 per paycheck (pro-rated for part-time) in lieu of enrollment on the City's health plan

Flexible Spending Accounts (FSA) – BenefitHelp Solutions

Benefits You Receive

FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pretax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

There are two types of accounts. You can choose to participate in either or both of the accounts, depending on your needs.

Important to Know

FSA elections are made annually. Plan carefully. Only limited changes are allowed, based on certain qualifying events.

For claims incurred late in the year, you have up to 90 days after the end of the plan year to submit for payment.

Health Care Flexible Spending Account

This benefit lets you pay for [certain IRS-approved health care expenses](#) with pre-tax dollars. For 2025, you may contribute up to \$3,200. Some examples of eligible expenses include:

- + Hearing services, including hearing aids and batteries
- + Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- + Dental services and orthodontia
- + Chiropractic services
- + Acupuncture
- + Prescription contraceptives

You may roll over up to \$640 into the 2025 plan year. Unused funds will be forfeited (“use it or lose it” rule).

Dependent Care FSA

The Dependent Care FSA lets you use pretax dollars toward qualified dependent care such as caring for children under the age 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) for the 2025 calendar year. Examples include:

- + The cost of childcare for a tax dependent of yours who is under age 13
- + The cost of adult dependent care, including a tax dependent (parent or spouse) who is physically or mentally incapable of self-care and has the same principal residence
- + The cost for an individual to provide care either in or out of your house
- + Nursery schools and preschools (excluding kindergarten)

Health Savings Account (HSA) – Bank of America

Health Savings Accounts (HSA) allow those enrolled in the **High Deductible Health Plan** to take a triple tax advantage:

- + Money is contributed tax free
- + Money grows tax free
- + Money spent on qualified expenses is tax free

2025 IRS Annual HSA Limits

Employee Only	\$4,300
Employee and Dependents	\$8,550

If you are age 55 or older you can make an additional annual contribution of \$1,000.

WHO IS ELIGIBLE FOR AN HSA?

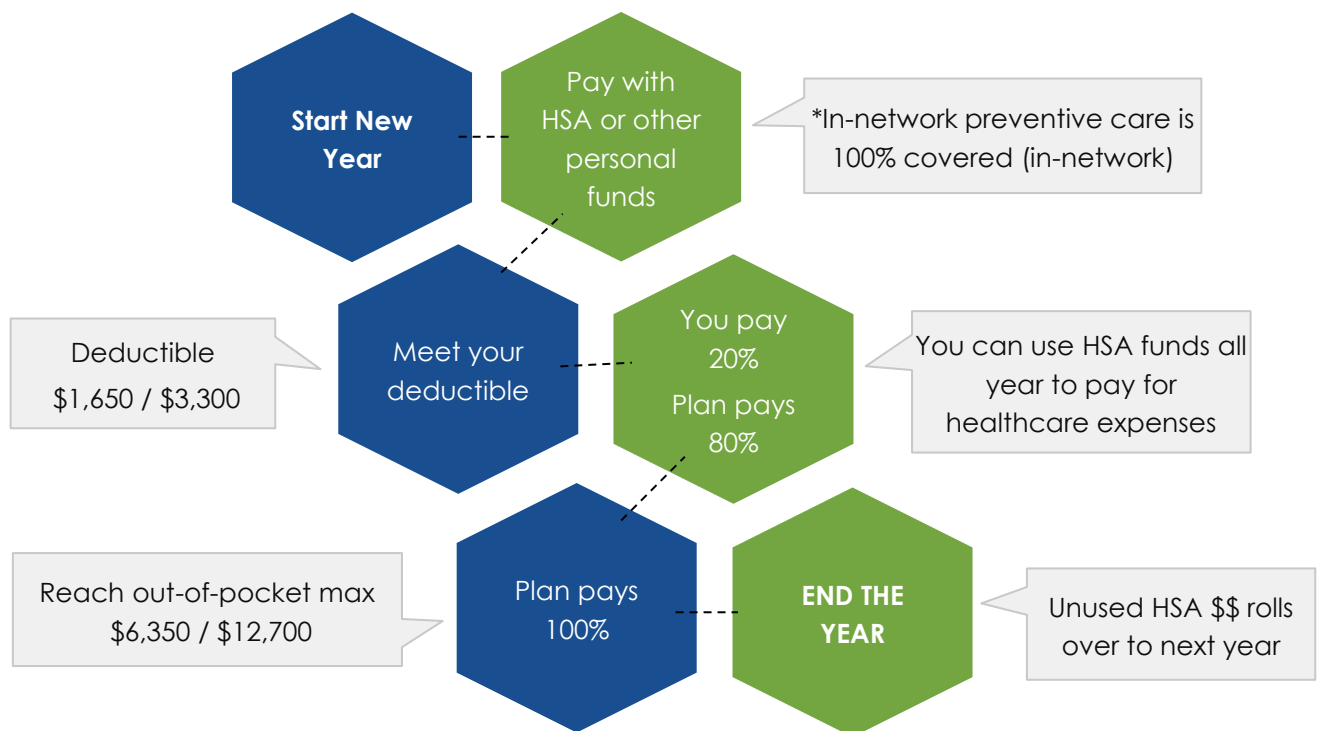
Anyone who is:

- + Covered by a High Deductible Health Plan (HDHP)
- + Employees whose spouse is not currently participating in a Health Care FSA
- + Not covered under another medical health plan that is not a HDHP
- + Not enrolled to Medicare or Medicaid benefits
- + Not eligible to be claimed on another person's tax return
- + Not eligible for Tricare or have received benefits from the Veterans Administration in the past three months

CITY CONTRIBUTIONS TO EMPLOYEES ENROLLED IN THE HDHP

- + AFSCME, PCEA, SCABU and Unrepresented:
 - + Employee Only: \$137.50
 - + Employee & Dependents: \$275.00

HOW TO USE AN HSA ACCOUNT?



Life and AD&D Insurance – The Standard

Basic Life and AD&D

We provide Basic Life Insurance, and Accidental Death and Dismemberment (AD&D) insurance at no cost to you. These coverages are provided through Standard. **The benefit paid to your beneficiary is shown in the table below.**

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you pass away. Accidental Death & Dismemberment (AD&D) insurance provides your beneficiaries a lump sum payment if you become severely injured or pass away as a direct result of an injury/accident.

	PCEA	SPEU, SPEU-S, IAFF	Unrepresented, SCABU	AFSCME
Benefit	\$40,000	1 x annual earnings up to a maximum of \$150,000	1 x annual earnings up to a maximum of \$250,000	\$50,000

Voluntary Life

You can purchase additional life insurance for yourself. If you elect coverage, family members may also be covered at discount group pricing with convenient payroll deductions.

Voluntary Life Benefit Amount

Employees: Up to the lesser of 6x your annual salary or \$500,000

Spouses: Up to the lesser of \$300,000, not to exceed the employee's amount

Children: You can elect \$2,500, \$5,000 or \$10,000 of coverage

Guarantee Issue Amounts

If you are newly benefit eligible, be sure to take advantage of the on-time opportunity to purchase life insurance without providing proof of good health (also known as "guarantee issue"). Employees can purchase up to \$100,000 for themselves and up to \$20,000 for their spouse with no questions asked.

Outside of your initial eligibility period, you will have to provide proof of good health in order to increase your coverage amount.

Voluntary AD&D Benefit Amount

Employees: Up to \$300,000

Spouse Only: 50% of the employee's amount; **Spouse and Children:** 40% of the employee's amount

Children Only: 15% of the employee's amount; **Children and Spouse :** 10% of the employee's amount.

Don't forget to designate a beneficiary.

Long Term Disability – The Standard

	AFSCME	911 PCEA	SCABU, Unrepresented Employees, Except Unrep. Police and Fire	IAFF Union	Fire Management	Police Management	SPEU & SPEU-S
	*Pending approval						
Eligibility Date	1st of the month following date of hire						
Benefit Waiting Period	90 days	90 days	90 days	60 days (180 days for a work-related disability)	60 days (180 days for a work-related disability)	60 days or period of sick leave, if longer (180 days for a work-related disability)	60 days or period of sick leave, if longer (180 days for a work-related disability)
Benefit %	60%	60%	60%	60%	66.67%	66.67%	66.67%
Monthly Benefit Max	\$2,500	\$5,000	\$6,000	\$10,000	\$5,000	\$9,000	\$8,000
Own Occupation Period	24 months	24 months	24 months	24 months	24 months	24 months	24 months
Maximum Benefit Period	Until age 65 (or 3 years 6 months, if longer) if disabled before age 62, scheduled durations if disabled age 62 or after	Until age 65 (or 3 years 6 months, if longer) if disabled before age 62, scheduled durations if disabled age 62 or after	Until age 65 (or 3 years 6 months, if longer) if disabled before age 62, scheduled durations if disabled age 62 or after	2 years if disabled before age 66, scheduled durations if disabled age 66 or later	2 years if disabled before age 66, scheduled durations if disabled age 66 or after	Until age 65 (or 3 years 6 months, if longer) if disabled before age 62, scheduled durations if disabled age 62 or after	Until age 65 (or 3 years 6 months, if longer) if disabled before age 62, scheduled durations if disabled age 62 or after
Monthly Premium	\$0	\$0	\$0	\$17.66	\$0	\$0	\$0

When you become disabled for an extended period of time due to a qualifying injury or illness, this benefit is designed to replace a portion of your income and help you get back to work when you're ready. LTD benefits can help you pay your bills and safeguard your savings when you're unable to work. Whether you're out for a few months or several years, this benefits can help protect your income – and those who depend on it.

Benefit Waiting Period – if you experience a qualifying disability, your waiting period is the length of time you must be disabled before you become eligible to receive your monthly benefit.

Benefit Amount – your policy will pay a percentage of your pre-disability earnings as defined by our contract, reduced by any deductible income, up to a monthly benefit maximum.

Own Occupation – any employment that involves material duties/essential tasks of the same general character as your regular and ordinary employment.

Maximum Benefit Period – the longest period for which LTD benefits are payable for any continuous disability, starting at the end of the benefit waiting period.



Employee Assistance Program (EAP)

As part of our comprehensive benefit offerings, employees have access to additional benefits offered through Canopy (formerly Cascade Centers). These benefits are confidential and provided at no cost to you. These benefits are for all employees regardless of if you are enrolled in other benefits.

This benefit is 100% employer-paid.

Go online or call for more information on all of the additional benefits listed below:

- + In-person counseling (6 visits per issue)
- + Telehealth and video counseling
- + Home ownership program
- + Childcare services
- + Eldercare Services
- + Fertility Health and Family Building
- + Financial Coaching
- + Identity Theft
- + Legal Services and Tools
- + Life Coaching
- + Discounts to wellness tools



What the EAP can do for you
By Canopy

CITY OF SALEM EMPLOYEE WELLNESS



HEALTHY BODY

Online Fitness Videos
Gym Membership Discounts
Wellable Challenges

30+ Monthly Recipes
Life Coaching
Tobacco Cessation



FINANCIALLY FIT

Financial Webinars
Financial Coaching
Discount Programs

Homeownership Program
Will Planning
Retirement Planning



SENSE OF BELONGING

Employee Networking
Coworker Appreciation
City Sponsored Sports Teams

Department Wellness Funding
Thank You Note Cards
Gratitude Journals



THINK WELL FEEL WELL

24/7 Emotional Wellness Support
Free & Confidential Counseling
Monthly Webinars

On-Demand Webinars & Trainings
Anonymous Thank You Emails
Gratitude Journals

Have Questions or Need Accommodations?

Contact: wellness@cityofsaalem.net or 503-779-5535

Find us on the intranet at: <http://atwork/Wellness/>

CITY OF *Salem*
AT YOUR SERVICE
Employee Wellness



Other Coverages

Additionally, City of Salem offers the following coverages:

Amplifon Hearing Aid

- + This benefit is administered through Cigna and available to children and adults who are covered under the City's medical PPO plans – subject to deductible and a limit of 2 devices every 36 months.
- + Coverage includes hearing aids, testing and supplies obtained through Amplifon.

Long Term Care

- + The City of Salem offers their employees a generous LTC package.
- + Click [here](#) for a coverage outline, [here](#) for plan highlights and [here](#) for rates.

Travel Assistance

- + If you are covered under the Standard Basic Life plan, you have access to this feature. Click [here](#) for a flyer outlining this coverage.

Pet Insurance

- + Pet insurance from Nationwide is available for purchase – to offset routine care and/or illness for your furry friends. Click [here](#) for a brochure and [here](#) for a Q&A flyer.

Commute Expense Reimbursement

- + Employees who pay to commute to work have the opportunity to set aside a portion of their salary to pay for certain qualified transportation expenses. The employee will not be taxed on amounts set aside and used for qualified expenses. Click [here](#) for more information.

Retirement

Oregon Public Employee Retirement System (PERS)

Pension benefits are provided to you when you are working in a pension qualifying position. The pension program is administered by the Oregon Public Employees Retirement System (PERS), which determines the plan available to you.

Qualifying Position = Is a position that is expected to complete the six-month waiting period and is expected to work at least 600 hours in the calendar year.

Your public employee pension plan has two components:

- 1) OPSRP Pension or the PERS Pension program, Defined Benefit Plan
- 2) Individual Account Program (IAP), Defined Contribution Plan

Defined Benefit Plan = pension benefit at retirement is based on a predetermined formula (years of service and average ending salary). This is a lifetime benefit.

Defined Contribution = benefit at retirement is based on the contributions to the plan plus any investment earnings. This is not a lifetime benefit.

PERS manages the OPSRP pension, the PERS pension, and the Individual Account Program (IAP) for eligible public employees. Participation in the pension program (OPSRP, PERS) is based on an employee's original eligibility date with a PERS participating employer and their current membership status.

The OPSRP and PERS component of the pension program is a defined benefit plan and is funded by City of Salem and provides a lifetime pension benefit.

The IAP component of your pension program is a defined contribution plan and is funded by contributions of 6% of your subject salary. City of Salem pays the 6% contribution for you. Your account is credited with earnings/losses annually based on investment returns. At retirement, the funds can be withdrawn as a lump-sum payment or in installments.

Please note that members earning more than the determined monthly salary threshold will have a portion of their 6% Individual Account Program (IAP) contributions redirected to a new Employee Pension Stability Account (EPSA). The salary threshold is tied to the annual Consumer Price Index and can vary each year. You have the option to make additional, after-tax "IAP voluntary contributions," to make up the redirected amount.

For more information regarding the PERS retirement benefit visit <http://oregon.gov/PERS/>



Voya Deferred Compensation (457 Plan)

Employees may voluntarily participate in deferred compensation. Deferred compensation plans are 457 plans that allow employees to defer a portion of salary on a pre-tax basis until retirement. Maximum amounts are determined annually by the IRS and are subject to change due to IRS guidelines.

New hire employees have a 1% auto-enroll process, except new hire SPEU employees have a 3% auto-enroll process. A packet will be mailed from Voya with a 30-day deadline to respond with the option to opt-out of the auto-enroll, contribute a different amount, or keep the auto-enroll.

An enrollment form will need completed for new enrollment. Once enrolled, changes can be made at any time directly with Voya either online or by phone, but the change will not take place until the 1st paycheck of the following month.

You can log into your Voya account and update your beneficiary information online at any time.

www.voyaretirementplans.com or call 800-584-6001

You can make an appointment with our Voya account representative Wendy Stefani online or by phone:

www.booknow.so/CityofSalem or call 800-238-6281

2025 Rates



2025 Health Insurance Premium Monthly Rates and Contributions

		Unrepresented	AFSCME	IAFF	PCEA	SCABU	SPEU & SPEU-S
Opt-Out	Opt-Out Incentive With proof of other qualifying insurance						
	Waive enrollment on medical, vision, and dental plans and earn City-paid HRAVEBA or HSA monthly contribution (pro-rated for part-time)	\$225.00	\$225.00	\$225.00	\$225.00	\$225.00	\$225.00
Medical Plan Options	Cigna HDHP & BOA HSA						
	Total Premium						
	Enroll in HDHP and earn City-paid HSA Contribution Employee only (Pro-rated for part-time) IAFF and SPEU City contribution to HRAVEBA	\$137.50	\$137.50	\$137.50	\$137.50	\$137.50	\$137.50
	Enroll in HDHP and earn City-paid HSA Contribution Employee + Dependent(s) (Pro-rated for part-time) IAFF and SPEU City contribution to HRAVEBA	\$275.00	\$275.00	\$275.00	\$275.00	\$275.00	\$275.00
	Employee Only	\$502.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Employee + Spouse/DP	\$1,005.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Employee + Child(ren)	\$955.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Employee + Family	\$1,458.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cigna PPO OAP						
	Total Premium						
	Employee Only	\$987.73	\$49.39	\$49.39	\$49.39	\$49.39	\$49.39
	Employee + Spouse/DP	\$1,975.40	\$98.77	\$98.77	\$98.77	\$98.77	\$98.77
	Employee + Child(ren)	\$1,876.66	\$93.84	\$93.84	\$93.84	\$93.84	\$93.84
	Employee + Family	\$2,864.33	\$143.22	\$143.22	\$143.22	\$143.22	\$143.22
Kaiser Permanente							
Total Premium							
Employee Only	\$825.98	\$41.30	\$41.30	\$41.30	\$41.30	\$41.30	
Employee + Spouse/DP	\$1,652.00	\$82.60	\$82.60	\$82.60	\$82.60	\$82.60	
Employee + Child(ren)	\$1,569.38	\$78.47	\$78.47	\$78.47	\$78.47	\$78.47	
Employee + Family	\$2,395.40	\$119.77	\$119.77	\$119.77	\$119.77	\$119.77	
Vision Plan	Cigna Vision						
	Total Premium						
	Employee Only	\$18.42	\$0.93	\$0.93	\$0.93	\$0.93	\$0.00
	Employee + Spouse/DP	\$36.85	\$1.85	\$1.85	\$1.85	\$1.85	\$0.00
	Employee + Child(ren)	\$35.01	\$1.76	\$1.76	\$1.76	\$1.76	\$0.00
Employee + Family	\$53.45	\$2.68	\$2.68	\$2.68	\$2.68	\$0.00	
Dental Plan Options	Traditional Dental						
	Total Premium						
	Employee Only	\$62.15	\$3.11	\$3.11	\$3.11	\$3.11	\$0.00
	Employee + Spouse/DP	\$124.29	\$6.22	\$6.22	\$6.22	\$6.22	\$0.00
	Employee + Child(ren)	\$118.08	\$5.91	\$5.91	\$5.91	\$5.91	\$0.00
	Employee + Family	\$180.21	\$9.02	\$9.02	\$9.02	\$9.02	\$0.00
	Incentive Dental						
	Total Premium						
	Employee Only	\$61.52	\$3.08	\$3.08	\$3.08	\$3.08	\$0.00
	Employee + Spouse/DP	\$123.00	\$6.15	\$6.15	\$6.15	\$6.15	\$0.00
	Employee + Child(ren)	\$116.85	\$5.85	\$5.85	\$5.85	\$5.85	\$0.00
Employee + Family	\$178.35	\$8.92	\$8.92	\$8.92	\$8.92	\$0.00	
Willamette Dental							
Total Premium							
Employee Only	\$51.24	\$2.57	\$2.57	\$2.57	\$2.57	\$0.00	
Employee + Spouse/DP	\$102.32	\$5.12	\$5.12	\$5.12	\$5.12	\$0.00	
Employee + Child(ren)	\$97.23	\$4.87	\$4.87	\$4.87	\$4.87	\$0.00	
Employee + Family	\$148.42	\$7.43	\$7.43	\$7.43	\$7.43	\$0.00	
		Unrepresented	AFSCME	IAFF	PCEA	SCABU	SPEU & SPEU-S
Employee premium contribution (Pro-rated for part-time employee)		0% HDHP; 5% all others					0% HDHP; \$130 month

*Plan is closed to new enrollment for this employee group

Contacts

Refer to this list when you need to contact one of your benefit vendors. For general information, contact Human Resources.

	Carrier	Phone	Web
Medical, RX and Vision	Cigna	Pre-enrollment line: 888-806-5042	Cigna.com mycigna.com
	Kaiser	800-813-2000	kp.org
Health Hub City of Salem Clinic	960 Liberty St SE # 170 Salem, OR 97301	815-578-6109	
Dental	Moda/Delta Dental	877-277-7280	modahealth.com
	Willamette	855-433-6825	willamettedental.com
Employee Assistance Program	Canopy	800-433-2320	canopywell.com
Flexible Spending Accounts	BenefitHelp Solutions	855-378-0197	Portal login, click here To email, click here
Life and Disability	Standard	800-378-4668	standard.com
Voluntary Long Term Care	UNUM	800-227-4165	http://unuminfo.com/cityofsalem/index.aspx
HRA	HRA VEBA	888-659-8828	hraveba.org
HSA	Bank of America	866-791-0250	bankofamerica.com
Hearing Discount	Amplifon	888-669-2175	amplifonusa.com/cigna
Pet Insurance	Nationwide	877-738-7874	petinsurance.com/cityofsalem
Travel Assistance	Assist America/Standard	800-872-1414	medservices@assistamerica.com
Home Ownership Consultants	Advantage Home Plus	800-376-4603	info@advantagehomeplus.com
PERS	Public Employee Retirement System	888-320-7377	oregon.gov/PERS/
Deferred Compensation	Voya/Wendy Stefani	800-238-6281 800-584-6001	wendy@lewis-stefani.com voyaretirementplans.com
COBRA / Retiree administration	BenefitHelp Solutions	800-556-3137	benefithelpsolutions.com
Human Resources Benefits documents and forms	HR/Benefits Division	503-588-6162	www.cityofsalem.net/jobs benefits@cityofsalem.net
	Michele Bennett	503-589-2077	mxbenett@cityofsalem.net
	Carrie Wagner	503-589-2085	cwagner@cityofsalem.net

Notices

Women's Health & Cancer Rights Act of 1998

On October 21, 1998, the Women's Health and Cancer Rights Act of 1998 became law. Under this federal law, group health plans, insurers and HMOs that provide medical and surgical benefits in connection with a mastectomy must provide benefits for certain reconstructive breast surgery. For a Participant or beneficiary who is receiving benefits under the Plan in connection with a mastectomy and who elects breast reconstruction, the law requires coverage in a manner determined in consultation with the attending Physician and the patient for (a) reconstruction of the breast on which the mastectomy was performed, (b) surgery and reconstruction on the other breast to produce a symmetrical appearance, and (c) prostheses and physical complications of all stages of mastectomy, including lymphedemas. This coverage is subject to the Plan's annual deductibles and coinsurance provisions.

Privacy Notice Reminder

You are entitled to receive an explanation of how your personally identifiable health information will be used and disclosed. If you have health insurance coverage, you may request a copy of your company's Notice of Privacy Practices. It is important that you read this notice in order to understand your rights and know who to contact if you feel your privacy rights have been violated. To obtain a copy of the Privacy Notice contact the Human Resources Department.

Creditability with Medicare Part D Prescription Drug Benefits

Your company's medical plans prescription drug benefits for 2025 ARE creditable with Medicare Part D drug benefits. Contact the Human Resources Department for a copy of the complete creditable coverage notice.

Michelle's Law Notice

Michelle's Law is a federal law that requires certain group health plans to continue eligibility for adult dependent children who are students attending a postsecondary school, where the children would otherwise cease to be considered eligible students due to a medically necessary leave of absence from school.

Newborn's and Mothers' Health Protection Act Notice

Maternity Benefits

Under Federal and state law you have certain rights and protections regarding your maternity benefits under the Plan.

Under federal law known as the "Newborns' and Mothers' Health Protection Act of 1996"

(Newborn's Act) group health plans and health insurance issuers generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

To obtain a copy of the complete CHIP notice contact the Human Resources Department.

Special Enrollment Rights Notice

Under the special enrollment provisions of HIPAA, you may be eligible, in certain situations, to enroll in a Hope Human Services medical plan during the year, even if you previously declined coverage. This right extends to you and all eligible family members.

Disclaimer

The information provided by Brown & Brown, Inc. and/or its affiliates ("Company") in this guidebook is advisory. Separate plan documents explain each benefit in more detail, and the various benefits are controlled by the language of the plan documents. Benefits may be modified, added or terminated at any time, at the Company's discretion, or by the insurance company. This information is provided for general information purposes only and should not be considered legal, tax, accounting or other professional advice or opinion on any specific facts or circumstances. Readers are urged to consult their legal counsel, tax or other professional advisor concerning any legal, tax or related questions that may arise. Any tax information contained in this communication (including any attachments) is not intended to be used, and cannot be used, for purposes of (i) avoiding penalties imposed under the U.S. Internal Revenue Code and (ii) promoting, marketing or recommending to another person any tax-related matter. The Company assumes no liability whatsoever in connection with the use of such information or documents.