



CITY OF MILWAUKIE

2026

# BENEFITS GUIDE



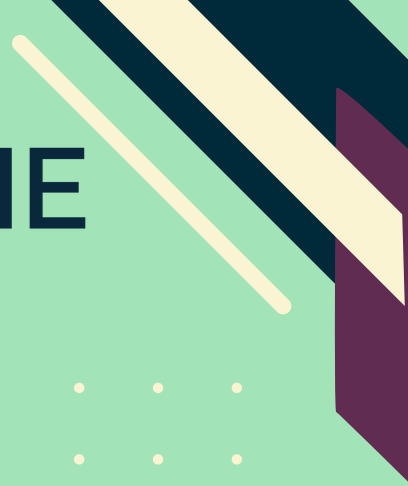
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# CITY OF MILWAUKIE

## 2026 BENEFITS GUIDE Contents

<b>04</b>	<b><u>Benefits Eligibility</u></b>	●
<b>06</b>	<b><u>Benefits Enrollment</u></b>	●
<b>07</b>	<b><u>2026 Benefit Changes</u></b>	●
<b>08</b>	<b><u>Medical Plans</u></b>	●
<b>18</b>	<b><u>Regence Extras + Wellness Benefits</u></b>	●
<b>17</b>	<b><u>Kaiser Extras + Wellness Benefits</u></b>	●
<b>18</b>	<b><u>Dental Plans</u></b>	●
<b>21</b>	<b><u>Vision Plans</u></b>	●
<b>22</b>	<b><u>Employee Assistance Program (EAP)</u></b>	●



# 2026 BENEFITS GUIDE Contents

23

Flexible Spending Accounts (FSA)

24

HRA VEBA

25

Long-Term Disability Coverage

28

Supplemental Life Insurance

29

Voluntary Benefits

31

2026 Benefit Rates

33

Contact Us





# Welcome Message



Hello Team Milwaukie!

As part of our priority to Support our Employees, we are committed to providing you with a comprehensive benefits package that supports your well-being and financial security, both now and in the future. This Benefits Guide is designed to help you navigate and understand the various benefits we offer as your employer. Please take time before the open enrollment deadline of 5:00 p.m. on October 24, 2025, to review the guide and select your benefits for the next year.

Your contributions to our community are invaluable, and we believe that investing in you is an investment in the future of Milwaukie. We encourage you to take full advantage of the programs and resources available to you.

Thanks so much,

**Emma Sagor**  
City Manager



# Benefit Eligibility

**All full-time and part-time (0.5 FTE or greater) regular-status employees are eligible for benefits.  
Every employee is eligible for the EAP benefit.**

## Benefit Eligibility

All full-time and part-time (0.5 FTE or greater) regular-status employees are eligible for City of Milwaukie benefits. For employees in 36+ hour/week roles, the city pays 95% of medical insurance premiums, as well as 95% of the cost of the Delta Dental plan, with that dollar amount applied towards the cost of Willamette and Kaiser Dental plans. The city pays 75% of the cost of plans for all other benefit-eligible employees.

Benefits are effective the first day of the calendar month following your date of hire. Benefits are effective immediately if your start date is the first calendar day of the month.

### Cost Sharing

The city covers 95% of the monthly cost of medical and dental premiums. The city pays 75% of the monthly cost for part-time employees (at least 0.5 FTE, but less than 0.9 FTE).

### Eligible Dependents

You may enroll your eligible dependents in the same plans you elect for yourself. Eligible dependents include your legal spouse or Oregon-registered domestic partner (ORDP) and your children, up to age 26. Children include biological, step, foster, adopted children, children of an ORDP, and may include disabled adult children.

### Newly Acquired Dependents

If dependents are not enrolled when first eligible due to a qualifying event, Open Enrollment will be the next opportunity to add them

#### Newborn/Adopted Children

Coverage begins as of the date of birth/placement in the home. The child must be enrolled within 60 days. A copy of the birth certificate/adoption papers are required for the child to be eligible.

*Premium Payment is due as follows:*

- Born/placed on the 1st through the 15th, premium payment is due for that month.
- Born/placed on the 16th through the 31st, premium payment is due the first of the following month.



## New Spouse/Registered Domestic Partner\*

Coverage begins the first of the month following the date of marriage/filing of the Oregon Certificate of Registered Domestic Partnership. The spouse/partner must be enrolled within 60 days. **A copy of the marriage license or RDP certificate must be provided for the new spouse/partner to be eligible.**

*Premium Payment is due as follows:*

- Married/registered on the 1st through the 15th, premium payment is due for that month.
- Married/registered on the 16th through the 31st, premium payment is due the first of the following month.

## Important note about Registered Domestic Partner Benefits

The Federal Government does not recognize domestic partnerships; therefore, the **benefits for the domestic partner become reportable as taxable income** for the employee. Imputed income is the value of benefits provided to an employee that will be taxed. If an employee claims their domestic partner as a dependent within the IRS guidelines, the employee is not liable for imputed taxes.

If you plan to add a Registered Domestic Partner, please get in touch with your Human Resources Team for assistance and information about potential tax implications.



## CIS Benefits

citycounty insurance services

CIS Benefits administers the City of Milwaukie's benefits program. Partnering with CIS helps to keep insurance premiums low while maintaining the quality we expect for our team.

CIS Benefits has a dedicated website for enrolling and making changes to benefits, viewing and downloading detailed benefits information, and uploading required documentation.

In addition to the Human Resources Department, CIS Benefits are your partners in getting the most out of your benefits.



# Benefits Enrollment

## Enrolling/Changing Benefits

### New Hire Enrollment

Newly hired members of Team Milwaukie become eligible on the first day of the month following their start date. For example: If you start on March 3, your benefits will begin on April 1. You must enroll for benefits online at [www.cisbenefits.org](http://www.cisbenefits.org) within 60 days from your date of hire or date of becoming eligible due to increased hours,

### Open Enrollment

The city's annual Open Enrollment occurs in October for the upcoming plan year beginning January 1. All charges and new elections for benefits during open enrollment must be done online at [www.cisbenefits.org](http://www.cisbenefits.org).

### Benefit Changes

Outside of the initial enrollment period as a new hire or newly benefit eligible employee, you may not make changes to your benefits selections unless you have a qualifying life event such as:

- Marriage, registering an ORDP, divorce, or legal separation
- Birth or adoption of a child
- Death of a dependent
- Dependent child reaching the age of 26
- Loss or gain of other group health coverage

Employees have 60 days from a qualifying events to make a benefit change.

**Most qualifying life events required documentation in order to complete a change in coverage.**



# 2026 Benefit Changes

## Medical Insurance Hearing Benefit

*(New Benefit for AFSCME in 2026)*

- **Regence Hearing Benefit**
  - Annual hearing exam covered at 60% (80% for Regence Category 1 providers).
  - Hearing aids are covered 100% up to a maximum of \$3,000 every four years. The \$3,000 accumulates over the four years and is not a one-time benefit.
- **Kaiser Hearing Benefit:**
  - \$30 hearing exam copay
  - \$1,500 allowance per hearing aid per ear every three years.

## Supplemental Life Guaranteed Issue Amount Increase Reminder

The new, higher guaranteed issue amounts were only available during the 2025 open enrollment for employees eligible at that time and during initial benefits enrollment for employees hired or eligible afterward. An evidence of insurability (EOI) form may be required to increase coverage amounts during 2026 open enrollment.



# Medical Plans

The City of Milwaukie offers two medical plans designed to meet the needs of our diverse and dynamic team. We offer a Management Organization (HMO) plan through Kaiser Permanente and a Preferred Provider Organization (PPO) plan administered by Regence Blue Cross Blue Shield of Oregon.

## Understanding the Basics

Both the Kaiser and Regence plans help cover your healthcare costs, but they do it in slightly different ways. Let's break down some key terms to understand how these plans work:

- **Deductible:** This is the amount you pay out of your own pocket before the insurance plan starts to cover costs.
- **Copay:** This is a fixed amount you pay for a specific service, like a doctor's visit or a prescription.
- **Coinsurance:** This is the percentage of the cost of a service that you share with the insurance plan after you've met your deductible.
- **Out-of-Pocket Maximum:** This is the most you'll have to pay in a year for covered services. Once you reach this limit, the insurance plan covers 100% of the costs for the rest of the year.
- **Network:** The doctors, hospitals, and other health care providers that contract with your health insurance plan to provide services at a discounted rate.

### Plan Highlights

Feature	Kaiser Plan	Regence Plan
Deductible	\$0	\$250 Individual / \$750 Family
Out-of-Pocket Maximum	\$1,500 Individual / \$3,000 Family	\$2,250 Individual / \$4,750 Family (Preferred and Participating Providers) or \$4,250 Individual / \$8,750 Family (Non-Preferred Provider)
Copays	Vary by service (e.g., \$5/\$20 for primary care, \$30 for specialist)	Vary by service (e.g., \$5 for first 3 primary care visits, then \$20; 20% for lab tests after the first \$400)
Coinsurance	Applies to some services (e.g., 20% for durable medical equipment)	Applies to most services after the deductible is met (e.g., 20% for most services with Preferred Providers)



# Kaiser Permanente Plan Summary

## Core Medical Coverage:

- **Preventive Care & Telehealth:** Services like routine check-ups, screenings, and telehealth consultations are covered at 100%.
- **Doctor Visits:** Primary care visits are \$5 for the first 3 visits, then \$20. Specialist visits are \$30, and urgent care is \$40.
- **Tests & Medications:** Costs vary. Preventive tests are \$0, while lab tests and X-rays are \$20 per department visit. Prescription drugs have copays ranging from \$10 to \$40, and mail-order options are available.
- **Hospital Stays:** Inpatient hospital services have a \$200 per day copay, up to \$1,000 per admission.
- **Mental Health & Substance Use Disorder:** Outpatient services have copays similar to primary care, while inpatient services have the same copay structure as hospital stays.
- **Maternity Care:** Prenatal and postpartum visits are covered at 100%.
- **Other Services:** The plan also covers infertility treatments, gender affirming care, bariatric surgery, ambulance services, emergency services, outpatient surgeries, therapies, skilled nursing facilities, and durable medical equipment, each with its own cost-sharing structure.

## Alternative Care & Hearing Benefits:

- **Alternative Care:** Acupuncture, chiropractic, and massage therapy are covered with copays and visit limits. Naturopathic medicine has copays similar to primary care.
- **Hearing:** A \$1,500 allowance is applied per hearing aid per ear every three years.

### Additional Information:

- **Out-of-Pocket Maximum:** The most you'll pay out-of-pocket in a year is \$1,500 for an individual or \$3,000 for a family.
- **Network Providers:** Using Kaiser Permanente providers is generally more cost-effective.
- **Resources:** Kaiser offers various resources like online services, an advice nurse line, virtual care options, and more to help you manage your healthcare



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# Regence Plan Summary

## Core Medical Coverage:

- **Preventative Care:** Services such as routine check-ups, screenings, and immunizations are covered at 100% (with no out-of-pocket cost).
- **Doctor Visits:** You'll pay a \$5 copay for the first 3 primary care, behavioral health, and virtual care visits each year. After that, it's 20% coinsurance. Specialist visits have a \$20 copay, with 20% coinsurance for additional services.
- **Tests:** The plan covers various diagnostic tests like lab work, X-rays, and imaging. You'll pay a \$20 copay for outpatient lab tests and X-rays. The first \$400 of outpatient diagnostic tests and imaging combined are covered in full each year, after which you'll pay 20% coinsurance.
- **Medication:** Regence participating provider copays range from \$10 for generics to \$100 for non-preferred brands, with specialty medications varying based on status. No charge for certain preventive medications and immunizations, including those specifically designated as preventive for treatment of chronic diseases that are on the Optimum Value Medication List.
- **Hospital Stays & Surgeries:** You'll be responsible for 20% coinsurance for most inpatient and outpatient services.
- **Mental/Behavioral Health:** The plan offers coverage for both inpatient and outpatient mental/behavioral health and substance use disorder treatment.
- **Maternity Care:** Prenatal care, postpartum visits, and childbirth services are covered at 20% coinsurance.
- **Other Benefits:** The plan also covers services such as ambulance rides, rehabilitation, gender-affirming care, hearing aids for children, home healthcare, hospice care, and durable medical equipment.

## Alternative Care & Hearing Aids:

- **Acupuncture & Chiropractic:** You have a \$20 copay for these services, with a limit of 12 visits per year for acupuncture and 20 visits for chiropractic spinal manipulations. Note: Regence covers 77 outpatient visits/year for all habilitation and outpatient rehabilitation services. Chiropractic and massage visits may be covered under this benefit.
- **Hearing Aids:** Coverage of up to \$3,000 every 4 years for hearing aids. One hearing exam is covered per year.

## Additional Information:

- **Deductible & Out-of-Pocket Maximum:** The plan has a \$250 individual/\$750 family deductible. Once you meet the deductible, your out-of-pocket maximum is \$2,250 individual/\$4,750 family when using preferred or participating providers.



# Medical Plan Scenarios

Scenarios to help you understand how it all works together

## 1. Routine Checkup:

- **Kaiser:** You pay \$0 for a routine preventive physical exam because it's covered at 100%.
- **Regence:** You pay \$0 for preventive care, including routine checkups, as they are not subject to the deductible.

## 2. Specialist Visit for a Sprained Ankle:

- **Kaiser:** You pay a \$30 copay for the specialist visit.
- **Regence:** You pay a \$20 copay for the specialist visit, as it falls under the category of services not subject to the deductible.

## 3. Surgery:

- **Kaiser:** You pay \$50 for the outpatient surgery visit; the plan covers the rest.
- **Regence:** You pay 20% of the surgery cost after meeting your deductible. If the surgery costs \$5,000, and you've already met your deductible, you'll pay \$1,000 (20% of \$5,000).

## 4. Expensive Medication:

- **Kaiser:** You pay \$40 for a 30-day supply of a non-preferred brand-name drug.
- **Regence:** You pay \$80 for a 30-day supply of a non-preferred brand-name drug. You also have a separate out-of-pocket maximum of \$2,500 for prescription drugs.

## 5. Primary Care Visits:

- **Kaiser:**
  - Your first three primary care visits in a year cost \$5 each.
  - Any additional primary care visits in the same year cost \$20 each.
- **Regence:**
  - Your first three primary care visits (combined with mental/behavioral health and virtual care visits) are \$5 each.
  - Any additional visits beyond the first three cost \$20 each.



# Benefit Comparison



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Regence

	Kaiser Permanente Copay B w/ Alt. Care, Hearing Aid & Kaiser Visionworks  January 1 - December 31, 2026	CIS Regence Copay E w/ Alternative Care, Hearing Aid & VSP Vision  January 1 - December 31, 2026	
Deductible & Out-of-Pocket Maximum	All Copayment and Coinsurance amounts count toward the Out-of-Pocket Maximum and/or Deductible unless otherwise noted.		
	Kaiser Permanente Providers	Category 1 - Preferred	Category 2 - Participating Category 3 - Non-Preferred
Out-of-Pocket Maximum	You pay	Category 1 & 2	Category 3
For one Member	\$1,500	\$2,250	\$4,250
For an entire Family	\$3,000	\$4,750	\$8,750
Deductible Per Calendar Year	You pay	Category 1 & 2	Category 3
For one Member	\$0	\$250	\$250
For an entire Family	\$0	\$750	\$750
Office visits	You pay	Category 1	Category 2 & 3
Routine preventative physical exam	\$0	0% for Category 1 & 2 (deductible waived)	40% for Category 3 (after deductible)
Telehealth (phone/video)	\$0*	\$5 copay for first 3 visits.  \$20 copay  (deductible waived)	40%
Primary Care	\$5 for first 3 visits; then \$20 for additional visits in the same year*	\$5 copay for first 3 visits.  \$20 copay (deductible waived)	40%
Specialty Care	\$30	\$20 copay/office visit; deductible doesn't apply.  20% coinsurance for all other services	40%
Urgent Care	\$40	\$20 copay/office visit; deductible doesn't apply.  20% coinsurance for all other services	40%
Tests (outpatient)	You pay	Category 1	Category 2 & 3
Preventive Tests	\$0	0% for Category 1 & 2 (deductible waived)	40% for Category 3 (after deductible)
Laboratory	\$20 per department visit	\$0 up to first \$400 (deductible waived) then 20%	40%
X-ray, imaging, and special diagnostic procedures	\$20 per department visit	\$0 up to first \$400 (deductible waived) then 20%	40%
CT, MRI, PET scans	\$50 per department visit	\$0 up to first \$400 (deductible waived) then 20%	40%



# Benefit Comparison



KAISER PERMANENTE



Regence

	Kaiser Permanente Copay B	CIS Regence Copay E	
<b>Maternity Care</b>	<b>You pay</b>	<b>Category 1</b>	<b>Category 2 &amp; 3</b>
Scheduled prenatal care visits and postpartum visits	\$0	\$20 copay/office visit; deductible doesn't apply. 20% coinsurance for all other services	40%
Laboratory	\$20 per department visit	\$0 up to first \$400 (deductible waived) then 20%	40%
X-ray, imaging, and special diagnostic procedures	\$20 per department visit	\$0 up to first \$400 (deductible waived) then 20%	40%
Inpatient Hospital Services	\$200 per day up to \$1,000 per admission	20%	40%
<b>Hospital Services</b>	<b>You pay</b>	<b>Category 1</b>	<b>Category 2 &amp; 3</b>
Ambulance Services (per transport)	\$75	20%	20%
Emergency services	\$200 (Waived if admitted)	20% after a \$100 copay/visit	20% after a \$100 copay/visit
Inpatient Hospital Services	\$200 per day up to \$1,000 per admission	20%	40%
<b>Outpatient Services (other)</b>	<b>You pay</b>	<b>Category 1</b>	<b>Category 2 &amp; 3</b>
Outpatient surgery visit	\$50	20%	40%
Chemotherapy/radiation therapy	\$30	20%	40%
Durable medical equipment	20% Coinsurance	20%	40%
Physical, speech, and occupational therapies	\$30	20%	40%
	Up to 20 visits per therapy per calendar year.	Regence covers a combined 77 visits for outpatient rehabilitation/habilitation services (massage may be covered under these services - check with providers).	
<b>Skilled Nursing Facility Services</b>	<b>You pay</b>	<b>Category 1</b>	<b>Category 2 &amp; 3</b>
Inpatient skilled nursing Services (up to 100 days per Calendar Year)	\$0	20%	40%
<b>Mental Health and Substance Use Disorder Services</b>	<b>You pay</b>	<b>Category 1</b>	<b>Category 2 &amp; 3</b>
Outpatient Services (Group visit 1/2 copay)	\$5 for first 3 visits; then \$20 for additional visits in the same year*	\$5 for first 3 visits; then \$20 for additional visits in the same Year	Category 2 \$20 copay/office visit, deductible does not apply Category 3 40%
Inpatient hospital & residential Services	\$200 per day up to \$1,000 per admission	20%	40%



# Benefit Comparison



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Regence

	Kaiser Permanente Copay B	CIS Regence Copay E	
Alternative Care	You pay	Category 1	Category 2 & 3
	(self-referred)**		
Acupuncture Services (up to 12 visits per year)	\$20 per visit	\$20 per visit	\$20 per visit
Chiropractic Services (up to 20 visits per year)	\$20 per visit	\$20 per visit	\$20 per visit
Massage Therapy (up to 12 visits per year)	\$25 per visit	Not included - see outpatient rehabilitation/habilitation services.	Not included - see outpatient rehabilitation/habilitation services.
Naturopathic Medicine	\$5 for first 3 visits; then \$20 for additional visits in the same year*	\$5 copay for first 3 visits; then \$20 copay (deductible waived)	40%
Medications (outpatient)	Kaiser Pharmacy	Regence Prescription Participating Provider (Non-participating Providers are not covered)	
Out-of-Pocket Max	Goes towards your Medical Plan OOP Max	\$2,500 per person/\$7,500 per family This is separate from the Medical Plan OOP Max	
Prescription drugs (up to a 30-day supply)	Generic \$10, Preferred \$20, Non-preferred \$40, Specialty \$40 (Per prescription)	Generic \$10, Preferred \$40, Non-preferred \$100, Specialty (Accredo Specialty Pharmacy): Generic \$ 50, Preferred \$100, Non-Preferred \$200 (Per prescription)***	
Mail Order Prescription drugs (up to a 90-day supply)	2 x Copay	2 x Copay	
Administered medications, including injections (all outpatient settings)	20% Coinsurance	20% Under Medical Plan	40% Under Medical Plan
Nurse treatment room visits to receive injections	\$10	20% Under Medical Plan	40% Under Medical Plan
Hearing Benefit	You pay	Category 1 & 2	Category 3
Hearing Aids	\$1500 allowance is applied for each hearing aid per ear every three years.	Paid at 100% up to a maximum of \$3,000 every 4 calendar years. The \$3,000 is an accumulative amount over the 4 calendar years and not a one-time benefit.	
Hearing Exam	\$30	One exam every calendar year. Covered <u>at 20% using a Category 1 provider, 40% using a Category 2 or 3 provider</u> ; not subject to the deductible. Does not accumulate toward the out-of-pocket maximum.	
	* First 3 visits (or days) are any combination of in-person or telemedicine Services for primary care non-specialty medical Services, mental health outpatient Services, naturopathic medicine, or Substance Use Disorder outpatient Services.  ** Any amount you pay for covered Services does not count toward the Out-of-Pocket Maximum.	***No charge for certain preventive medications and immunizations, including those specifically designated as preventive for treatment of chronic diseases that are on the Optimum Value Medication List. Cost shares for insulin will not exceed \$35 / 30-day supply or \$105 / 90-day supply.	



Regence

# Medical Plan Extras + Wellness Benefits



## **Struggle with joint or muscle pain?**

You're eligible to sign up for Hinge Health for care. Get a personalized exercise program and your own care team — and overcome joint and muscle pain. NO cost to Regence-covered employees. . Get care when you need it—without the burden of copays and other hidden costs.



## **Have an upcoming surgery?**

Lantern, formerly SurgeryPlus, is a supplemental benefit for non-emergency surgeries that provides high-quality care, concierge-level member service, and lower costs. This benefit is available to those enrolled in one of the CIS Regence Medical plans as their primary coverage. (Per federal regulations regarding primary and secondary claims payment, if the CIS Regence plan is secondary, the member does not have access to Lantern.) For more info, call (833)603-0511



## **Earn up to \$150 per year in rewards!**

Employees and spouses enrolled in a CIS medical plan are eligible to earn up to \$150 in rewards for participating in our BeyondWell wellness offering. This program combines wellness activities, goal setting, rewards, and more into one place. The result is a truly personalized well-being experience that is tailored to your unique needs. You can earn dollars just for doing the healthy activities you are probably already doing - your annual exam, seeing your dentist or eye doctor, and getting a flu shot for example.





Regence

# Medical Plan Extras + Wellness Benefits



## Take Control of Your Fitness

Find your perfect gym from thousands of options nationwide - no long-term contracts, switch gyms with ease, starting at \$28/month. Join Active & Fit to gain access to our network of over 12,700+ gyms and 9,800+ premium exercise studios. Stay active wherever you go and work out at any gym within the same brand, for no additional fees (where available). Plus, gain access to a collection of 15,000+ guided workout videos.



## Bring a Health Balance to Your Life (and Bank Account) with Heraya

Membership in the Heraya Active and Healthy Program can help you lead a more active, healthy, and fun life by providing discounts on events, businesses, services, and classes in your area and throughout the greater Northwest, as well as with current updates through our bi-monthly newsletter to help keep you Active and Healthy! The program offers discounted access to a wide variety of activity categories, including gyms and health clubs, yoga and Pilates classes, family activities, travel, movie tickets, retail stores, spas and relaxation, weight loss, lift tickets, and more!





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# Medical Plan Extras + Wellness Benefits



## **Fitness That Fits You**

Being healthy involves new activities, exploring new food, and getting stronger. No matter where you are on your fitness journey, One Pass Select Affinity from Optum can help you reach your health goals. From strength training and swimming to yoga classes and grocery delivery, you can get what you need for whole-body health in one easy plan.

### **One Pass Select Affinity includes:**

- Access to gyms and fitness locations nationwide
- Live, digital fitness classes and on-demand workouts
- Personalized workout builders to try new exercises
- Grocery and home essentials delivery to make healthy eating easy

## **Affinity Musculoskeletal Program**

All Kaiser Permanente members can improve their quality of life with therapies for musculoskeletal issues, including neck pain, sports injuries, arthritis, and more. Get 20% off chiropractors, acupuncturists, and massage therapists when you visit a participating provider and show your Kaiser Permanente ID card.

## BeyondWell

### **Earn up to \$150 per year in rewards!**

Employees and spouses enrolled in a CIS medical plan are eligible to earn up to \$150 in rewards for participating in our BeyondWell wellness offering. This program combines wellness activities, goal setting, rewards, and more into one place. The result is a truly personalized well-being experience that is tailored to your unique needs. You can earn dollars just for doing the healthy activities you are probably already doing - your annual exam, seeing your dentist or eye doctor, and getting a flu shot for example.



# Dental Plans

The City of Milwaukie offers three dental plans, providing the variety of options to meet most any situation. CIS Dental, administered by Delta Dental provides a large, national panel of dental providers, Kaiser Permanente and Willamette Dental both provide focused care at their dedicated facilities across the area.

## Understanding the Basics

CIS Delta Dental with Ortho, Kaiser Permanente Dental II with Ortho, and Willamette Dental Plan A all have unique features, networks of providers, coverage levels, and costs. Understanding these basics is crucial in selecting the plan that best suits your needs.

- **Deductible:** This is the amount you pay out of your own pocket before the insurance plan starts to cover costs.
- **Copay:** This is a fixed amount you pay for a specific service, such as an office visit or a filling.
- **Coinsurance:** This is the percentage of the cost of a service that you share with the insurance plan after you've met your deductible.
- **Out-of-Pocket Maximum:** This is the most you'll have to pay in a year for covered services. Once you reach this limit, the insurance plan covers 100% of the costs for the rest of the year.
- **Network:** The doctors, hospitals, and other health care providers that contract with your health insurance plan to provide services at a discounted rate.
- **Preventive Care:** These are services focused on preventing dental problems, such as cleanings, exams, and X-rays.
- **Basic Procedures:** These include treatments like fillings, extractions, and root canals.
- **Major Procedures:** These are more extensive treatments like crowns, bridges, and dentures.
- **Orthodontics:** This refers to treatment for correcting teeth and jaw alignment, often involving braces or Invisalign.



# Dental Plans Continued



## CIS Delta Dental with Ortho

- **Network:** Delta Dental PPO and Premier. Offers flexibility to choose from a wide network of dentists.
- **Annual Maximum:** \$1,500 per member.
- **Deductible:** \$0
- **Coverage Highlights:**
  - **Preventive Care:** Starts at 70% coverage in the first year, increasing by 10% each year up to 100% with at least one dental visit in the previous year.
  - **Basic Procedures (fillings, extractions, etc.):** Similar to preventive care, coverage increases over time.
  - **Major Procedures (crowns, dentures):** 50% coverage.
  - **Orthodontics:** 50% coverage with a lifetime maximum of \$2,000.
- **Key Features:**
  - No deductible.
  - Increasing coverage for preventive and basic services over time, incentivizing regular dental visits.
  - Freedom to choose any licensed dentist, but staying in-network offers cost savings.
  - Pre-determination of benefits available.
  - Health through Oral Wellness program for additional preventive care based on risk assessment.



# Dental Plans Continued

## Kaiser Permanente Dental II with Ortho



- **Network:** Kaiser Permanente providers. Requires using Kaiser-affiliated dentists.
- **Annual Maximum:** \$2,000 per member.
- **Deductible:** \$0
- **Coverage Highlights:**
  - Preventive and Diagnostic Services: No additional charge.
  - Minor Restorations and Simple Extractions: No additional charge.
  - Major Restorations: \$45 copay per service
  - Orthodontics: 50% covered with a \$1,000 lifetime maximum.
- **Key Features:**
  - No deductible and no additional charge for many preventive, basic, and some major services.
  - Lower annual maximum compared to Delta Dental.
  - Limited network of providers.
  - Emphasis on preventive care with no additional cost for those services
  - Tele dentistry is available at no additional cost

## Willamette Dental Plan A

- **Network:** Willamette Dental Group providers.  
Requires using Willamette Dental Group dentists
- **Annual Maximum:** No annual maximum
- **Deductible:** \$0
- **Coverage Highlights:**
  - Preventive and Diagnostic Services: Covered with a \$20 office visit copay
  - Fillings: \$15 copay
  - Major procedures (crowns, dentures, root canals): copays ranging from \$50-\$200.
  - Orthodontics: \$2,000 copay.
  - Implants: \$1,500 annual maximum benefit
- **Key Features:**
  - No annual maximum and no deductible
  - Very limited network
  - Simple cost structure with copays for most services.
  - Depending on circumstances this could be the best for orthodontia.



# Vision Plans

**visionessentials**  
by KAISER PERMANENTE.

**vsp VISION™**

Vision Services	Kaiser Vision	VSP -Regence BCBS	
Routine eye exam	\$0 until age 19  \$20 ages 19 and older	<b>WELLVISION EXAM</b>  Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision	\$10 Copay Every calendar year  \$20 per Exam
Vision hardware and optical Services until age 19	No charge for eyeglass lenses or frames or contact lenses every 12 months.	<b>Frame</b>	\$25 Copay \$190 featured frame brands allowance \$170 frame allowance 20% savings on the amount over your allowance 95 Walmart@/Sam's Club@/Costco@ frame allowance
Vision hardware and optical Services Ages 19 and older	Balance after \$150 allowance, once every calendar year	<b>Lenses</b>  <b>Lens Enhancement</b> Anti-glare coating Tints/Light-reactive lenses Impact-resistant lenses Scratch-resistant coating UV protection Standard progressive lenses Premium progressive lenses Custom progressive lenses  Average savings of 30% on other lens enhancements	Single vision, lined bifocal, and lined trifocal lenses - Included with frame  Copay \$0 \$0 \$0 \$0 \$0 \$50 \$50 \$50
CONTACTS (INSTEAD OF GLASSES)	Balance after \$150 allowance, once every calendar year	CONTACTS (INSTEAD OF GLASSES)	\$166 allowance for contacts and contact lens exam (fitting and evaluation)  15% savings on a contact lens exam (fitting and evaluation)



# Employee Assistance Program (EAP)

## **EAP is available from day 1 for ALL City of Milwaukie Employees**

The Employee Assistance Program (EAP) is a FREE and CONFIDENTIAL benefit that can assist you, your dependents, and household family members with any personal life problems, large or small.

## **Canopy EAP**

### **Confidential Coaching and Counseling**

Access to masters-level counselors in person, over the phone, or online for concerns such as:

- Stress and Burnout
- Relationships and Family
- Depression and Anxiety
- Alcohol and Drug Use

### **Work/Life Balance Services**

Canopy will help locate resources related to Eldercare, Childcare, Identity Theft, Housing, Pet Parent Support, and more.

### **Legal**

Call for a free legal consultation, and then receive a discount thereafter.

### **Financial Coaching**

Access to unlimited financial coaching to help you develop a plan to improve your financial wellbeing.

### **Wellbeing Tools**

- Fertility Health Support
- Will Kit Questionnaire
- Online Legal Tools
- Life Coaching
- Gym Membership Discounts

### **EAP Member Site**

Access innovate tools, chat for support, view video and webinars, and more at [my.canopywell.com](http://my.canopywell.com).

***Enter your company name when you register as: CIS***

**Crisis Counselors are available 24/7/365**

**Call 800-433-2320      Text 503-850-7721**



**canopy**



# Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSAs) allow you to set aside money from your paycheck on a pre-tax basis to pay for medical and child/elder care expenses. That means you do not have to pay federal or state income tax, or FICA taxes on those dollars,

## There are two types of FSA account:

### Healthcare FSA

The Healthcare FSA provides you with an opportunity to use pre-tax dollars to pay for out-of-pocket medical, dental, vision, and hearing expenses for you, your spouse, and any of your dependents (even if they aren't covered by your health insurance plan(s)). There are hundreds of eligible expenses, including co-pays, deductibles, over-the-counter medications, prescription drugs, and many more. Check the Eligible Expense list at [www.asiflex.com](http://www.asiflex.com) for more information.

**You can contribute up to \$3,300 for healthcare expenses for 2026.**

You can use these dollars for eligible expenses you and your eligible dependents incur throughout the year. And your full annual election is available to use on January 1!

### Dependent Care FSA

The Dependent Care can be used for work-related childcare expenses, or for work-related expenses for older tax dependents who are incapable of self-care. Eligible expenses include daycare, summer day camps (overnight camps are NOT eligible), babysitting, before and after school care, nursery school, and pre-kindergarten expenses primarily for the dependent's protection and well-being.

**You can contribute up to \$7,500 per household per calendar year (\$3,750 if married and filing separate income tax returns).**



## Use it or lose it!

For the Dependent Care FSA, unused funds are forfeited. For the Healthcare FSA, you can carryover up to **\$660** of unused healthcare funds into the following plan year (2027). Consider your anticipated needs before making an election.



# HRA VEBA

A health reimbursement arrangement (HRA) is a spending account you can use to cover medical care expenses such as copays, deductibles, prescription drugs, and retiree and Medicare insurance premiums. You do not pay any taxes on contributions, investment earnings, or reimbursements (claims) from your HRA. Money goes in tax-free, is invested tax-free, and comes out tax-free!

## HRA VEBA

### HRA VEBA vs. FSA

The same IRS rules for what is or isn't an eligible medical expense apply to an HRA as to an FSA. However, HRA plans do not have annual use-or-lose or carryover limits. You can choose an investment strategy for your HRA VEBA dollars and the money is portable. It follows you after you leave the city.

### HRA VEBA Contributions

All benefit-eligible employees contribute pre-tax dollars to an HRA VEBA plan based on the agreed-upon amount set by each employee group (AFSCME, MPEA, or Management/Non-Represented employees).



# Long-Term Disability Coverage

The City of Milwaukie pays 100% of the cost of long-term disability coverage for all benefit-eligible employees.

**Long-Term Disability Coverage replaces up to 50% of your monthly income in the event you become unable to work for more than 90 days due to injury or illness.**

## The Hartford Value-Added Services

As part of your long-term disability coverage through The Hartford, you automatically receive the following services at no additional cost to you:

- **Travel Assistance with Identity Theft Protection Services**
- **Will Preparation**
- **Funeral Planning**

Learn more about these benefits on the following pages.



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## TRAVEL ASSISTANCE SERVICES

### TRAVEL ASSISTANCE SERVICES

If you're covered by your employer's group Long-term Disability (LTD) policy from The Hartford and you need pre-trip information, emergency medical assistance or personal assistance services while traveling, Travel Assistance has you covered.

#### Have a serious medical emergency?

Contact emergency medical services first (contact the local "911"), and then contact Travel Assistance to alert them to your situation.

Call: **1-800-243-6108** | Fax: **202-331-1528**

Collect from other locations: **202-828-5885**

#### WHAT TO HAVE READY:

- Your employer's name
- Phone number where you can be reached
- Nature of the problem
- Travel Assistance Identification

Number: **GLD-09012**

- Your LTD Policy No. GL-398260

*(Policy Number can be obtained through your Human Resources department.)*

 (Snap a photo with a mobile device to capture information above.)

### EVEN THE BEST PLANNED TRIPS CAN BE FULL OF SURPRISES

The best laid travel plans can go awry, leaving you vulnerable and, possibly, unable to communicate your needs. When the unexpected happens far from home, it's important to know whom to call for assistance.

With a local presence in 200 countries and territories around the world, and numerous 24/7 assistance centers, Travel Assistance is available to help you anytime, anywhere.

### GOOD TO GO: MULTILINGUAL ASSISTANCE 24/7

Whether you're traveling for business or pleasure, Travel Assistance services are available when you're more than 100 miles from home for 90 days or less.<sup>1,2</sup>

#### SERVICES FROM HERE TO THERE

Travel Assistance services start even before you depart, with pre-trip information, and continues throughout your trip.

continued



## CONTINUE CARING FOR YOUR LOVED ONES EVEN AFTER YOU'RE GONE.

### COMPASSIONATE SERVICES BEYOND YOUR BENEFITS

It feels good, knowing that you're supporting those who depend on you. But sometimes that support needs to go beyond paying the bills. Your Life insurance coverage comes with access to a suite of services that go beyond the financial benefits – helping you and your loved ones through the moments that matter.

Some of the services available:



**Will Preparation:** Step-by-step guidance and support for preparing a will.



**Funeral Planning:** Detailed instructions and on-demand assistance available to help plan a funeral, burial and/or cremation.

### GRIEF SUPPORT FOR YOUR BENEFICIARIES

Your loved ones don't have to deal with loss on their own. They'll have access to an online tool that offers personalized checklists of practical tasks. And they'll have compassionate people to talk to who are there to listen and offer support. They can help your beneficiaries better understand some of the challenges that come with loss like:

- Estate planning and probate management
- Immediate arrangements
- Account deactivation
- And more

### HOW TO ACCESS THESE SERVICES?

Register online at [join.empathy.com/hartfordcare](https://join.empathy.com/hartfordcare)  
Once you register, access these services by calling **229-544-2332**.

Support, compassion and guidance are available for you and your loved ones.  
**REGISTER ONLINE TODAY.**



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Bereavement Services, Funeral Planning Services and Will Prep Services are provided through The Hartford by Empathy. Empathy is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services described in this material and reserves the right to discontinue any of these services at any time. Services may vary and may not be available in all states. Visit [www.TheHartford.com/employee-benefits/value-added-services](https://www.TheHartford.com/employee-benefits/value-added-services) for more information.

Life Form Series includes GBD-1000 A (10/08), GBD-1100 (10/08), or state equivalent.

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# Supplemental Life Insurance

The City of Milwaukie pays 100% of the cost of basic life insurance for all benefit-eligible employees. You may also choose to purchase supplemental life insurance for additional protection for you and your loved ones.

## Supplemental Employee/Spouse/RDP Life

*In 2025, the employee maximum benefit for your Supplemental Life policy increased from \$300,000 to \$1,000,000 – and the guaranteed issue amount increased from \$100,000 to \$400,000. The Supplemental Spouse maximum benefit increased to \$500,000, and the guaranteed issue amount increased from \$20,000 to \$30,000.*

*The new, higher guaranteed issue amounts were only available during 2025 open enrollment or during new member enrollment for newly eligible employees.*

## Supplemental Employee/Spouse/DP Rates

If enrolling in Supplemental Employee/Spouse Life for the first time, rates will be based on you and your spouse's/RDP's age (if you enrolled for spouse coverage) on Jan. 1. After that, rates will increase every Jan. 1 for employees and/or spouses/RDPs who changed age categories during the previous calendar year. Your first paycheck after Jan. 1 will reflect the new rates (see below).

Age	Employee Cost/\$1K	Spouse/RDP Cost/\$1K
0-29	\$0.027	\$0.032
30-34	\$0.035	\$0.040
35-39	\$0.048	\$0.055
40-44	\$0.068	\$0.078
45-49	\$0.095	\$0.110
50-54	\$0.149	\$0.173
55-59	\$0.279	\$0.322
60-64	\$0.428	\$0.494
65-69	\$0.808	\$0.932
70-74	\$1.272	\$1.466
75 & Older	\$1.854	\$1.854



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*Example: If you elect \$100,000 for employee coverage and are 45 years old, your premium would be:  $\$0.095 \times 100 = \$9.50$ . This amount would be the monthly payroll deduction.*



# Voluntary Benefits

## Optional Benefits to Meet Your Needs

### MetLife Short Term Disability

Short-Term Disability (STD) coverage replaces a portion of your income if you're hurt or sick and unable to work. The cost will vary depending on your age and income.

The benefit amount payable is 60% of your income, with a maximum weekly benefit of \$2,000. The benefit amount will be reduced by income from other sources including, but not limited to Paid Leave Oregon (PLO) and any other state or federal retirement or disability program.

### MetLife Accident Insurance

Accident Insurance pays out a lump sum if you incur an injury as a result of an accident.\*

These benefits may supplement both health and disability insurance. A benefit payment can be used to pay for expenses that your health insurance doesn't cover —or it can provide additional financial support if a covered event causes you to lose income due to being out of work.

### MetLife Hospital Indemnity Insurance

Hospital Indemnity Insurance pays you benefits when you are confined to a hospital, whether for planned or unplanned reasons.\*

This plan provides benefits for hospitalization due to accidents and sicknesses,<sup>6</sup> such as:

- Admission to a hospital
- Hospital stays

A flat amount is paid for the day that you're admitted to a hospital, and a per-day amount is paid for each day of a covered hospital stay from the very first day of your stay.

### MetLife Critical Illness

Critical Illness Insurance is coverage that can help safeguard your finances by providing you with a lump-sum payment — one convenient payment all at once — when you or your family may need it most.\*

If you meet the group policy and certificate requirements, Critical Illness Insurance provides you with a lump-sum payment upon a verified diagnosis of a covered condition, including:

- Cancer
- Heart attack
- Stroke
- Alzheimer's Disease
- Brain Tumor
- Kidney Failure
- ALS

**\*See plan documents for full coverage details.**



# Voluntary Benefits Continued



## Trauma Coverage

Trauma Coverage® was created to empower the recovery of individuals and families with financial security, physical recuperation, and emotional well-being after a traumatic incident. Covered incidents include injuries anywhere in the United States as a result of experiencing an aggravated assault, sexual assault, mass shooting, or act of terror. Coverage is extended to provide benefits for witnessing a violent act or contracting an infectious disease while working.\*

### Plan Options

	STUDENT	BRONZE	SILVER	GOLD	FAMILY
<b>Trauma Counseling (Individual and Family)</b>	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
<b>Lost Wage<sup>1</sup> / Student Financial Assistance Benefit Maximums</b>	\$2,500	\$5,000	\$10,000	\$15,000	\$20,000
<b>Recuperation Benefit<sup>2</sup> Maximum</b>	\$2,500	\$5,000	\$10,000	\$15,000	\$20,000
<b>Accidental Death Benefit</b>	\$25,000	\$50,000	\$100,000	\$150,000	\$200,000 <sup>3</sup>
<b>Maximum Benefit Per Policy Period (1 Year)</b>	\$25,000	\$50,000	\$100,000	\$150,000	\$200,000

There is no waiting period to receive benefits which are payable per insured per incident up to your plan maximum during any one (1) year policy period.

<sup>1</sup> 100% of lost wages from all income sources up to the plan maximum

<sup>2</sup> Recuperation Benefit includes expense reimbursement for any medical, dental, vision, hearing, pharmaceutical, and addiction to prescribed drugs expenses

<sup>3</sup> The accidental death benefit for the Family Plan is up to \$200,000 (\$150,000 for employed insureds and \$25,000 for non-employed insureds)

**Family Plan Added-benefit:** Family coverage includes the insured; spouse (if applicable); and dependent, unmarried children to age 19 (26 if full-time students). This includes the relationship created by a domestic partnership. Newborn children are automatically insured from the moment of birth. A dependent child must be under the age of 19 at the time of application to be eligible for coverage. In addition, the Family Plan provides families of traumatized students with \$100 in financial assistance per day while the student is unable to attend school due to a trauma.

Underwriting is guaranteed issue; no age limitations for coverage; approved in and limited to the 50 United States; coverage is underwritten by Lloyd's of London.



# 2026 Full-Time Monthly Benefit Rates (36+ hours/week)

Regence Blue Cross Blue Shield w/ VSP Vision	Total Cost	Employee Pays	City Pays
Employee Only	\$ 934.57	\$ 46.73	\$ 887.84
Employee and Spouse/RDP	\$ 1,983.12	\$ 99.16	\$ 1,883.96
Employee and Child	\$ 1,735.05	\$ 86.75	\$ 1,648.30
Employee and Children	\$ 2,317.23	\$ 115.86	\$ 2,201.37
Employee and Family	\$ 2,672.71	\$ 133.64	\$ 2,539.07
Kaiser Permanente w/ Kaiser Vision Essentials	Total Cost	Employee Pays	City Pays
Employee Only	\$ 1,022.62	\$ 51.13	\$ 971.49
Employee and Spouse/RDP	\$ 2,143.08	\$ 107.15	\$ 2,035.93
Employee and Child	\$ 1,875.87	\$ 93.79	\$ 1,782.08
Employee and Children	\$ 2,530.12	\$ 126.51	\$ 2,403.61
Employee and Family	\$ 2,917.12	\$ 145.86	\$ 2,771.26
Delta Dental (CIS II)	Total Cost	Employee Pays	City Pays
Employee Only	\$ 56.54	\$ 2.83	\$ 53.71
Employee and Spouse/RDP	\$ 100.18	\$ 5.01	\$ 95.17
Employee and Child	\$ 87.60	\$ 4.38	\$ 83.22
Employee and Children	\$ 169.96	\$ 8.50	\$ 161.46
Employee and Family	\$ 196.01	\$ 9.80	\$ 186.21
Kaiser Permanente Dental	Total Cost	Employee Pays	City Pays
Employee Only	\$ 76.06	\$ 22.35	\$ 53.71
Employee and Spouse/RDP	\$ 133.91	\$ 38.74	\$ 95.17
Employee and Child	\$ 117.15	\$ 33.93	\$ 83.22
Employee and Children	\$ 220.58	\$ 59.12	\$ 161.46
Employee and Family	\$ 254.37	\$ 68.16	\$ 186.21
Willamette Dental	Total Cost	Employee Pays	City Pays
Employee Only	\$ 62.78	\$ 9.07	\$ 53.71
Employee and Spouse/RDP	\$ 109.64	\$ 14.47	\$ 95.17
Employee and Child	\$ 95.92	\$ 12.70	\$ 83.22
Employee and Children	\$ 167.33	\$ 5.87	\$ 161.46
Employee and Family	\$ 193.01	\$ 6.80	\$ 186.21

# 2026 Part-Time Monthly Benefits Rates (less than 36 hours/week)

Regence Blue Cross Blue Shield w/ VSP Vision	Total Cost	Employee Pays	City Pays
Employee Only	\$ 934.57	\$ 233.64	\$ 700.93
Employee and Spouse/RDP	\$ 1,983.12	\$ 495.78	\$ 1,487.34
Employee and Child	\$ 1,735.05	\$ 433.76	\$ 1,301.29
Employee and Children	\$ 2,317.23	\$ 579.31	\$ 1,737.92
Employee and Family	\$ 2,672.71	\$ 668.18	\$ 2,004.53
Kaiser Permanente w/ Kaiser Vision Essentials	Total Cost	Employee Pays	City Pays
Employee Only	\$ 1,022.62	\$ 255.65	\$ 766.97
Employee and Spouse/RDP	\$ 2,143.08	\$ 535.77	\$ 1,607.31
Employee and Child	\$ 1,875.87	\$ 468.97	\$ 1,406.90
Employee and Children	\$ 2,530.12	\$ 632.53	\$ 1,897.59
Employee and Family	\$ 2,917.12	\$ 729.28	\$ 2,187.84
Delta Dental (CIS II)	Total Cost	Employee Pays	City Pays
Employee Only	\$ 56.54	\$ 14.13	\$ 42.41
Employee and Spouse/RDP	\$ 100.18	\$ 25.04	\$ 75.14
Employee and Child	\$ 87.60	\$ 21.90	\$ 65.70
Employee and Children	\$ 169.96	\$ 42.49	\$ 127.47
Employee and Family	\$ 196.01	\$ 49.00	\$ 147.01
Kaiser Permanente Dental	Total Cost	Employee Pays	City Pays
Employee Only	\$ 76.06	\$ 19.01	\$ 57.05
Employee and Spouse/RDP	\$ 133.91	\$ 33.48	\$ 100.43
Employee and Child	\$ 117.15	\$ 29.29	\$ 87.86
Employee and Children	\$ 220.58	\$ 55.14	\$ 165.44
Employee and Family	\$ 254.37	\$ 63.59	\$ 190.78
Willamette Dental	Total Cost	Employee Pays	City Pays
Employee Only	\$ 62.78	\$ 15.69	\$ 47.09
Employee and Spouse/RDP	\$ 109.64	\$ 27.41	\$ 82.23
Employee and Child	\$ 95.92	\$ 23.98	\$ 71.94
Employee and Children	\$ 167.33	\$ 41.83	\$ 125.50
Employee and Family	\$ 193.01	\$ 48.25	\$ 144.76



# Questions?

Contact us :

[benefits@milwaukieoregon.gov](mailto:benefits@milwaukieoregon.gov)

**503-786-7509**

 [milwaukieoregon.gov](http://milwaukieoregon.gov)

