

# City of Eugene



## Summary of Health Benefits

### City Health Plan

*Note: This is only a summary.  
Please see your Benefits Handbook for complete details  
on benefits offered by the City of Eugene.*

**Updated March 15, 2021**

# MEDICAL BENEFIT SUMMARY

This is only a summary of your benefits; other sections of the handbook discuss the services covered under the plan, as well as applicable benefit limitations, exclusions from coverage, and conditions of service.

Payment to providers is based on the contracted reimbursement rate for covered services. Although in-network participating providers accept the contracted rate as payment in full, nonparticipating providers may not. To receive the maximum benefits under this plan, members should use an in-network participating provider.

General Information	City Health Plan Medical Coverage Administered by PacificSource Health Plans
Eligibility	Regular full-time and part-time employees scheduled to work at least 20 hours per week (or who otherwise qualify as regular part-time employees under an applicable labor agreement or administrative policy). IATSE-represented employee eligibility specified in most recent labor agreement between IATSE and the City of Eugene. Temporary employees meeting the definition of full-time under the Affordable Care Act (ACA). Former employees and/or their dependents who are eligible for COBRA or the Retiree health insurance continuation
When Coverage Begins	Regular Active employees: First of the month following date of hire (following date of eligibility for IATSE-represented employees). Temporary Active employees: First of the month after the Administrative Period following ACA date of eligibility. COBRA/Retirees: First of the month following the last day of employment with the City of Eugene, provided timely election of coverage and premium payment
Benefit Levels	The City Health Plan uses the PacificSource Preferred Voyager Network. Benefit levels for most services after the deductible: <ul style="list-style-type: none"> <li>• In-Network participating provider: 80%</li> <li>• Non-Network (nonparticipating) provider: 50%</li> </ul>
Choice of Physician/Hospital	For most services, you must go to an in-network physician or hospital to receive network benefits inside the service area. However, if you are willing to pay more for the cost of health care you may go to any qualified provider. Referrals to specialists are not required on this plan.
Service Area	Worldwide. Benefits are paid at the highest rate when using a provider in the PacificSource service area. PacificSource contracts with participating providers throughout the Oregon, Idaho, and Montana service areas and in bordering communities in southwest Washington. They also have agreements with certain nationwide networks whose providers outside the PacificSource service area are considered participating providers under your plan. Contact PacificSource for details.  Contact PacificSource for information on contracted air ambulance services.
Required Premiums	Employees may be required to contribute to the cost of coverage under this plan. Retiree and COBRA Continuees pay the full cost of the premium. Information on rates is available on the City of Eugene Benefits website at <a href="http://www.eugene-or.gov/employeebenefits">www.eugene-or.gov/employeebenefits</a> .
Calendar Year Deductible	
AFSCME	Per Person: \$150 combined medical/pharmacy deductible Per Family: \$450 combined medical/pharmacy deductible
EPEA	Per Person: \$130 combined medical/pharmacy deductible Per Family: \$390 combined medical/pharmacy deductible
IAFF	Per Person: \$150 combined medical /pharmacy deductible Per Family: \$450 combined medical/pharmacy deductible
IATSE	Per Person: \$150 combined medical /pharmacy deductible Per Family: \$450 combined medical/pharmacy deductible
IAFF BC and Non-Represented	Per Person: \$150 medical deductible/No deductible for pharmacy Per Family: \$450 medical deductible/No deductible for pharmacy
Deductible Carryover	If eligible expenses incurred in October, November, or December are used to meet the current year's deductible, they will also be carried forward and applied to the next year's deductible (applies to individual deductible only).

<b>Calendar Year Out-of-Pocket Maximum Expense per Person</b> (in addition to any applicable deductible)	
AFSCME	\$850 combined medical and pharmacy
EPEA	\$950 combined medical and pharmacy
IAFF	\$950 combined medical and pharmacy
IATSE	\$1,000 combined medical and pharmacy
IAFF BC and Non-Represented	Medical: \$1,000 Pharmacy: \$1,000

<b>BENEFIT</b>	<b>PREFERRED PROVIDER</b>	<b>NON-PREFERRED PROVIDER</b>
<b>COVID-19 Temporary Provisions: The City of Eugene is temporarily waiving copays, co-insurance, and deductibles for approved services below. These temporary provisions will remain in effect until further notice from the City of Eugene</b>		
FDA approved or authorized COVID-19 testing and diagnosis related visits	100% no deductible	100% no deductible
FDA approved or authorized COVID-19 vaccination and vaccination administration	100% no deductible	100% no deductible
Teladoc medical and behavioral health telehealth visits accessed through PacificSource	100% no deductible	N/A
<b>Professional Services</b>		
Allergy Injections–Physician Services	80% after deductible	50% after deductible
<b>Alternative Care</b>		
Acupuncture	80% after deductible for acupuncture services performed by registered acupuncturist or physician	
Chiropractic Treatment	80% after deductible, limited to 52 visits per calendar year	
Massage Therapy, Registered Dieticians and Licensed Naturopaths	<p>Paid at 80% after deductible.</p> <p>Non-Represented: Office visits for these service providers limited to a combined total of 10 visits per calendar year.</p> <p>AFSCME, EPEA, IAFF, IAFF-BC, IATSE: While there is no limit to the number of medically necessary visits, benefits are limited to the maximum benefit paid per calendar year as follows:            Licensed massage therapists — \$300 maximum benefit;            Naturopaths — \$300 maximum benefit;            Dietician services — \$200 maximum benefit</p>	
Office Visits	80% after deductible	50% after deductible
Physician Hospital Visits	80% after deductible	50% after deductible
Maternity Care –Physician Services Including prenatal, delivery, postnatal care of mother and infant	80% after deductible (must be insured at time of delivery)	50% after deductible (must be insured at time of delivery)
Surgery – Physician Services Inpatient	80% after deductible	50% after deductible
Surgery– Physician Services Outpatient	100%, no deductible IATSE – 80%, no deductible	50%, no deductible
<b>Hospital / Inpatient Services</b>		
<b>Room and Board – Note: Inpatient services subject to compliance with utilization review procedure</b>		
Inpatient	80% after deductible	50% after deductible
Extended Care Facility / Skilled Nursing Facility Care (60-day maximum benefit period per calendar year)	50% after deductible for daily room and board; services other than room and board paid at benefit level applicable to the service performed	50% after deductible for daily room and board; services other than room and board paid at benefit level applicable to the service performed
<b>Outpatient Services</b>		
Outpatient Surgery Facility Charges	Preferred Provider: 80% after deductible; 100% after deductible for EPEA	Non-Preferred Provider: 50% after deductible, 100% after deductible for EPEA, 50%, no deductible for AFSCME

BENEFIT	PREFERRED PROVIDER	NON-PREFERRED PROVIDER
Diagnostic X-ray and Lab Services	80% after deductible when prescribed by a physician in case of illness	50% after deductible when prescribed by a physician in case of illness
Imaging Procedures (CT/MRI)	80% after deductible for illness	50% after deductible for illness
<b>Emergency and Urgent Care</b>		
Ambulance Contact PacificSource for information on contracted air ambulance services.	80% after deductible for medically necessary ambulance transportation for service to and from the nearest hospital that can give necessary care and treatment. Covered at 100% with no deductible for AFSCME-, EPEA- and IAFF-Represented employees.	
Emergency Medical Care - Illness	80% after deductible	
Emergency Medical Care - Injury	80% no deductible	
Urgent Care Office Visit	80% after deductible	50% after deductible
<b>Preventative and Well Care Services</b>		
Physical Exams - age two and over, (Subject to exam frequency limits.)	AFSCME and Non-Represented: 100% no deductible Others: 80% no deductible	50% no deductible
Gynecological Exams (Subject to exam frequency limits)	AFSCME and Non-Represented: 100% no deductible Others: 80%, no deductible	50%, no deductible
Mammogram (Subject to schedule of eligibility)	AFSCME and Non-Represented: 100% no deductible Others: 80%, no deductible	50%, no deductible
Cancer Screenings Including Colonoscopy, Colorectal and Prostate screening (Subject to schedule of eligibility)	AFSCME and Non-Represented: 100% no deductible Others: 80%, no deductible	50%, no deductible
Preventative Care Lab Services	AFSCME and Non-Represented: 100% no deductible Others: 80%, no deductible	50%, no deductible
Immunizations	Adults and children age two and over: AFSCME and Non-Represented: 100% no deductible Others: 80%, no deductible  Children under age two: Covered only under Well Baby/Child Care	Adults and children age two and over: 50%, no deductible  Children under age two: Covered only under Well Baby/Child Care
Well Baby/Child Care From birth to age 12 months no limit on number of visits. Age 13 months to age 24 months up to a maximum of two visits	AFSCME and Non-Represented: 100% no deductible Others: 80%, no deductible	50%, no deductible  50%, no deductible
<b>Other Services and Supplies</b>		
Accidental Injuries	80%, no deductible	50%, no deductible
Diabetic Instruction	80% after deductible	50% after deductible
Durable Medical Equipment	80% after deductible when prescribed by a physician	
Hearing Aid - Adults	50% of eligible expenses after deductible during a 36-month period. \$500 maximum benefit for EPEA, IATSE, IAFF, and IAFF BC, \$1000 maximum benefit for AFSCME and Non-Represented	
Hearing Aid - Children	80% after deductible	
Hearing Analysis	80% after deductible if prescribed by physician when medically necessary	
Home Health Care (Includes professional nursing services; health aid services from licensed/accredited programs)	100% after deductible; limited to 100 4-hour visits per calendar year	80% after deductible; limited to 100 4-hour visits per calendar year
Hospice Care (Inpatient or outpatient services, professional nursing services from licensed and accredited programs)	100% after deductible for terminally ill patients with a life expectancy of up to six months	

BENEFIT	PREFERRED PROVIDER	NON-PREFERRED PROVIDER
Bereavement Counseling	\$25 per visit for a maximum of 12 visits per calendar year	
Midwifery/Birthing Centers (Free Standing Centers)	100% after deductible	50% after deductible
Occupational and Speech Therapy	80% after deductible	
Physical Therapy	80% after deductible if prescribed by a physician	
Prosthetic Devices	80% after deductible for devices replacing bodily functions	
Radiotherapy	80% after deductible	50% after deductible
Rehabilitation (Inpatient)	80% after deductible	50% after deductible
Surgical Bandages	80% after deductible	
Tobacco Cessation	Eligible expenses for members age 15 or older participating in a tobacco cessation program are covered	
Transplantations	80% after deductible, subject to exclusions and limitations)	50% after deductible, subject exclusions and limitations
Tubal Ligation and Vasectomy (Reversals are not covered)	80% after deductible	50% after deductible
<b>Mental Health and Chemical Dependency</b>		
Mental Health, Chemical Dependency, Drug Dependency and Alcoholism	Covered the same as any other condition, and may be subject to deductible, coinsurance and limitations. There is no provider network for these services. Inpatient, outpatient and residential covered at 80%.	

## PHARMACY BENEFIT SUMMARY

Pharmacy coverage is administered by PacificSource Health Plans, using the PacificSource Health Plans Retail Pharmacy Network and offering mail-order pharmacy through CVS Caremark. Please review the Covered Medical Services, Supplies and Treatments - Prescription Medication section of this handbook for more information.

The City complies with the Affordable Care Act as it applies to 100% coverage of preventative drugs outlined in the Act.

The City of Eugene uses the PacificSource Preferred Drug List (PDL), which is available on the PacificSource at: <http://www.pacificsource.com/pdl/>.

	Retail Co-pay	Mail-Order Co-pay
<b>AFSCME-Represented</b>	Deductible applies. \$850 Combined Rx/Medical	Up to 3-month supply** (1-month supply for self-injectables)
Tier 1:	\$10	\$10
Tier 2:	20%	\$20
Tier 3:	25%	25% or \$25* (\$60 cap)
<b>EPEA-Represented</b>	Deductible applies. \$950 Combined Rx/Medical	Up to 3-month supply** (1-month supply for self-injectables)
Tier 1:	\$10	\$10
Tier 2:	20%	\$25
Tier 3:	20%	25% or \$25* (\$65 cap)
<b>IAFF-Represented</b>	Deductible applies. \$950 Combined Rx/Medical	Up to 3-month supply** (1-month supply for self-injectables)
Tier 1:	\$10	\$10
Tier 2:	20%	20% or \$20* (\$30 cap)
Tier 3:	25%	25% or \$25* (\$70 cap)
<b>IATSE-Represented</b>	Deductible applies.	Up to 3-month supply** (1-month supply for self-injectables)
Tier 1:	\$10	\$10
Tier 2:	20%	20% or \$20* (\$30 cap)
Tier 3:	25%	25% or \$25* (\$60 cap)
<b>IAFF BC and Non-Represented</b>	No deductible.	Up to 3-month supply** (1-month supply for self-injectables)
Tier 1:	10% or \$10*	10% or \$10*
Tier 2:	20% or \$15*	20% or \$15*
Tier 3:	25% or \$25*	25% or \$25*

*\*Whichever is greater*

*\*\*If a 3 month supply of contraceptives is initially prescribed, a twelve month refill of the same contraceptive will be covered, regardless if the initial prescription was covered under this plan.*

# VISION BENEFIT SUMMARY

Former Employees: Vision Coverage is optional for former employees continuing coverage, and is only available if you selected this benefit level and pay the additional required premium.

Vision coverage is administered by PacificSource Health Plans. See the Vision Plan Coverage section of this handbook for additional information about your benefits.

VISION GENERAL INFORMATION		
Deductible	None	
Covered Vision Services	Exams, lenses and frames, contact lenses, medically necessary subnormal vision aids	
<b>BENEFIT – Children under the age of 19</b>	<b>All Plans</b>	
Eye Exams (once every 12 months)	80%	
Prescription frames and lenses <b>OR</b> contacts (once every 12 months). Contacts limited to the following per year: <u>Standard</u> (one pair annually): 1 contact lens per eye (2 lenses total); <u>Monthly</u> (six month supply) or <u>Biweekly</u> (3 month supply): 6 lenses per eye (12 lenses total); <u>Dailies</u> (one month supply): 30 lenses per eye (60 lenses total)	100%	
<b>BENEFIT - Adults</b>	<b>IATSE</b>	<b>IAFF and EPEA</b>
Eye Exams (once every 12 months)	80% up to \$60	80% up to \$75
Lenses (per lens) <sup>***</sup> Single Vision Bifocal Trifocal Lenticular	\$20 \$30 \$40 \$60	\$25 \$40 \$40 \$60
Frames <sup>***</sup> (one pair, once every 24 months)	\$50	\$60
Contacts <sup>***</sup> (per lens, once every 24 months) After cataract surgery To correct extreme visual acuity problems (20/70) Cosmetic Contacts (both lenses)	\$60 \$60 \$70	\$75 \$75 \$90
***Adult plan members are eligible for prescription lenses and frames <b>OR</b> prescription contacts every 24 consecutive months.		
<b>BENEFIT - Adults</b>	<b>IAFF BC</b>	<b>AFSCME and Non-Represented</b>
Eye Exams (once every 12 months)	80%	80%
Prescription frames, lenses and/or contacts (once every 24 months)	\$150 maximum	\$300 maximum

# DENTAL BENEFIT SUMMARY

Former Employees: Dental Coverage is optional for former employees continuing coverage, and is only available if you selected this benefit level and pay the additional required premium.

**Dental coverage is administered by Delta Dental Plan of Oregon, a Moda Health affiliated company.**

This is only a brief summary of your dental benefits. Please refer to the additional information provided in the Dental Coverage section of this handbook for details.

The City's dental plan utilizes the Delta Dental Premier Dental Network. Delta Dental has contracted with participating dentists and has approved their fee schedules. As a result, your share of the dental costs may be reduced. Benefit levels for non-participating providers are based on the prevailing fee level charged by other dentists for the same services.

BENEFIT	
Service Area	The Delta Dental Premier Dental Network includes all counties in Oregon. Members living outside the Delta Dental Premier Dental Network can receive in-network benefits from a Premier provider through Delta Dental's nationwide network, the Delta Dental Network.
Calendar Year Deductible	AFSCME-, IAFF-, IAFF BC, IATSE- and Non-Represented: \$50 per person; \$150 family maximum  EPEA-represented group: \$30 per person; \$100 family maximum
Maximum Dental Benefit*	AFSCME-Represented: \$250 per person for expenses incurred first calendar year of eligibility; \$1,600 per person each calendar year thereafter  IATSE-Represented: \$250 per person for expenses incurred first calendar year of eligibility; \$1,250 per person each calendar year thereafter  EPEA- and IAFF-Represented: \$300 per person for expenses incurred first calendar year of eligibility; \$1,300 per person each calendar year thereafter  IAFF BC and Non-Represented: \$1,500 per person each calendar year  *Essential dental benefits for members under the age of 19 will not be subject to the annual dental maximum. See the Dental Plan Coverage section of this handbook for details.
Preventative Services Exams, Bitewing X-rays, Fluoride, Cleaning	100% no deductible
Basic Services Fillings, Crowns, Denture Repairs	80% after deductible
Major Services Initial Dentures and Bridgework	50% after deductible
Dental Implants	AFSCME, IAFF BC and Non-Represented: 50% after deductible. Implant placement and removal once per lifetime per tooth space. AFSCME benefit not subject to annual benefit maximum through June 30, 2021, after which benefit will be subject to the annual benefit maximum.  Others: Not covered
Orthodontic Services	50% no deductible. \$2,000 per person maximum lifetime benefit