



Employee Resource Center

HEALTH INSURANCE OPEN ENROLLMENT: JUNE 14-25, 2021

City of Eugene Non-Represented Employees and Elected Officials

If you do not wish to make changes to your health insurance coverage at this time, you do NOT need to complete a new enrollment election.

Open Enrollment is normally the only time during the year when you may switch from one plan to another or add or drop dependents without a qualifying event.

Information, Comparisons of Benefits, and enrollment materials are available on the [Employee Benefits](#) website, on the [Open Enrollment](#) web page, or from [Employee Benefits staff](#).

If You Would Like to Make Changes to Your Plan Enrollment:

Employees who would like to change health plans or add or drop dependents must submit a new Health Plan Enrollment election through **PeopleSoft Employee Self Service** by **end of day Friday, June 25, 2021**.

If you are unable to access Employee Self Service, please contact Eugene Benefits Staff at BenefitsStaff@eugene-or.gov or 541.682.5061 for a paper enrollment form. Forms can be returned via confidential fax to 541-650-3031.

All enrollment changes will be effective July 1, 2021 and will obligate you through June 30, 2022.

Optional Open Enrollment Meeting

If you have questions about your coverage or benefit options, please plan to attend the optional Open Enrollment Meeting through Teams Meeting. The link to the Teams Meeting will be in the 6/14/21 Open Enrollment email from Eugene Benefits Staff, or for audio only please call 971-323-0078, conf ID 911 168 968#.

▶ **Wednesday, June 16, 2021 1:30-2:30 p.m.**, Teams Meeting

Attendance can be considered work time if during your regular work hours. Supervisory approval is required to attend any meeting during your regular work hours and family members are welcome to attend.

If you are unable to attend an Open Enrollment Meeting and would like more information about your benefit options, please contact Benefits staff at 541-682-5061.

Payroll Deductions

Full-time Non-represented employees are required to pay a pre-tax payroll deduction of 8% of premium on the City Health Plan or the City Managed Care Plan, or 4% of the premium on the City Hybrid Plan. Part-time employees covering dependents have a payroll deduction pro-rated to their standard hours in the payroll system. Elected Officials and Temporary Employees pay the entire cost of their health insurance coverage.

Summaries of Benefits and Coverage and Comparison of Benefits

Detailed benefit information is available at the links below, from Employee Benefits Staff at 541.682.5061, or visit us at [Basic Info, Handbooks, & Rates](#).

The Comparison of Benefits is a side by side comparison with specific payroll deduction information. The Summaries of Benefits and Coverage are required by the Affordable Care Act. They are available online 24 hours a day or contact us if you would like to receive paper copies at no charge.

Comparison of Benefits

[Non-Represented](#)

[Non-Represented Part-Time](#)

[Mayor/Council Members](#)

[Qualifying Temporary Employees](#)

Summaries of Benefits and Coverage (SBCs)

[City Health Plan](#)

[City Managed Care Plan](#)

[City Hybrid Plan](#)

Benefit Changes:

All Plans Effective 12/18/20:

All in-network and out-of-network co-payments, co-insurance, and deductibles will be temporarily waived for approved Coronavirus (COVID-19) vaccinations and vaccination administration under the Plans. This waiver will remain in place until further notification from the City of Eugene.

All Medical and Dental Plans Effective 7/1/21:

Well-Baby Visits will be covered according to the schedule for preventative care recommended by the Health Resources & Services Administration (HRSA). Contact PacificSource for details.

Newborn nurse home visiting services are covered for a newborn child up to age six months.

Physical, Occupational or Speech Therapy, and Pulmonary Rehabilitation Services will no longer require a prescription for services. All outpatient rehabilitation services combined is limited to 30 medically necessary visits per calendar year, unless otherwise specifically allowed as outlined in the Plan Document. Additional visits may be authorized by PacificSource if determined medically necessary. Coverage information and pre-authorization requirements have been updated. Contact PacificSource for details.

Pre-authorization requirements for all services may be updated based on PacificSource's standard Preauthorization List.

Interim caries arresting medicament application is covered twice per tooth per benefit year. Restorations within 3 months of interim caries arresting medicaments are not covered.