



OCWCOG Summary of Employee Benefits 2019-2020

OCWCOG provides a generous and comprehensive benefits package for employee's working **30 hrs/wk or more** including Family members, and qualified domestic partner coverage under most OCWCOG benefits. Benefit summaries are provided at new hire orientation.

- **Medical Insurance**

Employees have 4 Medical plans to choose from:

- Moda Medical Plan 6 (HDHP – H S A)
- Moda Medical Plan 1
- Moda Medical Plan 2
- Kaiser Permanente Plan 1

These plans are provided through Oregon Educators Benefits Board (OEBB) Moda Health and Kaiser Plans. Coverage will begin the first day of the month following 30 days of employment. Open enrollment for adding dependents or changing medical plans starts mid-August and is open 30 days, or by Qualified Status Change (QSC). If choosing to OPT out, please complete the OPT out form and turn in to HR. You will still need to go in and elect the Basic Life and AD&D and Long-Term disability.

- **Cost Sharing**

OCWCOG will pay the following:

- 100% for the high deductible health plan (Moda 6), Moda 2, vision, and dental plans
- 98.5 for the Moda 1 and Kaiser plans. This leaves a 1.5% premium share to employees.

See the rate sheet for 19-20 examples

- **Dental** coverage options

- Delta Dental Plan 1
- Delta Plan 5
- Willamette Dental
- Kaiser Dental/Ortho
- A 12-month Waiting Period applies when individuals decline Dental Coverage, then enroll during and Open Enrollment period.

- **Vision** coverage options

- Moda Health Vision Pearl Plan
- VSP Choice Plus Plan.
- Kaiser Vision

- **Basic Life and AD&D insurance Plan 10** is provided through The Standard-Basic Coverage is \$50,000. Dependent life insurance is \$2,000, Voluntary Life insurance is also available to you through payroll deduction.

- **Long-term disability Plan 11** is provided equivalent to 60% of an employee's basic salary. Benefits commence after 90 days of continuous total disability.

- **Short-term disability Plan 20** is provided for non -represented only.

Requirements for Participation in the Health Savings Account (HSA)

- You must be a regular or limited term employee (*temporary employees and interns are not eligible*);

- You must be working 30 or more hours per week, and are covered on the agency provided high deductible health insurance plan (Moda Plan 6);
- You are not covered on any other health insurance, including Indian Health Services, Medicare, or Veterans Insurance Benefits;

If you do not meet the above requirements you are not eligible to participate in an HSA and must decline the HSA and return the signed form to Payroll. You may be eligible to participate in an FSA if you meet the requirements listed below in the FSA section.

In accordance with I.R.C. 223-HSA'S. Probationary employees who are eligible for an HSA, will have pro-rated contributions made by OCWCOG based on the remaining months in the calendar year from the date their insurance becomes effective, upon successful completion of their probationary period.

Employer's contributions to the HSA are as follows:

- By October 5, 2019 if enrolled in employer provided Moda Plan 6 (HDHP_HSA) employer will contribute \$300 for single health insurance coverage, or \$400 for two or more covered on health insurance (*this includes domestic partner coverage*).
- By January 5, 2020 if enrolled in employer provided Moda Plan 6 (HDHP_HSA) employer will contribute \$1,200 for single health insurance coverage, or \$2,600 for two or more covered on health insurance (*this includes domestic partner coverage*).

IRS Rules regarding HSA contribution limits are as follows:

- The maximum annual contribution, including the employer contribution for single coverage for 2020 year is 3550.00 annually. The maximum annual contribution, including the employer contribution for 2-party or family coverage 2020 year is 7100.00 annually. (*NOTE: You may contribute an additional \$1,000 over the maximum annual contribution if you are 55 years or older*)

Please remember, if you have domestic partner coverage your contribution, including the employer's contribution, cannot exceed the maximum for 2020 year of 3550.00 annually. As well, your domestic partner's medical/dental/vision expenses cannot be reimbursed through the HSA.

Requirements for Participation in the Flexible Spending Account (FSA) – employer contributes up to \$300:

- You must be a regular employee (*temporary employees and interns are not eligible*);
- You must work less than 30 hours a week;
- The employee **can** make contributions through monthly payroll deduction to a maximum combined contribution (*staff plus employer*) of \$2700.

If you are eligible for the FSA and are declining this benefit, please complete both the decline section of the Health Equity FSA enrollment form, as well as the attached declination of FSA.

Requirements for Dependent Care Reimbursement Account (DCRA).

- You must have qualifying dependent;
- You must have a fully completed W-9 on file for the dependent care provider; and,
- You cannot contribute more than \$5,000 per year (*See IRS rule below*).

By IRS rules, married individuals who file separate tax returns are limited to a \$2,700 contribution annually. You may contribute up to \$5,000 if you are married and file a joint tax return, provided both you and your spouse each earn more than \$5,000 annually. If one of you

earns less than \$5,000 during the year, you are limited to a maximum spending account contribution equal to the salary of the lowest-earning spouse.

PERS (Oregon Public Employees Retirement System)

There is a six-month waiting period after the start of an employee's employment with COG before becoming a member, unless an employee came to COG within the same month as leaving another employer where they were a PERS member.

Deferred Compensation

Employees can volunteer to participate in COG's Deferred Comp plan. COG currently carries deferred comp plans through Waddell & Reed, and/or Valic. If interested in more information, employees may contact:

WADDELL & REED
Linda Kjerulf
(541) 967-9328

VALIC
Colin McDonnell
(541) 687-2221 Ext. 2

Long-Term Care Insurance

Employees can elect to enroll in Long-Term Care insurance coverage through a payroll deduction. For detailed information about the basic plan coverage and additional coverage options, please contact Human Resources.

Employee Assistance Program (EAP) Access Code is OEGB

COG provides an EAP for employees and their immediate family members, at no cost to the employee. This assistance program is provided so employees and/or families can obtain the right kind of help to resolve problems that may be affecting job performance or quality of life. COG's HR Manager can provide you with more information about the EAP.

Leave

Holidays

COG provides 10½ fixed holidays plus two personal days during each fiscal year. The personal days cannot be carried over from one fiscal year to the next ("use it or lose it"). Probationary employees are not allowed to use personal days until after successfully completing the probationary period.

Sick Leave

Full time employees accrue eight hours of sick leave each month. Part time employees accrue a pro-rated amount. Temporary employees are eligible for up to 40 hours of paid sick leave per year. An employee on trial service can use accrued sick leave while still on trial service.

Vacation

Full time employees accrue vacation leave each month according to the following schedule:

0 - 36 months	8 hours/month
37 - 72 months	10 hours/month
73 - 144 months	14 hours/month
145 months & above	16 hours/month

Part time employees accrue vacation leave on a pro-rated basis. An employee on trial service cannot use accrued vacation leave while still on trial service.

Union Options

SEIU Local 503 OPEU (Union) <http://www.seiu503.org/>

1-800-452-2146

OCWCOG recently signed up with Verizon as a contractor. As part of the agreement, our employees can now sign up to receive a significant discount—up to 18% off of your access fee and 25% off of online accessories. Just follow the instructions below and you'll be signed up! If you are not currently with Verizon, you will be offered the opportunity to switch carriers on the login page.

1. Go to: <https://www.verizonwireless.com/discount-program/#>
2. Enter your work address when prompted. You will then receive an email from Verizon to confirm your discount. You must confirm within 72hrs.
3. Save your tracking number
4. It may take 1-2 billing cycles for the discount to appear on your bill

This is a Verizon sponsored benefit and OCWCOG is not responsible for Verizon services, contracts, fees, or other terms of the agreement. If you have any questions about the benefit, or trouble signing up, please contact Verizon directly.

Other benefits available to COG employees are the option of a mid-month advance on their pay, direct deposit of paychecks, flexible work schedules, compassionate leave, leaves of absence either with or without pay, and options to participate in tax deferred flex spending plans such as Dependent Care, Premium Only, and/or the Medical Expense Reimbursement Plan. |

This is only a general description of the benefits offered through employment with Oregon Cascades West Council of Governments. Every effort has been made to ensure its accuracy. All applicable laws, rules, collective bargaining agreements or official plan documents prevail over this document.

HELPFUL NUMBERS TO KNOW

INSURANCE

Moda Health Insurance (Medical & Rx)
1-866-923-0409
www.modahealth.com/oebb

Moda (Vision)
1-866-923-0409
www.modahealth.com/oebb

The Standard Life Insurance
1-866-756-8115
www.standard.com/mybenefits/oebb

The VSP Vision Choice Plus Plan
1-800-877-7195
www.vsp.com

MODA (Dental)
1-866-923-0409
www.modahealth.com/oebb

WILLAMETTE (Dental)
1-800-460-7644
www.WillametteDental.com/oebb

Kaiser
Member Services **1-800-813-2000**
my.kp.org/oebb

RETIREMENT

PERS (Employer # - 2545) <http://oregon.gov/PERS/MEM/index.shtml> **1-888-320-7377**

DEFERRED COMPENSATION

Waddell & Reed,
Linda Kjerulf
(541) 967-9328

Valic
Colin McDonnel
(541) 687-2221 Ext 2
Mail to: colin.mcdonnel@aigretirement.com

CREDIT UNIONS

Central Willamette Credit Union
645 Waverly Drive **928-4536**
Albany, OR 97321

TLC Federal Credit Union
1625 Pacific Coast Scenic ByWay
Newport, OR 97365 **(541) 265-8182**

Benton County Schools Credit Union
2101 Professional Dr. **(541) 754-7765**
Corvallis OR 97330

Pacific Spruce Federal Credit
727 NW "A" Street (541) 336-2321
Toledo OR 97391

EMPLOYEES UNION

SEIU Local 503 OPEU (Union) <http://www.seiu503.org/> **1-800-452-2146**

OTHER EMPLOYEE AGENCIES

Social Security **1-800-452-1654**

Employee Assistance Program **1-866-750-1327**
Eugene/Springfield **541-344-6929**
Corvallis **541-754-8004**
Group Code OEBB

OCWCOG 2019-2020 Plan Year - Medical

	Employee Only	Employee/Child(ren)	Employee Spouse or DP	Family
Moda Plan 6 Select HDHP - H. S. A	499.12	948.33	1098.04	1547.27
H.S.A	125.00	250.00	250.00	250.00
Vision (EXAMPLE)	19.21	36.51	42.23	59.49
Dental (EXAMPLE)	53.03	116.83	110.21	174.11
Life/AD&D	21.91	21.91	21.91	21.91
Monthly Employer Contribution + H.S.A	718.27	1373.58	1522.39	2052.78
Monthly Employee Share	0.00	0.00	0.00	0.00

	Employee Only	Employee/Child(ren)	Employee Spouse or DP	Family
Moda Plan 6 HDHP - H S A	533.09	1012.89	1172.79	1652.61
H.S.A	125.00	250.00	250.00	250.00
Vision (EXAMPLE)	19.21	36.51	42.23	59.49
Dental (EXAMPLE)	53.03	116.83	110.21	174.11
Life/AD&D	21.91	21.91	21.91	21.91
Monthly Employer Contribution + H.S.A	752.24	1438.14	1597.14	2158.12
Monthly Employee Share	0.00	0.00	0.00	0.00

	Employee Only	Employee/Child(ren)	Employee Spouse or DP	Family
Moda Plan 2 (Includes Select)	631.05	1199.01	1388.30	1956.28
Vision (EXAMPLE)	19.21	36.51	42.23	59.49
Dental (EXAMPLE)	53.03	116.83	110.21	174.11
Life/AD&D	21.91	21.91	21.91	21.91
Monthly Employer Contribution	725.20	1374.26	1562.65	2211.79
Monthly Employee Share	0.00	0.00	0.00	0.00

	Employee Only	Employee/Child(ren)	Employee Spouse or DP	Family
Moda Plan 1 (Includes Select)	678.31	1288.81	1492.27	2102.80
Vision (EXAMPLE)	19.21	36.51	42.23	59.49
Dental (EXAMPLE)	53.03	116.83	110.21	174.11
Life/AD&D	21.91	21.91	21.91	21.91
Monthly Employer Contribution	762.29	1444.73	1644.24	2326.77
Monthly Employee Share	10.17	19.33	22.38	31.54

	Employee Only	Employee/Child(ren)	Employee Spouse or DP	Family
Kaiser Plan 1	659.42	1252.90	1450.73	2044.20
Vision (EXAMPLE)	8.34	15.83	18.34	25.83
Dental (EXAMPLE)	73.07	160.77	138.84	226.53
Life/AD&D	21.91	21.91	21.91	21.91
Monthly Employer Contribution	752.85	1432.62	1608.06	2287.81
Monthly Employee Share	9.89	18.79	21.76	30.66