



Metro

# 2025

# Employee Benefits Guide



For the benefit year beginning January 1, 2025

[benefits.help@oregonmetro.gov](mailto:benefits.help@oregonmetro.gov)





# Welcome!

As a Metro employee, you play a vital role in serving the people of the greater Portland region. The benefits in this guide are part of your overall compensation package. Here you'll find all the things you need to know about your benefits, from health insurance, vacation leave and wellness resources to help with managing debt, buying a house and planning for retirement. Metro will make sure you have the support you need through all the stages of your life.

Let us know how we can help.

A handwritten signature in black ink that reads "Julio Garcia". The signature is fluid and cursive, with a clear first and last name.

Julio Garcia,  
Metro Human Resources Director

## Have questions?

This handbook is a guide to help you understand the range of benefits available to you as a Metro employee. Information included in this guide, such as PERS rules, policies, plans and offerings are subject to change. For the latest information, please use links to source references or reach out to

[benefits.help@oregonmetro.gov](mailto:benefits.help@oregonmetro.gov) 503-797-1570

# Inside this guide

<b>Overview</b> .....	<b>4</b>	<b>Supplemental insurance</b> .....	<b>33</b>
Important dates		Supplemental Life Insurance	
Online enrollment through ePortal		Child Supplemental Life Insurance	
Summary and eligibility		Life and AD&D insurance	
Making changes		Voluntary short term disability	
		Long term disability	
		Accident insurance	
		Critical illness coverage	
		Hospital care coverage	
<b>Health insurance</b> .....	<b>9</b>	<b>Retirement and PERS</b> .....	<b>37</b>
Medical insurance		Oregon Public employee retirement – PERS	
High deductible health plans and health savings accounts		401K AND 457 saving plan options	
Trans and gender-affirming care			
Dental plans			
Vision plan			
Flexible Spending Accounts			
<b>Leave benefits</b> .....	<b>21</b>	<b>Contacts at a glance</b> .....	<b>44</b>
Vacation, Holidays and Sick leave		<b>Benefit summaries and rates</b> .....	<b>45</b>
Family Medical Leave Act		Medical plans	
Oregon Family Leave Act		Dental and vision plans	
Military family leave		Voluntary, supplemental insurance plans	
Bereavement leave		Legal Shield	
Paid Leave Oregon			
<b>Employee assistance and Perks</b> ....	<b>27</b>		
Employee assistance program			
Financial and wellness resources			
Employee perks			
Legal resources and services			

# Enroll in benefits using ePortal Self-service

During annual open enrollment, employees can enroll, make changes and update their benefits using the ePortal Self-service tool. Make sure your computer is connected to Metro’s network.

1. Go to the MetroNet: [metronet.oregonmetro.gov](https://metronet.oregonmetro.gov)
2. Locate the drop-down list Shortcut to Webtools on the right side of the homepage.
3. Select PeopleSoft ePortal.
4. Select Self-Service/HR/Payroll
5. Complete log in using your employee ID and ePortal password.
6. Click on Open Enrollment

*To enroll mid-year start by contacting [benefits.help@oregonmetro.gov](mailto:benefits.help@oregonmetro.gov) within 30 days of the qualifying event.*

**Password reset:** [helpdesk@oregonmetro.gov](mailto:helpdesk@oregonmetro.gov)

**User guide available at** [oregonmetro.gov/openenrollment](https://oregonmetro.gov/openenrollment).



## Important dates

<b>Benefits start</b>	Benefits start on the first day of employment
<b>Open Enrollment</b>	Each October or November. You can make changes to your health and voluntary supplemental insurance benefits. In addition, you can make new elections for your flexible spending accounts. Changes and updates will be effective January 1.
<b>Medical, Dental, and Vision renewal</b>	January 1. Each year, unless you make changes, your current health options will carry over into the next calendar year.
<b>Enroll or make changes to your 401(k) and/or 457 plans</b>	Any time

# Overview of Metro benefits

Metro offers a wide variety of services to the greater Portland area: parks and nature, the Oregon Zoo, land and transportation planning, garbage and recycling, and arts and events venues. This means there are all kinds of jobs in all sorts of settings – from restoring habitats outdoors to taking tickets at a theater to administering grants in a hybrid remote work environment.

Additional details on the benefits listed below are in this handbook.

## Let's start with eligibility

Some of these jobs are budgeted, full-time positions, others are seasonal or temporary and are called variable hour jobs. Most Metro employees – full-time or variable hour – are eligible for sick leave; family, medical and safe leave under Paid Leave Oregon; retirement benefits under the Oregon Public Employee Retirement System (PERS); an Employee Assistance Program and other perks.

### Full time, budgeted positions

Employees in full time, budgeted positions are eligible for all the health and welfare benefits outlined in this handbook. Benefits for eligible employees become effective the first day of employment. Some part-time employees are eligible for health benefits.

### Variable hour positions

Many of the jobs supporting events at venues or summer programs at the parks and zoo, as well as internships fall into the category of variable hour employees. Variable hour employees have full access to Metro's employee assistance program but are not eligible for health or supplemental insurance benefits. Some variable hour employees may be eligible for benefits under the Affordable Care Act.

### Employee policies and union contracts

Some benefit details, such as the rate paid vacation leave is earned, may depend on the union that represents the position. If the position is not represented by a union, Metro policies provide additional details.

Five labor unions (listed below) have collective bargaining agreements (or contracts) with Metro management. To view current union contracts on Metro's website, click "Labor unions" on the left side navigation from [oregonmetro.gov/jobs](https://oregonmetro.gov/jobs).

- AFSCME American Federation of State, County and Municipal Employees
- IATSE International Alliance of Theatrical Stage Employees
- ILWU International Longshore and Warehouse Union
- IUOE International Union of Operating Engineers
- LIUNA Laborers International Union of North America

## Benefits for all employees

### Full PERS retirement contribution

PERS is Oregon's public employee retirement system. Employees who have worked for six full months and 600 or more hours in a calendar year for a PERS-qualifying employer are eligible, and employees are fully vested in the retirement plan after five years of service. PERS requires employees to contribute 6% to the retirement plan. As part of benefits, Metro contributes this portion as well as the required employer contribution that varies from 9 to 16%.

## **Paid sick leave**

All employees receive paid sick leave benefits. Sick leave calculations are based on which union an employee is in (if any), and employees may begin using sick leave as soon as it accumulates. For most employees, sick leave is accrued at .05 hours for every hour paid.

## **Paid Leave Oregon “top off” for Parental and Safe Leave**

Paid Leave Oregon helps you take time off to care for yourself and others without having to worry about a paycheck. Metro provides a “top off” benefit for Parental and Safe Leave under Paid Leave Oregon. Metro will pay you up to 8 weeks of any additional wages not covered by Paid Leave Oregon. Metro will also “top off” up to 4 weeks under the Paid Leave Oregon Safe leave benefit. See page 26 of this handbook for more information on Paid Leave Oregon.

## **Transit benefits**

Employees who work at least 10 hours a week are eligible for a free TriMet Hop Pass transit benefit when they start at Metro.

## **Employee Assistance Program access**

Metro partners with Canopy, an employee assistance provider, to offer resources and services for employees. This includes counseling services, budgeting and finance resources, and help finding child and elder care.

## **Wellness resources and other perks**

Metro offers a variety of perks for all employees, including free admission to the Oregon Zoo (including ZooLights!); free parking at Oxbow and Blue Lake Regional Parks and Chinook Landing and Gleason boat ramps; up to two free rounds of golf per day at Glendoveer Golf Course; credit union eligibility and more. Employees also receive access to financial wellness and legal consultation services, as well as first-time home buying and ownership counseling.

## **Additional benefits for regular status, full-time employees**

In addition to the benefits listed above, regular, full-time employees receive health and wellness benefits, vacation, paid holidays, supplementary insurance options and more.

## **Paid vacation, holiday and other paid leave benefits**

In addition to paid sick and parental leaves, regular status employees also receive paid vacation leave. How many vacation hours an employee receives depends on whether they are represented by a union and what that union is – accrual rates are outlined in each union’s contract.

Metro also observes 11 paid holidays a year and offers a variety of leave options to support employees, including paid bereavement leave that follows a “family of choice” model, allowing employees to use the leave for whomever they choose.

Check union contracts or Metro’s policies for more information on vacation accrual rates and requirements for other types of leave.

## **Medical, vision and dental insurance**

Metro offers medical insurance with Kaiser and Regence Blue Cross, both offering standard plans and high-deductible plans with Health Savings Accounts. For full-time employees, Metro currently contributes 92% percent of the cost for insurance premiums. For high deductible health plans, Metro pays the deductible to the Health Savings Account, currently \$1,650 for individuals and \$3,300 for families regardless of full- or part-time status.

Eligible employees may also choose a dental insurance plan from either Kaiser or Delta (Moda) Dental and have the option to enroll in vision care insurance with VSP.

## Life, disability and supplemental insurance options

Metro provides basic life and accidental death and dismemberment (AD&D) insurance, as well as spouse, domestic partner and dependent coverage at no cost to employees. Employees may choose to buy supplemental life or AD&D insurance for themselves, their spouse or partner, and/or their eligible children.

Benefit-eligible employees receive long-term disability insurance at no cost. Employee-paid short term disability insurance, hospital care, critical illness and accident coverage are also available. These deductions are post-tax, but any benefit payments received would be tax free.

## Flexible spending accounts

Metro sponsors a flexible spending account program which allows employees to have a portion of their salary set aside before taxes to pay for a variety of expenses. Employees may elect for any or all options: healthcare, dependent care, and parking accounts.

## Optional additional retirement benefits

Metro offers two deferred compensation retirements savings plan – a 401(k) and a 457, both have a pre-tax and ROTH version. Employees can contribute savings into one or both plans.

## Opting out of medical and dental benefits

Under a number of employment contracts and collective bargaining agreements, employees with proof of other group health coverage, can opt out of employer-paid medical and dental insurance. If you wish to opt out, you will receive a cash stipend of up to \$150 per month (this is prorated if you work less than full time). Employees do not have to opt out of vision coverage.

# When can you opt out?

You can opt out of health benefits when you are first hired. After you're enrolled, you can only opt out during open enrollment periods or if you experience a qualifying life event such as loss of employment or divorce.

Opt out form available at: [oregonmetro.gov/openenrollment](https://oregonmetro.gov/openenrollment)

## Coverage levels

If you're a benefits eligible employee, the amount that you pay for health insurance depends on if you are full- or part-time, which health plan you choose and the number of people that you cover. There are four levels to choose from:

- Employee only.
- Employee and spouse or domestic partner.\*
- Employee and child or children up to age 26.
- Employee and family.

\*To enroll your domestic partner or spouse, you'll need to provide a marriage license or an affidavit confirming your domestic partnership. Benefits coverage for your domestic partner or your domestic partner's children may be taxable. To learn more, review the guidelines outlined on the domestic partner affidavit.

## How are benefits paid for?

### Cost of coverage

You and Metro share in the cost of your health benefits. Your health care contributions are deducted from your paycheck twice a month on a pretax basis. This means that the money used to pay for these benefits is taken from your pay before social security, federal, state and local taxes are withheld.

---

## Need to make changes to your benefits?

You can ...	When?
Begin or change your 401(k) and 457 plan choices	Any time during the year
Begin or change your dependent care election if you have chosen the dependent care flexible spending account (this is different from the health flexible spending account)	Any time during the year
Change your benefit choices and health flexible spending account plans	During annual open enrollment period, or if you experience a qualifying event.

### What's a qualifying event?

A qualifying event means something has happened in your life that allows you to change your benefits outside of open enrollment. Here are some examples of qualifying events:

- Marriage or domestic partner registration
- Divorce, legal separation or annulment
- Birth or adoption of an eligible child
- Change in your or your spouse's or domestic partner's health coverage due to their employment
- Change in your child's eligibility for benefits

Make sure to notify Human Resources about a qualifying event within 30 days at [benefits.help@oregonmetro.gov](mailto:benefits.help@oregonmetro.gov). Proof of qualifying event is required.





# Health insurance

Benefits-eligible employees have access to comprehensive health insurance options including medical, dental and vision insurance.



# Medical

Choose from four plans offered by Kaiser Permanente and Regence Blue Cross.

## Standard plans

### Option 1: Kaiser Permanente Health maintenance organization (HMO)

This is the most traditional of the four plans. Your benefits include:

- Preventive care services at no cost.
- A personal doctor for routine medical care.
- Simple copays for most covered services, including office visits.

#### Why choose this plan?

- No paperwork to fill out.
- Simple co-pays to help manage your out-of-pocket costs.
- Low deductible that only applies to certain types of care.
- Online features that let you manage most of your care around the clock.

### Contact information for Kaiser and Regence Blue Cross

See page 44 for Metro plan numbers and contact information for both Kaiser and Regence Blue Cross.

### Option 2: Regence Classic Preferred provider organizations (PPO)

For an additional \$48 per month (for family coverage), the Regence Blue Cross Classic plan enables you to get services from a wide range of physicians and hospitals both in the Blue Cross network and approved providers out-of-network without a referral.

- Preventive care services at no cost.
- A personal doctor for routine medical care.
- Two tiers of providers to choose from based on your health care needs and budget: select from both in-network and out-of-network providers. In-network providers will give you a higher level of benefits with lower out-of-pocket expenses.

#### Why choose this plan?

This plan gives you lots of choices:

- A wide choice of providers and care – the Kaiser HMO plan limits who you can see for services.
- The freedom to get care from any provider you choose based on your needs.

## High deductible plans

Both Kaiser and Blue Cross Blue Shield provide these benefits under their High Deductible plan options:

- Preventive care services at no cost.
- A personal doctor for routine medical care.
- A pretax Health Savings Account (HSA) to help cover the high deductible costs.

### Option 3: Kaiser HMO High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

This plan includes all the benefits listed.

### Option 4: Regence HSA Healthplan, High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

This plan enables you to get services from a wide range of physicians and hospitals both in the Blue Cross network and approved providers out-of-network without a referral while also receiving benefits of a High Deductible plan.

### Kaiser or Regence Blue Cross?

If you choose the Kaiser Standard or High-Deductible Health Maintenance Organization plan (HMO) plans, your care is directed by your selected Kaiser Permanente doctor and all of your non-emergency care is provided by Kaiser Permanente hospitals and doctors.

If you choose a Regence Blue Cross plan you can select and change providers across two tiers. Selecting in-network providers means you will have a higher level of benefits and lower out-of-pocket expenses. OHSU, Legacy and Providence Hospitals, Adventist, Zoom Care and Go Health Urgent Care are in network with Regence Blue Cross plans.

### Wellness benefits from Kaiser and Regence Blue Cross

Kaiser wants to support your journey to a healthier you with many wellness resources. From fitness ideas and nutritious recipes to wellness coaching, health classes and discounts, find what you need to live your healthiest life.

[healthy.kaiserpermanente.org](https://healthy.kaiserpermanente.org)

Regence Advantages helps you and your family save on the health-related products and services. Get discounts on fitness devices, gym memberships, allergy relief and more.

[regence.com/advantages](https://regence.com/advantages)

# Is the High Deductible Health Plan with a Health Savings Account right for you?

## High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

High deductible health plans offer you and your family great care for less and has the added benefit of helping you save money with the Health Savings Account (HSA).

## How is a High Deductible Health plan different from a traditional plan?

Traditional plans have a higher monthly premium, a smaller deductible, and fixed copays and coinsurance. This means you pay less out of your pocket for copays but more each month for your premium. The High Deductible Health Plan has a lower monthly premium with a higher deductible. What does this mean? With the High Deductible Health Plan, you'll pay more out-of-pocket if you have medical expenses (until you meet the deductible), but you can use your Health Savings Account to cover those costs. And you'll save each month by paying less for your premium.

## What's a Health Savings Account?

A Health Savings Account is an account you are required to have when you are enrolled in the High Deductible Health Plan. The account is designed to help you save and pay for qualified medical expenses now and invest for the long term. The account is portable and all the funds in your account belong to you if you leave or retire from Metro.

## How contributions work

- Contributions to your Health Savings Account may be made by you and Metro.
- Metro contributes \$1,650 for individuals and \$3,300 if you're enrolling as employees plus dependent(s) per enrollment period.
- Metro contributes the full amount of the High Deductible Health Plan deductible, per employee or family per employee or family enrollment when you first enroll, and then each year you stay in the high deductible plan.

## Eligibility requirements

In order to be eligible for a Health Savings Account you must be:

- Covered by a qualified HDHP.
- Not covered by other health insurance (with a limited number of exceptions).
- Not enrolled in Medicare.
- Not enrolled in Tricare Coverage.
- Not claimed as a dependent on someone else's tax return.
- Not currently enrolled in a Healthcare Flexible Spending Account (FSA) or a General Purpose Health Reimbursement Account (HRA).

- You will not receive more than the above stated Health Savings Account contribution during an enrollment period.
- All Metro employees who enroll in the high deductible plan receive the same Health Savings Account contribution, per employee or family enrollment. The amount is based on tier of enrollment regardless of your hours worked as long as you are still eligible.
- If you are enrolled in the High Deductible Health Plan and experience a qualifying event that changes your deductible for the plan, Metro's contribution to the plan will also change to the corresponding contribution at the same time.

### **Can I use my HSA dollars for non-medical expenses?**

You can use your HSA at any time, for any reason. But it's only tax-free if you use it for qualified health expenses. If you use it for anything else, the money you withdraw is taxable income. You will also have to pay a 20% tax penalty unless you're 65 or older, disabled or deceased.

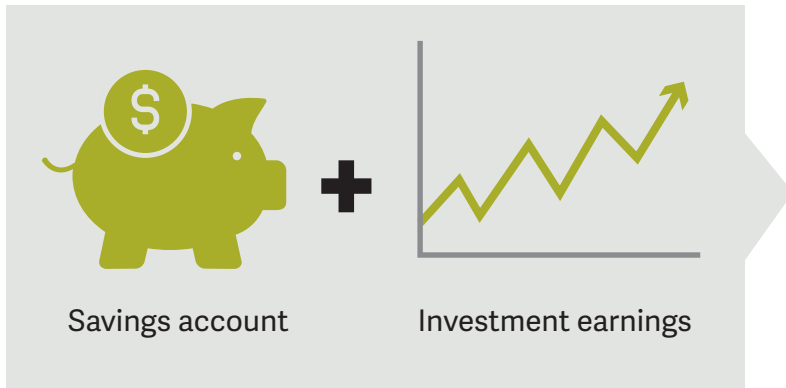
### **Want to learn more about high deductible plans?**

High deductible plans and Health Savings Accounts can be a great deal, but there are things to consider. For example, how can you know how to accurately budget for your annual medical costs?

For help figuring out if this is a good option for you, contact the benefits help team at at [benefits.help@oregonmetro.gov](mailto:benefits.help@oregonmetro.gov)

# Health Savings Account at-a-glance

## Your HSA



## pays for



Out of pocket medical costs like copays



Qualified medical expenses

## You build savings



Any money you don't spend is rolled over and continues to earn interest.

Unlike Flexible Spending Accounts you don't have to "use it or lose it."

It's portable. You own the account and keep it when you change jobs.

You are in control of when you withdraw, what you spend and what you save.

When you retire, you can use your savings to pay for your insurance premiums.

At age 65, you can take distributions as ordinary income with no penalty.

**Individual account**  
annual savings limit  
**\$4,300**

**Family account**  
annual savings limit  
**\$8,550**

Metro contributes the full amount of your deductible: \$1,650 for individuals and \$3,300 for families.

## Triple tax benefits

- 1 Contributions are tax deductible **100%**
- 2 The account grows tax free
- 3 Account funds used for qualified medical expenses are tax free



**HSA's are FDIC insured.** That means you can't lose money because of market changes.

# Trans and gender-affirming health care options

## Gender Pathways Clinic at Kaiser Permanente

Kaiser offers a multidisciplinary clinic committed to providing compassionate, gender-affirming care for transgender and nonbinary members. The gender pathways clinic is a welcoming, safe environment for members of all ages and is available to you no matter which plan you choose.

Learn more at [genderpathways.org](https://genderpathways.org)

### Gender pathways clinic services

- Information and referrals.
- Education and preparation for transition-related care.

### Medical services

- Primary care.
- Hormones.
- Pubertal suppressants.

### Surgical services

- Top/chest surgery.
- Vaginoplasty (in partnership with OHSU).
- Orchiectomy.

- Hysterectomy.
- Oophorectomy.
- Metoidioplasty (in partnership with OHSU).
- Phalloplasty (in partnership with OHSU).

### Other gender-affirming services

- Mental health counseling.
- Hair removal.
- Voice training.

## Gender affirming care benefits at Regence Blue Cross

Regence Blue cross provides gender-affirming care benefits and guidance, including a dedicated customer service team to help you understand coverage options and how to access benefits and in-network physicians. Regence Blue Cross gender-affirming care benefits are based on the World Professional Association for Transgender Health (WPATH) guidelines providing access to psychotherapy, hormonal therapy and medically necessary surgical services.

Learn more at [regence.com/member/lgbtq-support](https://regence.com/member/lgbtq-support)



## Dental

### Metro gives you the choice of two dental plans regardless of the medical plan you choose.

Dental health is an important part of your overall wellness. Regular visits to the dentist can keep cavities from starting and help avoid expensive treatment. Dental insurance helps you pay for the cost of your dental care.

#### Option 1. Kaiser Dental Plan

The Kaiser Dental plan offers quality care at a low cost.

##### What's covered:

- After a \$10 copay, preventive and diagnostic care such as cleanings and exams.
- 50% of children's orthodontic costs; max of \$1,000.

#### Option 2. Delta Dental

This plan gives you the ability to choose from dentists within the Delta Dental network.

##### What's covered:

- 100% of routine preventive and diagnostic care such as cleanings and exams.
- 100% of basic procedures such as fillings, root canals and tooth extractions.
- 50% of major procedures such as dentures and implants.
- \$1,500 for adult and child orthodontia.
- Provides an Oral Health Total Wellness program that provides for four cleanings each year instead of just two.
- To get the most of your plan and visit [deltadental.com](http://deltadental.com)

When issues come up, your dental insurance will help cover a portion of the treatment cost, so you don't have to pay the full bill yourself. This combination of preventive services covered at 100% and lower out-of-pocket costs makes dental insurance a valuable benefit.

##### Things to note:

- There is no annual deductible.
- You can only see dentists at Kaiser Permanente dental offices serving Portland, Vancouver, Longview and Salem.

##### Things to note:

- There's a \$50 annual deductible (\$150 for a family). Twice-yearly exams and cleanings are not subject to deductible.
- If you choose a dentist outside of the network, you'll be responsible for costs that exceed MODA's provider fees.
- After meeting the plan year deductible, you pay co-insurance for non-preventive eligible services up to a plan year benefit maximum of \$2,000.





## Vision

Metro offers vision care insurance through VSP Vision. As a VSP member, you have access to affordable eye care and quality eyewear, all at low out-of-pocket costs.

### What's covered:

After a \$15 co-pay, exams and glasses with a VSP provider

- 100% of single vision lenses, lined bifocal, lined trifocal: paid in full (every calendar year).
- Frames every 2 calendar years, up to \$170, plus 20% discount for amount over allowance. There are hundreds of great frames to choose from. Visit [vsp.com](https://www.vsp.com) to find a Premier Program location near you or go to [eyeconic.com](https://www.eyeconic.com)<sup>®</sup>, VSP's online eyewear store.

### It's easy to use your VSP benefits

Once your plan is effective, review your benefit information and you can get started:

1. Create an account at [vsp.com](https://www.vsp.com).
2. Find an eye doctor who's right for you at [vsp.com](https://www.vsp.com) or call 800-877-7195.
3. Make an appointment.
4. At your appointment, tell them you have VSP. There's no ID card necessary.

If you're using a VSP provider, there are no claim forms to complete.

### Did you know?

You can choose to get care and frames from a non-VSP provider or retail chain – but it will cost you more.

**Contact VSP at:**  
800-877-7195 or visit their website at: [vsp.com](https://www.vsp.com)



## Flexible Spending Accounts

### Did you know you can set aside pretax dollars to pay for health and dependent care expenses?

Metro sponsors a flexible spending account program which allows you to have a portion of your salary set aside before tax and put in either of these accounts:

- Healthcare.
- Dependent Care Flexible Spending Account.
- Parking

#### How do Flexible Spending Accounts work?

**Healthcare Flexible Spending Accounts** lets you to set aside pretax dollars to cover the cost of a wide variety of medical expenses.

**Dependent Care Flexible Spending Account** lets you use your pretax dollars to pay for eligible expenses related to caring for your child, disabled spouse, elderly parent or other dependent who is physically or mentally incapable of self-care, so you (or your spouse) can work or attend school full time.

Your dependent care expenses cannot be more than \$5,000 during a calendar year. If you are married but filing taxes separately, the limit is \$2,500. This amount may be less if you or your spouse's earned income is less than \$5,000.

**Parking Flexible Spending Accounts** lets you to set aside pretax dollars to cover work-related parking costs. This account does not cover dependent costs for their transportation costs or any parking costs already deducted pre-tax from your paycheck.

#### FSA eligible expenses

##### Healthcare

Includes acupuncture, reading glasses, prescription glasses, contacts, dental expenses such as orthodontics, crowns, deductibles, disability expenses including seeing eye dogs, and wheelchairs. A complete list of eligible expenses and exceptions is available through the current plan provider.

##### Dependent care

Dependent care expenses must be work or school-related and for children 13 and under or for disabled parents or spouse. Funds can be used for daycare services, nannies, after school programs or summer camps:

- To allow you or your spouse to work.
- To allow your spouse to look for work.
- To allow you or your spouse to attend school full time.
- If you or your spouse is physically unable to care for your children.

Medical or dental expenses are not eligible for Dependent Care FSA reimbursement.

##### Parking

- Parking expenses incurred at work and locations where you park to commute to work by mass transit.
- Vendor parking lots and garages.
- Funds roll over from year to year, but balances will be forfeited when you leave employment with Metro.

## When can you start or make changes to an Flexible Spending Account?

During open enrollment you can choose to set aside:

- Up to \$3,300 of your salary into a Health FSA; and/or
- Up to \$5,000 to a Dependent Care FSA (\$5,000 per household or \$2,500 if you are married and file separate income tax return).
- Up to \$325 per month to a Parking FSA.

You generally cannot change your Health Flexible Spending Account elections during the plan year unless you request a change within 30 days of a qualified dependent or employment status change.

### Learn more

For more information about how the flexible spending accounts work and details on usage restrictions and eligibility requirements visit Allegiance at [askallegiance.com](https://askallegiance.com) or by phone at 877-424-3570

## Use it or lose it

The IRS allows participants to carryover some unused health FSA funds into the following plan year. Any unused funds over those amounts that remain in your flexible spending account at the end of the plan year go to your employer. For 2024, up to \$660 in unused funds can carry over to 2025.

Make sure to monitor your FSA account balances to ensure they are used up before the end of each plan year. Schedule medical or dental care visits, refill prescriptions, purchase eligible over-the-counter supplies, etc.

Manage your account and submit claims online at: [askallegiance.com](https://askallegiance.com)

## How is a Flexible Spending Account (FSA) different from a Health Savings Account (HSA)?

It can be easy to confuse these two types of savings accounts. Both plans let you use pretax earnings to cover eligible medical expenses. Here's a quick comparison breakout:

### Health Savings Account

- Uses pretax dollars.
- Covers eligible health care costs.
- Can only be used with a high deductible account.
- You own the account and keep it when you change jobs.
- Can be invested and used to cover health expenses when you retire.

### Flexible Spending Account

- Uses pretax dollars.
- Covers eligible health care costs and dependent care costs.
- Cannot be used if you have an HSA.
- Metro owns the account.

# CHECKLIST

## Make the most of your benefits

### **Review medical, dental and vision coverage**

What coverage do you need for you and your dependents? Is your current plan still working for you? Review medical and dental plans. See pages 10 to 17.

### **Explore Employee Assistance Program (EAP)**

Metro's EAP is free to you as an employee and your dependents. It provides you support and assistance for a wide range of issues including financial coaching, research for assistance options for home and apartment rentals, child and elder care services and more. All employees are also eligible for free, licensed professional counseling through Metro's EAP. See pages 28 to 30.

### **Review your retirement and savings plans**

Is it time to enroll in 401K or 457 plans or increase your contributions? Are your beneficiaries up to date on all your plans? See pages 40 to 45.

### **Make sure beneficiaries are current**

Make sure your beneficiaries are up-to-date on all plans including 401K, 457, Life Insurance, PERS and HSA.

### **Consider supplemental insurance coverage**

Voluntary, supplemental insurance plans such Accidental injury, Critical Illness or Hospital care can give you another layer of financial protection to help with expenses that may not be covered by your medical plan. See pages 35 to 38.

### **Enroll or re-enroll in a flexible spending account**

You can save money on taxes by enrolling in a spending account. Spending accounts are available for eligible healthcare, dependent care or transportation costs. You will need to enroll each year. See pages 18 to 19.

If you are enrolled in a High deductible health plan make sure to use your Health Savings Account. See pages 12 to 13.



# Leave benefits

Vacation, holidays and sick leaves

Family medical leave and Oregon family leave acts

Bereavement and military leave

Paid Leave Oregon

# Vacation leave

It's important to take the time you need to rest and recharge. When we are able to step back and make time for fun and recreation, our happiness and wellbeing improve and so does our job satisfaction. Everyone wins.

Metro's generous vacation leave starts at 3 weeks and goes up to almost 5 weeks per year after 12 years of service.

## Who's eligible?

### Represented employees

If you're a represented employee, you can refer to your collective bargaining agreement to find out what vacation leave you're eligible for. To view current union contracts on Metro's website, click "Labor unions" on the left side navigation from [oregonmetro.gov/jobs](http://oregonmetro.gov/jobs).

### Non-represented employees

Non-represented regular and limited duration employees accrue vacation leave according to the following schedule. The schedule lists approximate hours earned for full-time employees. Part-time eligible employees accrue vacation leave using this same schedule for hours paid.

Level	Total Years of Continuous Service	Accrual Rate per hour paid	*Equivalent Annual Hours for Full-time Employees (2080 hours per year)
Level 1	Date of hire through completion of 3rd year	.0577 hours	120 hours
Level 2	Beginning of the 4th through completion of 6th year	.0692 hours	144 hours
Level 3	Beginning of the 7th through completion of 9th year	.0808 hours	168 hours
Level 4	Beginning of the 10th through completion of 12th year or more	.0923 hours	192 hours
Level 5	Beginning of the 13th year	0.1038 hours	216 hours

\* Part time eligible employees accrue vacation leave under the above hourly accrual rate for hours paid.

## Observed, paid holidays

Regular, full-time employees receive holiday pay for certain observed holidays.

Metro observes 11 paid holidays a year:

- New Year's Day
- Martin Luther King Jr. Day
- Presidents Day
- Memorial Day
- Juneteenth
- The fourth of July
- Labor Day
- Veterans Day
- Thanksgiving
- Day after Thanksgiving
- Christmas

## Sick leave

We all need time to rest when we're sick. Sick leave can also be used to care for sick loved ones. Taking your sick leave helps keep yourself and others healthy.

### When can you start using sick leave?

You're eligible to use earned sick leave as soon as you have earned it.

### What does sick leave cover?

- Mental or physical illness, injury or health condition, medical care, diagnosis and treatment, or preventive medical care of a mental or physical illness, injury or health condition, for yourself or a qualifying family member.
- Any purpose specified by Family Medical Leave, Oregon Family Leave or Paid Leave Oregon.

- Address domestic violence, harassment, sexual assault, or stalking in accordance with state law and Metro's Domestic Violence, Sexual Assault, Criminal Harassment and Stalking Protections Policy.
- In the event of a public health emergency, which includes closure of the school or place of care of an employee's child, or by order of a public official due to a public health emergency.

### Represented employees

If you're a represented employee, your collective bargaining agreement has information on accrual rates for paid sick leave. To view current union contracts on Metro's website, click "Labor unions" on the left side navigation from [oregonmetro.gov/jobs](https://oregonmetro.gov/jobs).

### Non-represented and Variable hour employees

Non-represented employees, including variable hour status, accrue paid sick leave at a rate of .05 hours for every hour paid. Learn more about sick leave for non-represented employees at [oregonmetro.gov/employeeolicies](https://oregonmetro.gov/employeeolicies).

### Questions?

To request leave or learn more about your leave benefits, policies and responsibilities contact Human Resources or your union representative.

Call 503-797-1570

[benefits.help@oregonmetro.gov](mailto:benefits.help@oregonmetro.gov)

# Family Medical Leave Act and Oregon Family Leave Act benefits

State and federal leave laws protect your right to take time to care for yourself and your family when you need it without putting your job at risk. Below are some of the ways you can do that:

## Family Medical Leave

Family Medical Leave (FML) is intended to ensure that eligible employees have the opportunity to take up to 12 weeks of job protected leave for approved medical and/or family situations. In the state of Oregon, FML follows; the Family Medical Leave Act (FMLA), Oregon Family Leave Act (OFLA) and Paid Leave Oregon.

To be eligible for FMLA leave, the employee must have worked for at least 12 months and for at least 1,250 hours during a 12-month period immediately preceding your anticipated leave. To be eligible for leave under OFLA, the employee must have worked an average of 25 hours per week for 180 days immediately preceding your anticipated leave.

## Oregon Family Leave: Sick child leave for non-serious illness

It's a fact – kids get sick. Oregon Family Leave (OFLA) allows time off for any eligible employee to take care of their kids due to an injury, illness, or condition that requires home care. Sick child leave includes both serious or non-serious health conditions. Metro may ask you for a doctor's note after the third time you take leave.

## Bereavement leave

When you lose someone you love, you need time to grieve and be with those closest to you. Bereavement leave gives you the chance to do that, and to make necessary arrangements related to the loved one's death and funeral or alternative ceremony.

### Who's eligible?

#### Represented employees

If you are represented by a union, your bereavement leave benefits are decided by your collective bargaining agreement and the Oregon Family Leave Act (OFLA).

#### Non-represented

If you are a non-represented benefits-eligible employee, Metro covers up to three days paid bereavement and funeral leave. In the case of the death of a family member, you can use your accrued sick or vacation leave to cover additional leave, not to exceed two weeks total.

OFLA bereavement leave is limited to four weeks in a given leave year.



## Do you need bereavement leave now?

### A Metro benefits specialist can help.

If you have lost someone, please send an email to [benefits.help@oregonmetro.gov](mailto:benefits.help@oregonmetro.gov) telling us how you are related to the person who died, the date you learned of the death and your potential dates of absence. A benefits specialist will verify your eligibility for Oregon Family Leave and determine what bereavement leave is available to you under your union's collective bargaining agreement.

To support you and your family during this tough time, Canopy Employee Assistance Program provides free counseling sessions. Contact Canopy and identify yourself as a Metro employee, or as a family member of a Metro employee, and one of their counselors can offer immediate help or schedule an appointment for you.

#### Human Resources

503-797-1570

[benefits.help](mailto:benefits.help@oregonmetro.gov)

[@oregonmetro.gov](mailto:@oregonmetro.gov)

#### Canopy EAP

Call 800-433-2320

Text 503-850-7721

[info@canopywell.com](mailto:info@canopywell.com)

## Military leave and Military family leave

Oregon Military Leave allows an employee to take up to 14 days of leave per deployment to spend time with a spouse or domestic partner who is in the military and has been notified of an impending call or order to active duty or has been deployed during a period of military conduct.

Additional protected leave rights for military service veterans and their families include:

- Caregiver leave for a military service member dealing with a serious illness or injury incurred or aggravated in the line of covered active duty.
- Exigency leave to help with needs resulting from a family member's active duty military service, such as making financial, legal or child or elder care arrangements.
- Please contact Human Resources if you have any questions related to military service, military leave, or veteran status.

### What is exigency leave?

This is 12 work weeks of unpaid, job-protected leave in a 12-month period to make arrangements when a family member is deployed.

# Paid Leave Oregon

Paid Leave Oregon helps you take time off to care for yourself and others without having to worry about a paycheck.

## What are benefits under Paid Leave Oregon?

Paid Leave Oregon provides up to 12 weeks of paid leave per year, plus 2 weeks for pregnancy-related medical leave. Leave can be used as you need it: one day or week at a time, for several weeks or entire months.

If you've worked at Metro for at least 90 days in a row, the program also gives you the right to come back to your same job after returning from leave.

### Three leave options are available:

Family leave: to care for and bond with a new child after birth, adoption or foster care placement (Parental leave).

Or, to care for a family member with a serious illness or injury.

Medical leave: to care for your own serious health condition.

Safe leave: for survivors of sexual assault, domestic violence, harassment or stalking.

### Who is eligible?

Full-time, part-time and variable hour employees who have earned at least \$1,000 in the year, in Oregon, before claiming paid leave are eligible. You must also meet certain requirements – known as a “qualifying life event.” The State of Oregon determines eligibility.

### What notice must I provide?

If you know you will need to use Oregon Paid Leave, let your supervisor and Human Resources know at least 30 calendar days before taking leave. In an emergency, let your supervisor know you need to use Oregon Paid Leave within 24 hours.

## How much of my pay is covered during an approved leave?

Benefits are calculated using your reported wages compared to the State of Oregon's average weekly wage. Your eligible amount of the state's average weekly wage is paid to you directly by the State of Oregon.

If you make more than the average weekly wage, Metro provides options to cover the difference during eligible, approved leave. These options have been negotiated with union partners and are specific to, and paid to you separately by Metro:

For Medical leave, and medical care provided for under Family leave, you can use sick, personal or vacation leave to cover the difference.

For birth, adoption or placement (Parental leave) under Family leave, and for Safe leave: Metro will pay you the difference (up to 8 weeks of Parental leave or up to 4 weeks of Safe leave).

### Who funds Paid Leave Oregon?

Paid Leave Oregon is funded through a 1% payroll contribution of your gross wages. Of that 1%, employees contribute 0.60% and employers contribute 0.40%. Contributions began Jan. 1, 2023.

### How do I apply?

Apply for leave using the State of Oregon online application tool called Frances. Access the tool at [paidleave.oregon.gov](https://paidleave.oregon.gov). Make sure to apply no earlier than 30 days before you need to take leave, or 30 days after your leave.

## Questions?

[paidleave.oregon.gov](https://paidleave.oregon.gov)

[benefits.help@oregonmetro.gov](mailto:benefits.help@oregonmetro.gov)



# Employee Assistance Program and employee perks

# Employee Assistance Program through Canopy

## Use of the Employee Assistance Program through Canopy is free, private and confidential.

Metro has contracted with Canopy to offer a free and confidential employee assistance program that can help with a wide range of personal concerns to reduce life stress, save you time and improve you and your family's quality of life.

It's not just for times of crisis, either. Canopy is committed to your continuous, overall wellbeing – the program includes personal wellness counseling, legal consultations, financial coaching, and can even help you source things like childcare and elder care.

Whether you're feeling stressed and need someone to talk to or you're looking for financial guidance as you search for a new home, a single call is all it takes to get on the right track. Simply identify yourself as a Metro employee, or as the family member of a Metro employee, and one of their master's level counselors can offer immediate help or schedule an appointment for you.

## Who's eligible?

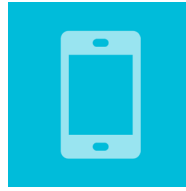
- All employees.
- Family members and dependents are eligible for benefits. Family members can contact Canopy directly. They will need to provide the employee's name, job title, and birth date).
- Domestic partners.

### Contact Canopy

Call 800-433-2320

Text 503-850-7721

[info@canopywell.com](mailto:info@canopywell.com)



## Easy ways to connect to support

You can get in touch with support professionals in a number of ways, depending on what feels right for you.

- Text support and online scheduling.
- Live chat.
- Video support.
- Phone counseling.
- Phone app.

## Where to start

- Give Canopy EAP a call.
- A master's level counselor will answer the phone.
- Let them know you're a Metro employee (or family member).



## Counseling Support

- Free and confidential.
- Personal consultation with an EAP professional.
- Up to 5 counseling sessions per incident, per year.
- Help with marital or work conflict, depression/anxiety, relationship problems, stress management and more.
- Referrals to community resources.



### Work/family/support

- Childcare and eldercare.
- Resources found based on family's specifications.
- Resource research: Canopy will do the research for you.



### Legal support

- Consultation and online tools.
- Help putting together a simple will.



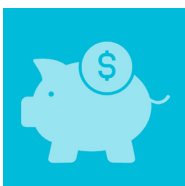
### Identity theft services

- Consultation and guidance for victims of ID theft.
- Prevention tips.
- Information about how to restore your identity.



### Tax preparation services

- No fee consultation to ask tax-related questions
- Discounted personal income tax return preparation.
- Do it yourself tax preparation with 15% discount.
- Access at [mysecureadvantage.com/tax-prep](https://mysecureadvantage.com/tax-prep).



### Financial coaching

- Building saving, reducing debt and improving credit.
- Budgeting and much more.



### Mortgage

- Home Ownership Program.
- Assistance and discounts for selling, buying, and refinancing a home.
- On average, this service has been able to save employees \$2,000-\$6,000 of their out-of-pocket expenses.



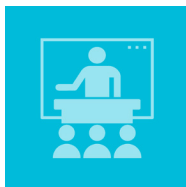
### Pet parent resources

- Concierge support.
- Pet insurance discounts.
- Bereavement support.
- New pet parent resources.



### Gym membership discounts

- Exclusive membership discounts to gyms, fitness centers and studios.
- Additional discounts on weight loss and healthy eating programs for the whole family.



### Browse the EAP Member Site

- Self-assessments
- Articles
- Videos and webinars
- Quizzes
- Courses
- Legal and Tax forms.
- FAQs.

# Make time for the fun things in life



## Tickets at Work

As an employee of Metro you have access to 20 to 60% off on movies, hotels, shows, concerts, sporting events and more. As seasons change, Tickets at Work offer deals that are relevant to current events. To sign up go [ticketsatwork.com](https://ticketsatwork.com) and become a member. Under the company code, enter OMGAFUN.



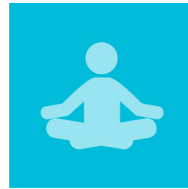
## Oregon Zoo admission and discounts

Treat your family to a fun-filled day of exploring at the zoo. Metro employees and their eligible family members can receive free admission to the Oregon Zoo and discounts on certain goods and services. Please review the Zoo Admission and Discount Policy for Metro Employees to learn more.



## Wellness options and discounts

Metro supports your wellness through stretching classes and healthy reward discounts, nutrition programs and much more. View all wellness benefits on the MetroNet> My Employment> Benefits and Leaves> Employee Perks.



## Alternative Care

To help you achieve total health in mind, body, and spirit, Kaiser and Regence health plans include an alternative care benefit. More information on benefits is available at Kaiser and Regence websites.



## Free parks admission and golf

Metro employees are eligible for free admission to Oxbow and Blue Lake Regional Parks, Broughton Beach, M. James Gleason Memorial Boat Ramp and Chinook Landing Marine Park. Enjoy family picnics, boating, fishing and swimming at these beautiful locations. Learn more in Parks Admission Policy for Metro Employees.

Metro employees and one guest are eligible for up to two free rounds of golf per day (either 9 or 18 holes) at Glendoveer Golf Course. Reservations are recommended. Employees only are eligible for one complimentary bucket of balls per day for the driving range. To book a tee time, visit [playglendoveer.com](https://playglendoveer.com) and indicate you are a Metro employee. Reservations can also be made in person at 14015 NE Glisan or by calling 503-253-7507. Show employee badge at check-in.



## Financial wellness resources

### Home Ownership Program: HomeStreet Bank

Metro, in partnership with HomeStreet Bank, offers an Employee Assisted Housing Program. This program has a variety of resources to assist you in the home purchasing process.

Benefits of the program include:

- Free home buying seminars.
- Budget and credit resources.
- Special loan programs.
- Access to down payment assistance.
- Savings on closing costs.

For more information about the home ownership program, contact HomeStreet Bank at 503-227-3956 or toll free at 888-408-0066 or visit [homestreet.com/Metro](https://homestreet.com/Metro)

### Home Ownership Program: Caliber Home Loans

Caliber Home Loans partners with Metro as a preferred Mortgage Loan Officer. Just by being an employee at Metro you're qualified to receive \$1,200 off of your closing costs! The Caliber team will guide you through the home loan process every step of the way.

[caliberhomeloans.com](https://caliberhomeloans.com)

### Credit union eligibility

Employment at Metro qualifies you as an eligible member of Advantis and OnPoint Credit Unions. You're eligible for account memberships and various product offerings. In addition, both credit unions host periodic financial wellness workshops for Metro employees.

[advantiscu.org](https://advantiscu.org)  
[onpointcu.com](https://onpointcu.com)

### Free TriMet Hop Pass

Employees who work at least 10 hours a week qualify to receive a TriMet Hop Pass. The pass provides transit benefits for all TriMet buses, MAX Light Rail, WES Commuter Rail, Portland Streetcar, Portland Aerial Tram, LIFT para transit vehicles, and some CTRAN buses. Employees are eligible for this free transit benefit when they start at Metro.

Pass requests usually take 2 to 4 weeks to complete once Human Resources receives the request. To request a pass email

[benefits.help@oregonmetro.gov](mailto:benefits.help@oregonmetro.gov)

### Weekly virtual stretching sessions

Employees can join virtual weekly stretching sessions presented by a contracted fitness instructor.

For times and virtual session links visit: MetroNet > My Employment > Benefits and Leaves > Employee Perks.

MetroNet search terms: "virtual stretching."

# Legal protection through MetLife



Access legal resources and services for you and your family through Met Life. For \$18 per month employees can access legal consultations from a dedicated law firm, preparation of common legal documents like wills or trusts, court representation, financial representation for IRS or debt collection, estate planning, speeding tickets and more. See plan summary for a full description of services provided.

## **Family**

- Protective orders.
- Post-Nuptial agreements.
- Domestic partnerships.
- Name and gender identification change.
- Adoption and guardianship.
- Paternity.
- Juvenile Court Proceedings.
- Immigration.

## **Home**

- Contractor disputes.
- Deeds and foreclosures.
- Eviction and tenant issues.
- Titles, boundaries and easements.
- Neighbor disputes.
- Home sale, purchase and refinancing.
- Real estate contracts.
- Small claims assistance.
- Zoning applications.
- Property tax assessments.

## **Estate planning**

- Living wills and trusts.
- Probate.
- Power of Attorney.
- Physician's directive.

## **Auto**

- Driver's license restoration.
- Motor vehicle property damage.
- Moving violations and traffic tickets.
- Property damage claims.

## **General**

- Office consultation.
- Telephone advice.
- Document review.
- Mobile App.
- 24/7 Emergency legal access.
- Demand letters.
- 25% preferred member discount.
- Legal forms.





# Supplemental insurance

Metro offers several supplemental insurance options to plan ahead for life's unexpected events including life, critical illness and hospital care coverage.

## Life and AD&D insurance

Metro provides basic employee life and accidental death and dismemberment (AD&D) insurance through Unum.

### How it works:

- Basic life and AD&D insurance equals 1.5 times your annual base salary up to a maximum of \$50,000.
- Insurance coverage is reduced to 65 percent at age 70, to 50 percent at age 75, and to 35 percent at age 80.

## Supplemental Life Insurance

You can choose to buy supplemental life insurance for yourself, your spouse, domestic partner and/or your eligible children.

### How it works:

- It is available for you or your family in increments of \$10,000 up to a maximum of \$500,000 or up to five times your annual salary (whichever is less).
- New employees are guaranteed coverage without the need to answer any medical questions if you purchase up to a maximum of \$180,000 in supplemental life insurance during new hire enrollment. Purchasing the minimal level as a new hire gives you the option to increase your guaranteed coverage up to the maximum during future open enrollment periods.
- For insurance above \$180,000 you will need to show evidence of insurability.
- You can add or make a change to this insurance during open enrollment.
- The monthly cost of your supplemental coverage is based upon your age and the amount of coverage selected.

## Supplemental Life Insurance rates

Age	Cost per \$10,000
15-24	\$0.70
25-29	\$0.70
30-34	\$1.04
35-39	\$1.22
40-44	\$1.70
45-49	\$2.64
50-54	\$4.61
55-59	\$7.82
60-64	\$9.51
65-69	\$14.69
70-74	\$22.60
75+	\$34.85

### What is Evidence of Insurability?

When you apply for supplemental life insurance coverage, you may be asked to provide information about your general health to the insurance company. In some cases, you will be asked to take a basic physical exam. This is called evidence of insurability. If it is needed, you will be given the appropriate form. Please return this form to our life insurance provider so they can approve it. Once it's approved, your insurance will become effective.

## Spouse/Domestic Partner Supplemental Life Insurance

You can buy life insurance for your spouse or domestic partner.

### How it works:

- For initial enrollment, you can get guarantee issue up to \$25,000. You can buy it in \$5,000 increments up to a maximum of \$25,000 – as long as it isn't more than your own supplemental life coverage.
- If you choose more than \$25,000 of coverage you must complete an evidence of insurability form.
- The monthly cost of your spouse or domestic partner's supplemental coverage is based upon their age and the amount of coverage selected.

## Child Supplemental Life Insurance

There's supplemental life insurance for your children too.

### How it works:

- Child supplemental life insurance is available for a benefit amount of \$10,000.
- Children are eligible for coverage until age 26.
- The monthly cost of coverage is \$1.50 for \$10,000 of coverage, no matter how many eligible children are covered.
- You can elect this option if you have also chosen supplemental life insurance for yourself.

## Accident insurance

Metro provides accident insurance through Unum. Accident Insurance provides a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur off the job. And it includes a range of incidents, from common injuries to more serious events. It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles.

## Supplemental Accidental Death and Dismemberment (AD&D) Insurance

Additional AD&D insurance is also provided through Unum – with some limits. Please see the plan documents for details.

### How it works:

- Supplemental AD&D is available in \$10,000 increments, up to \$500,000.
- The monthly cost for employee only is \$0.028 per \$1,000.
- The monthly cost for a spouse or domestic partner is \$0.028 per \$1,000.

## Long term disability

Metro provides long term disability insurance through Unum, at no cost to you.

### How it works:

- If you become disabled due to a non-work injury and you meet the plan's definition of disability, you are eligible to apply for long term disability.
- You will receive a monthly amount equal to 66 2/3% of your monthly salary, up to a maximum of \$7,500 per month (this amount may be reduced due to other sources of income).
- This benefit lasts as long as you are disabled or until you qualify for Social Security.
- You must show a loss of income of 20 percent or more for at least 90 days in order to qualify for this benefit.

## Voluntary short term disability

Metro provides employees with employee-paid short term disability (STD) benefits insured by Unum.

### How it works:

- If you become disabled due to an off-the-job illness or injury and you meet the plan's definition of disability, you are eligible to apply for a weekly benefit.
- You will receive equal to 60% of your pre-disability weekly salary to a maximum of \$2,500 per week (this amount may be reduced due to other sources of income).
- This benefit begins after 14 days of disability and continues as long as you are disabled according to the plan's definition of disability or until you reach the maximum benefit period, whichever occurs first.
- You may not be eligible for benefits if you have received treatment for a condition within the past 3 months until you have been covered under the plan for 6 months.
- If you choose this benefit, payments will be made through after-tax paycheck deductions.

### **Special note on short-term disability and benefits under Paid Leave Oregon:**

*Short Term Disability plan benefits will be reduced if you receive income benefits from Paid Leave Oregon or Washington Paid Leave.*

## Critical illness coverage

Employee-paid Critical illness coverage insurance is available through Unum.

### How it works:

- This coverage provides additional income if you or your dependent experience a critical illness or event.
- Premium for Employee's automatically includes children under age 26 at no additional cost.
- If claim filed, benefit amount paid for spouse or children is 50% of the employee amount.
- Coverage for spouse or children must be accompanied by employee enrollment.

## Hospital care coverage

Employee-paid Hospital care coverage insurance is available through Unum.

### How it works:

- Provides additional income if you or your dependent becomes hospitalized.
- Coverage pays for one hospital or intensive care stay per year.
- Coverage continues after first hospitalization so you're covered for future hospital stays.
- This benefit can be helpful for those who have elected a high deductible health plan.

### **What is a beneficiary designation?**

Your life insurance beneficiary is the person you choose to receive life and AD&D benefits in the event of your death. Please fill out and return a beneficiary form to the Human Resources in order to ensure that the insurance company knows who should receive the benefits.

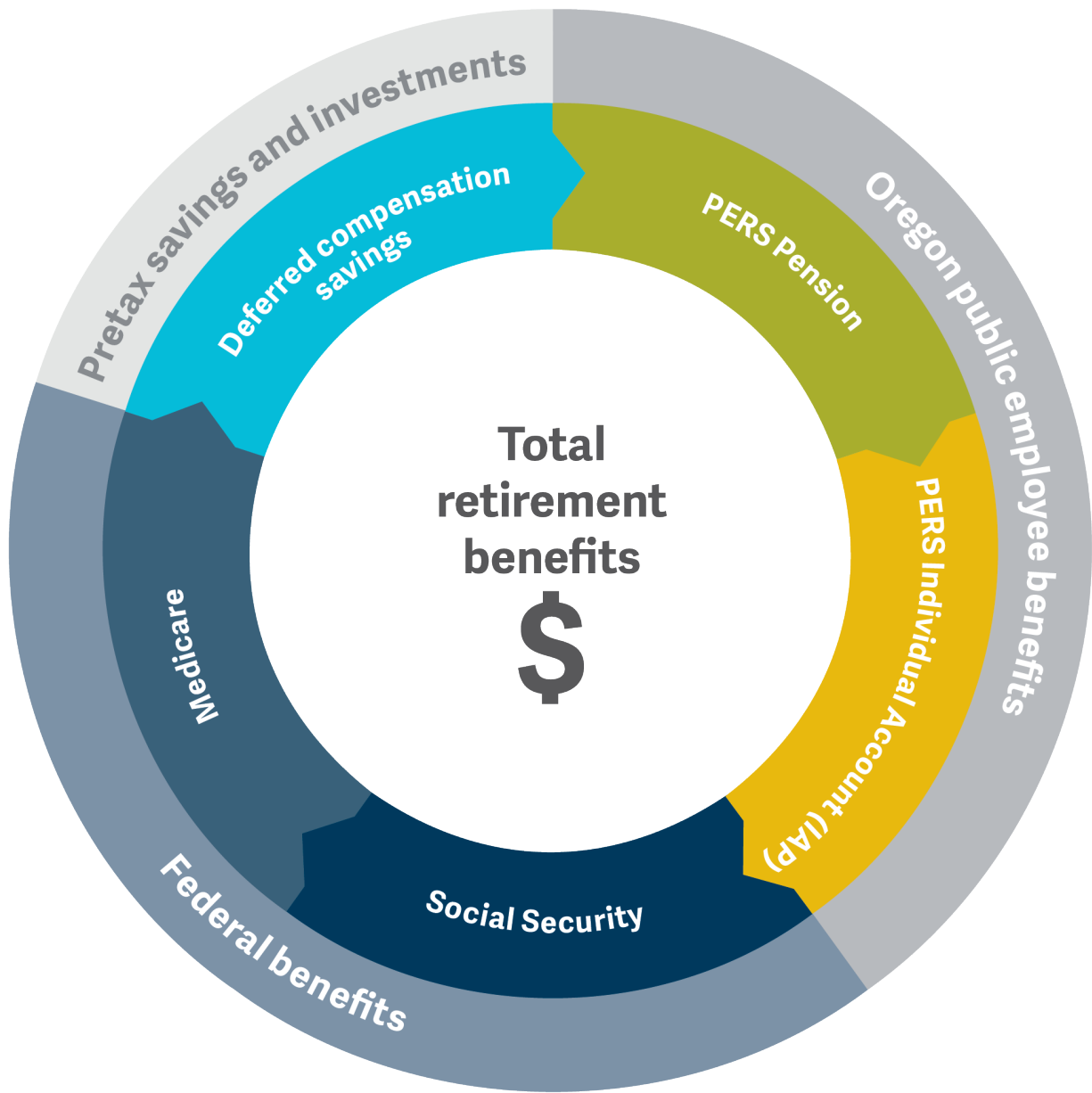


# Retirement and PERS

Learn more about retirement savings under Oregon PERS and supplemental 401 and 457 plans.

A successful retirement means different things to different people. Some people are ready to travel and pursue hobbies and recreation, others want to get involved in their communities or spend more time with people they love.

Social Security benefits are an important source of retirement income but they are usually not enough to comfortably live on during retirement. As an eligible Metro employee you are able to participate in the Oregon Public Employees Retirement System (PERS). PERS provides steady retirement income and a solid foundation for a secure retirement. Metro also offers optional deferred compensation plans that let you save and invest pretax earnings that can go a long way in helping you meet your retirement goals.



# Understanding your Oregon public service retirement benefits (PERS)

Oregon Public Employees Retirement System, or PERS, is the retirement pension system for most public service workers in Oregon including state, county, city and Metro employees.

There are two components to PERS:

1. Pension: monthly benefit paid to you for the rest of your life once you retire. You can choose to take the benefit as a lump sum. The amount you are paid is defined by a formula based on your number of years of service in the pension system, and wage or salary level. See page 43 for information on this formula.
2. Individual Account Plan (IAP): separate additional account to your pension benefits, similar to a 401K savings plan. How much is in your IAP account on retirement depends on your salary amount during your working years and how well the investment market has performed. Metro contributes 6% of your annual salary amount to your IAP. See page 43 for more information.

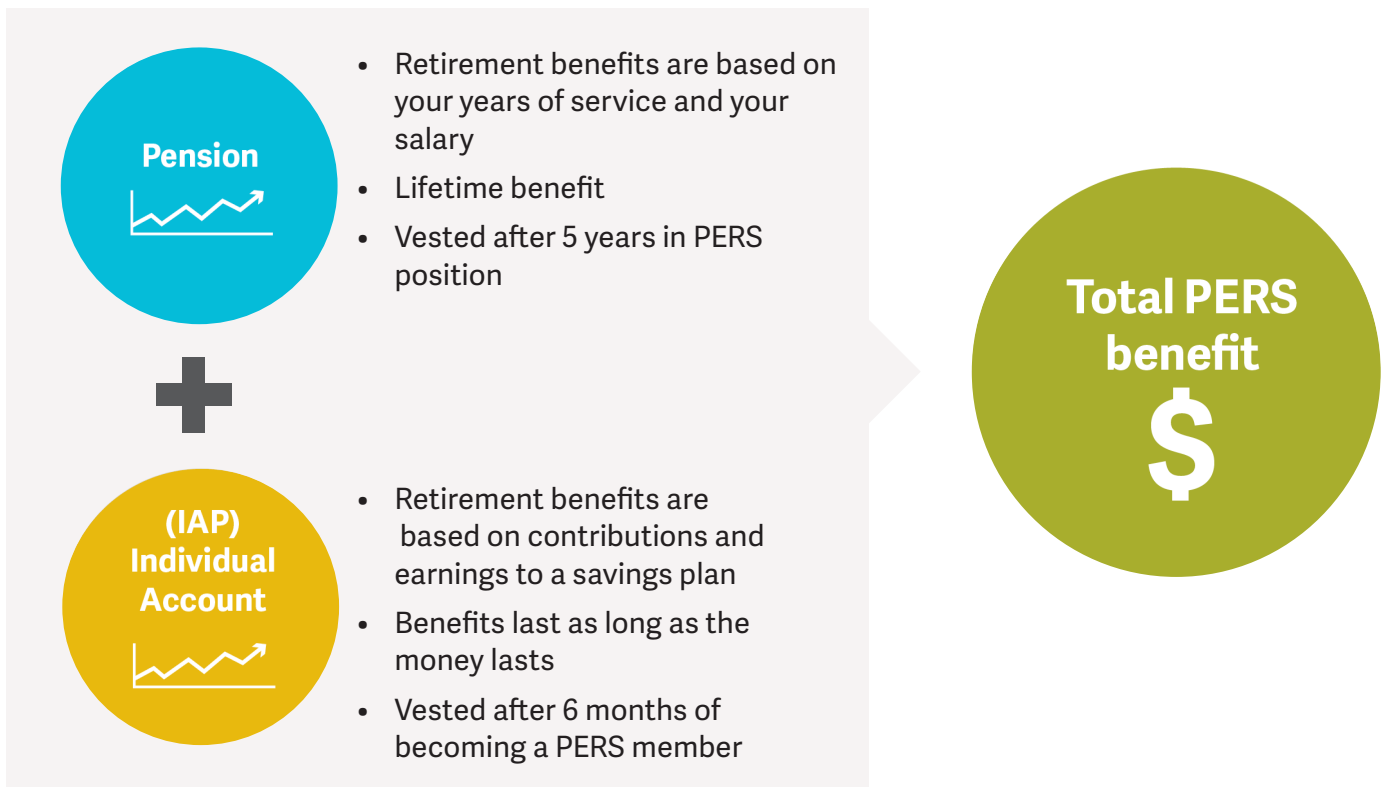
### Who’s eligible?

You don’t have to apply to participate in the PERS retirement program. Eligibility and contributions are tracked and administered automatically by the payroll department. You are eligible for PERS benefits if you have worked for 6 full months and if you work 600 or more total service hours in a calendar year.

PERS benefits are broken into three tiers. The tiers are based on your date of hire. They also reflect any changes in law about the benefit levels and requirements.

[Learn more: oregon.gov/PERS](https://oregon.gov/PERS)

PERS comparison chart				
	Tier one	Tier two	OPSRP pension	IAP
<b>Retirement age</b>	58 (or 30 years of service)	60 (or 30 years of service)	65 (58 with 30 years of service)	55
<b>Early retirement</b>	55	55	55	55
<b>Earnings</b>	Guaranteed assumed rate; currently 8% annually	No guarantee; market returns	N/A; no member account	No guarantee; market returns



### What tier are you in?

- If you were hired before Dec. 31, 1995, you are a PERS Tier 1 member.
- If you were hired after Jan. 1, 1996 but before Aug. 29, 2003, you are a PERS Tier 2 member.
- If you were hired on or after August 29, 2003, you are a part of the Oregon Public Service Retirement Plan (OPSRP).

### Vesting period for Oregon PERS

Being “vested” means you have the rights to the full amount of your PERS retirement benefit. For Oregon PERS you can be vested in one of two ways:

- Work for five years in a PERS-qualifying position for at least 600 hours per year. The years do not need to be consecutive, but you cannot have a gap in qualifying employment of more than five years.
- Work in a qualifying position on or after reaching normal retirement age.

Being vested means that you cannot lose your right to your pension benefit unless you withdraw from the overall program.



## How pension benefits are calculated

The PERS plan bases the benefit on your final average salary. In general, this salary figure is calculated as either the average of your highest salaries from three consecutive years or one third of your total salary in the last 36 months of employment.

The PERS formula varies slightly depending on your service type. Most Metro employees are in general service.

### General service formula

1.5% x years of total retirement credit  
× final average salary

#### Example:

Final average salary: \$45,000

Retirement credit: 30 years

$0.015 \times 30 \times \$45,000 = \$20,250$  per year

$\$20,250 \div 12$  months = \$1,687.50 per month in pension income

This example is based on a Single Life Option. Learn about the various retirement options you will have, including beneficiary options, in the OPSRP Pre-Retirement Guide.

## More on the individual account plan

Metro begins making contributions to your IAP account as soon as you officially become a PERS member (when you complete your probationary period, which is usually after six months of employment). You are automatically vested in your IAP account at this time.

Your IAP is built with contributions that amount to 6% of your salary.

As required by law, part of this contribution is redirected and used to fund the pension plan: 2.5% for Tier 1 and 2 and .75% for OPSRP members.

Your IAP account contributions are invested in a Target-Date Fund (TDF) based on your age. This is intended to reduce investment risk and volatility. You have the option to change the fund your account is invested in to better match your risk tolerance and savings goals. You can change your target date fund once per year and during the annual Member Choice window, September 1 to 30 each year.

At retirement, you can take your IAP account funds in a lump sum, roll over, or in a series of installments. You can use the IAP Disbursement Forecaster to estimate your IAP distribution at retirement.

### PERS retirement benefits support

Sign up for PERS education sessions and member news, or contact a Member Services representative, who can answer specific questions relating to your membership

503-598-7377 or visit [oregon.gov/PERS](https://oregon.gov/PERS)

### PERS beneficiaries

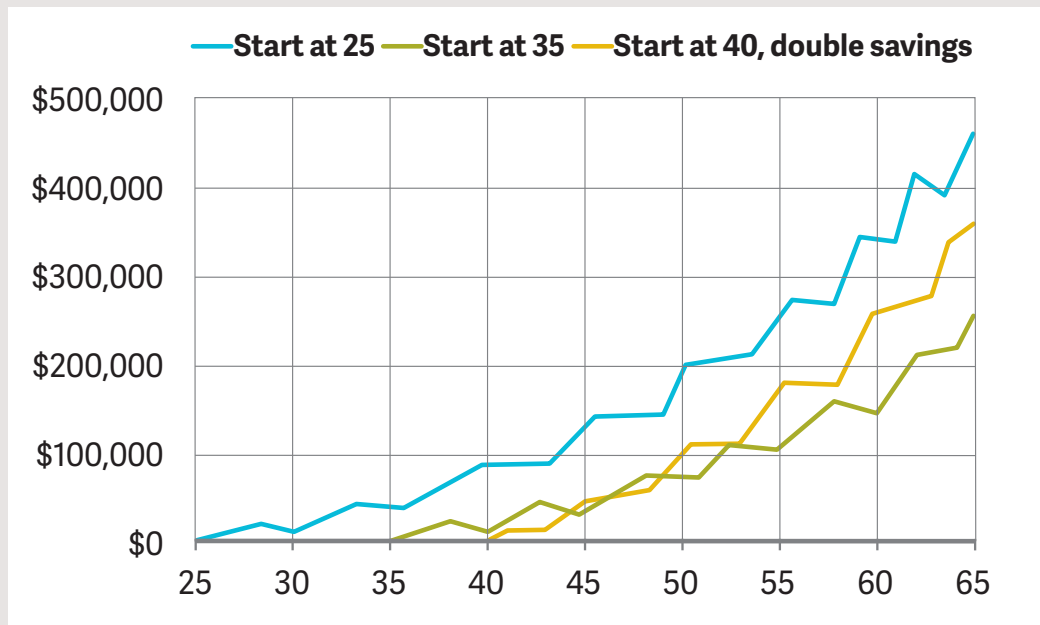
You can designate a beneficiary for certain PERS benefits including:

- The member's surviving spouse or other person who is constitutionally required to be treated in the same manner as a spouse.
- The member's surviving children, in equal shares.
- The member's estate.

# Getting started early will pay later

Saving money can be a challenge in your 20s and 30s when you're focused on establishing your career and family. You can start small. Savings add up and investing them in a deferred compensation plan pretax can make an easy but significant contribution to your future retirement security and independence.

**Pro tip:** One easy way to save without feeling a pinch is to invest some or all of your annual wage increase.



## Social Security

Your Social Security benefits are determined by a complex formula based on the 35 years of highest earnings over your lifetime, when the earnings occurred, your birth date, and your age at the time payments begin.

Starting benefits before your full retirement age (65 to 67, depending on your year of birth) will reduce the amount of each Social Security payment, although you will get more of them. Waiting until after your full retirement age, up to age 70, will increase your benefit amount. If married, you should also coordinate benefits with your spouse.

To estimate your retirement benefits, visit the Social Security Administration's website at [ssa.gov/myaccount](https://ssa.gov/myaccount).

Not all public employees qualify for Social Security retirement benefits. If you received earnings not covered by Social Security, your estimated benefit may be lower, visit [ssa.gov/benefits](https://ssa.gov/benefits)

*(Source ICMA-RC brochures)*

## Medicare

Medicare is the federal insurance health program for people age 65 and older. There are important initial and ongoing decisions to make about benefits. Be sure to consider the costs and options as you think through your retirement plan. Health care is one of the biggest expenses in retirement.

[medicare.gov](https://medicare.gov) or 1-800-medicare

# Additional retirement savings options:

## 401K and 457 pretax saving and investment plans

### Voluntary deferred compensation plans

Deferred compensation plans are created to supplement your retirement income. While your pension and Social Security will provide a strong foundation, they are not likely to be enough to ensure a secure financial future. Deferred compensation retirement investments through a 401K or 457 plan can make up the difference.

Unlike Social Security and PERS, deferred compensation plans are tax-advantaged retirement accounts that you control directly. You choose whether or not to participate. You are in charge of how much you contribute and you decide how you invest your savings based on your goals and risk tolerance. They also have the advantage of being movable. If you leave Metro you can roll your savings into an IRA or other retirement account.

With pretax contributions, money that would otherwise be taxed immediately is invested and all taxes, including on earnings, are deferred until the money is withdrawn.

Metro offers two deferred compensation retirements savings plan – a 401(k) and a 457. You can contribute into one or both plans. Both plans are administered through Mission Square.

### 401(k) plan

401(k) plans are typically offered to private sector employees. Metro offered this plan before public sector plans were available and was able to keep this benefit. The 401(k) plan is offers:

- A traditional pretax contribution election.
- A Roth 401(k) plan after-tax election option.

### 457 plan

- A traditional pretax contribution election
- A Roth 457 plan after-tax election option.

For each calendar year employees under age 50 may defer up to \$22,500 into their 401(k) and/or 457 plans; employees age 50 and older may defer an additional \$7,500 per calendar year. Employees who meet the pre-retirement catch-up limit may defer \$45,000 per calendar year. You decide how to invest your contributions based on your goals and risk tolerance and determine which funds you want to invest in.

You may enroll or change your 401(k) and 457 plan elections at any time by enrolling online. After you're enrolled, Mission Square Retirement Plans Specialists can help you create your goals, enroll in Metro's plan and manage your saving and investing strategy over time.

### Have any questions?

If you would like to enroll, please contact HR Benefits. After you're enrolled, a Retirement Specialist at Mission Square can help you get started.  
Call 800-669-7400

[missionsq.org](https://missionsq.org)

### Need a financial coach?

Financial coaching that includes retirement planning is available at no cost through Canopy Employee Assistance Program.

Call 800-433-2320

Text 503-850-7721

Email [info@canopywell.com](mailto:info@canopywell.com)

## Provider contact info

<p>Kaiser Medical          Medical group number 1543          503-813-2000  <a href="http://kp.org">kp.org</a></p>	<p>PERS          Metro employer number 2594          503-598-7377  <a href="http://oregon.gov/PERS">oregon.gov/PERS</a></p>
<p>Kaiser Pharmacy Administration          503-261-7900          Kaiser Mail Order Pharmacy          1-800-548-9809, option 4</p>	<p>Mission Square Retirement Specialist          800-669-7400  <a href="http://missionsq.org">missionsq.org</a>          401(k) Plan 106953, 457 Plan 307037</p>
<p>Kaiser Dental          Dental group number 1543-043          503-813-2000  <a href="http://kaiserpermanentedentalnw.org">kaiserpermanentedentalnw.org</a></p>	<p>Advantis Credit Union          503-785-2528  <a href="http://advantiscu.org">advantiscu.org</a></p>
<p>Regence Blue Cross          Medical group number 10051256          1-888-367-2116  <a href="http://regence.com">regence.com</a></p>	<p>OnPoint Community Credit Union          503-546-5000  <a href="http://onpointcu.com">onpointcu.com</a></p>
<p>Delta Dental          Group number 10001772          503-265-5680  <a href="http://deltadental.com">deltadental.com</a></p>	<p>Home Street Bank          Home Ownership Program          503-227-3956  <a href="http://homestreet.com/Metro">homestreet.com/Metro</a></p>
<p>Vision Service Plan (VSP)          Group number 3107884          1-800-877-7195  <a href="http://vsp.com">vsp.com</a></p>	<p>Caliber Home Loans          Mortgage Loan Officer          503-327-5302  <a href="http://caliberhomeloans.com">caliberhomeloans.com</a></p>
<p>Canopy Employee Assistance Program          Call 800-433-2320          Text 503-850-7721          Email <a href="mailto:info@canopy.com">info@canopy.com</a></p>	<p>MetLife Legal services benefits          1-800-225-5695  <a href="http://metlife.com/mercemarketplace/legal-services/">metlife.com/mercemarketplace/legal-services/</a></p>
<p>Alternative Care - CHP Group          (self-referred)          1-800-449-9479  <a href="http://chpgroup.com">chpgroup.com</a></p>	<p>UNUM          Voluntary, supplemental life insurance plans          1-866-679-3054  <a href="http://unum.com">unum.com</a></p>
<p>Allegiance FSA and HSA          1-877-424-3570  <a href="http://askallegiance.com">askallegiance.com</a></p>	

# Medical, dental and vision plan summaries and rates



## Summary of Medical Benefits

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232

Oregon - Deductible Plan

1/1/2025 - 12/31/2025

Metro

Group Number: 1543-073

Calendar year is the time period (Year) in which dollar, day, and visit limits, Deductibles and Out-of-Pocket Maximums accumulate.

<b>Deductible</b>	
Self-only Deductible per Year (for a Family of one Member)	\$150
Individual Family Member Deductible per Year (for each Member in a Family of two or more Members)	\$150
Family Deductible per Year (for an entire Family)	\$450
<b>Out-of-Pocket Maximum <sup>1</sup></b>	
Self-only Out-of-Pocket Maximum per Year (for a Family of one Member)	\$1,150
Individual Family Member Out-of-Pocket Maximum per Year (for each Member in a Family of two or more Members)	\$1,150
Family Out-of-Pocket Maximum per Year (for an entire Family)	\$3,450
<b>Office Visits</b>	
	<b>You pay</b>
Routine preventive physical exam	\$0
Telehealth (phone/video)	\$0 *
Primary Care	\$5 for first 3 visits; then \$10 for additional visits in the same Year *
Specialty Care	\$20
Urgent Care	\$30
<b>Tests (outpatient)</b>	
	<b>You pay</b>
Preventive Tests	\$0
Laboratory	\$10 per department visit
X-ray, imaging, and special diagnostic procedures	\$10 per department visit
CT, MRI, PET scans	\$100 per department visit
<b>Medications (outpatient)</b>	
	<b>You pay</b>
Prescription drugs (up to a 30 day supply)	\$15 generic / \$30 preferred brand
Mail Order Prescription drugs (up to a 90 day supply)	\$30 generic / \$60 preferred brand
Administered medications, including injections (all outpatient settings)	10% Coinsurance after Deductible
Nurse treatment room visits to receive injections	\$10
<b>Maternity Care</b>	
	<b>You pay</b>
Scheduled prenatal care visits and postpartum visits	\$0
Laboratory	\$10 per department visit
X-ray, imaging, and special diagnostic procedures	\$10 per department visit
Inpatient Hospital Services	10% Coinsurance after Deductible
<b>Hospital Services</b>	
	<b>You pay</b>
Ambulance Services (per transport)	10% Coinsurance after Deductible
Emergency services	10% Coinsurance after Deductible
Inpatient Hospital Services	10% Coinsurance after Deductible
<b>Outpatient Services (other)</b>	
	<b>You pay</b>

LGnonPOS0124

2C25





Outpatient surgery visit	10% Coinsurance after Deductible
Chemotherapy/radiation therapy visit	\$20 after Deductible
Durable medical equipment	10% Coinsurance after Deductible
Physical, speech, and occupational therapies (up to 20 visits per therapy per Year)	\$20
<b>Skilled Nursing Facility Services</b>	<b>You pay</b>
Inpatient skilled nursing Services (up to 100 days per Year)	10% Coinsurance after Deductible
<b>Mental Health and Substance Use Disorder Services</b>	<b>You pay</b>
Outpatient Services	\$5 for first 3 visits; then \$10 per visit for additional visits in the same Year *
Inpatient hospital & residential Services	10% Coinsurance after Deductible
<b>Alternative Care (self-referred)</b>	<b>You pay</b>
Acupuncture Services (up to 12 visits per Year)	\$10 per visit
Chiropractic Services (up to 20 visits per Year)	\$10 per visit
Massage Therapy (up to 12 visits per Year)	\$25 per visit
Naturopathic Medicine	\$5 for first 3 visits; then \$10 for additional visits in the same Year *
<b>Vision Services</b>	<b>You pay</b>
Routine eye exam (Covered until the end of the month in which Member turns 19 years of age.)	\$10
Vision hardware and optical Services (Covered until the end of the month in which Member turns 19 years of age.)	Not covered
Routine eye exam (For members 19 years and older.)	\$10
Vision hardware and optical Services (For members 19 years and older.)	Not covered

<sup>1</sup> Refer to your Evidence of Coverage (EOC) for benefits that may not apply to 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, behavioral health outpatient Services, naturopathic medicine, or Substance Use Disorder outpatient Services.

Plan is subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the Evidence of Coverage (EOC). Sample EOCs are available upon request or you may go to [kp.org/plandocuments](https://kp.org/plandocuments).

Non-participating providers may bill you for any charges in excess of the Allowed Amount (balance billing), except where balance billing is prohibited by law. You are protected from balance billing in connection with emergency services and certain services provided at a participating hospital or ambulatory surgical center. For additional information, visit <https://healthy.kaiserpermanente.org/oregon-washington/support/pay-bills/medical-bills/no-surprises-act>.

**Questions? Call Member Services** (M-F, 8 am-6 pm) or visit [kp.org](https://kp.org). Portland area: 503-813-2000

All other areas: 1-800-813-2000. TTY, all areas: 711. Language Interpretation Services, all areas: 1-800-324-8010

This is not a contract. This condensed summary of benefits does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details on benefit coverage, claims review, and adjudication procedures, please see your EOC or call Member Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.

LGnonPOS0124

2C25



60689909\_NW\_8/17

## Option 2 | Regence Blue Cross Classic (PPO)

### Metro Regence Classic

Effective January 1, 2025 through December 31, 2025



Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

Cost Share Details		In-Network	Out-of-Network
Annual Medical Deductible	The total deductible You pay per calendar year	\$250 Individual \$750 Family	\$750 Individual \$2,250 Family
Annual Prescription Deductible	The total deductible You pay per calendar year for prescription medications	Not applicable	
Annual Out-of-Pocket Maximum	The combined total for Your deductible(s), coinsurance and copays per calendar year. Ambulance, blood bank, emergency room services, and Prescription Medications apply towards the In-Network amount	\$1,250 Individual \$3,750 Family	\$3,500 Individual \$10,500 Family

Be aware that Your actual costs for Covered Services provided by an Out-of-Network provider may exceed the Out-of-Network Out-of-Pocket Maximum amount. In addition, Out-of-Network providers and Out-of-Network pharmacies can bill You for the difference between the amount charged and Our Allowed Amount and that amount does not count toward any Out-of-Pocket Maximum.

Medical Benefits <i>(unless stated otherwise, a deductible applies)</i>		What You Pay	
		In-Network	Out-of-Network
Primary Care Visits (for Illness or Injury)		First 3 Primary Care, Behavioral Health and Virtual Care visits combined, \$5 copay per visit, deductible waived  After 3 visits, \$20 copay per visit, deductible waived	30%
Specialist Visits		\$30 copay per visit, deductible waived	30%
Urgent Care Visits		\$20 copay/primary per visit, deductible waived  \$30 copay/specialist per visit, deductible waived	30%
Other Professional Services		10%	30%
Preventive Care / Immunizations	Wellness Rewards available	Covered in full	30%
Radiology and Laboratory - Outpatient		10%	30%
Complex Imaging - Outpatient		10%	30%
Acupuncture	25 visits per calendar year	\$20 copay per visit, deductible waived	30%
Ambulance Services	Air and Ground: services provided to the nearest hospital equipped to render the necessary treatment	10% In-Network deductible applies	
Ambulatory Surgical Center		5%	30%
Behavioral Health - Inpatient		10%	30%
Behavioral Health - Outpatient		First 3 Primary Care, Behavioral Health and Virtual Care visits combined, \$5 copay per visit, deductible waived  After 3 visits, \$20 copay per outpatient office / psychotherapy visit, deductible waived	30%
Emergency Room	Facility and professional services	\$200 copay per visit, then In-Network deductible and 10% coinsurance	
Hearing Aids, Cochlear Implants and Assistive Listening Devices	Limitations apply Excludes: routine hearing examinations, television caption decoder or cords	10%, deductible waived	30%, deductible waived
Hospital Care	See Ambulatory Surgical Center for cost reduction option	10%	30%
Maternity Care		10%	30%

Regence BlueCross BlueShield of Oregon, Large Group  
2025 Regence Classic

09/25/2024  
Page 1



## Option 2 | Regence Blue Cross Classic (PPO) continued

Medical Benefits <i>(unless stated otherwise, a deductible applies)</i>		What You Pay	
		In-Network	Out-of-Network
Neurodevelopmental Therapy	20 visits per calendar year	\$20 copay per visit, deductible waived	30%
Newborn Home Visits	Within 6 months of age, at least one visit during first 3 months, with up to 3 more available	Covered in full	Not covered
Rehabilitation Services - Inpatient	30 days per calendar year	10%	30%
Rehabilitation Services - Outpatient	20 visits per calendar year	\$20 copay per visit, deductible waived	30%
Skilled Nursing Facility	100 days per calendar year	10%	30%
Spinal Manipulations	25 visits per calendar year	\$20 copay per visit, deductible waived	30%
Virtual Care - Telehealth	Doctor visits via phone or video chat when <u>not</u> in a healthcare facility (includes Behavioral Health visits)	First 3 Primary Care, Behavioral Health and Virtual Care visits combined, \$5 copay per visit, deductible waived  After 3 visits, \$20 copay per visit, deductible waived After 3 visits: <b>Vendor: Doctor on Demand</b> \$10 copay per visit, deductible waived  <b>In-Network non-Vendor Provider:</b> \$20 copay per visit, deductible waived	30%

Prescription Medication Benefits		What You Pay
Tier 1	90-day supply for retail or home delivery	\$15 retail prescription* / \$30 home delivery prescription / \$10 for each self-administrable Cancer Chemotherapy medication
Tier 2	90-day supply for retail or home delivery	\$30 retail prescription* / \$60 home delivery prescription / \$50 for each self-administrable Cancer Chemotherapy medication
Tier 3	90-day supply for retail or home delivery	\$45 retail prescription* / \$90 home delivery prescription / \$100 for each self-administrable Cancer Chemotherapy medication
Specialty Select	30-day supply for retail	Refer to tiers 1, 2 and 3 above for specialty drugs

\*1 copay per 30-day supply

**Insulin Cost Share Cap:** Retail or home delivery: \$35 cap on Member cost share per 30-day supply; \$105 cap on Member cost share up to 90-day supply. You are responsible for the difference in cost between a dispensed brand drug and the equivalent generic drug, in addition to the copayment and / or coinsurance. More information about prescription drug coverage, including tier specific information, is available at <https://regence.com/go/2025/OR/3tier>

Value-Added Services	
Your Regence coverage includes access to the value-added services detailed here. <b>THESE VALUE-ADDED SERVICES ARE VOLUNTARY, NOT INSURANCE AND ARE OFFERED IN ADDITION TO THE BENEFITS.</b> For additional information regarding any of these value-added services, visit Our website or contact Customer Service.	
Joint, Spine, and Muscle Program	The Joint, Spine, and Muscle program is a digitally delivered program that is provided at no cost to You, to help manage mobility and pain with Your joints, spine, and muscles.
Kidney Health Management	If You are identified to participate, the Kidney Health Management program addresses the medical management needs of chronic kidney disease (CKD) stages 3, 4, 5 and unknown as well as end stage renal disease (ESRD).
Mobile APP	Quick access to: ID card, chat with Customer Service, View Claims, Estimate Treatment Cost, Pharmacy pricing.
Nurse Advice	You have access to registered nurses to answer Your health-related questions or concerns and to help You make informed decisions on seeking the appropriate level of care 24 / 7. However, if You are experiencing a medical emergency, immediately call 911 instead.
Pregnancy Program	Pregnancy is a time of planning and excitement, but it can also be a time of confusion and questions; the Pregnancy Program can help.
Regence Advantages	Regence Advantages is a discount program that gives You access to savings on a variety of health-related products and services.
Regence Empower	Regence Empower is a well-being program that offers a range of tools, information and support for a healthy lifestyle. Wellness Rewards available.

# Option 3 | Kaiser HMO High Deductible Health Plan (HDHP) with Health Savings Account (HSA)



## Summary of Medical Benefits

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232

**Oregon - High Deductible Health Plan (HSA-Qualified)**

**1/1/2025 - 12/31/2025**

**Metro**

**Group Number: 1543-055**

Calendar year is the time period (Year) in which dollar, day, and visit limits, Deductibles and Out-of-Pocket Maximums accumulate.

**Deductible** (Aggregate Accumulation: If two or more family members are enrolled on the plan, the overall family deductible must be met. After the deductible is met, you pay the applicable copays/coinsurance for the rest of the year until the out-of-pocket maximum is met.)

Self-only Deductible per Year (for a Family of one Member)	\$1,650
Individual Family Member Deductible per Year (for each Member in a Family of two or more Members)	\$3,300
Family Deductible per Year (for an entire Family)	\$3,300

**Out-of-Pocket Maximum** <sup>1</sup> (Aggregate Accumulation: If two or more family members are enrolled on the plan, the overall family out-of-pocket maximum must be met. After the out-of-pocket maximum is met, no copays/coinsurance is required for the rest of the year.)

Self-only Out-of-Pocket Maximum per Year (for a Family of one Member)	\$3,500
Individual Family Member Out-of-Pocket Maximum per Year (for each Member in a Family of two or more Members)	\$6,850
Family Out-of-Pocket Maximum per Year (for an entire Family)	\$6,850

### Office Visits

#### You pay

Routine preventive physical exam	\$0
Telehealth (phone/video)	\$0 after Deductible *
Primary Care	\$5 after Deductible for first 3 visits; then 20% Coinsurance after Deductible for additional visits in the same Year *
Specialty Care	20% Coinsurance after Deductible
Urgent Care	20% Coinsurance after Deductible

### Tests (outpatient)

#### You pay

Preventive Tests	\$0
Laboratory	20% Coinsurance after Deductible
X-ray, imaging, and special diagnostic procedures	20% Coinsurance after Deductible
CT, MRI, PET scans	20% Coinsurance after Deductible

### Medications (outpatient)

#### You pay

Prescription drugs (up to a 30 day supply)	After Deductible: \$15 generic / \$30 preferred brand
Mail Order Prescription drugs (up to a 90 day supply)	After Deductible: \$30 generic / \$60 preferred brand
Administered medications, including injections (all outpatient settings)	20% Coinsurance after Deductible
Nurse treatment room visits to receive injections	\$10 after Deductible

### Maternity Care

#### You pay

Scheduled prenatal care visits and postpartum visits	\$0
Laboratory	20% Coinsurance after Deductible
X-ray, imaging, and special diagnostic procedures	20% Coinsurance after Deductible

LGnonPOS0124

5UAG



60689909\_NW\_8/17

## Option 3 | Kaiser HMO High Deductible Health Plan (HDHP) with Health Savings Account (HSA) continued



Inpatient Hospital Services	20% Coinsurance after Deductible
<b>Hospital Services</b>	<b>You pay</b>
Ambulance Services (per transport)	20% Coinsurance after Deductible
Emergency services	20% Coinsurance after Deductible
Inpatient Hospital Services	20% Coinsurance after Deductible
<b>Outpatient Services (other)</b>	<b>You pay</b>
Outpatient surgery visit	20% Coinsurance after Deductible
Chemotherapy/radiation therapy visit	20% Coinsurance after Deductible
Durable medical equipment	20% Coinsurance after Deductible
Physical, speech, and occupational therapies (up to 20 visits per therapy per Year)	20% Coinsurance after Deductible
<b>Skilled Nursing Facility Services</b>	<b>You pay</b>
Inpatient skilled nursing Services (up to 100 days per Year)	20% Coinsurance after Deductible
<b>Mental Health and Substance Use Disorder Services</b>	<b>You pay</b>
Outpatient Services	\$5 after Deductible for first 3 visits; then 20% Coinsurance after Deductible for additional visits in the same Year *
Inpatient hospital & residential Services	20% Coinsurance after Deductible
<b>Alternative Care (self-referred)</b>	<b>You pay</b>
Acupuncture Services (up to 12 visits per Year)	\$25 per visit after Deductible
Chiropractic Services (up to 20 visits per Year)	\$25 per visit after Deductible
Massage Therapy (up to 12 visits per Year)	\$25 per visit after Deductible
Naturopathic Medicine	\$5 after Deductible for first 3 visits; then 20% Coinsurance after Deductible for additional visits in the same Year *
<b>Vision Services</b>	<b>You pay</b>
Routine eye exam (Covered until the end of the month in which Member turns 19 years of age.)	20% Coinsurance after Deductible
Vision hardware and optical Services (Covered until the end of the month in which Member turns 19 years of age.)	Not covered
Routine eye exam (For members 19 years and older.)	20% Coinsurance after Deductible
Vision hardware and optical Services (For members 19 years and older.)	Not covered

<sup>1</sup> Refer to your Evidence of Coverage (EOC) for benefits that may not apply to 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, behavioral health outpatient Services, naturopathic medicine, or Substance Use Disorder outpatient Services.

Plan is subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the Evidence of Coverage (EOC). Sample EOCs are available upon request or you may go to [kp.org/plandocuments](https://kp.org/plandocuments).

Non-participating providers may bill you for any charges in excess of the Allowed Amount (balance billing), except where balance billing is prohibited by law. You are protected from balance billing in connection with emergency services and certain services provided at a participating hospital or ambulatory surgical center. For additional information, visit <https://healthy.kaiserpermanente.org/oregon-washington/support/pay-bills/medical-bills/no-surprises-act>.

**Questions? Call Member Services** (M-F, 8 am-6 pm) or visit [kp.org](https://kp.org). Portland area: 503-813-2000

All other areas: 1-800-813-2000. TTY, all areas: 711. Language Interpretation Services, all areas: 1-800-324-8010

LGnonPOS0124

5UAG



60689909\_NW\_8/17

# Option 4 | Regence Blue Cross, High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

## Metro Regence HSA Healthplan 3.0

Effective January 1, 2025 through December 31, 2025



Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

Cost Share Details		In-Network	Out-of-Network
Annual Medical Deductible	The total deductible You pay per calendar year	\$1,650 Individual \$3,300 Family	\$3,300 Individual \$6,600 Family
Annual Prescription Deductible	The total deductible You pay per calendar year for prescription medications	Shared with In-Network medical	
Annual Out-of-Pocket Maximum	The combined total for Your deductible(s), coinsurance and copays per calendar year. Ambulance, blood bank, emergency room services, and Prescription Medications apply towards the In-Network amount.	\$3,300 Individual \$6,300 Family	\$9,900 Individual \$18,900 Family

Generally, you must pay all the costs from providers up to the deductible amount before this plan begins to pay. If You have other Family Members on the plan, the overall family deductible must be met before the plan begins to pay.

The In-Network Out-of-Pocket Maximum for any Member on Family Coverage is not to exceed \$6,300, including the In-Network Deductible. If a Member reaches this maximum amount prior to satisfying the In-Network Family Out-of-Pocket Maximum, including the In-Network Deductible, benefits will be paid at 100% of the Allowed Amount for that Member.

Be aware that your actual costs for Covered Services provided by an Out-of-Network provider may exceed the Out-of-Network Out-of-Pocket Maximum amount. In addition, Out-of-Network providers and Out-of-Network pharmacies can bill You for the difference between the amount charged and Our Allowed Amount and that amount does not count toward any Out-of-Pocket Maximum.

Medical Benefits <i>(unless stated otherwise, a deductible applies)</i>		What You Pay	
		In-Network	Out-of-Network
Primary Care Visits (for Illness or Injury)		First 3 Primary Care, Behavioral Health and Virtual Care visits combined, 0% After 3 visits, 20%	40%
Specialist Visits		20%	40%
Urgent Care Visits		20%	40%
Other Professional Services		20%	40%
Preventive Care / Immunizations	Wellness Rewards available	Covered in full	40%
Radiology and Laboratory - Outpatient		20%	40%
Complex Imaging - Outpatient	CT / PET / SPECT scans, MRIs, MRAs, etc.	20%	40%
Acupuncture	25 visits per calendar year	20%	40%
Ambulance Services	Air and Ground: services provided to the nearest hospital equipped to render the necessary treatment	20%, In-Network deductible applies	
Ambulatory Surgical Center		10%	40%
Behavioral Health - Inpatient		20%	40%
Behavioral Health - Outpatient		First 3 Primary Care, Behavioral Health and Virtual Care visits combined, 0% After 3 visits, 20% per outpatient office / psychotherapy visit	40%
Emergency Room	Facility and professional services	20%, In-Network deductible applies	
Hearing Aids, Cochlear Implants and Assistive Listening Devices	Limitations apply Excludes: routine hearing examinations, television caption decoder or cords	20%	40%
Hospital Care	See Ambulatory Surgical Center for cost reduction option	20%	40%
Maternity Care		20%	40%
Neurodevelopmental Therapy	20 visits per calendar year	20%	40%
Newborn Home Visits	Within 6 months of age, at least one visit during first 3 months, with up to 3 more available	Covered in full	Not covered

## Option 4 | Regence Blue Cross, High Deductible Health Plan (HDHP) with Health Savings Account (HSA) continued

Medical Benefits <i>(unless stated otherwise, a deductible applies)</i>		What You Pay	
		In-Network	Out-of-Network
Rehabilitation Services - Inpatient	30 days per calendar year	20%	40%
Rehabilitation Services - Outpatient	20 visits per calendar year	20%	40%
Skilled Nursing Facility	100 days per calendar year	20%	40%
Spinal Manipulations	25 visits per calendar year	20%	40%
Virtual Care - Telehealth	Doctor visits via phone or video chat when <u>not</u> in a healthcare facility (includes Behavioral Health visits)	First 3 Primary Care, Behavioral Health and Virtual Care visits combined, 0%  After 3 visits <b>Vendor: Doctor on Demand</b> 10%  <b>In-Network non-Vendor Provider:</b> 20%	40%

Prescription Medication Benefits <i>(unless stated otherwise, a deductible applies)</i>		What You Pay
Tier 1	90-day supply for retail or home delivery	\$15 retail prescription / \$30 home delivery prescription
Tier 2	90-day supply for retail or home delivery	\$30 retail prescription / \$60 home delivery prescription
Tier 3	90-day supply for retail or home delivery	\$45 retail prescription / \$90 home delivery prescription
Specialty Select	30-day supply for retail	Refer to tiers 1, 2 and 3 above for specialty drugs

*Deductible waived on retail or home delivery prescriptions for medications on the Optimum Value Medication List (OVML) located on Our website*  
**Insulin Cost Share Cap:** Retail or home delivery: \$35 cap on Member cost share per 30-day supply, deductible waived; \$105 cap on Member cost share up to 90-day supply, deductible waived  
 20% for each self-administrable Cancer Chemotherapy medication  
 You are responsible for the difference in cost between a dispensed brand drug and the equivalent generic drug, in addition to the copayment and / or coinsurance  
 More information about prescription drug coverage, including tier specific information, is available at <https://regence.com/go/2025/OR/3tier>

Value-Added Services	
Your Regence coverage includes access to the value-added services detailed here. <b>THESE VALUE-ADDED SERVICES ARE VOLUNTARY, NOT INSURANCE AND ARE OFFERED IN ADDITION TO THE BENEFITS.</b> For additional information regarding any of these value-added services, visit Our website or contact Customer Service.	
Joint, Spine, and Muscle Program	The Joint, Spine, and Muscle program is a digitally delivered program that is provided at no cost to You, to help manage mobility and pain with Your joints, spine, and muscles.
Kidney Health Management	If You are identified to participate, the Kidney Health Management program addresses the medical management needs of chronic kidney disease (CKD) stages 3, 4, 5 and unknown as well as end stage renal disease (ESRD).
Mobile APP	Quick access to: ID card, chat with Customer Service, View Claims, Estimate Treatment Cost, Pharmacy pricing.
Nurse Advice	You have access to registered nurses to answer Your health-related questions or concerns and to help You make informed decisions on seeking the appropriate level of care 24 / 7. However, if You are experiencing a medical emergency, immediately call 911 instead.
Pregnancy Program	Pregnancy is a time of planning and excitement, but it can also be a time of confusion and questions; the Pregnancy Program can help.
Regence Advantages	Regence Advantages is a discount program that gives You access to savings on a variety of health-related products and services.
Regence Empower	Regence Empower is a well-being program that offers a range of tools, information and support for a healthy lifestyle. Wellness Rewards available.

**Out-of-Area Services**  
 Outside of the service area, Members have In-Network benefits at Blue Cross and / or Blue Shield (Blue Plan) facilities across the country through the BlueCard® Program and worldwide through the Blue Cross Blue Shield Global® Core Program. Any other services will not be covered when processed through any Inter-Plan arrangements. Out-of-Network. You may be balance billed. Call 1 (800) 810 BLUE (2583) to learn how to get access.

Frequently Asked Questions	
How is my privacy protected?	Regence is committed to the confidentiality and security of Your personal information. We maintain physical, administrative and technical safeguards to protect against unauthorized access, use, or disclosure of Your personal information. You can view Our full privacy practices online at <a href="https://regence.com">regence.com</a> .
Is there a cost for "Covered in full"?	No, if Your benefit is covered in full there is no copay or deductible.
What if I need access to specialty care? Do I need a referral?	You can receive care from any In-Network provider without a referral. For some services, prior authorization may be required.

This benefit summary provides a brief description of Your plan benefits, limitations and / or exclusions under Your plan and is not a guarantee of payment. Once enrolled, You can view Your benefits booklet online at [regence.com](https://regence.com). **PLEASE REFER TO YOUR BENEFITS BOOKLET OR SUMMARY PLAN DESCRIPTION FOR A COMPLETE LIST OF BENEFITS, THE LIMITATIONS AND / OR EXCLUSIONS THAT APPLY, AND A DEFINITION OF MEDICAL NECESSITY.** Regence is providing this benefit summary for illustrative purposes only. Regence makes no warranties or representations regarding compliance with applicable



## Metro medical insurance premium rates

### Premium rates per month | Effective January 1, 2025

Paycheck deductions for insurance premiums are pre-paid the month prior to coverage. Deductions for January 2025 will be deducted beginning the Dec. 1, 2024 paycheck.

	Full-time Employees (0.80 FTE and above)			Part-time Employees, (0.75 to .79 FTE)			Part-time Employees (0.50 to .74 FTE)			Affordable Care Act (ACA): Variable hour employees, 0.80 FTE		
	Metro	Employee	Total	Metro	Employee	Total	Metro	Employee	Total	Metro	Employee	Total
<b>Kaiser HMO (option 1)</b>												
Employee Only	845.32	73.50	918.82	634.00	284.82	918.82	422.66	496.16	918.82	676.26	242.56	918.82
Employee and Spouse	1,690.64	147.00	1,837.64	1,267.98	569.66	1,837.64	845.32	992.32	1,837.64	1,352.52	485.12	1,837.64
Employee and Child(ren)	1,521.58	132.30	1,653.88	1,141.20	512.68	1,653.88	760.80	893.08	1,653.88	1,217.26	436.62	1,653.88
Employee and Family	2,197.82	191.12	2,388.94	1,648.38	740.56	2,388.94	1,098.92	1,290.02	2,388.94	1,758.26	630.68	2,388.94
<b>Kaiser HMO High Deductible (option 3)</b>												
Employee Only	557.50	48.48	605.98	418.14	187.84	605.98	278.76	327.22	605.98	446.00	159.98	605.98
Employee and Spouse	1,115.00	96.96	1,211.96	836.26	375.70	1,211.96	557.50	654.46	1,211.96	892.00	319.96	1,211.96
Employee and Child(ren)	1,003.50	87.26	1,090.76	752.64	338.12	1,090.76	501.76	589.00	1,090.76	802.80	287.96	1,090.76
Employee and Family	1,449.52	126.04	1,575.56	1,087.14	488.42	1,575.56	724.76	850.80	1,575.56	1,159.62	415.94	1,575.56
<b>Regence Blue Cross POS (option 2)</b>												
Employee Only	1,056.96	91.90	1,148.86	792.72	356.14	1,148.86	528.48	620.38	1,148.86	845.58	303.28	1,148.86
Employee and Spouse	2,113.92	183.82	2,297.74	1,585.44	712.30	2,297.74	1,056.96	1,240.78	2,297.74	1,691.14	606.60	2,297.74
Employee and Child(ren)	1,902.48	165.42	2,067.90	1,426.86	641.04	2,067.90	951.24	1,116.66	2,067.90	1,521.98	545.92	2,067.90
Employee and Family	2,748.06	238.96	2,987.02	2,061.06	925.96	2,987.02	1,374.04	1,612.98	2,987.02	2,198.46	788.56	2,987.02
<b>Regence POS High Deductible (option 4)</b>												
Employee Only	729.04	63.40	792.44	546.78	245.66	792.44	364.52	427.92	792.44	583.24	209.20	792.44
Employee and Spouse	1,458.10	126.78	1,584.88	1,093.58	491.30	1,584.88	729.06	855.82	1,584.88	1,166.48	418.40	1,584.88
Employee and Child(ren)	1,312.26	114.10	1,426.36	984.20	442.16	1,426.36	656.14	770.22	1,426.36	1,049.82	376.54	1,426.36
Employee and Family	1,895.40	164.82	2,060.22	1,421.56	638.66	2,060.22	947.70	1,112.52	2,060.22	1,516.32	543.90	2,060.22



## Summary of Dental Benefits

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest. 500 NE Multnomah St., Suite 100, Portland, OR 97232

Oregon

1/1/2025 - 12/31/2025

Metro

Group Number: 1543-043

**Benefit Maximum** per Calendar Year

Per Member per Year	None
	<b>You pay</b>
<b>Dental Office Visit Charge</b> – per visit, plus any Cost Share shown below for specific Services	\$10
<b>Deductible</b> (Per Calendar Year; applies to all services unless otherwise indicated)	
For one Member per Year	\$0
For an entire Family per Year	\$0
<b>Preventive and Diagnostic Services</b>	
Oral exam	\$0
X-rays	\$0
Teeth cleaning	\$0
Fluoride	\$0
<b>Minor Restoration Services</b>	
Routine fillings	\$0
Plastic and steel crowns	\$0
Simple extractions	\$0
<b>Oral Surgery Services</b>	
Surgical tooth extractions	20% Coinsurance
<b>Periodontics</b>	
Treatment of gum disease	20% Coinsurance
Scaling and root planing	20% Coinsurance
<b>Endodontics</b>	
Root canal therapy	20% Coinsurance
<b>Major Restoration Services</b>	
Gold or porcelain crowns	20% Coinsurance
Bridges	20% Coinsurance
<b>Removable Prosthetic Services</b>	
Full upper and lower dentures	20% Coinsurance
Partial dentures	20% Coinsurance
Relines	20% Coinsurance
Rebases	20% Coinsurance
<b>Nitrous oxide</b> (Not subject to or counted toward the Deductible or Benefit Maximum)	
Adults and children age 13 years and older	\$25
Children age 12 years and younger	\$0
<b>Teledentistry</b>	
Telephone and video visits	\$0

ORLGDental0124







<p><b>Orthodontics</b></p>	<p>Members age 17 years and younger: 50% of Charges up to Lifetime Benefit Maximum of \$1,000, and 100% of Charges thereafter. Members age 18 years and older: No Coverage.</p>
----------------------------	---

Plan is subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the Evidence of Coverage (EOC). Sample EOCs are available upon request or you may go to [kp.org/plandocuments](http://kp.org/plandocuments).

**Questions? Call Member Services** (M-F, 8 am-6 pm) or visit [kp.org](http://kp.org) Portland area: 503-813-2000  
 All other areas: 1-800-813-2000. TTY, all areas: 711. Language Interpretation Services, all areas: 1-800-324-8010

This is not a contract. This benefit summary does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details on benefit coverage, claims review, and adjudication procedures, please see your EOC or call Member Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.

ORLGDental0124



# 2025 Delta Dental Premier Benefit Summary



Delta Dental of Oregon & Alaska

## METRO

Group ID: 10001772

Calendar year costs	
Calendar year maximum, per member (Class 2 and Class 3)	\$2,000
Calendar year deductible, per member	\$50
Calendar year deductible, per family	\$150
Class 1* (Services do not apply to the calendar year max)	
Periodic examinations / X-rays	100%
Prophylaxis (cleanings) / periodontal maintenance	100%
Sealants	100%
Topical application of fluoride	100%
Class 2 - A	
Restorative fillings	100%
Space maintainers	100%
Oral surgery (extractions & certain minor surgical procedures)	100%
Endodontics (treatment of teeth with diseased or damaged nerves)	100%
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	100%
Class 2 - B	
Crowns and other cast restorations	80%
Bridges (construction or repair of fixed bridges)	80%
Class 3	
Implants	50%
Dentures (construction or repair of partial and complete dentures)	50%
Orthodontics	
Adult & Child orthodontic services	50% up to \$1,500 lifetime maximum

\* Deductible waived for Class 1 and Orthodontic services.

This is a benefit summary only. For a more detailed description of benefits, refer to your member handbook.

### How to use this dental plan

When you visit your dental provider, tell them you are a Delta Dental member.

### When the member visits:

#### Delta Dental Premier Dentist:

Members are held harmless from balance billing (will not be billed for the difference between the dentist's billed charge and the Delta Dental negotiated fee).

#### Non Participating Dentists:

Members may be held liable for the difference between the dentist's billed charge and the non-participating allowable.

## Option 2 | Delta (Moda) Dental continued

### Limitations

If a more expensive treatment than is functionally adequate is performed, Delta Dental Plan of Oregon will pay the applicable percentage of the maximum plan allowance for the least costly treatment.

### Preventive (Class 1 services)

- **Diagnostic** Routine or comprehensive examinations or consultations are covered twice per year. Supplementary bitewing x-rays are covered once per year. Complete series x-rays or a panoramic film are covered once in any 5-year period.
- **Preventive** Prophylaxis (cleaning) or periodontal maintenance is covered twice per year. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of 2 additional periodontal maintenances per year. Topical application of fluoride is covered twice per year for members under age 19. For members age 19 and older, topical application of fluoride is covered twice per year if there is a recent history of periodontal surgery or high risk of decay due to medical disease or chemotherapy or similar type of treatment. Sealant benefits are limited to the unrestored, occlusal surfaces of permanent molars. Benefits will be limited to one sealant per tooth during any 5-year period.

### Basic (Class 2-A services)

- **Oral Surgery** Limited to extractions and other minor surgical procedures.
- **Restorative** Amalgam and composite fillings are covered for all teeth. A separate charge for general anesthesia and/or IV sedation is not covered when used for non-surgical procedures.
- **Periodontic** Scaling and root planing is limited to once per quadrant in any 2-year period.

### Major (Class 2-B & Class 3 services)

- **Implants** and implant removal are limited to once per lifetime per tooth space. A crown over an implant is covered once per lifetime of the implant.
- **Restorative** Cast restorations (including pontics) are covered once in a seven (7) year period on any tooth.
- **Prosthodontic** A bridge or denture (full or partial, including alternate benefits) will be covered once in a seven (7) year period only if the tooth, tooth site, or teeth involved have not received a cast restoration benefit in the last seven (7) years. Specialized or personalized prosthetics are limited to the cost of standard devices.
- **Occlusal guard** (night guard) covered at 100% once in a five year period, up to \$200 maximum. Over-the-counter night guards are excluded.
- **Athletic mouthguard** covered at 50%, once in any 12-month period for members age 15 and under and once in any 24-month period age 16 and over. Over-the-counter athletic mouth guards are excluded.

### Exclusions

- Services covered under worker's compensation or employer's liability laws and services covered by any federal, state, county, municipality or other governmental agency, except Medicaid.
- Services with respect to congenital (hereditary) or developmental (following birth) malformations or cosmetic reasons; including, but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis and disturbance of the temporomandibular joint.
- Services for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth except for occlusal guards.
- Services started prior to the date the individual became eligible for services under the program.
- Hypnosis, prescribed drugs, premedications or analgesia (e.g. nitrous oxide) or any other euphoric drugs.
- Hospital costs or any additional fees charged by the dentist because the patient is hospitalized.
- General anesthesia and/or IV sedation except when administered by a dentist in conjunction with covered oral surgery in the dentist's office.
- Plaque control and oral hygiene or dietary instructions.
- Experimental procedures.
- Missed appointment charges.
- Precision attachments.
- Services for cosmetic reasons.
- Claims submitted more than 12 months after the date of service are not covered.
- All other services or supplies, not specifically covered.

This is a summary of the dental plan benefits and is not a contract. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control. Dental plans in Oregon provided by Oregon Dental Service dba Delta Dental Plan of Oregon. Delta Dental is a trademark of Delta Dental Plans Association.



Delta Dental of Oregon & Alaska



## Metro Dental insurance premium rates

Premium rates per month | Effective January 1, 2025

Paycheck deductions for insurance premiums are pre-paid the month prior to coverage. Deductions for January 2025 will be deducted beginning the Dec. 2, 2024 paycheck.

	Full-time Employees (0.80 FTE and above)			Part-time Employees, 0.75 FTE or below			Part-time Employees, 0.50 FTE or below			Affordable Care Act (ACA): Variable hour employees, 0.80 FTE		
	Metro	Employee	Total	Metro	Employee	Total	Metro	Employee	Total	Metro	Employee	Total
<b>Kaiser Dental</b>												
Employee Only	61.86	5.38	67.24	46.40	20.84	67.24	30.94	36.30	67.24	49.50	17.74	67.24
Employee and Spouse	123.68	10.74	134.42	92.76	41.66	134.42	61.84	72.58	134.42	98.94	35.48	134.42
Employee and Child(ren)	111.34	9.68	121.02	83.52	37.50	121.02	55.68	65.34	121.02	89.08	31.94	121.02
Employee and Family	185.54	16.12	201.66	139.16	62.50	201.66	92.78	108.88	201.66	148.44	53.22	201.66
<b>MODA Dental</b>												
Employee Only	65.30	5.68	70.98	48.98	22.00	70.98	32.66	38.32	70.98	52.24	18.74	70.98
Employee and Spouse	129.40	11.24	140.64	97.06	43.58	140.64	64.70	75.94	140.64	103.52	37.12	140.64
Employee and Child(ren)	132.54	11.52	144.06	99.42	44.64	144.06	66.28	77.78	144.06	106.04	38.02	144.06
Employee and Family	201.76	17.54	219.30	151.32	67.98	219.30	100.88	118.42	219.30	161.42	57.88	219.30

# A Look at Your VSP Vision Coverage

With VSP and METRO, your health comes first.




As a member, you'll get access to savings and personalized vision care from a VSP network doctor for you and your family.


### Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

### Provider choices you want.

 With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

### Shop online and connect your benefits.

 Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

### Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

### Using your benefit is easy!

Create an account on [vsp.com](https://vsp.com) to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.

  
vision care

More Ways  
to Save

Extra

\$20

to spend on

Featured Frame Brands†

bebe Calvin Klein  
COLE HAAN DRAGON.  
FLEXON LONGCHAMP  
and more

See all brands and offers  
at [vsp.com/offers](https://vsp.com/offers).

+

Up to  
40%

Savings on  
lens enhancements‡

Create an account today.  
Contact us: **800.877.7195** or [vsp.com](https://vsp.com)

## Your VSP Vision Benefits Summary

METRO and VSP provide you with an affordable vision plan.

### PROVIDER NETWORK:

VSP Signature

### EFFECTIVE DATE:

01/01/2025



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>Your Coverage with a VSP Provider</b>			
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> </ul>	\$15 for exam and glasses Up to \$39	Every calendar year
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> </ul>	\$20 per exam	Available as needed
<b>PRESCRIPTION GLASSES</b>			
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>\$190 Featured Frame Brands allowance</li> <li>\$170 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$170 Walmart/Sam's Club frame allowance</li> <li>\$95 Costco frame allowance</li> </ul>	Combined with exam	Every other calendar year
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Combined with exam	Every calendar year
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 40% on other lens enhancements</li> </ul>	\$0 \$80 - \$90 \$120 - \$160	Every calendar year
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$170 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every calendar year
<b>COMPUTER VISIONCARE (EMPLOYEE-ONLY COVERAGE)</b>			
<b>COMPUTER VISION EXAM</b>	<ul style="list-style-type: none"> <li>Evaluates your needs related to computer use</li> </ul>	\$10 for exam and glasses	Every calendar year
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>\$110 Featured Frame Brands allowance</li> <li>\$90 frame allowance</li> <li>20% savings on the amount over your allowance</li> </ul>	Combined with exam	Every other calendar year
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, lined trifocal, and occupational lenses</li> </ul>	Combined with exam	Every calendar year
<b>ADDITIONAL SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <a href="https://vsp.com/offers">vsp.com/offers</a>.</li> <li>30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul> <p><b>Exclusive Member Extras for VSP Members</b></p> <ul style="list-style-type: none"> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="https://vsp.com/offers">vsp.com/offers</a>.</li> <li>Save up to 60% on digital hearing aids with TruHearing®. Visit <a href="https://vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details.</li> <li>Enjoy everyday savings on health, wellness, and more with VSP Simple Values.</li> </ul>		

### YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to [vsp.com](https://vsp.com) to find an in-network provider.

\*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

†Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

\*Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. Premier Edge is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on [vsp.com](https://vsp.com).

©2024 Vision Service Plan. All rights reserved.

VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare and VSP Premier Edge are trademarks of Vision Service Plan. Flexion and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 102898 VCCM

## Metro vision insurance premium rates

Paycheck deductions for insurance premiums are pre-paid the month prior to coverage. Deductions for January 2025 will be deducted beginning the Dec. 2, 2024 paycheck.

Vision Service Plan	Metro	Employee	Total	Metro	Employee	Total	Metro	Employee	Total	Metro	Employee	Total
Employee Only	6.80	0.58	7.38	5.10	2.28	7.38	3.40	3.98	7.38	5.44	1.94	7.38
Employee and Spouse	10.88	0.94	11.82	8.16	3.66	11.82	5.44	6.38	11.82	8.70	3.12	11.82
Employee and Child(ren)	11.08	0.96	12.04	8.32	3.72	12.04	5.54	6.50	12.04	8.86	3.18	12.04
Employee and Family	17.88	1.56	19.44	13.42	6.02	19.44	8.94	10.50	19.44	14.30	5.14	19.44



# Metro paid supplemental insurance Long term disability



Oregon Metro

# Long Term Disability Insurance



### How does it work?

This employer-paid coverage provides a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

### Why is this coverage so valuable?

Your employer is paying the cost of this coverage. You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

### How much coverage can I get?

	You are eligible for coverage if you are an active employee in the United States working a minimum of 20 hours per week.
You*	Cover 66.70% of your monthly income, up to a maximum payment of \$7,500.
	*See the Legal Disclosures for more information.

The monthly benefit may be reduced or offset by other sources of income. The IRS may require you to pay taxes on certain benefit payments. See your tax advisor for details.

**Oregon Metro is paying the cost of this coverage so you don't have to answer health questions.**

**This plan does not cover pre-existing conditions. See the disclosure section to learn more.**

#### Elimination period (EP)

Your elimination period is 90 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.

#### Benefit duration (BD)

This is the maximum length of time you can receive benefits while you're disabled. You can receive benefits to age 65.

Long Term Disability Insurance can replace part of your income if a disability keeps you out of work for a long period of time

### What else is included?

#### Work-life balance Employee Assistance Program

Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

#### Worldwide emergency travel assistance

One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.

#### Survivor benefit

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

#### Waiver of premium

If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.

## Metro paid | Long term disability insurance continued

### Exclusions and limitations

#### Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by your employer for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

#### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

#### Benefit Duration

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

#### Definition of disability

You are considered disabled when Unum determines that:

- You are limited from performing the material and substantial duties of your regular occupation due to sickness or injury; and
- You have a 20% or more loss of indexed monthly earnings due to the same sickness or injury

After 24 months, you are considered disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

"Substantial and material acts" means the important tasks, functions and operations that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified.

#### Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

#### Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws, including a temporary disability benefit under a workers' compensation laws
- State compulsory benefit laws
- Automobile liability insurance policy
- No fault motor vehicle plan
- Third-party settlements
- Other group insurance plans
- A group plan sponsored by your employer
- Governmental retirement system
- Salary continuation or sick leave plans - if included
- Retirement payments
- Social Security or similar governmental programs

#### Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- War, declared or undeclared or any act of war;
- Commission of a crime for which you have been convicted;
- Loss of professional license, occupational license or certification; or
- Pre-existing conditions (See the disclosure section to learn more).

The loss of a professional or occupational license does not, in itself, constitute disability.

Unum will not pay a benefit for any period of disability during which you are incarcerated.

The lifetime cumulative maximum benefit for all disabilities due to mental illness is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments can continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

#### Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions

- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

Unum's LTD contracts standardly include a provision called the Social Security Claimant Advocacy Program. With this feature, claimants can receive expert advice and assistance from us regarding their Social Security Disability claim during the application and appeal process. Social Security advocacy services are provided by GENEX Services, LLC or Brown & Brown Absence Services Group. Referral to one of our advocacy partners is determined by Unum.

Worldwide emergency travel assistance services are provided by Assist America, Inc. Work-life balance employee assistance program services are provided by HealthAdvocate. Services are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Service providers do not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al. or contact your Unum representative.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

© 2022 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.



# Employee paid supplemental insurance

AD & D and life

Accident

Critical illness

Hospital care

Life insurance

Short term disability



Oregon Metro

## Term Life and Accidental Death & Dismemberment (AD&D) Insurance



### How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

### Oregon Metro provides the following Term Life and AD&D coverage for you:

<b>You:</b>	Your employer is paying for base Life and AD&D coverage of 1.5 times your annual earnings to a maximum of \$50,000.
<b>Your spouse:</b>	Get \$1,000 of coverage for your Spouse
<b>Your children:</b>	The maximum benefit for children from live birth to 26 years of age is \$1,000

### Additional coverage available to purchase:

If you are actively at work at least 20 hours per week, you may apply for additional coverage for:

<b>You:</b>	Choose from \$10,000 to \$500,000 in \$10,000 increments. You can purchase coverage up to \$180,000 with no medical underwriting
<b>Your spouse:</b>	You can purchase additional Life and AD&D coverage for your spouse from \$5,000 to \$500,000 in increments of \$5,000. You must purchase coverage for yourself in order to purchase coverage for your spouse. Spouse coverage must not exceed 100% of the coverage amount you purchase for yourself. Your spouse can get up to \$25,000 with no medical underwriting, if eligible (see delayed effective date).
<b>Your children:</b>	Get up to \$10,000 of coverage in \$2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 26th birthday. The maximum benefit for children live birth to 6 months is \$2,000.

No medical underwriting is required for AD&D coverage.

## Employee paid | AD & D and Life insurance continued

### How much coverage can I get?

#### Calculate your costs

1. Enter the coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the rate table (at right) to find the rate based on age.

(Choose the age you will be when your coverage becomes effective. To determine your spouse rate, choose the age the spouse will be when coverage becomes effective. See your plan administrator for your plan effective date.)

4. Enter your cost.

	1	2	3	4
Employee	\$____,000	÷ \$10,000 = \$____	X \$____	= \$____
Spouse	\$____,000	÷ \$5,000 = \$____	X \$____	= \$____
Child	\$____,000	÷ \$2,000 = \$____	X \$____	= \$____
<b>Total cost</b>				

Employee monthly rate		Spouse monthly rate	Child monthly rate
Age	Per \$10,000 of coverage Cost	Per \$5,000 of coverage Cost	\$0.300 per \$2,000 of coverage
15-24	\$0.700	\$0.350	
25-29	\$0.700	\$0.350	
30-34	\$1.040	\$0.520	
35-39	\$1.220	\$0.610	
40-44	\$1.700	\$0.850	
45-49	\$2.640	\$1.320	
50-54	\$4.610	\$2.305	
55-59	\$7.820	\$3.910	
60-64	\$9.510	\$4.755	
65-69	\$14.700	\$7.350	
70-74	\$22.600	\$11.300	
75+	\$34.900	\$17.450	

1. Enter the AD&D coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the AD&D rate table (at right) to find the rate.
4. Enter your cost.

AD&D				
	1	2	3	4
Employee	\$____,000	÷ \$10,000 = \$____	X \$0.280	= \$____
Spouse	\$____,000	÷ \$5,000 = \$____	X \$0.140	= \$____
Child	\$____,000	÷ \$2,000 = \$____	X \$0.056	= \$____
<b>Total cost</b>				

AD&D monthly rates		
	Coverage amount	Rate
Employee	per \$10,000 of coverage	\$0.280
Spouse	per \$5,000 of coverage	\$0.140
Child	per \$2,000 of coverage	\$0.056

Billed amount may vary slightly. If you apply for coverage above the guaranteed issue amount, you may be subject to medical underwriting which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts.

## Employee paid | AD & D and Life insurance continued

**A 'Living' Benefit** — If you are diagnosed with a terminal illness with less than 12 months to live, you can request 100% of your life insurance benefit (up to \$250,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable. **These benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements, and may be taxable.** Recipients should consult their tax attorney or advisor before utilizing living benefit payments.

**Waiver of premium** — Your cost may be waived if you are totally disabled for a period of time.

**Portability** — You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

### Exclusions and limitations

#### Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility. Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

#### Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

#### AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol.
- Intoxication — "Being intoxicated" means your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

#### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. Delayed Effective Date: if your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

#### Base Coverage Age Reduction

Coverage amounts for base Life and AD&D Insurance for you will reduce to:

- 65% of the original amount when you reach age 70
- 50% of the original amount when you reach age 75
- 35% of the original amount when you reach age 80

Coverage may not be increased after a reduction.

#### Additional Coverage Age Reduction

Coverage amounts for additional Life and AD&D Insurance for you will reduce to:

- 65% of the original amount when you reach age 70
- 50% of the original amount when you reach age 75
- 35% of the original amount when you reach age 80

Coverage may not be increased after a reduction.

#### Termination of coverage

Your coverage and your dependents' coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

© 2022 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.



## Rates | Employee paid | AD & D and Life insurance

AD&D monthly rates		
	Coverage amount	Rate
Employee	per \$10,000 of coverage	\$0.280
Spouse	per \$5,000 of coverage	\$0.140
Child	per \$2,000 of coverage	\$0.056

Employee monthly rate		Spouse monthly rate	Child monthly rate
Age	Per \$10,000 of coverage	Per \$5,000 of coverage	\$0.300 per \$2,000 of coverage
	Cost	Cost	
15-24	\$0.700	\$0.350	
25-29	\$0.700	\$0.350	
30-34	\$1.040	\$0.520	
35-39	\$1.220	\$0.610	
40-44	\$1.700	\$0.850	
45-49	\$2.640	\$1.320	
50-54	\$4.610	\$2.305	
55-59	\$7.820	\$3.910	
60-64	\$9.510	\$4.755	
65-69	\$14.700	\$7.350	
70-74	\$22.600	\$11.300	
75+	\$34.900	\$17.450	



Oregon Metro

## Group Accident Insurance



### How does it work?

Accident Insurance provides a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur off the job. And it includes a range of incidents, from common injuries to more serious events.

### Why is this coverage so valuable?

It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles. You'll have base coverage without medical underwriting. The cost is conveniently deducted from your paycheck. You can keep your coverage if you change jobs or retire. You'll be billed directly.

### Who can get coverage?

You	If you're actively at work*
Your spouse	Can get coverage as long as you have purchased coverage for yourself.
Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status.

\*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. See Schedule of benefits for a complete listing of what is covered.

### What's included?

#### Be Well Benefit

Every year, each family member who has Accident coverage can also receive \$50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

#### Organized Sports Benefit

Each family member that has Accident coverage is eligible for a 10% increase in payable benefits within the Injury and Treatment schedule of benefit categories. See disclosures and schedule of benefits for more information.

### How much does it cost?

Your monthly premium	Option 1	Option 2
You	\$7.21	\$10.34
You and your spouse	\$13.03	\$18.73
You and your children	\$11.70	\$19.31
Family	\$17.52	\$27.70

**UNUM INSURANCE COMPANY**

**ACCIDENT ONLY COVERAGE**

**THE CERTIFICATE PROVIDES LIMITED BENEFITS**

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES**

**OUTLINE OF COVERAGE**

Read the Policy and your Certificate Carefully. This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual Policy and Certificate provisions will control. The Policy itself sets forth in detail the rights and obligations of both us and the Policyholder. It is, therefore, important that you **READ THE POLICY AND YOUR CERTIFICATE CAREFULLY!**

**Accident Only Coverage.** This coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

**Schedule of Benefits**

The following Schedules of Benefits are available to you. You will have the opportunity to apply for coverage for you, and your Spouse, and Children.

Please refer to your confirmation of coverage for the coverage for which you, and your Spouse, and Children are insured.

The benefits an Insured may receive for a Payable Claim are listed in the Schedule of Benefits, subject to all other terms and provisions of this certificate. Amounts are the same for all Insureds, unless noted otherwise. Multiple benefits may be payable for a single Covered Accident.

SCHEDULE OF BENEFITS

	Option 1	Option 2		Option 1	Option 2		Option 1	Option 2
<b>Accidental Death and Dismemberment</b>			<b>Injury</b>			<b>Injury</b>		
AD&D			2nd Degree Burns - At least 5%, but less than 20% of skin surface	\$375	\$500	Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)	\$525	\$675
Employee	\$50,000	\$50,000	2nd Degree Burns - 20% or greater of skin surface	\$750	\$1,000	Upper Arm between Elbow and Shoulder (humerus)	\$525	\$675
Spouse	\$25,000	\$25,000	3rd Degree Burns - Less than 5% of skin surface	\$1,500	\$2,000	Upper Jaw, Maxilla (other than alveolar process)	\$525	\$675
Children	\$12,500	\$12,500	3rd Degree Burns - At least 5%, but less than 20% of skin surface	\$3,750	\$5,000	Ankle (lower tibia or fibula)	\$400	\$450
Common Carrier Benefit can pay if the insured individual is injured as a fare-paying passenger on a common carrier (examples include mass transit trains, buses and planes)			3rd Degree Burns - 20% or greater of skin surface	\$7,500	\$10,000	Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	\$400	\$450
Employee	\$50,000	\$50,000	Concussion			Foot or Heel (other than Toes)	\$350	\$450
Spouse	\$25,000	\$25,000	Concussion	\$100	\$200	Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)	\$400	\$450
Children	\$12,500	\$12,500	Connective Tissue Damage			Kneecap (patella)	\$350	\$450
Dismemberment			One Connective Tissue (tendon, ligament, rotator cuff, muscle)	\$90	\$90	Lower Jaw, Mandible (other than alveolar process)	\$350	\$450
Both Feet	\$50,000	\$50,000	Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle)	\$150	\$150	Vertebral Processes	\$350	\$450
Both Hands	\$50,000	\$50,000	Dislocations			Rib	\$350	\$450
One Foot	\$25,000	\$25,000	Knee joint (other than patella)	\$1,300	\$1,650	Tailbone (coccyx), Sacrum	\$350	\$450
One Hand	\$25,000	\$25,000	Ankle bone or bones of the foot (other than toes)	\$500	\$1,650	Finger or Toe (Digit)	\$175	\$225
Thumb and Index Finger of the same Hand	\$12,500	\$12,500	Hip joint	\$2,625	\$3,375	Chip Fracture - Payable as a % of the applicable Fractures benefit	25%	25%
Coma			Collarbone (sternoclavicular)	\$650	\$825	Same bone maximum incurred per accident	1 Fracture	1 Fracture
Coma	\$10,000	\$10,000	Elbow joint	\$400	\$500	Maximum payable multiplier for multiple bones	2 Times	2 Times
Home & Vehicle Modifications			Hand (other than Fingers)	\$400	\$500	Internal Injuries		
Home & Vehicle Modifications	\$1,500	\$1,500	Lower Jaw	\$400	\$500	Internal Injuries	\$200	\$200
Loss of Use			Shoulder	\$200	\$500	Lacerations		
Hearing (one ear)	\$12,500	\$12,500	Wrist joint	\$200	\$500	No Repair	\$35	\$50
Hearing	\$25,000	\$25,000	Collarbone (acromioclavicular and separation)	\$250	\$325	Repair Less than 2 inches	\$100	\$150
Sight of one Eye	\$25,000	\$25,000	Finger or Toe (Digit)	\$125	\$150	Repair At least 2 inches but less than 6 inches	\$200	\$300
Sight of both Eyes	\$50,000	\$50,000	Kneecap (patella)	\$400	\$500	Repair 6 inches or greater	\$400	\$600
Speech	\$25,000	\$25,000	Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit	25%	25%	Loss of a Digit		
Paralysis			Eye Injury			One Digit (other than a Thumb or Big Toe)	\$500	\$750
Uniplegia	\$12,500	\$12,500	Eye Injury	\$200	\$200	One Digit (a Thumb or Big Toe)	\$750	\$1,125
Hemi/Paraplegia	\$25,000	\$25,000	Fractures			Two or more Digits	\$1,000	\$1,500
Triplegia	\$37,500	\$37,500	Skull (except bones of Face or Nose), Depressed	\$3,500	\$4,500	Knee Cartilage		
Quadriplegia	\$50,000	\$50,000	Hip or Thigh (femur)	\$2,625	\$3,375	Knee Cartilage (Meniscus) Injury	\$100	\$150
<b>Hospitalization</b>			Skull (except bones of Face or Nose), Non-depressed	\$1,750	\$2,250	Ruptured or Herniated Disc		
Admission	\$500	\$1,000	Vertebrae, body of (other than Vertebral Processes)	\$1,050	\$1,350	One Disc	\$120	\$150
Admission - Hospital ICU (added to Admission)	\$500	\$1,000	Leg (mid to upper tibia or fibula)	\$600	\$1,350	Two or more Discs	\$200	\$250
Daily Stay (365 days)	\$100	\$200	Pelvis	\$1,050	\$1,350	<b>Recovery</b>		
Daily Stay - Hospital ICU (added to Daily Stay)	\$100	\$200				At-Home Care	\$75	\$100
Short Stay	\$200	\$200				Physician Follow-Up Visits	\$50	\$75
<b>Injury</b>								
Injury due to felony & sexual assault	\$100	\$150						
Organized Sports	10%	10%						
Burns								

## Employee paid | Accident Insurance continued

### SCHEDULE OF BENEFITS

	Option 1	Option 2		Option 1	Option 2		Option 1	Option 2
<b>Recovery</b>			<b>Surgery</b>			<b>Treatment</b>		
Physician Follow-Up Maximum Visits	2 Visits	2	Outpatient Surgical Facility	\$200	\$300	Transfusions	\$400	\$500
Prescription Drug	\$25	\$25	Ruptured or Herniated Disc Surgery			Transportation (per trip)	\$100	\$150
Prescription Benefit Incidence per covered accident	1 Per Insured	1 Per Insured	Exploratory without Repair	\$100	\$125	Family Care	\$50	\$50
Rehabilitation or Subacute Rehabilitation Unit	\$50	\$100	One Disc	\$525	\$675	Pet Boarding (per day)	\$30	\$30
Behavior Health Therapy	\$25	\$50	Two or more Discs	\$800	\$1,000	Treatment in a Physician's Office or Urgent Care Facility (initial)	\$50	\$100
Behavior Health Therapy visits	15 Days	15	<b>Treatment</b>					
Therapy Services (chiro, speech, PT, occ, acupuncture/alternative)	\$25	\$50	Organized Sports	10%	10%			
Therapy Services Maximum Days	15 Days	15	Ambulance					
<b>Surgery</b>			Air	\$1,200	\$1,600			
Dislocations			Ground	\$300	\$400			
Dislocation, Surgical Repair - Payable as a % of the applicable Injury benefit	100%	100%	Durable Medical Equipment					
Anesthesia			Tier 1 (arm sling, cane, medical ring cushion)	\$50	\$65			
Epidural or Regional Anesthesia	\$60	\$100	Tier 2 (bedside commode, cold therapy system, crutches)	\$100	\$125			
General Anesthesia	\$150	\$250	Tier 3 (back brace, body jacket, continuous passive movement, electric scooter)	\$200	\$250			
Connective Tissue			Emergency Dental Repair					
Exploratory without Repair	\$75	\$100	Dental Crown	\$350	\$450			
Repair for One Connective Tissue	\$600	\$800	Dental Extraction	\$115	\$150			
Repair for Two or more Connective Tissues	\$900	\$1,200	Filling or Chip Repair	\$90	\$115			
Eye Surgery			Imaging					
Eye Surgery, Requiring Anesthesia	\$200	\$300	Tier 1: X-rays or Ultrasound	\$25	\$50			
Fractures			Tier 2: Bone Scan, CAT, CT, EEG, MR, MRA, or MRI	\$200	\$300			
Fractures, Surgical Repair - Payable as a % of the applicable Injury benefit	100%	100%	Medical Imaging Incidence allowance covered accident per Tier	1 Per Insured Per Tier	1 Per Insured Per Tier			
Surgical Repair same bone maximum incurred per accident	1 Fracture	1 Fracture	Lodging					
Surgical Repair same bone maximum payable multiplier for multiple bones	2 Times	2 Times	Lodging (per night)	\$150	\$200			
General Surgery			Prosthetic Device					
Abdominal, Thoracic, or Cranial	\$1,000	\$1,500	One Device or Limb	\$750	\$1,000			
Exploratory	\$100	\$150	Two or more Devices or Limbs	\$1,500	\$2,000			
Incidence per covered accident	1 Per Insured	1 Per Insured	Skin Grafts					
Hernia Surgery			For Burns - Payable as a % of the applicable Burn benefit	50%	50%			
Hernia Surgery	\$100	\$150	Not Burns - Less than 20% of skin surface	\$250	\$375			
Knee Cartilage			Not Burns - 20% or greater of skin surface	\$500	\$750			
Knee Cartilage (Meniscus) Exploratory without Repair	\$100	\$150	Treatment					
Knee Cartilage (Meniscus) with Repair	\$500	\$750	Emergency Room Treatment	\$100	\$200			
Outpatient Surgical Facility			Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin)	\$50	\$50			
			Pain Management Injections (epidural, cortisone, steroid)	\$100	\$150			

## Employee paid | Accident Insurance continued

### Organized Sports Benefit

This increased benefit payment will be applied if the covered Accident occurs while playing an organized sport that required formal registration to participate and is officiated by someone certified to act in that capacity.

### Active employment

You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 20 hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 30 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at <https://www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf>

### Effective date of coverage

Coverage becomes effective on the first day of the month in which payroll deductions begin.

### Exclusions and limitations

We will not pay benefits for a claim that is caused by, contributed to by, or occurs as the result any of the following:

- committing or attempting to commit a felony;
  - being engaged in an illegal occupation or activity;
  - injuring oneself intentionally or attempting or committing suicide, whether sane or not;
  - active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
  - participating in war or any act of war, whether declared or undeclared;
  - combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
  - a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
  - elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of trauma, infection, or other diseases;
  - an occupational injury;
  - any Sickness, bodily infirmity, or other abnormal physical condition or Mental or Nervous Disorders, including diagnosis, treatment, or surgery for it;
  - Infection. This exclusion does not apply when the infection is due directly to a cut or wound sustained in a Covered Accident;
  - experimental or investigational procedures;
  - operating any motorized vehicle while intoxicated;
  - operating, learning to operate, serving as a crew member of any aircraft or hot air balloon, including those which are not motor-driven, unless flying as a fare paying passenger;
  - jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven;
  - travel or flight in any aircraft or hot air balloon, including those which are not motor-driven, if it is being used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the earth's atmosphere;#practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
  - riding or driving an air, land or water vehicle in a race, speed or endurance contest; and
  - engaging in hang-gliding, bungee jumping, sail gliding, parasailing, parakiting, or BASE jumping.
- The Accidental Death and Dismemberment Benefits are also subject to the following Exclusions. We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:
- being intoxicated; and
  - voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, intoxicant, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

### End of Coverage

If you choose to cancel your coverage your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage ends on the earliest of the:

- the date the Policy is cancelled by us or your Employer;
- the date you are no longer in an Eligible Group;
- the date your Eligible Group is no longer covered;
- the date of your death;
- the last day of the period any required premium contributions are made; or
- the last day you are in Active Employment.

However, as long as premium is paid as required, coverage will continue:

- in accordance with the Continuation of your Coverage During Absences provision; or
- if you elect to continue coverage for you under Portability of Accident Insurance.

We will provide coverage for a Payable Claim that occurs while you are covered under this certificate

### THIS IS A LIMITED BENEFITS POLICY

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this coverage.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to certificate form GAC16-1 et al. and GAC16-2 and Policy Form GAP16-1 et al. in all states or contact your Unum representative.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by: Unum Insurance Company, Portland, Maine

© 2023 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

## Rates | Employee paid | Accident Insurance

Your monthly premium	Option 1	Option 2
You	\$7.21	\$10.34
You and your spouse	\$13.03	\$18.73
You and your children	\$11.70	\$19.31
Family	\$17.52	\$27.70



Oregon Metro

## Group Critical Illness Insurance



### How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.

### Why should I buy coverage now?

- It's more accessible when you buy it through your employer and the premiums are conveniently deducted from your paycheck.
- Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.

#### Be Well Benefit

Every year, each family member who has Critical Illness coverage can also receive \$50 for getting a covered Be Well Benefit screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

### Who can get coverage?

You:	Choose \$5,000, \$10,000 or \$20,000 of coverage with no medical underwriting to qualify if you apply during this enrollment.
Your spouse:	Spouses can only get 50% of the employee coverage amount as long as you have purchased coverage for yourself.
Your children:	Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome, spina bifida, type 1 diabetes, sickle cell anemia and congenital heart disease. The diagnosis must occur after the child's coverage effective date.

Benefits may be subject to a pre-existing condition provision

### Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like deductibles.
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit can pay 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

### What's covered?

#### Critical Illnesses

- Heart attack
- Stroke
- Major organ failure
- End-stage kidney failure
- Sudden cardiac arrest
- Coronary artery disease Major (50%):  
Coronary artery bypass graft or valve replacement
- Minor (10%):  
Balloon angioplasty or stent placement

#### Cancer conditions

- Invasive cancer — all breast cancer is considered invasive
- Non-invasive cancer (25%)
- Skin cancer — \$500

#### Progressive diseases

- Amyotrophic Lateral Sclerosis (ALS)
- Dementia, including Alzheimer's disease
- Multiple Sclerosis (MS)
- Parkinson's disease
- Functional loss
- Huntington's Disease
- Lupus
- Muscular Dystrophy
- Myasthenia Gravis
- Systemic Sclerosis (Scleroderma)
- Addison's Disease

#### Supplemental conditions

- Loss of sight, hearing or speech
- Benign brain tumor
- Coma
- Permanent Paralysis
- Occupational HIV, Hepatitis B, C or D
- Occupational PTSD
- **Paid at 25%**
- Infectious Diseases
- Pulmonary Embolism
- Transient Ischemic Attack (TIA)
- Bone Marrow/Stem Cell

Please refer to the certificate for complete definitions of these covered conditions. Coverage may vary by state. See exclusions and limitations.



## CRITICAL ILLNESS COVERAGE OREGON

Unum Insurance Company

### OUTLINE OF COVERAGE

Benefits provided are supplemental and are not intended  
to cover all medical expenses

NOTICE: This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Critical Illness Insurance to review the possible limits on benefits in this type of coverage.

Read the Policy and your Certificate Carefully. This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual Policy and Certificate provisions will control.

The Policy itself sets forth in detail the rights and obligations of us and the Policyholder. It is, therefore, important that you READ THE POLICY AND YOUR CERTIFICATE CAREFULLY!

Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits ONLY when certain losses occur as a result of specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

### Critical Illness Coverage Amounts

For You	For Your Spouse	For Your Children
\$5,000, \$10,000 or \$20,000	50% of your Coverage Amount	50% of your Coverage Amount

### Covered Conditions

Critical Illnesses	Percentage of Coverage Amount
Coronary Artery Disease (Major)	50%
Coronary Artery Disease (Minor)	10%
End Stage Renal (Kidney) Failure	100%
Heart Attack (Myocardial Infarction)	100%
Major Organ Failure Requiring Transplant	100%
Stroke	100%

Cancer	Percentage of Coverage Amount
Invasive Cancer (including all Breast Cancer)	100%
Non-Invasive Cancer	25%
Skin Cancer	\$500

## CRITICAL ILLNESS COVERAGE — OREGON

Supplemental Critical Illness	Percentage of Coverage Amount
Benign Brain Tumor	100%
Coma	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Infectious Disease	25%
Occupational Human Immunodeficiency Virus (HIV) or Hepatitis	100%
Permanent Paralysis	100%

Progressive Diseases	Percentage of Coverage Amount
Amyotrophic Lateral Sclerosis (ALS)	100%
Dementia (including Alzheimer's Disease)	100%
Functional Loss	100%
Multiple Sclerosis (MS)	100%
Parkinson's Disease	100%

Additional Critical Illnesses for Your Children	Percentage of Coverage Amount
Cerebral Palsy	100%
Cleft Lip or Palate	100%
Cystic Fibrosis	100%
Down Syndrome	100%
Spina Bifida	100%

## Employee paid | Critical illness insurance continued

Your paycheck deduction will include the cost of coverage and the Be Well Benefit. Actual billed amounts may vary.

### Exclusions and limitations

We will not pay benefits for a claim that is caused by, contributed to by, or occurs as a result of any of the following:

- committing or attempting to commit a felony; being engaged in an illegal occupation or activity; injuring oneself intentionally or attempting or committing suicide, whether sane or not; active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, injury as an innocent bystander, or injury for self-defense; participating in war or any act of war, whether declared or undeclared; combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations; voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, alcohol, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician; being intoxicated; and a Date of Diagnosis that occurs while an Insured is legally incarcerated in a penal or correctional institution.

Additionally, no benefits will be paid for a Date of Diagnosis that occurs prior to the Coverage Effective Date.

### Pre-existing conditions

We will not pay benefits for a claim when the Covered Loss occurs in the first 12 months following an Insured's Coverage Effective Date and the Covered Loss is caused by, contributed to by or occurs as the result of any of the following:

- a Pre-existing Condition; or
- complications arising from treatment or surgery for, or medications taken for, a Pre-existing Condition.

An Insured has a Pre-existing Condition if, within the 12 months just prior to their Coverage Effective Date, they have an injury or sickness, whether diagnosed or not, for which:

- medical treatment, consultation, care or services, or diagnostic measures were received or recommended to be received during that period;
- drugs or medications were taken, or prescribed to be taken during that period; or
- symptoms existed.

The Pre-existing Condition provision applies to any Insured's initial coverage and any increases in coverage. Coverage Effective Date refers to the date any initial coverage or increases in coverage become effective.

Pre-existing Condition requirements are not applicable to:

- Children who are newly acquired after your Coverage Effective Date; and
- any coverage applied for when an Insured is first eligible to enroll for coverage.

Date of diagnosis must be after the coverage effective date.

### End of employee coverage

If you choose to cancel your coverage your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage ends on the earliest of the: date this policy is canceled by Unum or your employer; date you are no longer in an eligible group; date your eligible group is no longer covered; date of your death; last day of the period any required premium contributions are made; or last day you are in active employment.

However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage during Absences provision or if you elect to continue coverage for you, your Spouse, and Children under Portability of Critical Illness Insurance.

Unum will provide coverage for a payable claim that occurs while you are covered under this certificate.

Unum complies with applicable civil union and domestic partner laws.

#### THIS INSURANCE PROVIDES LIMITED BENEFITS

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this coverage.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Certificate Form GCIC16-1 and Policy Form GCIP16-1 or contact your Unum representative.

Underwritten by: Unum Insurance Company, Portland, Maine

© 2023 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

## Employee paid | Critical illness insurance Rates

Monthly costs		
Age	Employee coverage: \$5,000 Spouse coverage: \$2,500 Be Well benefit: \$50	
	Employee	Spouse
under 25	\$2.34	\$2.09
25 - 29	\$2.59	\$2.22
30 - 34	\$2.94	\$2.39
35 - 39	\$3.39	\$2.62
40 - 44	\$4.04	\$2.94
45 - 49	\$4.94	\$3.39
50 - 54	\$6.34	\$4.09
55 - 59	\$8.29	\$5.07
60 - 64	\$11.19	\$6.52
65 - 69	\$15.79	\$8.82
70 - 74	\$23.29	\$12.57
75 - 79	\$32.64	\$17.24
80 - 84	\$45.49	\$23.67
85+	\$71.39	\$36.62

Monthly costs		
Age	Employee coverage: \$20,000 Spouse coverage: \$10,000 Be Well benefit: \$50	
	Employee	Spouse
under 25	\$3.84	\$2.84
25 - 29	\$4.84	\$3.34
30 - 34	\$6.24	\$4.04
35 - 39	\$8.04	\$4.94
40 - 44	\$10.64	\$6.24
45 - 49	\$14.24	\$8.04
50 - 54	\$19.84	\$10.84
55 - 59	\$27.64	\$14.74
60 - 64	\$39.24	\$20.54
65 - 69	\$57.64	\$29.74
70 - 74	\$87.64	\$44.74
75 - 79	\$125.04	\$63.44
80 - 84	\$176.44	\$89.14
85+	\$280.04	\$140.94

Monthly costs		
Age	Employee coverage: \$10,000 Spouse coverage: \$5,000 Be Well benefit: \$50	
	Employee	Spouse
under 25	\$2.84	\$2.34
25 - 29	\$3.34	\$2.59
30 - 34	\$4.04	\$2.94
35 - 39	\$4.94	\$3.39
40 - 44	\$6.24	\$4.04
45 - 49	\$8.04	\$4.94
50 - 54	\$10.84	\$6.34
55 - 59	\$14.74	\$8.29
60 - 64	\$20.54	\$11.19
65 - 69	\$29.74	\$15.79
70 - 74	\$44.74	\$23.29
75 - 79	\$63.44	\$32.64
80 - 84	\$89.14	\$45.49
85+	\$140.94	\$71.39



Oregon Metro

## Group Hospital Insurance



### How does it work?

Group Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

### Why is this coverage so valuable?

- The money is payable directly to you — not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles.
- You get accessible rates when you buy this coverage at work.
- The cost is conveniently deducted from your paycheck.
- The benefits in this plan are compatible with a Health Savings Account (HSA).
- You may take the coverage with you if you leave the company or retire. You'll be billed directly.

### Be Well Benefit

Every year, each family member who has Hospital coverage can also receive \$50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, wellchild visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Group Hospital Insurance can pay benefits that help you with the costs of a covered hospital visit.

### Who can get coverage?

You:	If you're actively at work.
Your spouse:	Can get coverage as long as you have purchased coverage for yourself.
Your children:	Dependent children newborn until their 26th birthday, regardless of marital or student status

Employee must purchase coverage for themselves in order to purchase spouse or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage.

### How much does it cost?

Your monthly premium	Option 1	Option 2
You	\$8.39	\$13.27
You and your spouse	\$16.54	\$29.57
You and your children	\$13.56	\$23.59
Family	\$21.71	\$39.89

Coverage may vary by state. See exclusions and limitations.

If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at <https://www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf>

## Employee paid | Hospital care coverage, continued

Hospital				
	Option 1 benefits		Option 2 benefits	
Hospital Admission	Payable for a maximum of 1 day per year	\$500	Payable for a maximum of 1 day per year	\$1,000
Hospital Daily Stay	Payable per day up to 365 days	\$100	Payable per day up to 365 days	\$200
ICU Daily Stay	Payable per day up to 31 days	\$100	Payable per day up to 31 days	\$200
Short Stay	Payable for a maximum of 1 day per year	\$200	Payable for a maximum of 1 day per year	\$200

### Exclusions and Limitations

Hospital insurance filed policy name is Group Hospital Indemnity Insurance Policy. The definition of hospital does not include certain facilities. See your contract for details.

#### Active employment

You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 20 hours per week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 30 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

#### Exclusions and limitations

We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

- participation in a felony;
- being engaged in an illegal occupation;
- Injuring oneself intentionally or attempting or committing suicide, whether sane or not;
- participation in a riot, or insurrection. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
- participating in war or any act of war, whether declared or undeclared;
- combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations while coverage is suspended and no premiums are collected;
- being legally intoxicated;
- a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
- elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of organ donation, trauma, infection, gender identity disorders, or other diseases;
- treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident;
- any Admission of a newborn Child immediately following Childbirth unless the newborn is Injured or Sick;
- voluntary use of illegal drugs; and
- Mental or Nervous Disorders. This exclusion does not include dementia if it is a result of:
- stroke, Alzheimer's disease, trauma, viral infection; or
- other conditions which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment.

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

#### End of employee coverage

If you choose to cancel your coverage under this certificate, your coverage will end on the first of the month following the date you provide notification to your Employer.

Otherwise, your coverage under this certificate ends on the earliest of:

- the date the Policy is cancelled by us or your Employer;
- the date you are no longer in an Eligible Group;
- the date your Eligible Group is no longer covered;
- the date of your death;
- the last day of the period any required premium contributions are made; or
- the last day you are in Active Employment.

However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage During Absences provision or if you elect to continue coverage for you under Portability of Hospital Indemnity Insurance.

We will provide coverage for a Payable Claim that occurs while you are covered under this certificate.

#### THIS INSURANCE PROVIDES LIMITED BENEFITS

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for hospital insurance.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form GHIP16-1 and Certificate Form GHIC16-1 or contact your Unum representative.

Unum complies with applicable civil union and domestic partner laws.

Underwritten by: Unum Insurance Company, Portland, Maine

© 2023 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

## Employee paid | Hospital care coverage, continued

Hospital				
	Option 1 benefits		Option 2 benefits	
Hospital Admission	Payable for a maximum of 1 day per year	\$500	Payable for a maximum of 1 day per year	\$1,000
Hospital Daily Stay	Payable per day up to 365 days	\$100	Payable per day up to 365 days	\$200
ICU Daily Stay	Payable per day up to 31 days	\$100	Payable per day up to 31 days	\$200
Short Stay	Payable for a maximum of 1 day per year	\$200	Payable for a maximum of 1 day per year	\$200

### Exclusions and Limitations

Hospital insurance filed policy name is Group Hospital Indemnity Insurance Policy. The definition of hospital does not include certain facilities. See your contract for details.

#### Active employment

You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 20 hours per week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 30 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

#### Exclusions and limitations

We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

- participation in a felony;
- being engaged in an illegal occupation;
- Injuring oneself intentionally or attempting or committing suicide, whether sane or not;
- participation in a riot, or insurrection. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
- participating in war or any act of war, whether declared or undeclared;
- combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations while coverage is suspended and no premiums are collected;
- being legally intoxicated;
- a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
- elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of organ donation, trauma, infection, gender identity disorders, or other diseases;
- treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident;
- any Admission of a newborn Child immediately following Childbirth unless the newborn is Injured or Sick;
- voluntary use of illegal drugs; and
- Mental or Nervous Disorders. This exclusion does not include dementia if it is a result of:
  - stroke, Alzheimer's disease, trauma, viral infection; or
  - other conditions which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment.

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

#### End of employee coverage

If you choose to cancel your coverage under this certificate, your coverage will end on the first of the month following the date you provide notification to your Employer.

Otherwise, your coverage under this certificate ends on the earliest of:

- the date the Policy is cancelled by us or your Employer;
- the date you are no longer in an Eligible Group;
- the date your Eligible Group is no longer covered;
- the date of your death;
- the last day of the period any required premium contributions are made; or
- the last day you are in Active Employment.

However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage During Absences provision or if you elect to continue coverage for you under Portability of Hospital Indemnity Insurance.

We will provide coverage for a Payable Claim that occurs while you are covered under this certificate.

#### THIS INSURANCE PROVIDES LIMITED BENEFITS

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for hospital insurance.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form GHIP16-1 and Certificate Form GHIC16-1 or contact your Unum representative.

Unum complies with applicable civil union and domestic partner laws.

Underwritten by: Unum Insurance Company, Portland, Maine

© 2023 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

## Rates | Employee paid | Hospital care coverage

Your monthly premium	Option 1	Option 2
You	\$8.39	\$13.27
You and your spouse	\$16.54	\$29.57
You and your children	\$13.56	\$23.59
Family	\$21.71	\$39.89





## Need life insurance? Now is the time to get coverage

Term Life Insurance allows you to purchase a level of coverage without having to answer health-related questions.

As life changes, your financial obligations to provide for your family increase. Adding life insurance coverage can help offset unexpected costs and provide the safety net your loved one's need to take care of your end-of-life expenses.

Your Term Life Insurance plan allows you to purchase up to a specified amount of coverage without answering health-related questions. This amount is called the non-medical maximum.

Enrolling during your initial enrollment allows you to apply for coverage up to \$180,000, the non-medical maximum, without the need to answer health exams or medical questions.

### Here's how Joyce manages her life insurance coverage

During benefits enrollment, Joyce was offered a plan with a non-medical maximum of \$180,000

- She enrolled for the minimum amount of coverage of \$10,000 the first year.
- Two years later, after having twins and purchasing a new home, she decided to increase her coverage.
- Without medical questions or health exams, she was able to increase her coverage during annual enrollment to the non-medical maximum of \$180,000.

For illustrative purposes only.  
Non-medical maximum amounts vary based on case-specific offering.

### How it works

#### If you enroll now

You can select a coverage amount up to a maximum of \$500,000 in increments of \$10,000. Get up to the non-medical maximum of \$180,000, with no medical questions or health exams.

#### Can I increase my coverage at a future enrollment?

If you elected at least the minimum benefit amount of \$10,000 at your initial enrollment, you can increase your coverage up to \$180,000, the non-medical maximum amount, at future enrollments with no health-related questions. Health-related questions are required for coverage beyond that amount.

#### If you declined coverage when initially eligible

If you declined coverage during your initial eligibility window, you can apply for Term Life Insurance during future annual enrollments, however, you will have to answer health-related questions for any amount to determine eligibility.

### Dependents

#### Spouse coverage

You can enroll your spouse in life insurance coverage in increments of \$5,000, with no medical questions or health exams, up to the non-medical maximum of \$25,000.

#### Coverage for children

You can purchase coverage for your children in increments of \$2,000, with no medical questions or health exams, up to the non-medical maximum of \$10,000. One policy covers all your children.

You must purchase coverage for yourself to purchase coverage for your dependents. The coverage amount you choose for your spouse or child cannot exceed 100% of the coverage you purchase for yourself.

**Better benefits  
at work.™**

unum.com

Must be actively at work during the annual enrollment to apply for or increase coverage. Some restrictions may apply. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability. Applicable to policy form C.FP-1 et. al. Underwritten by Unum Life Insurance Company of America, Portland, Maine. In New York, underwritten by First Unum Life Insurance Company, Garden City, New York © 2023 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries. EN-1970 FOR EMPLOYEES (3-23)

## Rates | Employee paid | Life insurance

Premium rates per paycheck | Effective January 1, 2024

### Calculating term life insurance deductions

Using the chart to the right, follow the steps below to calculate your per paycheck premium deduction for voluntary term life insurance.

1. Select your age as of Jan. 1, 2024
2. Multiple the rate by desired coverage amount per 10,000 units (Employee), or 5,000 (Spouse).

#### Example

A 45-year old employee wants \$100,000 in life insurance coverage.

\$100,000 = 10 units of \$10,000

45-year old cost: 1.32

**1.32 x 10 = \$13.20 per paycheck deduction**

Age	Employee cost \$10,000 unit	Spouse cost \$5,000 unit
0-19	0.350	0.175
20-24	0.350	0.175
25-29	0.350	0.175
30-34	0.520	0.260
35-39	0.610	0.305
40-44	0.850	0.425
45-49	1.320	0.660
50-54	2.305	1.153
55-59	3.910	1.955
60-64	4.755	2.378
65-69	7.350	3.675
70-74	11.300	5.650
75-79	17.450	8.725

*Paycheck deductions for insurance premiums are pre-paid the month prior to coverage. Deductions for January 2024 will be deducted beginning the Dec. 1, 2023 paycheck.*



Oregon Metro

# Short Term Disability Insurance



### How does it work?

If a covered illness or injury keeps you from working, Short Term Disability Insurance replaces part of your income while you recover. As long as you remain disabled, you can receive payments for up to 11 weeks.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

### Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

Short Term Disability Insurance pays you a weekly benefit if you have a covered disability that keeps you from working.

**Since our founding in 1848, Unum has been a leader in the employee benefits business.**

Innovation, integrity and an unwavering commitment to our customers has helped us become a global leader in financial protection benefits.



### Consider your expenses

Utilities	\$
Housing	\$
Groceries	\$
Transportation	\$
Child care/Elder care	\$
Medical/Personal care	\$
Education	\$
Insurance	\$

## Employee paid | Short term disability continued

### How much coverage can I get?

<b>You*</b>	You are eligible for coverage if you are an active employee in the United States working a minimum of 20 hours per week.
	Cover 60% of your weekly income, up to a maximum benefit of \$2,500 per week. The weekly benefit may be reduced or offset by other sources of income.
	*See the Legal Disclosures for more information.

If you didn't get coverage when you were first eligible, you'll have to answer health questions now. If you're newly eligible, you may not have to answer health questions. If you already have coverage, you can increase it up to the maximum available. You may have to answer health questions. New coverage may be subject to pre-existing condition limitations.

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

#### Elimination period (EP)

This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.

Your benefits would begin after you become disabled for 14 days.

#### Benefit duration (BD)

The maximum number of weeks you can receive benefits while you're disabled. You have a 11 week benefit duration.

### Calculate your cost

Disability worksheet						
1 Calculate your weekly disability benefit.						
\$_____ ÷ 52 = \$_____	x	60% =	\$_____			
Your annual earnings	Your weekly earnings	(Max % of income covered)	Max weekly benefit available (if the amount exceeds the plan max of \$2,500, enter \$2,500.			
2 Calculate your cost per paycheck.						
\$_____ ÷ 10 = \$_____	x	\$0.055 =	\$_____ x	12 = \$_____ ÷	12 =	\$_____
Your weekly benefit amount	Your rate	Your monthly cost	Your annual cost	Number of paychecks per year	Your cost per paycheck	

Billed amount may vary slightly. \* The maximum covered annual income is \$216,666.

## Employee paid | Short term disability continued

### Exclusions and Limitations

#### Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by your employer for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

#### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

#### Definition of disability

You are considered disabled when Unum determines that, due to sickness or injury:

- You are limited from performing the material and substantial duties of your regular occupation; and
- You have a 20% or more loss in weekly earnings

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

‘Substantial and material acts’ means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified.

Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

#### Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

#### Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers’ compensation or similar occupational benefit laws
- State compulsory benefit laws
- Automobile liability insurance policy
- Motor vehicle insurance policy or plan
- No fault motor vehicle plan
- Legal judgments and settlements
- Salary continuation or sick leave plans, if applicable
- Other group or association disability programs or insurance
- Social Security or similar governmental programs

#### Continuity of Coverage

If the employee was not insured under the plan continuity of coverage will not apply. If the employee was insured under the prior plan but is not in active employment on the Unum plan effective date (due to illness or injury), the person will be covered under the Unum plan, but payment will be limited to what would have been paid under the prior plan. Unum will reduce the payment by the prior carrier’s liability. If the employee was insured under the prior plan and is in active employment on the Unum plan effective date, the person must satisfy the pre-ex provision under the Unum plan or the prior carrier’s plan. If satisfied under the Unum plan, payment will be made according to the Unum plan. If satisfied under the prior plan (but not the Unum plan), payment will be administered under the Unum plan, but the payment will be the lesser of the Unum weekly benefit or the prior plan’s weekly benefit.

#### Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- War, declared or undeclared or any act of war
- Active participation in a riot
- Intentionally self-inflicted injuries;
- Loss of professional license, occupational license or certification;
- Commission of a crime for which you have been convicted;
- Any period of disability during which you are incarcerated;
- Excluded pre-existing conditions (see definition).

The loss of a professional or occupational license does not, in itself, constitute disability.

#### Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled

- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan. This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al., or contact your Unum representative.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

© 2022 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

## Calculating cost and benefit for Short-term disability insurance

Disability worksheet						
1 Calculate your weekly disability benefit.						
\$ _____ ÷ 52 =	\$ _____ x	60% =	\$ _____			
Your annual earnings	Your weekly earnings	(Max % of income covered)	Max weekly benefit available (if the amount exceeds the plan max of \$2,500, enter \$2,500.			
2 Calculate your cost per paycheck.						
\$ _____ ÷ 10 =	\$ _____ x	\$0.055 =	\$ _____ x	12 =	\$ _____ ÷	12 =
Your weekly benefit amount		Your rate	Your monthly cost	Your annual cost	Number of paychecks per year	Your cost per paycheck

# Legal services supplemental insurance

# Empowering employees through easy access to legal help

Legal issues occur throughout life, when employees are getting married, buying a home, becoming a caregiver or handling financial matters like debt or tax audits. Dealing with these matters can be costly and time consuming, taking employees away from work and impacting their overall well-being.

We provide your employees with the cost-effective, multi-channel access to legal help they need to easily handle costly legal matters in their life—helping them to feel more financially and emotionally secure.

### Flexibility to handle matters how employees want

We want your employees to get the help they need how they want it. That’s why we allow them to choose their attorney from our network, or outside of it, or use our digital tools to handle matters.<sup>1</sup> With a large network of attorneys and the ability to complete estate planning or download self-help documents on our website, employees have the flexibility to choose how they want to handle their legal matter.

### Wide range of coverage for a diverse workforce

<b>LGBTQ+</b>	<ul style="list-style-type: none"> <li>• Adoption</li> <li>• Creating estate planning documents to recognize same-sex partners</li> <li>• Name and gender marker change</li> </ul>
<b>Caregivers</b>	<ul style="list-style-type: none"> <li>• Nursing home agreements</li> <li>• Reviewing Medicare/Medicaid documents</li> <li>• Reviewing parents’ estate planning documents</li> </ul>
<b>Veterans/ Military</b>	<ul style="list-style-type: none"> <li>• Assistance with real estate or rental issues</li> <li>• Guardianship</li> <li>• Updating or creating estate planning documents</li> </ul>
<b>International employees</b>	<ul style="list-style-type: none"> <li>• Access to attorneys out of the country<sup>2</sup></li> <li>• Assistance with immigration issues</li> <li>• Translation services for Call Center and Attorneys</li> </ul>
<b>Those just starting out</b>	<ul style="list-style-type: none"> <li>• Assistance with rental issues and landlords</li> <li>• Reviewing leases</li> <li>• Student loan debt assistance</li> </ul>

## The MetLife Legal Plans Difference



Telephone and office consultations, demand letters and document review on **unlimited number** of personal legal matters



**Over 18,000** attorneys in all 50 states and many U.S. territories who have an average of 25 years of experience and are subject to a comprehensive set of criteria



**Best-in-class** digital experience to find attorneys and complete estate planning



We’re focused on providing **exceptional customer service** and are appropriately staffed for peak call volume

Navigating life together



## Employee paid | Legal services continued

<b>Money Matters</b>	<ul style="list-style-type: none"> <li>Debt Collection Defense</li> <li>Financial Wellness Programs<sup>3</sup></li> <li>Identity Restoration<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>Identity Theft Defense</li> <li>Negotiations with Creditors</li> <li>Personal Bankruptcy</li> </ul>	<ul style="list-style-type: none"> <li>Promissory Notes</li> <li>Tax Audit Representation</li> <li>Tax Collection Defense</li> </ul>
<b>Home &amp; Real Estate</b>	<ul style="list-style-type: none"> <li>Boundary &amp; Title Disputes</li> <li>Deeds</li> <li>Eviction Defense</li> <li>Foreclosure</li> </ul>	<ul style="list-style-type: none"> <li>Mortgages</li> <li>Property Tax Assessments</li> <li>Refinancing &amp; Home Equity Loan</li> <li>Sale or Purchase of Home</li> </ul>	<ul style="list-style-type: none"> <li>Security Deposit Assistance</li> <li>Tenant Negotiations</li> <li>Zoning Applications</li> </ul>
<b>Estate Planning</b>	<ul style="list-style-type: none"> <li>Codicils</li> <li>Complex Wills</li> <li>Healthcare Proxies</li> </ul>	<ul style="list-style-type: none"> <li>Living Wills</li> <li>Powers of Attorney (Healthcare, Financial, Childcare, Immigration)</li> </ul>	<ul style="list-style-type: none"> <li>Revocable &amp; Irrevocable Trusts</li> <li>Simple Wills</li> </ul>
<b>Family &amp; Personal</b>	<ul style="list-style-type: none"> <li>Adoption</li> <li>Affidavits</li> <li>Conservatorship</li> <li>Demand Letters</li> <li>Garnishment Defense</li> <li>Guardianship</li> </ul>	<ul style="list-style-type: none"> <li>Immigration Assistance</li> <li>Juvenile Court Defense, Including Criminal Matters</li> <li>Name Change</li> <li>Parental Responsibility Matters</li> <li>Personal Property Issues</li> </ul>	<ul style="list-style-type: none"> <li>Prenuptial Agreement</li> <li>Protection from Domestic Violence</li> <li>Review of ANY Personal Legal Document</li> <li>School Hearings</li> </ul>
<b>Civil Lawsuits</b>	<ul style="list-style-type: none"> <li>Administrative Hearings</li> <li>Civil Litigation Defense</li> </ul>	<ul style="list-style-type: none"> <li>Disputes Over Consumer Goods &amp; Services</li> <li>Incompetency Defense</li> </ul>	<ul style="list-style-type: none"> <li>Pet Liabilities</li> <li>Small Claims Assistance</li> </ul>
<b>Elder-Care Issues</b>	Consultation & Document Review for Issues Related to Your Parents: <ul style="list-style-type: none"> <li>Deeds</li> <li>Leases</li> </ul>	<ul style="list-style-type: none"> <li>Medicaid</li> <li>Medicare</li> <li>Notes</li> <li>Nursing Home Agreements</li> </ul>	<ul style="list-style-type: none"> <li>Powers of Attorney</li> <li>Prescription Plans</li> <li>Wills</li> </ul>
<b>Traffic &amp; Other Matters</b>	<ul style="list-style-type: none"> <li>Defense of Traffic Tickets<sup>5</sup></li> <li>Driving Privileges Restoration</li> </ul>	<ul style="list-style-type: none"> <li>Habeas Corpus</li> <li>License Suspension Due to DUI</li> </ul>	<ul style="list-style-type: none"> <li>Repossession</li> </ul>
<b>Rate<sup>6</sup></b>	<b>Benefit-Eligible Employees:</b>	<b>Cost per employee per month (covers spouse and dependents):</b>	
	<b>100-999</b>	<b>Employee Paid: \$18.00</b>	
<b>Additional Features:</b>	<b>Telephone advice, office consultations, demand letters and document review</b> on an unlimited number of personal legal matters.		
	For non-covered matters that are not otherwise excluded employees get <b>four additional hours</b> of network attorney time and services per plan year. <sup>7</sup>		
	<b>Reduced fees</b> for personal injury, probate and estate administration matters, provided by network attorneys.		
	Access to a <b>digital estate planning solution</b> for wills, living wills, power of attorney and living trusts.		
	<b>Over 1,700 self-help documents<sup>8</sup></b> are available to members and potential members on our website.		

- The Participant will be reimbursed according to the set fee schedule, the lesser of the maximum reimbursement amount or the attorney's actual charge. Your employees will be responsible to pay the difference, if any, between the plan's payment and the non-plan attorney's charge for services. MetLife Legal Plans is not responsible for legal work performed by out-of-network attorneys.
- Internationally, employees can see an attorney outside of our network and be reimbursed according to a set fee reimbursement schedule.
- MetLife administers the PlanSmart program and has arranged to have specially trained third party financial professionals offer financial education. The financial professionals providing financial education are not affiliated with MetLife but are providing the program under a service provider contract. Offered to groups with 500 or more employees. Upwise is available at no cost to all individuals and regardless of any MetLife relationship or product.
- Aura is a product of Aura Sub, LLC. Aura Sub, LLC. is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.
- Does not cover DUI.
- Rate is standard and subject to change. A minimum enrollment of two employees is required.
- No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents, annually.
- The self-help library is offered by Standard Legal. Standard Legal is not a corporate affiliate of MetLife Legal Plans.

Group legal plans are administered by MetLife Legal Plans, Inc., Cleveland, Ohio. In California, this entity operates under the name MetLife Legal Insurance Services. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney client relationship exists prior to the participant becoming eligible for plan benefits. Coverage for defense of criminal matters is excluded from insurance coverage for individuals located in New York. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details.



MetLife Legal Plans, Inc. | 1111 Superior Avenue, Suite 800 | Cleveland, OH 44114  
L0223029108[exp1224][All States][DC, GU, MP, PR, VI] © 2023 MetLife Services and Solutions, LLC

## Dedicated to shaping a better future for greater Portland

Metro works to generate economic opportunity, protect water and wildlife, and create communities people want to call home. Whether your work serves the Oregon Zoo, parks and nature, land and transportation, garbage and recycling or arts and events, your first job is public service. That's true if you're an intern, security guard, manager, zookeeper, planner, naturalist or paint technician.

The work you do every day benefits the lives of the people who live here, today and tomorrow.

Together, we help make greater Portland a great place to call home. Stay in touch with news, stories and things to do at [oregonmetro.gov/connect](https://oregonmetro.gov/connect)

**Cover photo:** Environmental specialists Riley Tauer and Alondre Augustus monitoring gas emissions at St. Johns Landfill.

**Photo credit:** Joshua Manus



**Metro**

Arts and events  
Garbage and recycling  
Land and transportation  
Oregon Zoo  
Parks and nature

**oregonmetro.gov**