



GUIDE TO RETIREMENT

You may be thinking about retirement, which is why your search for information has led you to the Multnomah County Guide for Retirement. The key to creating and experiencing a satisfying retirement is planning. Planning gives you a sense of control, answers important questions, and lets you look toward the future with anticipation. It is recommended you start planning early to ensure an easy transition from employment to retirement.

Information listed in this Guide to Retirement will help you begin this process – but may not include all the information you need to make a decision about beginning your life as a retired individual. You may also want to consult with Social Security, PERS, your Deferred Compensation representative, a tax accountant, or a retirement planning consultant.

Multnomah County Retiree Benefits

Mailing Address: 501 SE Hawthorne, Suite 400
Portland, Oregon 97214

Physical Address: 501 SE Hawthorne, Suite 320

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Telephone: 503-988-5651

E-mail: retiree.benefits@multco.us

Website: www.multco.us/retirees



Retain this Document for your Reference

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Checklist

While Multnomah County is not able to provide retirement counseling, below is a list of subjects which pertain to retirement. When separating from County employment, County employees would complete the Checklist items relevant to their particular situation. If you have questions in regards to retiree health or life insurance, contact the Employee Benefits Office at 503-988-5651 or retiree.benefits@multco.us.

PERS Retirement Pension

- More than (3) years to PERS retirement:
Attend an **Introduction to PERS Retirement** presentation.

- Within Three (3) years of retirement: Visit: www.oregon.gov/PERS/
Attend a **Retirement Readiness** Presentation.

- Within 90 days of retirement:
Attend a **Retirement Application Assistance** Session.
Schedule and meet with PERS staff for a one-on-one review of PERS application.

Deferred Compensation Account

- Within Three (3) months of retirement: Visit: <https://multnomah.beready2retire.com/>
Contact a Deferred Comp representative to discuss your existing deferred comp account and PERS benefits.

- One (1) month prior to retirement:
Contact a Deferred Comp representative to use Deferred Comp funds to purchase PERS waiting time or refunded time.

- At least 30 days prior to separating from County service:
Submit paperwork to County Deferred Comp to make one final pre-tax contribution to an existing deferred comp account. Contribution may be your vacation leave payout.

Separation from Multnomah County Employment

- Notice of Separation from Employment:** County employee notifies Multnomah County of their separation from County employment. Contact your Human Resources Department for instructions on the process your Department follows when employment with Multnomah County ends.

- Final Paycheck:** Prior to employment ending, employees must make arrangements with their supervisor and/or HR Department on how to obtain their final paycheck. Contact Payroll at 503-988-3309 or at central.payroll@multco.us with questions regarding final paycheck and what happens to unused accrued leave (vacation, comp time, holiday and personal holiday).

County Retiree Health and/or Life Insurance

Completed enrollment forms must be returned to the Multnomah County Employee Benefits Office (EBO).

One (1) month prior to Retiree Health Insurance beginning:

Enrollment forms may be:

- County Retiree health insurance enrollment form.
- Authorization Agreement for Electronic Funds Transfer form.
- County Retiree Life Insurance beneficiary form (if eligible for policy).

If eligible retiree or any eligible family members meet the Medicare criteria, complete the Kaiser Senior Advantage (Supplemental Medicare medical insurance) Application.

Note: Kaiser will not accept a Kaiser Senior Advantage application signed more than 45 days prior to the date coverage begins.

Medicare

Medicare eligible participants are required to apply for Medicare when eligible.

It is recommended individual begin researching Medicare and Supplemental Medicare plans 3 months prior to eligibility for Medicare. Contact Medicare at 1-800-MEDICARE.

If individual delayed enrolling in Medicare due to **continuing County employment and active County employee medical insurance coverage**

Within 90 days of retirement date:

Request Medicare Part application and "Request for Employment Information" form from Social Security Administration. Send "Request for Employment Information" form to Employee Benefits Office for processing.

EBO will complete the "Request for Employment Information" form and return form to employee.

Employee submits Medicare application and "Request for Employment Information" form to the Social Security Administration, contact the SSA Office to confirm receipt of forms.

If individual is retiring **when eligible** for Medicare

Within 90 days of eligibility for Medicare:

Medicare Part A and Part B application must be submitted to the Social Security Administration.

If Medicare application mailed to the Social Security Administration, contact the SSA Office to confirm receipt of form.

County-sponsored Life Insurance

Active County Employee Life Insurance

- Within 31 days from separation from County employment:
Return completed portability form to Standard Insurance.

County Retiree Life Insurance

- The "County Retiree benefits offer" will confirm whether retiree is eligible for the County Retiree Life Insurance policy.

Provide the Employee Benefits Office with completed retiree life insurance beneficiary form.

VEBA

Contact HRA VEBA at <http://www.hraveba.org/> or 888-659-8828 for information on your VEBA account.

Long Term Care Insurance

- Within 30 days after separation of Multnomah County employment:
Non-represented and bargaining unit employees, who negotiated the option of purchasing long term care insurance and have an existing Long Term Care insurance Policy # 00094319-001, will be mailed an Election to Continue Long Term Care Insurance Coverage form to continue the policy. Completed form must be returned to UNUM within 30 days after County employment ends.

Rehired to Multnomah County Employment

County retirees who return to "on call" or "temporary" County employment should complete the following:

- Complete the appropriate Return to Work Memorandum of Understanding document from www.multco.us/retirees.

County retiree enrolled in County Retiree Health Insurance coverage, who return to County employment, must complete a Memorandum of Understanding (MOU) with hiring supervisor.

Social Security Income

Information on initiating Social Security Income is available directly from the Social Security Administration:

Telephone: 1-800-772-1213 Website: www.socialsecurity.gov

Public Employee Retirement System

You must contact the Public Employees Retirement System (PERS) for complete information on your PERS pension.

- 1) Contact a PERS Customer Service representative at 888-320-7377.
- 2) Log on to the PERS website at www.oregon.gov/PERS. Download a "Pre-retirement Guide."
- 3) Attend a PERS retirement seminar (refer to the PERS Presentations section below).
- 4) You may email questions to PERS Member Services.

The explanation of Multnomah County's pension contribution arrangements with PERS is found in:

- 1) Personnel Rule 4-20 (Benefits).
- 2) Personnel Rule 4-30 (Paid Sick Leave).
- 3) Bargaining unit contracts.

Accrued (Unused) Sick Leave

The County Personnel Rules and bargaining contracts include information that Multnomah County has entered into an agreement with PERS to include unused sick leave in the PERS Tier One and Tier Two pension calculations as provided by Oregon Revised Statute 238.350. PERS includes the value of one-half of the accumulated unused sick leave in the Tier One and Tier Two pension calculations. When a PERS pension application is submitted, PERS automatically contacts Multnomah County's Finance Department for verification of an employee's unused leave and salary in order to calculate the monthly pension amount.

PERS Presentations

You may learn more about your PERS pension by attending presentations sponsored by PERS.

PERS regularly schedules presentations on pension benefits. Presentation descriptions, schedules, and registration may be completed online at www.oregon.gov/PERS or by contacting PERS at 888-320-7377. Attending presentations are on employee's own personal time.

PERS provides presentations retirement planning for:

Introduction to PERS Retirement presentation
(More than (3) years to PERS retirement).

Retirement Readiness presentation
(Within 3 years of PERS retirement).

Oregon Public Service Retirement Plan Members (All about OPSRP) presentation.
(All OPSRP members).

There are also PERS presentations which include Financial Planning.

PERS may cover the following during these presentations:

Retirement Readiness

Tier One/Tier Two Members (hired before August 29, 2003).

This presentation is ideal for Tier One/Tier Two members who are within three years of PERS retirement. Topics include a step-by-step review of a PERS estimate of retirement benefits, retirement options, and retirement timelines; guidelines on completing the retirement application; an explanation of working after retirement rules; detailed information regarding the Individual Account Program (IAP); and a list of available resources.

Introduction to PERS Retirement

This presentation is ideal for Tier One/Tier Two members with more than three years to PERS retirement.

Topics include a look at available resources, information about Online Member Services estimates, a review of retirement timelines, an explanation of working after retirement rules, detailed information regarding the Individual Account Program (IAP), and other information you may find useful as you move toward retirement.

Oregon Public Service Retirement Plan Members All About OPSRP

This presentation is ideal for members at any stage of their careers who began their PERS covered career after August 28, 2003.

Topics include membership and vesting requirements, information regarding Online Member Services and estimates, retirement eligibility, detailed information about the Individual Account Program (IAP), and member resources.

Register for a presentation online @ www.oregon.gov/PERS

Ready to Retire??

Within 90 days of retirement, schedule a PERS **Retirement Application Assistance** Session.

Meet with PERS staff for a one-on-one review of PERS application.

Register at www.oregon.gov/PERS or call 888-320-7377.

Multnomah County 457 Deferred Compensation Program

If you have a deferred compensation account or would like to utilize any of the benefits below through Multnomah County's 457 Deferred Compensation Program, you may want to consider the following as you plan for retirement.

Final Paycheck Deferral. Do you want to increase, decrease or make one final contribution to your deferred compensation account from your final paycheck?

Unused vacation leave is paid out on the final paycheck. Some employees calculate the value of the vacation leave in order to contribute all or a portion of this payout to their 457 deferred compensation account (subject to annual contribution limits). If you want to defer an amount different from what you normally defer, you must turn in new paperwork at least **30 days** before you terminate. For more information, contact Multnomah County deferred comp at 503-988-5016.

Withdrawing Funds. How soon will you need to access the funds in your account?

Funds are generally available 30 days after employment ends. In order to avoid delays in accessing your funds, contact your deferred compensation provider prior to leaving County employment to discuss the necessary forms. Completed forms are submitted directly to your deferred compensation provider.

NOTE: Being rehired as a Multnomah County employee after you've retired/terminated employment, may prohibit you from being eligible to withdraw your deferred comp funds.

Retirement Accounts. Do you have other retirement accounts (including an account in the PERS Individual Account Program (IAP))?

You may have the option of rolling the PERS IAP or other qualified retirement plans into the County's 457 deferred compensation plan, a traditional IRA, or other qualified retirement plan. Your deferred compensation provider will discuss the option and tax implications of moving funds from your PERS IAP account to your deferred compensation account. They can assist in completing the required paperwork for both PERS and the provider.

Did you know you could use your deferred comp to purchase waiting or refunded time for PERS? It is necessary to contact your deferred comp provider at least one month PRIOR to your retirement date to discuss the option of transferring your funds directly from your Pre-Taxed account to PERS and complete both the PERS and provider paperwork.

PERS Retirement Application – Option for Voya Participants only.

Do you want to discuss the PERS pension options and receive assistance completing your pension retirement application?

If you have an existing VOYA deferred compensation account or would like to open an account, you may schedule an appointment with a VOYA representative to discuss the PERS pension application and VOYA paperwork.

3 Months Prior to Retirement

It is recommended you contact Voya Financial Advisors about 3 months before you leave County employment in order to discuss your existing deferred compensation account and PERS benefits. Voya provides notary service for their participants.

VOYA Financial Partners 503-937-0378

www.multco.us/finance/deferred-compensation

Enrolling in County Retiree Health Insurance

Eligibility Requirements

The Multnomah County Retiree Health Insurance Program may be available to eligible former County employees and their dependents. The Retiree Health Insurance Program includes medical and dental insurance coverage. Medical insurance coverage includes vision and prescription benefits.

A County employee has the option to elect medical and/or dental insurance coverage through the Multnomah County's health plans if the following requirements are met:

- 1) Must be eligible to begin PERS pension benefits.
- 2) Has continuous Multnomah County-sponsored health insurance coverage.

PERS Pension

A County employee must be eligible to retire in order to enroll in the County Retiree Health Insurance Program. "Eligibility for retirement" means:

- Employee is vested in the PERS pension system, and
- Employee is eligible to begin an early (reduced) or full PERS pension (for the County Retiree Health Insurance Program, employee does not need to submit a PERS pension application),

OR

- Employee is vested in the PERS pension system, and
- Employee has been approved for a PERS disability retirement.

Contact PERS Customer Service at 888-320-7377 for information on your PERS pension.

Continuous County-sponsored Medical and/or Dental Insurance

The plan documents Multnomah County is required to execute with our health insurance providers do not allow the County to re-enroll participants after medical/dental insurance coverage has lapsed. County retiree medical and/or dental insurance coverage must immediately begin at the time active County employee health insurance coverage ends.

If the County retiree does not elect to enroll in County retiree medical and/or dental insurance coverage at this time, the retiree does not have the option to elect coverage at a later time. (Exception: See Deferring Enrollment section)

It is recommended you contact the Employee Benefits Office (EBO) approximately 90 days prior to separation from County employment to begin the process.

Deferring Enrollment

(Due to enrolling in spouse/domestic partner's County Employee or Retiree coverage)

A County retiree may defer enrolling in the County retiree medical and dental insurance when County employment ends if:

- 1) retiree is enrolled as a dependent (through marriage or domestic partnership) under another active employee's Multnomah County health insurance coverage,
- OR**
- 2) retiree is enrolled as a dependent (through marriage or domestic partnership) under another retiree's Multnomah County retiree health insurance coverage.

Prior to County employment ending, County employee must contact EBO to request a Multnomah County Retiree Benefits Enrollment Packet. Employee must complete the paperwork electing to participate in the County Retiree Health Insurance Program but deferring enrolling in a medical and/or dental insurance plan. Future participation in the County Retiree Health Insurance Program requires continuous and uninterrupted coverage under a County-sponsored health plan. Continuous and uninterrupted enrollment in a County-sponsored medical and/or dental plan is required to retain eligibility to enroll in a County retiree medical plan at some later time.

It is the responsibility of the retiree to contact EBO to activate County retiree medical and/or dental insurance coverage prior to their dependent status under the active employee/retiree health insurance coverage ending. Should there be a lapse in health insurance coverage, County retiree will have forfeited the option to enroll in an individual County retiree health insurance plan. Multnomah County does not have the ability to re-enroll individuals in County-sponsored health insurance once coverage has ended. A County retiree who has deferred their County retiree health plan enrollment may choose to terminate the deferral and enroll in a County retiree medical and/or dental plan at the annual open enrollment period or when an event occurs causing a loss of coverage under the other County health plan coverage, which the County retiree has relied upon to qualify for the deferral option.

Deferring Enrollment – for MCCDA Retirees

(Due to enrollment in other group health insurance coverage)

MCCDA Retirees who retire on or after **February 1, 2018**, will be allowed to leave coverage and opt back on to County health and dental plans as a one-time opportunity. Retiree is eligible to defer enrollment in the Multnomah County Retiree Health Insurance Program at the time of retirement or at a later date if enrolling in other group medical insurance. MCCDA retirees that have opted out may re-enroll due to a loss of group health insurance coverage, due to a qualifying event, or at annual benefits open enrollment.

Retiree must remain continuously covered in an employer-sponsored group health insurance plan and demonstrate continuous coverage under another employer-sponsored group health plan and enroll for coverage to begin within sixty (60) calendar days of loss of other coverage or qualifying event. The effective County date of coverage will be the first day of the month on or after receipt of all enrollment forms (or January 1 if enrollment is during benefits annual open enrollment.) It is the responsibility of the retiree to contact EBO to activate County retiree medical and/or dental insurance coverage.

Deferring Enrollment – for MCDSA/Civil Deputy Retirees
(Due to enrollment in other group health insurance coverage)

MCDSA/Civil Deputy Retirees who retire on or after **October 15, 2018**, will be allowed to leave coverage and opt back on to County health and dental plans as a one-time opportunity. Retiree is eligible to defer enrollment in the Multnomah County Retiree Health Insurance Program at the time of retirement or at a later date if enrolling in other group medical insurance. MCDSA/Civil Deputy Retirees that have opted out may re-enroll due to a loss of group health insurance coverage, due to a qualifying event, or at annual benefits open enrollment.

Retiree must remain continuously covered in an employer-sponsored group health insurance plan and demonstrate continuous coverage under another employer-sponsored group health plan and enroll for coverage to begin within sixty (60) calendar days of loss of other coverage or qualifying event. The effective County date of coverage will be the first day of the month on or after receipt of all enrollment forms (or January 1 if enrollment is during benefits annual open enrollment.) It is the responsibility of the retiree to contact EBO to activate County retiree medical and/or dental insurance coverage.

Termination of Active County Employee Health Insurance Coverage

A County retiree must immediately enroll in County retiree medical and/or dental insurance coverage at the time active County employee health insurance coverage ends. Information on when active County employee health insurance ends is located in Personnel Rule 4-20 (for non-represented County employees) and labor contract (for represented employees).

Active employee health insurance coverage ends as follows:

Last Day in Paid Status	Employee Health Insurance Ends
1 st – 15 th of the month	End of the month
16 th – 31 st of the month	End of the following month

Example:

Last Day in Paid Status	Employee Health Insurance Ends	Retiree Health Insurance Must Begin
January 15	January 31	February 1
January 16	February 28	March 1

The health insurance provider may mail notification of health insurance coverage ending. This is notice active County employee health insurance is ending; this notice is generated automatically even if an individual is enrolling in the County Retiree Health Insurance Program. The County retiree health insurance confirmation letter, mailed by the EBO, verifies enrollment in County Retiree Health Insurance coverage.

County Retiree Health Insurance Enrollment Decisions

County retiree health insurance is the same medical/vision/prescription and dental plans provided to active County employees. When enrolling in the County Retiree Health Insurance Program, eligible County retirees may enroll in the same level of coverage – or – may change their coverage at the time County retiree health insurance begins. Options to consider:

1) Opted Out of Active County Employee Medical and/or Dental:

County retiree may enroll in a County retiree medical and/or dental insurance plan. If retiree does not elect health insurance coverage at separation from County employment, they will not have the opportunity to elect medical and/or dental insurance coverage at a later time. Retiree will have forfeited the option to activate County retiree medical and/or dental insurance.

2) Enroll in More Cost Affordable Coverage:

County retiree premiums are the same rates Kaiser and Moda establishes for active County employee health insurance. Up until retirement, County employees pay a much smaller portion of the monthly premium (the employee cost share) than required under the County Retiree Health Insurance Program. County retirees may be responsible for paying the full monthly premium unless they receive a reduction (medical subsidy) on the medical premium.

County retirees have the option at the time County retiree health insurance begins to:

- Enroll in a cost effective (lower level) medical plan offered by the health insurance provider you had as an active County employee.
- Drop family member(s) from medical and/or dental insurance coverage. If family member(s) have other health insurance, double coverage may not be necessary. County retiree may have the option to re-enroll eligible family member(s) in County retiree health insurance during an open enrollment period or if family member(s) lose coverage under the other health insurance plan.

3) Kaiser Permanente NW Service Area:

It is a federal law and a Kaiser requirement County retirees must reside within the Kaiser Permanente Northwest Service Area. See below for Service Areas.

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

Service area ZIP codes

The service area consists of the following counties within the following ZIP codes:

IN OREGON

Benton: 97330, 97331, 97333, 97339, 97370

Clackamas: 97004, 97009, 97011, 97013, 97015, 97017, 97022, 97023, 97027, 97034, 97035, 97036, 97038, 97042, 97045, 97049, 97055, 97067, 97068, 97070, 97086, 97089, 97222, 97267, 97268, 97269

Columbia: All ZIP codes

Hood River: 97014

Linn: 97321, 97322, 97335, 97346, 97348, 97355, 97358, 97360, 97374, 97377, 97389

Marion: 97002, 97020, 97026, 97032, 97071, 97137, 97301, 97302, 97303, 97305, 97306, 97307, 97308, 97309, 97310, 97311, 97312, 97313, 97314, 97317, 97325, 97342, 97346, 97352, 97362, 97373, 97375, 97381, 97383, 97384, 97385, 97392

Multnomah: All ZIP codes

Polk: All ZIP codes

Washington: All ZIP codes

Yamhill: All ZIP codes

IN WASHINGTON

Clark: All ZIP codes

Cowlitz: All ZIP codes

Lewis*: 98591, 98593, 98596

Skamania*: 98639, 98648, 98671

Wahkiakum*: 98612, 98647

*Beginning 2014, these counties are outside of our service area for small employers and individual members.

If a County retiree does not reside inside the Kaiser Permanente NW service area, enrollment in a Moda medical and Delta dental insurance plan will be the only available coverage option under the County Retiree Health Insurance Program. If a County retiree moves outside the Kaiser Permanente NW service area, retiree must change to Moda medical and Delta dental insurance. Retiree must contact EBO once residing in the new area to request an enrollment change form.

Kaiser has the option to end health insurance coverage should retiree reside outside the Northwest Service Area. If Kaiser terminates coverage, Multnomah County is unable to re-enroll retiree (or family members) in County-sponsored health insurance coverage. Participants forfeit participation in the County Retiree Health Insurance Program.

4) Moda Out-of-Network Health Insurance Coverage:

County retirees may select health care providers for medical and dental insurance care; however, the Moda plans provide a higher level of benefits if in-network providers are used. The Moda website lists in-network providers. Access the Moda website at www.modahealth.com. Click on the "Search for physician" link. The list of health care providers may be accessed as a guest or as a current member.

Moda health care providers are located in the Pacific Northwest. If a County retiree moves, they may need to use out-of-network health care providers. Out-of-network providers administer the same level of care; however, the providers may not bill Moda for services, and Moda will pay benefits at a lower level. If a health care provider does not bill Moda, the retiree may be responsible for paying the provider and then submitting a claim to Moda for reimbursement.

Moda processes claims at the "usual and customary" rate based on the administration of medical and dental services in the Pacific Northwest. In other areas of the United States, providers may charge a higher rate for services. The retiree would be responsible for paying the difference between what the health care provider charges and what Moda allows as the usual and customary rate.

Beginning the Process

1) When to Request the Multnomah County Retiree Benefits Enrollment Packet:

Contact EBO **90 days** prior to separating from Multnomah County employment to request a Multnomah County Retiree Benefits Enrollment Packet.

Telephone: 503-988-5651
E-mail: retiree.benefits@multco.us

EBO does not discuss retirement with employee's supervisor or other County employees. EBO may contact Department Human Resources for employment information from employee's personnel file. EBO must research employment history to determine eligibility for a PERS pension, eligibility for the medical subsidy, and eligibility for the County retiree life insurance policy. Employee should review all the information in the packet, contact EBO with questions, and complete/submit enrollment forms to EBO prior to separation from County employment.

Request a Retiree Packet: www.multco.us/retirees "Request Benefits Information Request."

2) Questions Regarding Multnomah County Benefits:

The Multnomah County Retiree Benefits Enrollment Packet will include a complete explanation of the County retiree health and life insurance benefits you are eligible to receive. It is recommended County employees review their Packet and then contact EBO with questions. It is possible to provide answers to all your questions over the phone. Once forms are submitted to EBO, they are reviewed. EBO will contact you to discuss questions we may have regarding how you completed the forms. We prefer to communicate with our retirees via email. Please provide a current email address on the enrollment form.

EBO will send you a confirmation letter, which will include your health insurance enrollment choice(s). Review this letter. You may contact our office to discuss making enrollment changes prior to the date health insurance becomes effective. Once County retiree health insurance coverage begins, enrollment changes may only be made during an open enrollment period or if a qualifying event occurs during the health plan year.

Health Insurance Premiums and Medical Premium Subsidy

The County Retiree Health Insurance Program premiums are the same rates Kaiser/Moda/Willamette Dental establishes for active County employee health insurance coverage. As active County employee health plans/rates change from year to year, these same changes apply to retirees enrolled in County retiree coverage. Rate sheets for the current health plan year are included in the Retiree Benefits Enrollment Packet. Rate sheets are also available on the EBO website or by contacting our office at 503-988-5651 (email: retiree.benefits@multco.us).

County retirees must pay 100% of the dental insurance premium. There is no subsidized rate for County retiree dental insurance.

Eligible County retirees may be approved for a reduction (medical subsidy) on the monthly medical insurance premium. Retiree may qualify for the medical subsidy based on age and years of County service. Information on the age and years of County service requirements are located in labor contracts (for represented County employees) and in Ordinance 981 (for non-represented County employees).

Labor contracts and Ordinance 981 specify whether retiree is eligible for a 50% medical subsidy or a 100% medical subsidy (limited to specific ONA, Local 48 and Local 701 members).

Labor contracts and Ordinance 981 specify whether subsidy is applied to: 1) the total monthly medical insurance premium, or 2) the County's contribution it makes for an active employee on the same plan and participation level.

The medical subsidy calculation is applied to the premium for the retiree and family member(s) enrolled in the medical coverage.

The medical subsidy is only available up until retiree is age 65 or Medicare-eligible (whichever occurs first). County retiree health insurance coverage continues; retiree becomes responsible for paying 100% of the medical insurance premium and/or 100% of the dental insurance premium.

In general, there are four (4) conditions which allow for the approval of the medical subsidy:

1) Retires prior to age 58 with 10 years of County service (part-time service is pro-rated):

Retiree enrolls in County retiree health insurance coverage at separation from County employment and pays 100% of medical insurance premium and 100% of the dental insurance premium. **On the first of the month following retiree's 58th birth date, the 50% medical subsidy begins** – EBO automatically reduces the medical insurance premium retiree pays. If retiree's date of birth is the first of the month, medical subsidy begins on the retiree's 58th birth date. Subsidy continues until retiree is age 65 or becomes eligible for Medicare (whichever occurs first). County retiree's medical and/or dental insurance coverage may continue; retiree pays 100% of the medical and/or dental insurance premium.

2) Retires at age 58 with five (5) years of County service (part-time service is pro-rated):

Retiree enrolls in County retiree health insurance coverage at separation from County employment and pays **50% of medical insurance premium** and 100% of the dental insurance premium. Subsidy continues until retiree is age 65 or becomes eligible for Medicare (whichever occurs first). County retiree's medical and/or dental insurance coverage may continue; retiree pays 100% of the medical and/or dental insurance premium.

3) Retires 30 years of PERS service:

Refer to labor contracts (for retirees who were represented employees) or Ordinance 981 (for employees who were non-represented employees) for specific eligibility requirements and application of subsidy based on age. Employee may be required to provide documentation from PERS verifying 30 years of PERS service. Subsidy continues until retiree is age 65 or becomes eligible for Medicare (whichever occurs first). County retiree's medical and/or dental insurance coverage may continue; retiree pays 100% of the medical and/or dental insurance premium.

4) Retires with a PERS Disability Retirement and 10 years of County service (part-time service is pro-rated):

Retiree enrolls in County retiree health insurance coverage at separation from County employment and pays 50% of medical insurance premium and 100% of the dental insurance premium. Subsidy continues until retiree is age 65 or becomes eligible for Medicare (whichever occurs first). County retiree's medical and/or dental insurance coverage may continue; retiree pays 100% of the medical and/or dental insurance premium.

Premium Payment Terms and Conditions

County retirees are encouraged to pay health insurance premiums by an automatic withdrawal of funds from a bank account or Electronic Fund Transfer (EFT).

County retiree may change the financial institution for the EFT payment method at any time by submitting the appropriate forms (or visit: www.multco.us/retirees).

Note: If County retiree is enrolled in Kaiser Senior Advantage – Kaiser’s Supplemental Medicare plan – retiree pays medical insurance premium (only) **directly** to Kaiser. Kaiser mails retiree a packet which provides information on Kaiser’s payment terms, payment options, and necessary forms.

Payment by EFT to Multnomah County. County retiree completes the Authorization Agreement for Electronic Fund Transfer form. Retiree provides bank account number, bank routing number on this form, and retiree authorizes County to access funds from this account. Authorization agreement also allows Multnomah County to change the withdrawal amount when County retiree health insurance rates change.

Multnomah County creates the automatic withdrawal from the retiree bank account through the County’s financial institution. County retiree does not set up the EFT withdrawal from their bank. EBO processes the withdrawal of funds on the 5th day of the month for the current month of health insurance coverage. *Example:* On January 5, EBO processes a global withdrawal of funds from all retirees’ bank accounts for January health insurance coverage. Withdrawal appears on retiree’s bank statement as a January 6 transaction.

If the 5th of the month is a holiday or on the weekend, the EFT withdrawal occurs on the next regular business day. *Example:* The 5th of the month is Sunday, EFT withdrawal occurs on the 6th (Monday), and retiree’s bank statement shows the transaction occurred on the 7th.

3) Premium Payment Due Dates

Medical and dental insurance premium payments made to Multnomah County must be processed by the County on the due date. These due dates meet the County’s financial obligations to Kaiser/Moda/Willamette Dental.

County retirees will be mailed a letter notifying them when premiums are not received by the due date. Letter includes information health coverage may end – without the option of reactivating coverage – should the current month of health insurance coverage end with no receipt of payment. If Multnomah County processes retiree’s payment and receives notification (from retiree’s bank) of non-sufficient funds in the account (or closed bank account), Multnomah County will notify retiree payment must be made by check to Multnomah County. (Note: For the EFT Payment Method, it is not possible to process an individual withdrawal.) A \$25.00 processing fee results when payments default; payment of this fee becomes the responsibility of the retiree. If Multnomah County does not receive payment and current month of health insurance coverage lapses, retiree’s participation in the County Retiree Health Insurance Program ends – with no option to re-enroll at a later time.

When County retiree health insurance coverage lapses, Multnomah County ends health insurance coverage on the last day of the month payment was received. If medical services were used after that date, County retiree will become responsible for payment of these services directly to the health care provider.

Annual Open Enrollment

County health plan years run from January 1 through December 31. County retirees receive an annual open enrollment notification in the fourth quarter of each year. This is the period of time when County retirees may change medical and/or dental insurance plans – along with adding or dropping eligible family members from health insurance coverage. All open enrollment information and materials may be downloaded at our website.

Elected plan or enrollment changes are effective on January 1 of the following health plan year.

Premium changes are also announced in the open enrollment notification. Even if retirees do not make any plan or enrollment changes, the new premiums are effective on January 1.

Mid-year Health Plan Changes

During the health plan year, retirees may have the option to make the changes to their County Retiree Health Insurance coverage. Written notification must be received by EBO prior to the date the health insurance change may occur.

County retiree may be eligible to make health insurance plan changes during the health plan year for the following reasons:

- 1) Changes in Family Status. County health plans are organized under IRS Code Section 125. The IRS provides for family status changes mid-year based on specific criteria, which is outlined in the Change in Status – Family Status Change information in the Reference section of this document. Events qualifying for a change in health insurance coverage may include: marriage, birth, divorce, spouse/domestic partner gaining/losing health insurance coverage through an employer.
- 2) Eligibility for Medicare. An enrolled participant may drop County retiree medical and/or dental insurance coverage when eligible for Medicare in order to purchase a Supplemental Medicare plan through another provider.

If retiree ends medical and/or dental insurance coverage, it is not possible to re-enroll in coverage at a later time. Plan documents Multnomah County is required to execute with our health insurance provider do not allow the County to re-enroll retirees at a later time.

If a County retiree drops health insurance coverage due to eligibility for Medicare, family members (who are not eligible for Medicare) may remain enrolled in County Retiree health insurance following the regulations under the Oregon Revised Statute 243.303.

Refer to the Medicare section of this document for: a) additional information regarding ORS 243.303, and b) additional information on the County Retiree Health Insurance Program requirements.

- 3) Medical and/or Dental Insurance Coverage Terminations. A County retiree must submit written notice to Multnomah County to end health insurance coverage. This notification must be received by EBO prior to the coverage date change. Multnomah County is only able to process terminations effective the first of the month after receipt of written notification from the County retiree. Notice may be submitted by filling out a Multnomah County enrollment change form or

sending an email to retiree.benefits@multco.us. If retiree ends medical and/or dental insurance coverage, it is not possible to re-enroll in coverage at a later time. Plan documents Multnomah County is required to execute with our health insurance provider do not allow the County to re-enroll retirees at a later time.

If the retiree pays premiums by an electronic funds transfer to the County from a bank account, Multnomah County will automatically adjust the EFT withdrawals based on how the health insurance enrollment change impacts the monthly premium. If the retiree ends County retiree medical and dental insurance coverage, EBO will automatically end the EFT withdrawal from the retiree's bank account. If the retiree is enrolled in Kaiser Senior Advantage and pays medical insurance premiums directly to Kaiser Permanente, retiree must contact Kaiser in order to follow Kaiser's procedure to end the automatic withdrawal.

COBRA- Health Insurance and MERP

It is a requirement of the Federal law employers must mail COBRA notices to individuals when active employee health insurance coverage ends. COBRA notices provide for: 1) continuation of an existing Medical Expense Reimbursement Account (MERP), and 2) continuation of health insurance coverage.

Former County employees may continue existing MERP accounts for the remainder of the current plan year. MERP contributions through COBRA are post-tax contributions.

Former County employees may elect to continue health insurance coverage through COBRA for up to 18 months. Eligible family members may have the option to continue COBRA for up to 36 months; eligible spouse/domestic partners age 55+ may have the option to continue health insurance coverage up to age 65 or eligibility for Medicare (whichever occurs first). Continuation of health insurance coverage is offered to eligible family members if a qualifying event occurs (loss of health insurance due to end of employment, divorce, end of domestic partnership, death of spouse/domestic partner).

Health insurance coverage through COBRA is the same plans offered to active County employees. The cost for coverage is the full monthly medical and/or dental insurance premium plus a two percent (2%) administration fee.

It is not necessary to continue health insurance coverage under COBRA if a County retiree is enrolling in County Retiree Health Insurance coverage. County retirees in this category may disregard the COBRA notification unless they are interested in continuing their existing MERP participation for the remainder of the current plan year.

Fiscal Administrator / Power of Attorney

County retiree may appoint a Fiscal Administrator or Attorney-in-Fact to provide assistance in handling his/her personal affairs. A County retiree must provide written notification to EBO if retiree is authorizing another individual to act on the retiree's behalf regarding the administration of County Retiree health insurance benefits. Retiree may contact the Multnomah County to request an Authorization for Fiscal Administrator or Attorney-in-Fact form. By submitting this form to Multnomah County, the Fiscal Administrator or Attorney-in-Fact will immediately begin receiving County Retiree health insurance correspondence pertaining to the retiree. County retiree may also submit an executed Power of Attorney specifying agent has decision making authority regarding retiree's health and/or life insurance coverage including the payment of premiums.

Medicare Overview

Medicare is medical insurance coverage provided by the Federal government (the Center for Medicaid and Medicare [CMS]). While employed, you have been paying into these benefits through tax withdrawals from your paycheck.

Typically the initial opportunity to enroll in Medicare occurs due to one of the following events:

- 1) Eligibility based on age – triggered by approaching 65th birthday. Medical eligibility occurs on the first of the month of the 65th birthday. If birth date is the first of the month, Medicare eligibility is the first of the preceding month.

Note: You may delay enrolling in Medicare (when eligible based on age) if you are enrolled in employer-sponsored health insurance. (Example: Multnomah County active employee health insurance is employer-sponsored health insurance coverage. The County Retiree health insurance does not meet the IRS definition of employer-sponsored health insurance.)

- 2) Eligibility due to disability – triggered for person of any age 24 months after award of Social Security Disability Income.
- 3) Eligibility due to End-Stage Renal Disease – triggered for person of any age based on period of treatment for End-Stage Renal Disease.

It is recommended you contact CMS at least three (3) months prior to your Medicare eligibility date to begin the application process. Applications may be completed on-line at www.medicare.gov or applications may be picked up at a local Social Security Administration Office.

It is a requirement of the County Retiree Health Insurance Program participants **must** be enrolled in Medicare Part A **and** Part B when initially eligible for Medicare.

Medicare Part A, B and D

Medicare coverage includes three (3) components:

Medicare Part A: Provides coverage for inpatient hospitalization expenses. There is usually no monthly premium to the individual for this coverage.

Medicare Part B: Provides coverage for outpatient care, including physician visits, x-ray/lab services, outpatient hospital care, etc. There is a monthly premium required to participate in the Medicare Part B program – premium is paid directly to CMS.

Medicare Part D: Provides prescription drug coverage. The County health plans all provide prescription drug coverage that is at least as good as Medicare Part D. For that reason, you can elect to decline enrollment under Medicare Part D, while you are enrolled in a County-sponsored medical insurance plan, and not suffer any premium penalty for later enrollment under Medicare Part D. If you enroll in Medicare Part D in the future, the Medicare Part D documentation in the Reference Section of this Guide should be included with your Medicare Part D application in order to avoid paying a delayed enrollment penalty.

Medicare Eligible when Enrolled in Active County Employee Medical Insurance

If an individual (County employee or spouse) becomes eligible for Medicare due to becoming age 65, they may **delay enrolling** in Medicare Parts A, B and D – for as long as individual is **covered under an employer-sponsored medical insurance plan**. Active County employee medical insurance meets the IRS definition of an employer-sponsored plan. If an individual is receiving a Social Security pension or Railroad retirement pension, they may be automatically enrolled in Medicare Part A when they become eligible for Medicare.

- **Always contact Medicare at 1-800-633-4227 or www.medicare.gov for more information prior to Medicare-eligibility.**
- If a County employee/spouse enrolls in Medicare Part B, employer-sponsored health insurance coverage is the primary medical insurance plan. The active County employee health insurance provider will process medical claims first; the balance of the claim may be submitted to Medicare for processing/payment.
- County Employees/Spouses: Enrollment in Medicare Part B, at the time **employer-sponsored health insurance coverage ends** should immediately occur. CMS may assume this is a delayed enrollment in Medicare and may attempt to add a penalty fee to the monthly Medicare Part B premium. In order to avoid paying this penalty, employer completes a Request for Employment Information form showing proof of employer-sponsored health insurance coverage. This form is mailed with the original Medicare Part B application to CMS. See the “Medicare Eligibility Prior to Enrolling in County Retiree Health Insurance” section for County’s procedure in completing this documentation.
- Domestic Partners: Federal regulations do not allow for a domestic partner, enrolled as a dependent under active County employee medical insurance, to delay enrollment in Medicare. It is recommended domestic partners enroll in Medicare Part B during the Initial Enrollment Period, which occurs at the time an individual is becomes eligible for Medicare. For additional information contact Medicare at 1-800-633-4227 or www.medicare.gov.
- If a domestic partner enrolls in Medicare, employer-sponsored health insurance coverage is the secondary medical insurance plan. Medicare will process the medical claim first; the balance of the claim may be submitted to the active County employee health insurance provider for processing/payment.

Medicare Eligible Prior to Enrolling in County Retiree Health Insurance

You or your enrolled spouse may become eligible for Medicare while still employed and enrolled in active County employee medical insurance coverage. If this is the case, prior to termination of your active County employment, it is recommended you do the following to protect the Medicare Part B premium:

- Contact your local Social Security Administration Office and request:
 - a) the Medicare Part B application, and
 - b) the “Request for Employment Information” form.
- Complete the Medicare Part B application.
- Send the blank Request for Employment Information form to the County’s Employee Benefits Office (interoffice address 503/4/Benefits/Retiree Insurance Program – or – Multnomah County Retiree Insurance, 501 SE Hawthorne, Suite 400, Portland, Oregon 97214).

The Benefits Office will complete the Request for Employment Information form (providing proof of employer health insurance coverage). Benefits Office will mail the Request for Employment Information form back to you.

- Employee submits Medicare application and Request for Employment Information form to the Social Security Administration; contact the SSA Office to confirm receipt of forms, if needed.

Medicare Eligible when Enrolled in County Retiree Health Insurance

The Benefits Office monitors County retirees and enrolled family members for Medicare eligibility based on age. The County contacts retiree plan participants by mail approximately six to eight weeks prior to the participant's 65th birth date to explain the County plan requirements and provide assistance with questions about Medicare enrollment.

It is your responsibility to notify the County Retiree Benefits Office about Medicare eligibility if you or enrolled family member becomes eligible for Medicare prior to age 65 due to disability and/or end-stage renal disease. A participant's failure to provide timely notification to the County of Medicare eligibility is a serious problem. Should this occur, the County will begin the reconciliation process retroactive to the date the participant was initially eligible for Medicare benefits – not the date an individual actually elected to enroll in Medicare or report the eligibility to the County. The County will take legal steps to recover overpaid claims and premium subsidies.

Retired Prior to Age 65 and Collecting Social Security Income

Once retiree reaches age 65, CMS may automatically enroll the retiree in Medicare Part A and Part B if retiree is receiving Social Security Income. It is recommended CMS be contacted to confirm enrollment will automatically occur. The Medicare Part B premium will be deducted from the Social Security Income check.

Retired and Not Collecting Social Security Income

At age 65 contact CMS to enroll in Medicare Part A and Part B since eligibility for Medicare occurs at this age (unless individual is eligible for early Medicare due to a serious, chronic health condition). Arrangements must be made, prior to turning age 65, to pay the Medicare Part B premium if Social Security Income benefits have not begun.

Enrolled in County Retiree Medical Insurance

- Review County Personnel Rules or appropriate bargaining unit contract for health (medical and/or dental) plan options which may be available when eligible for Medicare.
- If an individual becomes eligible for Medicare due to becoming age 65 – or eligible for early Medicare due to receiving Social Security Disability Income – it is a County requirement they enroll in Medicare. Medical insurance plans under the County Retiree Health Insurance Program do not meet the IRS definition of an employer-sponsored plan. If an individual delays enrolling in Medicare, they may be required to pay a monthly penalty fee once Medicare is activated.
- If an individual becomes eligible for Medicare due to receiving treatment for End-Stage Renal Disease, it is a County and Federal requirement they enroll in Medicare. If retiree was approved for the County medical subsidy prior to enrolling in Medicare, medical subsidy will continue until the date retiree would have become eligible for Medicare based on age.
- If an individual enrolls in Medicare, the County Retiree medical insurance (or other Supplemental Medicare plan) is secondary medical insurance coverage. Medicare will process medical claims first; the balance of the claim may be submitted to the County Retiree medical insurance provider for processing/payment.

Supplemental Medicare Plans

Medicare Part A and Part B generally covers 80% of medical claims. It is recommended Medicare eligible individuals purchase a Supplemental Medicare plan and select a Medicare-participating health care provider, in order for the remaining 20% of the medical cost to be covered by insurance.

Exceptions:

- a) if the health care provider does not accept Medicare assignment, a portion of medical care cost may be responsibility of the retiree, and
- b) if the health care provider is a non-Medicare provider, retiree will be billed for the full cost of the medical care.

Supplemental Medicare plan information, for plans available in the area in which you reside, may be automatically mailed to your home address. Information may come directly from the Center for Medicaid and Medicare – or – from independent health insurance providers. Also, the PERS Health Insurance Program (PHIP) offers Supplemental Medicare plans (contact PHIP at 503-224-7377 or www.pershealth.com).

Some County retirees may be eligible to continue to participate in the County Retiree Health Insurance Program when Medicare eligible. If retiree was approved for the medical subsidy, the subsidy ends and retiree begins paying the full monthly medical insurance premium.

If enrolled in Kaiser medical insurance, it is a Kaiser requirement members must enroll in Medicare Parts A and B, and enroll in Kaiser Senior Advantage, which is the Supplemental Medicare plan offered through Kaiser. Kaiser members may not be enrolled in more than one Kaiser medical insurance plan when Medicare eligible.

There is no Moda Supplemental Medicare plan option available through the County Retiree Health Insurance Program. If enrolled in Moda medical insurance, Moda will become secondary medical insurance to Medicare. Moda processes medical claims based on Medicare paying the first 80% of the medical claim regardless of whether or not Medicare has been activated.

Rules Applicable to Moda Retiree Medical Plan

If based on age or disability you (or enrolled family member) are eligible for Medicare, Moda will process medical claims as a secondary payer, regardless of whether or not the member is enrolled in Medicare. If member has declined Medicare coverage, retiree will be responsible for paying both their usual out-of-pocket expenses as well as the portion of the medical claim that Moda estimates would have been paid by Medicare. It is recommended you and/or your family member(s) enroll in Medicare Part A and Part B at retirement if already Medicare eligible, or when becoming Medicare eligible following retirement.

Rules Applicable to Kaiser Retiree Medical Plan

If based on age or disability you (or enrolled family member) are eligible for Medicare, you and/or your Medicare-eligible family member are required to enroll in Medicare Part A and Part B and complete the Kaiser Senior Advantage Program application. Kaiser will process Medicare claims on the member's behalf - this is accomplished by enrolling in the Kaiser Senior Advantage Program.

Kaiser charges a significant premium penalty for Medicare eligible members who fail to comply with this

requirement. Multnomah County does not absorb the added cost of this premium penalty. The retiree is financially responsible for payment of the premium penalty.

Under the County Retiree Health Insurance Program, Medicare-eligible Kaiser Senior Advantage members do not have the option of residing outside the Kaiser Northwest Service Area. (Note: PERS Health Insurance Program Kaiser plan participants may have the option of residing outside the Northwest Service Area.) Kaiser will automatically dis-enroll a member, who is Medicare eligible and residing outside of the Northwest Service Area. If Kaiser cancels a retiree's coverage, re-enrollment in any County Retiree Health Insurance Program is not an option. To avoid retiree health plan coverage disqualification, Kaiser members in this situation should contact the County Employee Benefits Office.

County retirees who are enrolled in Kaiser Senior Advantage medical insurance must make the medical insurance premium payment directly to Kaiser. Medical insurance premium due to Kaiser may include the portion of the premium for non-Medicare eligible spouse/domestic partner/dependents enrolled in Kaiser medical insurance coverage. Kaiser will mail a Welcome Packet with payment method enrollment forms. County retiree will make dental insurance premium payment to Multnomah County using the payment method enrollment forms included in this packet.

The County Retiree health plans require you to enroll in Medicare Parts A and B when you initially become eligible. If you fail to do that – there are significant repercussions. It is fraudulent to fail to report the Medicare eligibility to the County Benefits Office. Should this occur the County will take legal steps to recover overpaid claims and premium subsidies.

Family Member(s) Continuation of Coverage (Oregon Revised Statute 243.303)

If a County retiree elects to discontinue County health **insurance, in order** to purchase a Supplemental Medicare plan through another health insurance provider once retiree becomes Medicare eligible, the retiree's spouse/domestic partner (and any enrolled dependent children who have not turned age 18) may continue health insurance coverage through the County Retiree Health Insurance Program. Enrolled family members may receive County Retiree Health Insurance coverage as long as the marriage/domestic partnership remains in effect and until:

1. Spouse/domestic partner is eligible for Medicare.
2. Dependent children turn age 18.

It is a requirement of the County Retiree Health Insurance Program that retirees are responsible for providing written notification to Multnomah County when/if your marriage/domestic partnership ends or when your children are no longer eligible for coverage. At that time, participants will be offered an option to elect continuation of health insurance coverage through COBRA.

Medicare Contacts / Resources

Contact Information for Medicare

Medicare enrollment may be completed on-line at www.medicare.gov. For questions, contact the Center for Medicaid and Medicare at 1-800-633-4277.

The Social Security Administration processes Medicare applications submitted online, in person or by mail. If the Medicare application is mailed to the Social Security Administration, it is recommended you contact your Social Security Administration Office to confirm they received and are processing the application.

Senior Health Insurance Benefits Assistance (SHIBA) Program

The Senior Health Insurance Benefits Assistance Program is a federally-funded program that provides free counseling to people with Medicare and those that assist them. SHIBA uses trained volunteers to help people make health insurance decisions.

SHIBA volunteers can help retirees:

- Select a Medicare prescription drug plan.
- Find out if retiree is receiving all possible benefits.
- Compare supplemental health insurance policies.
- Review retiree's medical bills and file appeals or insurance complaints.

Call SHIBA at 1-800-722-4134 to receive one-on-one counseling and assistance from state office staff or trained SHIBA volunteers in your area.

Life Insurance – Active County Employee Policy

All benefits-eligible County employees receive an Active Employee Basic Life Insurance policy while employed at Multnomah County. Some County employee may receive an Accidental Death & Dismemberment Insurance Policy. Multnomah County pays the monthly premiums on these policies. County employee may also have the option of purchasing Lifestyle Insurance, which is additional life insurance coverage for the County employee and/or spouse/domestic partner. County employee pays the monthly premium on these policies through a payroll deduction.

Life Insurance Election of Portability

When Multnomah County active employment ends, a Life Insurance Election of Portability Coverage form will be available. The portability offer allows the individual to continue to purchase life insurance coverage from Standard on an individual basis but at the County's group rates. The amount of coverage offered as portable on the form will include the Basic Life, Lifestyle and/or AD&D insurance you may have carried as an active employee. If you are considering porting life insurance, \$5,000 is the minimum amount allowed by Standard. You may be eligible to port up to the maximum value of your insurance. You may also have the option to purchase additional life insurance.

You will have 31 days from the date your active employee coverage ends to elect to port life insurance coverage. The portability election form must be submitted directly to Standard along with the first monthly premium payment. For more information in regards to portability, please contact The Standard at 800-378-4668.

Life Insurance Portability Rates

Your rate will increase when you move to the next age bracket as of July 1. There is a reduction in coverage after you turn 70. See policy for details.

Age Bracket	Rate for \$10,000 for Employee & Spouse/DP
To 29	\$.60
30 to 34	\$.80
35 to 39	\$.90
40 to 44	\$1.00
45 to 49	\$1.70
50 to 54	\$2.90
55 to 59	\$4.70
60 to 64	\$7.60
65 to 69	\$12.70
70+	\$20.60

Life Insurance – County Retiree Policy

Employees, who at the time of separation from the County are eligible for a PERS pension benefits, and have service that satisfies the years of County service requirement outlined in the Personnel Rules, Section 4-30-060, or their bargaining unit agreement, are enrolled in the County Retiree Life Insurance Program. (Note: Elected Officials and the District Attorney do not have the option of receiving benefits under the County Retiree Life Insurance Program – see Personnel Rules, Section 40-20-010.)

Retiree must complete a Retiree Life Insurance Beneficiary form and return it to EBO to designate the party(ies) who will receive the proceeds from this life insurance policy. It is recommended County retiree keep a copy of the beneficiary form in their personnel records.

A summary of life insurance amount and years of County service requirement are included in the chart (below).

Life Insurance Amount	
Civil Deputies	(Prior to 9/1/02 Civil Deputies were members of Local 88)
Retired on or after 9/1/02:	\$5,000
MCCDA (Corrections Deputies)	
Retired prior to 7/1/01:	\$2,000
Retired on or after 7/1/01:	\$5,000
MCDSA (Deputy Sheriffs)	
Retired prior to 7/1/01:	\$2,000
Retired on or after 7/1/01:	\$5,000

	Life Insurance Amount	Years of County Service Requirement
Electricians	\$2,000	15
Engineers	\$2,000	15
Non-Represented	\$2,000	10
FOPPO	\$2,000	10
Juvenile Workers	\$2,000	10
Local 88	\$2,000	10
ONA	\$2,000	5
Painters	\$2,000	15
Physicians	\$2,000	10
Prosecuting Attorneys	\$2,000	10

VEBA

The HRA VEBA plan is a tax-free health reimbursement arrangement (HRA) for public employees. If you established an HRA VEBA account while working for Multnomah County, you will continue to have access to this account after your employment ends. Your VEBA account may be used to reimburse your out-of-pocket health care costs -- such as medical and dental premiums, co-pays, co-insurances, and prescription costs -- just to name a few. The good news is you pay no tax on withdrawals (reimbursement claims) or account earnings!

Below are answers to the most common questions from our County retirees.

My VEBA Account.

What is my VEBA account number and how much money is in my account? HRA VEBA is the third-party administrator for the County's HRA VEBA Program. For your account information, including balance, account number and forms, contact **HRA VEBA** at:

Telephone: 1-888-659-8828
Email: customercare@hraveba.org
Address: PO Box 80587, Seattle, WA 98108

Health Insurance Premiums.

Is it possible to use VEBA funds to pay my retiree health insurance premiums? Health insurance premiums, for retirees and their enrolled dependents, are an allowable expense. Contact HRA VEBA or log on at www.hraveba.org for a list of the reimbursable expenses.

Regular VEBA Reimbursements.

How do I set up a regular, monthly reimbursement for my health insurance premiums? Individuals, participating in the HRA VEBA Program, have a reimbursement account – meaning, you incur health care expenses before you receive funds from your VEBA account. For regular expenses, such as your monthly retiree health insurance premiums, you may have the option to set up an automatic reimbursement through HRA VEBA. Complete the Systematic Premium Reimbursement form, which may be downloaded from the HRA VEBA website at www.hraveba.org.

The statement included with your Retiree Health Insurance confirmation letter documents your monthly health insurance premium. Include a copy of this statement with your completed Systematic Premium Reimbursement form, which is mailed directly to HRA VEBA.

One-time VEBA Claims.

How do I receive reimbursement for my retiree health insurance premium if I don't have enough funds in my VEBA account to set up a monthly refund? Contact the Retiree Benefits Office to request a premium payment receipt. Include this receipt with your completed Claim form, which is mailed directly to HRA VEBA.

Medicare's Coordination of Benefits.

How does Medicare process medical expenses when a VEBA account exists? By definition, HRA VEBA Programs are a health plan and are subject to Medicare's coordination of benefits rules. These rules affect Medicare-eligible individuals who are still working and covered under active employee health insurance. If you are separated from the employer that made contributions to your HRA VEBA account, contact HRA VEBA to confirm your separation date is on file and has been (or will be) reported to the Center for Medicaid and Medicare Services (CMS). This will insure your correct information is on file so that CMS will not delay your Medicare benefits.

Multnomah County Employee Long Term Care Insurance

Long term care insurance is a negotiated benefit available to eligible non-represented and represented employees. Currently Multnomah County has been able to offer this benefit to eligible Local 88 members, ONA members, and non-represented employees.

Information on continuing coverage was provided in the long term care policy issued at the time of enrollment. This policy may indicate continuation of coverage from the date your group coverage through Multnomah County ends must be made within the time period specified in your certificate.

At separation from County employment, a form to elect continuation of this coverage will automatically be mailed to enrolled employee. Retiree must make arrangements with UNUM for payment of the monthly long term care insurance premium.

Returning to Multnomah County Employment

Multnomah County retirees may have the option of ending County employment, beginning a PERS pension, and then returning to County employment in an “on call” or “temporary” position.

Limitations on Hours Worked

PERS may limit how many hours a retiree may work for a PERS employer. If the limitation on hours worked is exceeded, PERS pension benefits may be impacted. If retiree received PERS pension funds in a lump sum payment, there may be a limitation on how soon the retiree may return to work for a PERS employer.

It is recommended retirees contact PERS (888-320-7377) to discuss offers of employment by PERS employers.

County Retiree’s Paycheck

Retirees who retire from County service and are immediately offered an “on call” or “temporary position at Multnomah County should notify Payroll prior to receiving their first paycheck. Payroll may need to manually adjust the first payroll check in order to prevent deductions which should only occur for regular, active County employees.

County Retiree Health Insurance Program

If you are enrolled in the County Retiree Health Insurance Program, your hiring supervisor must execute a Memorandum of Understanding with you explaining your return to work status and whether County benefits may be available while working in this position.

Health Insurance benefits will continue through the County Retiree Health Insurance Program. Active County employee health insurance coverage will not be re-instated while employed as an “on call” or “temporary” employee.

The Memorandum of Understanding form is available on the County website or by contacting the Employee Benefits Office at 503-988-5651.

Change of Address and/or Health Insurance Eligibility Notification Requirement

Multnomah County retiree is responsible for promptly notifying the Employee Benefits Office in writing of any changes in the retiree’s current address (including changes in phone numbers and email address) and of any changes in retiree or dependent’s eligibility for coverage. EBO will automatically update address changes with the health insurance provider(s).

Reference Section

Change in Status—Family Status Change (Retiree Plans)

Family Status Change or IRS recognized Family Status Change is terminology that you frequently hear when discussing benefit issues. Family Status Changes are the only events that allow a retiree to revoke his/her prior election and make another election during the Plan Year.

Among other things, the County retiree health plans require coverage and enrollment elections to be made prior to the plan year and be irrevocable during the plan year. However, County plans for active employees are organized under Section 125 of the Internal Revenue Code and applicable regulations permit specific mid-year election changes in certain circumstances. For example, if an employee experiences a Family Status Change event, the specific circumstance may allow the employee to revoke certain benefit elections mid-year, and make new benefit elections that are consistent with and on account of the Family Status Change event. The labor contract suggests retirees should have the same opportunities to modify their elections as active employees and this is applied when applicable – although retiree plans are not subject to Section 125 regulations.

The Internal Revenue Service and HIPPA Regulations provide a list of what may constitute Family Status Change/Change in Status events. If you are already enrolled in a County retiree health plan for coverage, some of these events only allow you to change the dependents enrolled for coverage – while other events may also allow you to make a plan change. We have provided additional explanation under each of the six IRS recognized categories listed below to assist in your understanding of the changes allowed when you are already enrolled in County coverage.

(1) Legal Marital Status. An event that changes a Participant's legal marital status, including marriage, death of spouse, divorce, or annulment, may create a change opportunity.

- Marriage – You may add a spouse and their dependents (commonly, stepchildren). New enrollments must be reported within 90 days of the event and coverage may be effective the first of the month following receipt of your paperwork. You may also change to a different health plan.
- Death of Spouse - Please report such an event to allow your monthly premium to be adjusted. You cannot change plans based on this event.
- Divorce, and Annulment – You must remove your former spouse and any children who were eligible for coverage as a result of the marriage (i.e., stepchildren) from coverage. You cannot make any other change to your coverage. Regardless of when reported, coverage ends retroactively at the end of the month following the event. We encourage you to report this event promptly; any delay may cause a significant financial impact.

(2) Number of Dependents. An event that changes the number of a Participant's dependents (as defined in Section 152 of the Code), including birth, adoption, placement for adoption, commencement or termination of adoption, or death of a dependent, may create a change opportunity.

- Birth, Adoption or Placement for Adoption – You may add your new child to coverage (medical and/or dental) and enroll your spouse (medical only) if they were not already enrolled. You may also change to a different medical plan, but you may not change your dental plan. You cannot add any other children who are eligible but not currently enrolled. If reported within 90 days of birth, coverage for a new child will be effective retroactively to the birth/adoption/placement date.
- Termination of Adoption or Death of a Dependent – You must remove the child from coverage. You cannot make any other change to your coverage. Regardless of when reported, coverage ends retroactively at the end of the month following the event. We

encourage you to report this event promptly; any delay may cause a significant financial impact.

(3) Employment Status – Retiree. County retirees no longer have employment status with the County. If a retiree obtains employment outside of the County, that is not an event that provides the retiree with an opportunity to change their County health plan coverage – other than to cancel the coverage. However, once cancelled – the retiree is never eligible to re-enroll in the County-sponsored retiree health plan.

(4) Employment Status – Eligible Family Member. Any event that changes the employment status of an eligible spouse or dependent, including termination or commencement of employment, a strike or lockout, the commencement or return from an unpaid leave of absence, a change in worksite, and any other change in the employment status (e.g., a switch from salaried to hourly pay) of the spouse or dependent that results in any one of these individuals gaining or losing eligibility for coverage under an accident or health plan.

- If your spouse or dependent gains eligibility for other health coverage – You may remove from coverage any individual who has gained coverage under the other plan (your spouse and any dependents). You cannot make any other change to your coverage.
- If your spouse or dependent loses eligibility for other health coverage – You may add any individual who has lost coverage under the other plan (your spouse and any dependents) if they weren't already enrolled under your County retiree health coverage. You cannot make any other change to your coverage.

(5) Dependent Child Status. An event that causes a Participant's dependent child to satisfy or cease to satisfy the eligibility requirements for coverage due to attainment of age, student status, or similar circumstances may create a change opportunity.

- Your child turns age 26, or ceases to be disabled (if granted an extension due to disability) or loses eligibility for any other reason – You must remove the child from your coverage. You cannot make any other coverage changes. Regardless of when reported, coverage ends retroactively at the end of the month following the event. We encourage you to report this event promptly; any delay may cause a significant financial impact.

(6) Gain or Loss of Eligibility. A Participant's dependent loses or gains eligibility for coverage in certain governmental programs.

- Your dependent loses eligibility for coverage through Medicare, Medicaid or the Children's Health Insurance Program (CHIP.) You may add the dependent to your existing County retiree health plan coverage. You cannot make any other coverage changes.
- Your dependent gains eligibility for coverage through Medicare, Medicaid or the Children's Health Insurance Program (CHIP.) You may remove the dependent from your County retiree health plan coverage. You cannot make any other coverage changes.
- You or your dependent gains eligibility for a state premium assistance program. You may add the dependent to your existing County retiree health plan coverage. You cannot make any other coverage changes.

Since these rules are driven by IRS regulations and same-gender relationships are not recognized by the IRS, when the word "spouse" is used in the explanations above, it refers to an opposite-gender marriage partner. "Married/marriage" refers to an opposite-gender union. However, the County has committed to maintaining family-friendly policies when administering benefit plans. Therefore, any retiree experiencing an event listed that involves a domestic partner instead of a spouse will be granted the same rights and enrollment opportunities as explained above.

Special Enrollment Rights for Opt Out Election Change

Retired member do not have the option of “Opting Out” of health plan coverage. Current labor contract language requires retirees to be continuously covered by a County-sponsored health plan in order to retain eligibility for retiree health plan coverage.

BENEFIT CHANGE PROCESS

You need to complete a Benefit Change form. Contact Retiree Benefits at 503-988-5651 or visit www.multco.us/retirees to request a Benefit Change form. In addition, if you are:

- Enrolling a spouse/domestic partner who has not previously had coverage, you will need to complete the Affidavit of Marriage/Domestic Partnership.
- Terminating family member’s coverage due to change in family member’s obtaining employment and other coverage, you will need to provide proof of employment and proof of coverage.
- Enrolling family member due to a loss of other coverage, you will need to include proof of the loss of coverage.
- Enrolling due to an adoption/placement for adoption, you will need to include a copy of the adoption order or placement order for your adopted child.

Your completed Benefit Change form and documentation must be submitted to the County Retiree Benefits Administrator within 90 days of the Change in Status event. If a dependent is losing eligibility for coverage, paperwork may need to be received within 60 days to preserve COBRA rights. Unless otherwise specified in this handout, coverage will begin the first of the next month following receipt of your paperwork and any required documentation. We encourage retirees to submit changes promptly.

MEDICARE PRESCRIPTION COVERAGE – PART D

As you may know, Medicare introduced prescription drug coverage on January 1, 2006.

Medicare requires employers to annually notify their health plan members whether or not the employer's group health plan coverage is equal to Medicare's Part D prescription drug coverage. We are including this notification in the annual open enrollment packets to avoid the cost of an additional mailing at some other time of the year.

The County health plans offer prescription drug coverage that is at least as good as the standard Medicare Part D prescription coverage. This means, if you are a Medicare eligible person, you can decline to enroll in a Medicare Part D program and not suffer a penalty premium if you decide at a later time to enroll in a Medicare Part D plan.*

Attached you will find the required notification form for Moda plan members and Kaiser plan members. If you or your spouse are Medicare eligible, detach and retain the applicable notice for your records.

* Employer-sponsored prescription drug coverage for the non-Spouse partner of an employee is not considered, by Medicare, as creditable coverage for the non-Spouse partner. Therefore, if a retiree's non-Spouse partner does not enroll for Medicare prescription drug coverage at the time he or she is initially Medicare eligible, Medicare may apply late enrollment penalties when the non-Spouse partner later enrolls in Medicare.

**Important Notice from Multnomah County About
Your Prescription Drug Coverage and Medicare**

Kaiser Plan Participants

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Multnomah County and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Federal regulations dictate employers must attempt to inform any plan member who may be affected by the availability of Medicare prescription drug coverage. If you and/or your family members are not Medicare eligible, this information will not apply to you.

This notice does not apply to non-spouse partners. Medicare does not recognize employer-sponsored prescription drug coverage for a non-spouse partner as creditable coverage for the non-spouse partner. Therefore, if a retiree's non-spouse partner does not enroll in Medicare prescription drug coverage at the time he or she is initially Medicare eligible, Medicare may apply late enrollment penalties when the non-spouse partner later enrolls in Medicare.

This notice does apply to same-sex marriages. Medicare does recognize employer-sponsored prescription drug coverage for same-sex marriage spouses as creditable coverage when the primary residence is in a state that recognizes same-sex marriages.

- Medicare prescription drug coverage is available to everyone with Medicare. This prescription coverage is referred to as Medicare Part D.
- Multnomah County has determined the prescription drug coverage offered by the Kaiser Health Plan and the Kaiser Senior Advantage Health Plan, and the Kaiser Maintenance Health Plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.
- Read this notice carefully - it explains the options you have under the Medicare prescription drug coverage, and can help you decide whether or not you want to enroll in the Medicare prescription drug plan.

Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans might also offer more coverage for a higher monthly premium.

Because your existing coverage through Multnomah County is on average at least as good as the standard Medicare prescription drug coverage, you can keep your Multnomah County coverage, decline to enroll in the Medicare prescription coverage, and not pay extra if you later decide to enroll in the Medicare prescription coverage.

People with Medicare Part A (hospitalization) and/or Part B (medical) can enroll in a Medicare Part D (prescription drug plan). However, because you have existing prescription drug coverage that, on average, is as good as Medicare coverage, you can choose to not to enroll in a Medicare prescription if you are currently eligible.

Annually, you will have the opportunity to enroll in a Medicare prescription drug plan during the Medicare enrollment period (between October 15 and December 7). If you decline the Medicare prescription drug coverage and elect to enroll in the Medicare prescription drug coverage during a future Medicare enrollment period, you will not have to pay a higher premium for the Medicare prescription drug coverage, assuming you continue your County-sponsored coverage listed above. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a two (2) month Special Enrollment Period (SEP), because you lost creditable coverage, to join a Medicare Part D plan. In addition, if you lose or decide to leave employer/union sponsored coverage; you will be eligible to join a Medicare Part D plan at that time using an Employer Group Special Enrollment Period.

Senior Advantage Health Plan Members:

If you or a family member are enrolled in Kaiser's Senior Advantage Plan, this plan includes Medicare prescription drug coverage as a component of the plan's benefits. Therefore, your coverage under the Senior Advantage Plan is, by definition, equal to or better than the standard Medicare prescription drug coverage. Your Senior Advantage coverage is creditable and you do not have to enroll in a separate Medicare Part D prescription drug plan.

Please note: Kaiser does not offer retirees the option of dropping only prescription coverage. If you are currently enrolled in the Senior Advantage Plan and you elect to enroll in a separate Medicare Part D Prescription Drug program, YOU WILL BE DROPPED FROM THE KAISER SENIOR ADVANTAGE PLAN. At the County, your prescription coverage is included with your medical and vision coverage. Retirees and/or the family members of retirees who elect to discontinue their Multnomah County health plan coverage will be terminating all medical, vision and prescription coverage and WILL NOT be allowed to re-enroll in the County retiree health plans at some later time.

You should also know that if you drop or lose your coverage with Multnomah County and don't enroll in Medicare prescription drug coverage after your current County coverage ends, you may pay more to enroll in Medicare prescription drug coverage later. If, you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month after your initial enrollment period that you did not have that coverage. For example, if you go 19 months without coverage, your premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until the next annual Medicare Part D enrollment (held in November) to enroll.

**For more information about this notice or
your current prescription drug coverage...**

Contact the Multnomah County Retiree Benefits Office. Our office is located at 501 SE Hawthorne 3rd Floor. Our telephone number is 503-988-5651. Our email address is retiree.benefits@multco.us. NOTE: You may receive this notice at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You also may request a copy from our office at any time.

**For more information about your options under
Medicare prescription drug coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is available in the "Medicare & You" handbook. If you are Medicare-eligible, you'll get a copy of the handbook in the mail from Medicare. You may also be contacted directly by Medicare prescription drug plans. You can also get more information about Medicare prescription drug plans from these places:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice.

If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may need to give a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date: October 1, 2019
Name of Sender: Multnomah County
Contact: Retiree Benefits Office
Mailing Address: 501 SE Hawthorne Blvd., Suite 400
Portland, Oregon 97214
Phone Number: 503-988-5651

**Important Notice from Multnomah County About
Your Prescription Drug Coverage and Medicare**

Moda Medical Plans

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Multnomah County and prescription drug coverage for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Federal regulations dictate employers must attempt to inform any plan member who may be affected by the availability of Medicare prescription drug coverage. If you and/or your family members are not Medicare eligible, this information will not apply to you.

This notice does not apply to non-spouse partners. Medicare does not recognize employer-sponsored prescription drug coverage for a non-spouse partner as creditable coverage for the non-spouse partner. Therefore, if an employee's non-spouse partner does not enroll for Medicare prescription drug coverage at the time he or she is initially Medicare eligible, Medicare may apply late enrollment penalties when the non-spouse partner later enrolls in Medicare.

This notice does apply to same-sex marriages. Medicare does recognize employer-sponsored prescription drug coverage for same-sex marriage spouses as creditable coverage when the primary residence is in a state that recognizes same-sex marriages.

- Medicare prescription drug coverage is available to everyone with Medicare. This prescription coverage is referred to as Medicare Part D.
- Multnomah County has determined the prescription drug coverage offered by the Moda Performance Plan PPO, the Moda Platinum PPO, the Moda Preferred Plan PPO, and the Moda Major Medical Plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.
- Read this notice carefully - it explains the options you have under the Medicare prescription drug coverage, and can help you decide whether or not you want to enroll in the Medicare prescription drug plan.

Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans might also offer more coverage for a higher monthly premium.

Because your existing coverage, through Multnomah County is on average at least as good as the standard Medicare prescription drug coverage, you can keep your Multnomah County coverage, decline to enroll in the Medicare prescription coverage, and not pay extra if you later decide to enroll in the Medicare prescription coverage.

People with Medicare Part A (hospitalization) and/or Part B (medical) can enroll in a Medicare Part D (prescription drug plan). However, because you have existing prescription drug coverage that, on average, is as good as Medicare coverage, you can choose to not enroll in the Medicare prescription drug plan if you are currently eligible.

Annually, you will have the opportunity to enroll in a Medicare prescription drug plan during the Medicare enrollment period (between October 15 and December 7). If you decline the Medicare prescription drug coverage now and elect to enroll in the Medicare prescription drug coverage during a future Medicare enrollment period, you will not have to pay a higher premium for the Medicare prescription drug coverage, assuming you continue your County-sponsored coverage listed above.

If you do decide to enroll in and purchase a Medicare prescription drug plan, since your County Health plan coverage is due to retirement, your Medicare Part D coverage will be primary to your existing Moda Rx coverage. You would need to purchase your medications using your Medicare Part D card and then file claims with Moda as your secondary prescription coverage plan.

Multnomah County does not offer health plan members the option of dropping only their County-sponsored prescription coverage.

You should also know that if you drop or lose your coverage with Multnomah County and don't enroll in Medicare prescription drug coverage after your current County coverage ends, you may pay more to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month after your initial enrollment period that you did not have that coverage. For example, if you go 19 months without coverage, your premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until the next annual Medicare Part D enrollment (held each November) to enroll. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a two (2) month Special Enrollment Period (SEP), because you lost creditable coverage, to join a Medicare Part D plan. In addition, if you lose or decide to leave employer/union sponsored coverage; you will be eligible to join a Medicare Part D plan at that time using an Employer Group Special Enrollment Period.

**For more information about this notice or
your current prescription drug coverage...**

Contact the Multnomah County Employee Benefits office. Our office is located at 501 SE Hawthorne, 3rd Floor, Portland, Oregon 97214. Our telephone number is 503-988-5651. Our email address is retiree.benefits@multco.us. NOTE: You may receive this notice at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage and if this coverage changes. You also may request a copy from our office at any time.

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Medicare prescription drug coverage...**

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- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see your copy of the "Medicare & You" handbook for the telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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Remember: Keep this notice.

If you enroll in one of the plans approved by Medicare which offer prescription drug coverage, you may need to give a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date: October 1, 2019
Name of Sender: Multnomah County
Contact: Employee Benefits Office
Mailing Address: 501 SE Hawthorne Blvd., Suite 400, Portland, OR 97214
Phone Number: 503-988-5651

