

Rule 4-20

BENEFITS

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§ 4-20-010 BENEFITS FOR ELECTED OFFICIALS AND THE DISTRICT ATTORNEY

Elected officials and the District Attorney receive the following benefits:

- (A) Workers' Compensation;
- (B) Health, Dental, and Life Insurance;
- (C) Retirement pensions and retiree medical benefits;
- (D) Flexible Spending Accounts;
- (E) Deferred Compensation; and
- (F) Tri-Met Bus Pass program.

§ 4-20-020 DOMESTIC PARTNERS AND OTHER NON-IRS ELIGIBLE DEPENDENTS ENROLLED FOR HEALTH PLAN COVERAGE

County health plan eligibility rules are broader than IRS eligible dependent rules. This creates situations where family members may be eligible for enrollment in County employee's health plan coverage, but that coverage may be taxable to the Employee under IRS guidelines. For the purpose of benefit plan enrollment Domestic Partners (both same and opposite sex) are treated the same as spouses.

The value of health plan benefits for enrolled but non-IRS eligible individuals is treated as imputed income under the federal Internal Revenue Code. Imputed income is calculated based on the total premium for the coverage minus any after-tax employee cost share paid for the non-IRS eligible dependent's coverage. The balance is the imputed value of the coverage and is subject to taxation. Employee cost shares for non-IRS eligible dependents are taken from after-tax wages.

§ 4-20-030 BENEFITS ELIGIBILITY

This covers all management, non-represented and executive employees except:

(A) Employees regularly scheduled to work less than twenty (20) hours per week or .5 FTE will not receive benefits, except those required by state or federal law.

(B) Temporary appointees regularly scheduled to work twenty (20) or more hours per week or at least .5 FTE will receive all the benefits described in this rule, except for the sick leave incentive program, and MCPR 4-30-020 (H).

(C) A temporary appointee who is a current member of a bargaining unit will receive the benefits negotiated as part of the applicable collective bargaining agreement instead of receiving benefits described in this rule.

§ 4-20-040 HEALTH CARE BENEFITS

(A) Medical, Vision, Prescription and Dental

(1) On the first day of the month following appointment, employees are eligible for one of the medical/vision/prescription and dental plans unless ineligible under MCPR 4-20-030. For enrollment, the employee must submit the application forms for coverage no later than the first day of that month. Employees, whose application forms are received after the first day of the month following employment, will be enrolled on the first day of the following month. An employee may participate in both a medical/vision/prescription plan and a dental plan or in a medical/vision/prescription plan only.

(2) An eligible full-time or part-time employee covered under another group medical plan may elect to Opt-Out of the medical/vision/prescription coverage and receive the monthly opt-out reimbursement determined by the county. Effective January 1, 2009, the monthly reimbursement to employees eligible for VEBA will be paid to the employee through the employee's individual VEBA account. An employee may Opt Out of the medical/vision/prescription plan and still elect dental coverage.

(3) An eligible employee who Opts Out of coverage and subsequently loses that other coverage may enroll in a county medical/vision/prescription and/or dental plan (appropriate to the lost coverage)-within ninety (90) days of loss of coverage. County coverage becomes effective the first day of the month following timely submission of application for coverage forms.

(4) Specific terms and conditions of the benefit programs are controlled by plan documents and federal and state law. Every effort has been made to ensure accuracy of these rules, however, where the rules differ, the plan documents control.

(5) The county will determine the premium contribution rates to be paid by the county on behalf of eligible employees and the employee's eligible dependents. The employee will pay any remaining premium contribution for medical/vision/prescription and dental insurance.

(6) County retiree medical benefit provisions are outlined in MCPR 4-20-140.

(7) To the extent permitted by law, employee paid premium contributions toward the county's medical and dental plans will be paid with pre-tax dollars through payroll deduction according to guidelines for premium conversion in the Internal Revenue Code Section 125. Premium contributions not eligible to be paid with pre-tax dollars will be deducted in post-tax dollars through payroll deduction.

(8) Coverage includes the employee and enrolled immediate family, i.e. spouse and eligible dependent children. In lieu of spouse coverage an employee may enroll a domestic partner and the partner's eligible dependents for benefits coverage.

(9) Coverage at termination:

(a) If the employee's last regularly scheduled work day is worked or spent on sick, vacation, or personal holiday leave and falls on or before the 15th day of the month in which employment terminates, the employee's county coverage lapses at the end of that calendar month. If such workday is on or after the 16th day of the calendar month in which employment terminates, county coverage lapses at the end of the following calendar month. Employee whose last workday is on or after the 16th day of the calendar month will have payroll deductions for the additional full month of coverage withheld from their final paychecks.

(b) Employees leaving county employment may elect to participate in county medical and dental benefit plans on a self-pay basis as provided by law (COBRA).

(B) Coverage on Unpaid Leave

(1) Employees' medical/vision/dental benefit coverage is not affected by unpaid leaves of absence of less than thirty (30) days.

(2) The county contributes toward medical/vision/prescription insurance coverage during unpaid FMLA leave as required by law. In addition, the county continues any monthly contributions toward dental insurance coverage as long as legally required contributions toward medical/vision/prescription coverage continue. Upon return to paid status, employee is responsible for repayment of any payroll deductions for continued health plan coverage that were paid by the county on behalf of the employee during the unpaid FMLA period. If the employee remains on unpaid leave for more than thirty (30) days after FMLA is exhausted, the leave will be treated as an unpaid leave of absence, except that the last day of FMLA leave will be deemed the employee's last day in paid status.

(3) The 31st day of employee's unpaid leave of absence triggers calculation of when health plan coverage will end. If the 31st day occurs on or before the 15th day of a month: health plan coverage terminates at the end of that calendar month. If the 31st day occurs on or after the 16th day of a month, health plan coverage terminates at the end of the following calendar month.

(C) Return from Unpaid Leave when Medical/Vision/Prescription/Dental Benefits Ended

(1) Employees returning from a leave of absence without pay who return during the same health plan year will be reinstated to the same medical and dental plans (or successor plans) they had when the unpaid leave began.

(2) If the 1st day of a month is a regularly scheduled working day, and employee returns from leave the first day of the month, coverage will begin upon their return from leave. If an employee returns after the first day of the month, or if the first day of the month is not a scheduled work day, coverage will begin the first day of the month following their return.

(3) If unpaid leave of absence spanned an annual health plan enrollment and employee's health plan coverage ended due to unpaid leave status, returning employees must complete a New Hire Medical and Dental enrollment form and return the completed form to the Employee Benefits Office within thirty-one (31) days of returning to work. There is no automatic reinstatement of previously elected health plan coverage. Failure to submit a completed enrollment form will result in Default Enrollment for the employee.

(D) The county will pay for COBRA medical and dental insurance coverage for a period of up to six (6) months beyond the month in which benefits would normally terminate for an employee with an approved long-term disability claim. However, employees who "Opt Out" of benefits coverage under MCPR 4-20-040 (A)(2) will not be eligible for continued county-paid coverage under this subsection. Contributions while on time loss under workers' compensation law are covered under the employee-injured workers' program as defined under MCPR 4-40-060 Workers' Compensation.

§ 4-20-050 FLEXIBLE SPENDING ACCOUNT

(A) Each employee may participate in the Medical Expense Reimbursement Plans (MERP) and a Dependent Care Assistance Plan (DCAP) under federal law. However, county retirees who have returned to work are not eligible to participate.

(B) Employees on a leave of absence may not continue to participate in DCAP while on leave. Employees may re-enroll in DCAP when they return from leave of absence.

(C) Employees on a leave of absence without pay will have MERP participation cancelled when there is no longer a pay source to make MERP contribution. Employees may re-enroll in MERP when they return from leave of absence.

§ 4-20-060 LIFE INSURANCE

(A) The county will insure each employee, at no charge, under a term life insurance policy in the amount of the employee's base annual salary, to a maximum of \$50,000.

(B) The county will insure each retiree with at least ten (10) years of county service, at no charge, under a \$2,000 term life insurance policy while the retiree receives pension benefits.

(C) Employees may purchase supplemental term life insurance coverage for themselves, their spouse or domestic partner consistent with insurance carrier contracts.

§ 4-20-070 DISABILITY PROGRAM

(A) Employees are enrolled in a county paid disability program. Specific terms and conditions of this program are controlled by the plan documents.

(B) Elected officials are not eligible for the county's paid disability program and are subject to the State of Oregon's rules regarding pay for elected officials.

§ 4-20-080 EDUCATION ASSISTANCE

(A) Each employee may be reimbursed for part or all of the cost of tuition for any course of study taken on the employee's own time which, in the judgment of the Director or supervisor, is related to the employee's position, will result in improved job performance, and is within existing budget limitations and priorities.

(B) In lieu of tuition reimbursement, the employee may be provided with time off with pay so that the employee may attend the course.

(C) Employees must apply for approval for reimbursement or time off at least thirty (30) days before the proposed enrollment, or as soon as the employee becomes aware of the training opportunity. If approved, the employee will be reimbursed within thirty (30) days after the employee presents proof of satisfactory completion of the course. Satisfactory completion is considered a "C" or above or a passing grade as defined by the institution. An employee may receive an advance payment to cover the cost of tuition and related incidental expenses under the following conditions:

(1) In the judgment of the Director or supervisor, such an advance is consistent with the county's financial and operational needs and priorities; and

(2) The employee signs and agrees that if the course is not completed, or county employment terminates before completion of the course, the county may deduct the amount of the advance from pay or use other means to collect the advance.

§ 4-20-090 DEFERRED COMPENSATION PROGRAM

Each employee who has been employed by the county for at least thirty (30) days in a regular position may participate in the county's deferred compensation program, a pre-tax retirement savings plan

administered under federal law. Specific terms and conditions of the deferred compensation program are controlled by the plan document.

§ 4-20-100 UNIVERSAL BUS PASS PROGRAM

The county contributes 100% of the monthly cost of a Tri-Met bus pass for employees who enroll in the Universal Bus Pass Program. The monthly dollar amount will not exceed the maximum non-taxable amount allowed by IRS regulations. Temporary employees are only eligible for this benefit as specified in MCPR 4-20-030(B).

§ 4-20-110 INCIDENTAL BENEFITS

(A) Directors may approve occasional use of personal credit cards by employees when it is necessary or convenient to make purchases for the county. Any benefits, including frequent flyer miles and credit points to employees from such use may be retained and redeemed by the employees as additional compensation.

(B) Directors may approve occasional frequent flier miles accumulated as a result of county paid travel redeemed by employees as additional compensation.

(C) Directors may approve infrequent and brief use of county computers, county cellular devices, telephones, fax machines, and copy machines by employees on their own time for personal non-business purposes, consistent with MCPR 3-35 and 3-37. Such use must not interfere with county duties and tasks. The benefit received by employees from such use is additional compensation.

§ 4-20-120 VEBA-HRA

The county will contribute on behalf of each management and executive employee contributions in to individual VEBA-HRA accounts in accordance with federal law. Specific terms and conditions of the VEBA-HRA program are controlled by the plan documents.

§ 4-20-130 PERS-OPSRP MEMBERSHIP

(A) Employees are eligible for participation in the Oregon Public Employees' Retirement System (PERS) or the Oregon Public Service Retirement Plan (OPSRP) pursuant to ORS 238 and 238A.

(B) In accordance with the terms and limitations of ORS 238.350, one-half of the accumulated unused sick leave with pay will be applied to final average salary for the purpose of pension benefit determination for eligible employees.

(C) The county will "pick up" the employee contribution to PERS and OPSRP as permitted by ORS 238.205 and ORS 238A.335.

§ 4-20-140 RETIREE MEDICAL BENEFITS

(A) Retiree Medical Benefits Eligibility

A management, non-represented or executive employee meeting the eligibility requirements specified in MCC 9.510 through 9.530 at the time of separation from county employment is eligible to enroll in the Multnomah County Retiree Health Plan at separation. Bargaining unit members may also be eligible to enroll, subject to the applicable collective bargaining agreement.

(B) County Retiree

For purposes of MCPR 4-20-140 and in compliance with MCC 9.520 a county retiree is defined as a former employee who at separation from county employment was eligible to enroll in the County Retiree Health Plan and either enrolled in the County Retiree Health Plan at that time or elected the deferred enrollment option.

(C) Deferred enrollment option

A county retiree who, at time of separation from county employment, has existing and ongoing health plan coverage under county sponsored medical and/or dental insurance plan through marriage or domestic partnership with another county employee or retiree, has the option to defer enrollment in the County Retiree Health Plan. The County retiree must submit a signed Retiree Health Plan Enrollment Deferral form to the Employee Benefits Office during the retiree's initial Retiree Health Plan enrollment period. Future participation in the Retiree Health Plan requires continuous and uninterrupted coverage under a county sponsored health plan. Continuous and uninterrupted enrollment in a county sponsored medical plan is required to retain eligibility to enroll in the County Retiree medical plan at some later time. Continuous and uninterrupted enrollment in a county sponsored dental plan is required to retain eligibility to enroll in the County Retiree dental plan at some later time.

A county retiree who has deferred their County Retiree Health Plan enrollment may choose to terminate the deferral and enroll in the County's Retiree Health Plan at the annual open enrollment period or when an event occurs causing a loss of coverage under the other county health plan coverage the county retiree has relied upon to qualify for the deferral option.

(D) County Retirees Returning to County Employment

Benefits for county retirees who are enrolled in or have deferred enrollment in the County's Retiree Health Plan and returning to county employment in a management, non-represented or executive benefit eligible position will be provided benefits as follows:

(1) When a retiree receiving a fifty percent (50%) retiree health benefit subsidy under MCC 9.530 or a collective bargaining agreement returns to county employment and works at least part-time, the retiree will continue to be enrolled in the Retiree Health Plans. The county will pay the retiree's portion of the medical premium and fifty (50%) of the dental premium, if enrolled in a retiree dental plan.

(2) When a retiree who is purchasing retiree health benefits under MCC 9.530 or a collective bargaining agreement but receives no premium subsidy, returns to county employment and works at least part-time, the retiree will continue to be enrolled in the Retiree Health Plans and the county will pay an amount equivalent to the county's medical/dental contribution for a regular part-time

employee towards the retiree's medical/dental premiums. The retiree will continue to be responsible for payment of the difference between the total retiree medical/dental premium costs and the county's contribution.

(3) When a retiree who has deferred enrollment in the County's Retiree Health Plan returns to county employment, the retiree continues the deferred enrollment and does not participate in the health plan options available to non-retired active employees.

(4) A retiree who returns to county employment at least part-time is eligible for county provided Long Term Disability, Short Term Disability, Basic Life Insurance, Employee Assistance Program, management VEBA, and a bus pass.

(5) A retiree who returns to county employment at least part-time is eligible to enroll in the optional employee and/or spouse/domestic partner life insurance.

(6) A retiree who returns to county employment is not eligible to participate in either the Medical Expense Reimbursement Plans (MERP), the Dependent Care Assistance Plan (DCAP), and not eligible to receive benefit specified in MCPR 4-20-040 (D).

Benefits provided under this section will cease at the end of the calendar month following the retiree's last day in working status.

§ 4-20-150 LONG TERM CARE INSURANCE

The county will offer employees the opportunity to purchase long term care insurance for themselves, their spouse or domestic partner and other members of the employee's extended family. Employees may purchase Long Term Care coverage for themselves and their spouse or domestic partner and make the monthly payment by payroll deductions from after tax earnings. Should an employee elect additional coverage for other family members, those premium payments will be remitted directly by the covered individual to the long term care insurance provider. Provisions of the long term care plan govern enrollment, eligibility, coverage, and portability of the program.

§ 4-20-160 WELLNESS PROGRAM

(A) The County promotes a healthy lifestyle and provides employees, eligible family members, eligible retirees and others with access to resources through its Wellness Program. The Wellness Program provides opportunities to improve health and well being through education, exercise, prevention training, and wellness intervention designed to encourage a healthier workforce.

(B) The Wellness Program offers services which may include but are not limited to: access to affordable on-site fitness classes provided by authorized, qualified vendors and commercial grade fitness equipment, health and wellness seminars, work-life balance resources, a wellness library, incentive programs for healthy behaviors, lactation equipment loan program, Peer Support Network, information about community resources, and other activities.

(C) The County Benefits Office is responsible for the development and administration of internal county wellness policies and programs.