



## Employee Resource Center

### Retiring Employee Information: Benefits upon Retirement

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It is important that you read the following information very carefully so that you are aware of the benefit options available to you when you separate from employment with the City of Eugene.

#### **Notice of Intent for Benefits Form**

**Please complete each section of the attached Notice of Intent (NOI) for Benefits form and return it to the Employee Resource Center before your last workday.** Forms can be sent to 940 Willamette St. Suite 200, Eugene OR 97401 or securely faxed to 541-650-3031. They will be processed with the termination paperwork initiated by your department. Please call the Benefits Program staff at 541-682-5061 if you have benefits-related questions about your retirement. Additional information on your benefits is available 24 hours a day on the Employee Benefits website at [www.eugene-or.gov/employeebenefits](http://www.eugene-or.gov/employeebenefits).

#### **Post-Retirement Health Insurance**

Your City-paid health insurance will cease at the end of the month in which you terminate employment. You have options of seeking health coverage from a private carrier, the Affordable Care Act's Health Insurance Marketplace, through PERS, or through COBRA continuation or Retiree continuation through the City of Eugene. **Please read each option carefully.**

1. **City of Eugene Retiree Continuation:** Employees retiring under PERS *immediately* upon leaving employment with the City of Eugene may continue their health insurance coverage through the City, on a self-pay basis, until eligible for Medicare. You have 60 days to elect the health insurance coverage.

Eligibility: Retiree and/or Spouse/Domestic Partner: Until eligible for Medicare  
(usually age 65) Dependents: Children under age 26

2. **City of Eugene COBRA Continuation:** You may continue your health insurance coverage under COBRA through the City of Eugene for a limited time, generally for 18 months, provided you pay the monthly premiums and you are not covered under another group health plan or entitled to Medicare. In some cases, you or your family members may be eligible for COBRA coverage if you or your family members are already entitled to Medicare.
3. **PERS Option:** PERS Health Insurance Program offers several medical plans and a dental plan for PERS retirees. PERS also pays a subsidy toward the cost of health care coverage for eligible retirees on Medicare (Parts A and B). For rates and health plan option information, contact PERS Health Insurance at 800-768-7377.
4. **Health Insurance Marketplace:** The Affordable Care Act's Health Insurance Marketplace allows individuals to compare *private* health insurance options. Middle and low-income families may qualify for subsidies and the coverage may cost less than continuation through the City's plans. Information is available at [www.HealthCare.gov](http://www.HealthCare.gov) or 800-318-2596.

**Coverage under the City's plans:** Medical/dental/vision coverage is available if you choose coverage under the City's health plans. You may purchase medical-only or the entire medical/dental/vision package. Dental/vision coverage alone is not an option. If you continue the medical-only coverage, you cannot add dental/vision back to your plan until the next open enrollment period.

Coverage may change annually: You may only elect to continue the medical plan you were on at the time of retirement. However, you are eligible to participate in the City's annual open enrollment period, normally held each June. During the open enrollment period you may change medical plans if you choose.

Premium Collection Administration: The City of Eugene has contracted with PacificSource Administrators to administer the health insurance eligibility and premium collection for retirees. You will receive information concerning premium payment methods and other services provided by PacificSource Administrators during the month following separation of employment. Their address is:

PacificSource Administrators  
P.O. Box 2440  
Omaha, NE 68103-2440

Telephone: 855-289-6313  
Email: [cobra@pacificsource.com](mailto:cobra@pacificsource.com)

This administration of premium collection by PacificSource Administrators will not change your health insurance coverage, the plan you are currently enrolled in, or where you send health or dental claims for payment.

Election Deadline: Retiree health coverage is contingent upon you electing the coverage and paying the required self-pay premiums in a timely manner. The election to secure retiree coverage **must be made no later than 60 days after** your retirement date. Please note that health insurance claims will be pended from the date your coverage as an active City of Eugene employee ends until your election form has been processed and your premium payment received by PacificSource Administrators (PSA). Including a check for your first month's premium at the same time you elect coverage will speed enrollment in the system. Once payment is received, coverage will be retroactive to the first day of continuation eligibility, and any denied or pended claims can be resubmitted for payment. Contact PSA for questions about your election form.

Premiums: You pay the cost of this coverage. Premium rates may change annually or when union contracts are settled. See the attached Health Insurance Continuation Premium Rates for the various City of Eugene pay units.

Monthly Payments: **Payment for coverage for any month is due on the first day of the month, and, in all events, must be made within 30 days of the due date.** The only exception is the premium payment for retiree coverage during the period preceding the election of such coverage, which must be made within 45 days of the date of election. **In all regards, your coverage will terminate as of the last day of the prior month for which the monthly self-pay premium was not timely made.**

### **Flexible Spending Accounts**

Your participation in a Dependent Care FSA or in a Transportation Reimbursement Account (TRA) will normally end when your employment ends with the City of Eugene. Eligible Dependent Care expenses incurred after termination can be reimbursed through the end of the plan year's grace period.

Your participation in a Healthcare FSA will continue after you leave employment. The balance of your annual Healthcare election will be deducted from your final paycheck, and you will be able to continue to participate through the end of the Plan Year. You may pre-pay your FSA or arrange for payments on an after-tax basis if your final check will not cover the election balance.

## **Life Insurance**

**City-paid:** Your City-paid term life insurance policy provided through Standard Insurance Company ceases at the end of the month in which you terminate. You may convert to an individual life insurance policy within 30 calendar days of your employment termination. To receive information from Standard Insurance Company, check the appropriate box on the attached Notice of Intent.

**Supplemental:** If you have Portable Term Supplemental Life Insurance, you may continue your coverage by paying the premiums directly to ReliaStar. For information on continuing your coverage, check the appropriate box on the attached Notice of Intent.

## **Long-Term Disability**

Your Long-Term Disability coverage ceases on your last working day. There is no continuation coverage.

## **PERS and OPSRP Retirement Programs**

To retire under PERS or OPSRP, you must be vested and eligible to receive retirement benefits due to age or years of service. Information on vesting and retirement eligibility is available on the PERS website at <http://www.oregon.gov/PERS/>

You should contact PERS several months prior to your anticipated retirement date for more information on applying for benefits and work restrictions after retirement. PERS can be reached toll-free at 888-320-7377 or via their website. You can also attend a free PERS One Year to Retirement Group Counseling Session to obtain information about your retirement choices and an individual Retirement Application Assistance Session for help completing the PERS retirement paperwork. Information is on the PERS website or on the Employee Benefits website: [www.eugene-or.gov/employeebenefits](http://www.eugene-or.gov/employeebenefits).

## **Deferred Compensation**

You can leave your deferred compensation account with the City's plan when you leave employment to continue to take advantage of the City's low fund fees and plan options. In addition, you may be eligible to roll funds into your deferred comp plan, such as your PERS IAP account or your final payouts. The City's Deferred Comp Carrier, Voya Financial can help you plan for your retirement and run a retirement analysis that looks at your total retirement picture. The local Voya representatives can assist you with all your financial planning needs.

**Final Deferral of Accumulated Leave** Upon your termination of employment with the City of Eugene, you can defer accumulated leave payoffs to your deferred compensation account. Under IRS regulations, the Deferred Compensation Participation Agreement Form deferring the final payoffs must be signed **prior to** the first day of the calendar month in which the leave will be paid. (For example, if the leave will be paid in April, the form must be signed by March 31.) **Return the form to the Employee Resource Center no later than one week prior to your last day of work.**

**PERS Purchases with DC Funds:** You may be eligible to use your deferred compensation account to make PERS buy-back purchases, such as for your six-month PERS waiting period.

Contact the City's deferred compensation carrier for information on PERS purchases, deferred comp account distribution and rollover options. You can contact the local carrier at:

Voya Financial - 541-343-6759  
975 Oak St. Suite 410  
Eugene, OR 97401

## **Employee Assistance Program**

You can continue access your Employee Assistance Program for up to 18 months through COBRA by self-paying the premium, which is currently \$3.31 per month.

# City of Eugene

## Health Insurance Continuation Premium Rates

Effective July 1, 2021

Continuee/Retiree Monthly Insurance Premium Rates

(Rates Include a 2% Administration Fee)

### Non-Represented

City Health Plan	Medical-Only	Med/Dent/Vis
Individual	\$873.14	\$949.94
Two-Party	\$1,667.40	\$1,800.14
Family	\$2,312.94	\$2,507.91
City Managed Care Plan	Medical-Only	Med/Dent/Vis
Individual	\$699.27	\$776.07
Two-Party	\$1,441.37	\$1,574.11
Family	\$2,100.32	\$2,295.29
City Hybrid Plan	Medical-Only	Med/Dent/Vis
Individual	\$587.72	\$664.52
Two-Party	\$1,211.42	\$1,344.16
Family	\$1,765.25	\$1,960.22

### IATSE-Represented

City Health Plan	Medical-Only	Med/Dent/Vis
Individual	\$868.41	\$934.61
Two-Party	\$1,658.49	\$1,774.51
Family	\$2,300.53	\$2,473.36
City Managed Care Plan	Medical-Only	Med/Dent/Vis
Individual	\$676.80	\$743.00
Two-Party	\$1,395.06	\$1,511.08
Family	\$2,032.83	\$2,205.66
City Hybrid Plan	Medical-Only	Med/Dent/Vis
Individual	\$586.50	\$652.70
Two-Party	\$1,208.99	\$1,325.01
Family	\$1,761.66	\$1,934.49

### EPEA-Represented

City Health Plan	Medical-Only	Med/Dent/Vis
Individual	\$872.18	\$944.50
Two-Party	\$1,665.73	\$1,792.29
Family	\$2,310.52	\$2,498.66
City Managed Care Plan	Medical-Only	Med/Dent/Vis
Individual	\$700.10	\$772.42
Two-Party	\$1,442.94	\$1,569.50
Family	\$2,102.53	\$2,290.67

### IAFF-Represented

City Health Plan	Medical-Only	Med/Dent/Vis
Individual	\$875.36	\$944.40
Two-Party	\$1,673.44	\$1,794.34
Family	\$2,321.16	\$2,500.52
City Managed Care Plan	Medical-Only	Med/Dent/Vis
Individual	\$724.26	\$793.30
Two-Party	\$1,488.71	\$1,609.61
Family	\$2,169.73	\$2,349.09

### AFSCME-Represented

City Health Plan	Medical-Only	Med/Dent/Vis
Individual	\$882.74	\$959.09
Two-Party	\$1,685.79	\$1,817.75
Family	\$2,338.42	\$2,533.50
City Managed Care Plan	Medical-Only	Med/Dent/Vis
Individual	\$701.65	\$778.00
Two-Party	\$1,442.40	\$1,574.36
Family	\$2,102.22	\$2,297.30
City Hybrid Plan	Medical-Only	Med/Dent/Vis
Individual	\$587.72	\$664.07
Two-Party	\$1,211.42	\$1,343.38
Family	\$1,765.25	\$1,960.33

### IAFF-Represented Battalion Chiefs

City Health Plan	Medical-Only	Med/Dent/Vis
Individual	\$862.54	\$938.27
Two-Party	\$1,647.15	\$1,778.20
Family	\$2,284.86	\$2,477.82
City Managed Care Plan	Medical-Only	Med/Dent/Vis
Individual	\$690.01	\$765.74
Two-Party	\$1,422.30	\$1,553.35
Family	\$2,072.53	\$2,265.49

# NOTICE OF INTENT FOR BENEFITS

Terminating or Retiring Regular Employees

Employee Name: \_\_\_\_\_ Empl. ID: \_\_\_\_\_

Last day of work with the City of Eugene will be: \_\_\_\_\_

Mailing Address if different than in PeopleSoft: \_\_\_\_\_

Email (optional): \_\_\_\_\_

Would you like your COBRA/Retiree packet sent via email in addition to being sent regular mail:

Yes  No

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Check the appropriate line under each numbered heading and return this form to the Employee Resource Center at 940 Willamette St., Suite 200, Eugene, OR 97401, by email to [BenefitsStaff@eugene-or.gov](mailto:BenefitsStaff@eugene-or.gov), or by fax to 541-650-3031.

1. [PERS/OPSRP](#)

\_\_\_\_\_ I will retire under PERS/OPSRP immediately upon leaving employment with the City of Eugene. I understand I need to contact PERS to apply for my retirement benefits.

\_\_\_\_\_ I will NOT retire under PERS/OPSRP immediately upon leaving employment with the City of Eugene.

2. [DEFERRED COMPENSATION](#)

\_\_\_\_\_ I have a deferred compensation account and understand that I can keep my account in the City's plan when I separate. I realize I should contact my deferred comp carrier for information on deferring final payouts, disbursement options, or financial planning advice.

\_\_\_\_\_ Not applicable since I do not have a deferred compensation account.

3. [LIFE INSURANCE](#)

\_\_\_\_\_ I want information from Standard Insurance Company on converting my City paid group life insurance policy to an individual policy.

\_\_\_\_\_ I do not want to convert my group life insurance coverage to an individual policy.

4. [PORTABLE TERM SUPPLEMENTAL LIFE INSURANCE](#)

\_\_\_\_\_ I want information on continuing my Portable Life coverage through VOYA/ReliaStar by paying the premiums directly to the carrier.

\_\_\_\_\_ I do not want to continue my Portable Life coverage or not applicable since I do not have coverage.

5. [FLEXIBLE SPENDING MEDICAL ACCOUNT \(FSA\)](#)

\_\_\_\_\_ I have a medical FSA and understand that I will continue to participate in the FSA program for the remainder of the calendar year by having the balance of my election deducted from my final check.

\_\_\_\_\_ No applicable since I do not have a medical FSA.

6. [EMPLOYEE ASSISTANCE PROGRAM\(S\) \(EAP\)](#)

\_\_\_\_\_ I want information on continuing access to my EAP by paying the monthly premiums to the City.

\_\_\_\_\_ I do not want to continue access to my EAP.