



Retiree Health Benefits

Eligibility Handbook

Tier 4 Retirees

(Effective October 1, 2017 for non-represented employees)

Eugene Water & Electric Board
Human Resources Department

A NOTE TO ALL EWEB RETIREES

This booklet describes eligibility for health insurance coverage and EWEB premium subsidies or the date after that on which your retiree health benefits become effective.

It is every retiree's and/or retiree dependent's responsibility to read and understand the eligibility rules as described, as well as the limitations and exclusions.

This is intended to be a summary only. All benefits, policies, procedures, etc. may be explained in greater detail in other EWEB HR/Benefits manuals, and member handbooks.

Neither this booklet nor any other benefit documents constitute an employment agreement.

EWEB reserves the right to change for current or future retirees the conditions for eligibility and entitlement for benefits, insurance carriers, benefit options, levels of coverage offered and the amount of required premium contributions at any time. Subject to Oregon statutory rules, EWEB further reserves the right to discontinue the benefit programs at any time. Both EWEB and PERS are affected by state and federal legislation that can change the coverage, guidelines, and/or structure under which we operate our benefits program.

DEFINITIONS

Active Employee: Anyone classified for all purposes by EWEB as an employee, actively engaged in performing services for EWEB, regularly scheduled to work 20 or more hours per week, not classified as a temporary, seasonal, substitute, or independent contractor regardless of whether that status is later retroactively re-determined.

COBRA (Oregon or Federal): Legally mandated group plan coverage continuation for a specified period of time. COBRA participants may have different enrollment rights than EWEB Group Retiree Health Plan members.

Continuous Employment: An active employee establishes continuous employment if there is no break in service from original date of hire until date of retirement.

Dependent(s): Eligible spouse, domestic partner, and/or children of an enrolled retiree or surviving spouse.

Domestic Partner: An individual who lives together with the retiree in a spousal equivalent relationship and meets the other requirements of domestic partnership as defined in the Domestic Partner Affidavit. Domestic partners are eligible for the same coverage and premium subsidies as legal spouses if an Affidavit of Domestic Partnership is completed.

EWEB Group Retiree Health Plan: The plan that provides to eligible retirees and their eligible dependents the same EWEB medical, dental, vision and Rx coverage as provided to active employees.

Medicare Eligible: A retiree, dependent or surviving spouse who is over age 65 or otherwise entitled to Medicare according to the rules established by the Federal Social Security Administration.

Member(s): All individuals who are enrolled in an insurance plan.

Non-Medicare Eligible: A retiree, dependent or surviving spouse who is not eligible for Medicare according to Federal Medicare rules.

PERS Health Plan: Any supplemental Medicare health plan offered by PERS for which an EWEB retiree, surviving spouse or dependent qualifies. Medical and prescription coverage are bundled together (some plans also include vision coverage). Dental coverage is elected separately and has a separate premium.

Premium: The dollar amounts that EWEB, retirees, dependents and and/or surviving spouses are responsible for paying to continue insurance coverage.

Retiree: An employee of EWEB who has retired from service or is no longer actively employed due to disability, and who is eligible to receive retirement benefits under the Public Employees Retirement System (PERS) or any other retirement system or plan to which contributions were paid by EWEB on the employee's behalf. (See PERS Member Handbook for retirement eligibility criteria.)

Retiree Contribution: The actual monthly dollar amount paid by retirees, which equals Total Actual Premium.

Surviving Spouse: A legally married surviving wife or husband of an EWEB retiree.

Total Actual Premium: The actual monthly premium charged by the insurance carrier.

EWEB RETIREE TIERS

EWEB retirees belong to one of the following four Tiers:

Tier 1 retirees are those who meet BOTH of the following requirements:

- Retired prior to January 1, 1990 AND
- Over age 65 or Medicare eligible prior to January 1, 1990

Tier 2 retirees are those who:

- Were under age 65 at January 1, 1990 OR
- Retired between January 1, 1990 – December 31, 1993

Tier 3A retirees are those who meet EITHER of the following requirements:

- Hired before 1/1/90, and retired on or after January 1, 1994 and before 9/1/2008;
OR
- Hired (or re-hired) as a regular or limited duration employee on or before December 31, 1989, and maintains continuous employment with EWEB until retirement.

Tier 3B retirees are those who meet the following requirements:

- Hired between 1/1/90, and 12/31/1993, who are eligible to retire on or before December 31, 2013.
- Maintains continuous employment with EWEB until retirement.

Tier 3C retirees are those who meet the following requirements:

- Hired between 1/1/90, and 12/31/1993, who are not eligible to retire prior to December 31, 2013.
- Hired between 1/1/94 and 12/31/2002.
- Maintains continuous employment with EWEB until retirement.
- Retired employees hired between 1/1/94 and 12/31/2002, who retired before 9/1/08.

Tier 4 retirees are:

- Those who were hired (or re-hired) as regular or limited duration employees on or after January 1, 2003, and maintains continuous employment with EWEB until retirement.

EWEB retiree Tiers for the purposes of health insurance benefits are separate and unrelated to PERS tiers for the purposes of pension benefits.

SUMMARY OF TIER 4 COVERAGE

	Coverage	Non-Medicare Eligible		Medicare Eligible	
		Plan	EWEB Subsidy?	Plan	EWEB Subsidy?
Retirees	Medical	EWEB Group, until M.E.	No	Any Plan of Choice	No
	Dental	EWEB Group, until M.E.	No	Any Plan of Choice	No
	Vision	EWEB Group, until M.E.	No	Any Plan of Choice	No
Spouses of Non-M.E. Retirees	Medical	EWEB Group, until M.E.	No	Any Plan of Choice	No
	Dental	EWEB Group, until M.E.	No	Any Plan of Choice	No
	Vision	EWEB Group, until M.E.	No	Any Plan of Choice	No
Children of Non-M.E. Retirees	Medical	EWEB Group, until elig. ends	No	Any Plan of Choice	No
	Dental	EWEB Group, until elig. ends	No	Any Plan of Choice	No
	Vision	EWEB Group, until elig. ends	No	Any Plan of Choice	No
Spouses of M.E. Retirees	Medical, Dental and Vision	EWEB Group, until M.E.	No	Any Plan of Choice	No
Children of M.E. Retirees	Medical, Dental and Vision	EWEB Group, until elig. ends	No	Any Plan of Choice	No
Surviving Spouses of Retirees	Medical	EWEB Group, until M.E.	No	Any Plan of Choice	No
	Dental	EWEB Group, until M.E.	No	Any Plan of Choice	No
	Vision	EWEB Group, until M.E.	No	Any Plan of Choice	No
Surviving Children of Retirees	Medical	EWEB Group, until elig. ends	No	Any Plan of Choice	No
	Dental	EWEB Group, until elig. ends	No	Any Plan of Choice	No
	Vision	EWEB Group, until elig. ends	No	Any Plan of Choice	No
Divorced Spouses of Retirees	Medical, Dental and Vision	Pre-55: EWEB Group/COBRA 36 mos	No	N/A	No

	Coverage	Non-Medicare Eligible		Medicare Eligible	
		Plan	EWEB Subsidy?	Plan	EWEB Subsidy?
		Post-55: EWEB Group, until M.E.			
Surviving Children of Active Employees	Medical, Dental and Vision	EWEB Group/COBRA 36 mos	No	N/A	No

Notes:

1. M.E. – Medicare Eligible
2. Dependent children eligible until age 26.
3. Active employees who die and were eligible to retire at the time of death are considered “retirees” for the purposes of the EWEB Group Retiree Health Plan.
4. Domestic partners are eligible for the same coverage and premium subsidies as legal spouses if an Affidavit of Domestic Partnership is completed.
5. This table is designed to be a quick reference. Consult the Retiree Health Benefits Eligibility Handbook for definitions and details.
6. EWEB reserves the right to alter the benefits described in this booklet, including the level of coverage, eligibility and/or contributions at any time. EWEB further reserves the right to terminate the retiree health plan at any time, subject to applicable law.

EWEB GROUP RETIREE HEALTH PLAN

The following pages describe the medical, prescription, vision and dental benefits available to Non-Medicare Eligible Tier 4 retirees and eligible dependents under the EWEB Group Retiree Health Plan.

Non-Medicare Eligible refers to a retiree or dependent who is not qualified or entitled to Medicare according to the rules established by the Federal Social Security Administration.

EWEB Group Retiree Health Plan is the same EWEB medical, dental, vision and Rx plans as provided to active employees.

ELIGIBILITY

Retirees

A retiree is an employee of EWEB who has either retired from service or is no longer actively employed due to disability, and who is eligible to receive retirement benefits under the Public Employees Retirement System (PERS).

Subject to the terms of the plan, retirees are eligible to continue coverage under the EWEB Group Retiree Health Plan without interruption, until eligible for Medicare, as long as an application for coverage is submitted to the EWEB benefits office within 60 days of retirement.

Dependents of Retirees

The following individuals are eligible for coverage under the EWEB Group Retiree Health Plan:

- Retiree's legal spouse, until eligible for Medicare
- Retiree's qualified domestic partner, until eligible for Medicare
- Eligible children of the retiree, the retiree's legal spouse, or the retiree's qualified domestic partner, until the sooner of: (1) age 26; (2) the child enters military service, or (3) the child becomes eligible for Medicare.

Note: Dependents cannot enroll in the EWEB Group Retiree Health Plan separate from the retiree. The eligible retiree must enroll in the Group Retiree Health Plan in order for dependents to be eligible for coverage.

Surviving Dependents of Retirees

When a retiree passes away, the surviving spouse, domestic partner, and/or children may be eligible for insurance benefits.

Surviving dependents of active employees who were eligible to retire when they died are granted the same health benefits as surviving dependents of retirees.

Surviving Spouses/Domestic Partners of Retirees

Surviving spouses/domestic partners may continue coverage under the EWEB Group Retiree Health Plan until eligible for Medicare. Group Retiree Health Plan coverage terminates if the surviving spouse becomes covered under another group health plan (e.g. through new employment or marriage) or becomes eligible for Medicare. If the surviving spouse re-marries, the new spouse is not eligible for EWEB group coverage.

Surviving Children of Retirees

Surviving children are eligible for coverage under the EWEB Group Retiree Health Plan until the sooner of: (1) age 26; (2) the child enters military service, or (3) the child becomes eligible for Medicare. When group plan eligibility ends, surviving children will be offered Federal COBRA continuation for up to 36 months. If the child becomes covered under another group plan during the COBRA continuation period, EWEB Group Retiree Health Plan coverage terminates.

Medicare eligible surviving dependents of active employees who were eligible to retire at the time of death may continue coverage under the EWEB Group Retiree Health Plan through Federal COBRA for up to 36 months. At the end of the COBRA continuation period, or in place of COBRA continuation, the surviving dependents may elect coverage under the PERS Health Plan.

ACCEPTING EWEB GROUP COVERAGE AT RETIREMENT

Upon retirement, a Tier 4 employee has the option of enrolling in the EWEB Group Retiree Health Plan by paying the Total Actual Premium on a monthly basis.

An eligible retiree, and if applicable, the spouse and dependents of the eligible retiree, are entitled to coverage either under the EWEB Group Retiree Health Plan or COBRA continuation, but not both. Accordingly, coverage under the EWEB Group Retiree Health Plan is not available unless the eligible retiree, and if applicable, the spouse and dependents of the eligible retiree, decline or otherwise fail to timely elect COBRA continuation coverage.

Retiring employees may enroll eligible dependents in the EWEB Group Retiree Health Plan at the time of retirement.

Effective January 1, 2004, plan selections are not bundled and may be elected separately. Plan selections are not bundled and may be elected separately. At the time of retirement, a retiree may elect the following coverage for him/herself and his/her eligible dependents:

- Medical (includes Rx)

- Vision
- Dental

The coverage for enrolled dependents must match the coverage for the retiree.

Example 1: If a retiree elects only medical coverage for himself (i.e. declines dental and vision coverage), his dependents (if enrolled) may elect only medical coverage.

Example 2: If a retiree elects medical, dental and vision coverage for herself, her dependents (if enrolled) must elect all three plans as well (i.e. medical, dental and vision).

DECLINING EWEB GROUP RETIREE HEALTH PLAN COVERAGE

Upon retirement, Tier 4 retirees, in lieu of electing to self-pay under the EWEB Group Retiree Health Plan, may elect to receive an HRA VEBA payment equal to a percentage of their sick leave balance at retirement, multiplied by their hourly rate of pay at retirement, provided that the employee has a minimum of 10 years of service with EWEB. The percentage is calculated as follows, with 25 years of service being the maximum multiplier:

$$(\text{years of service} \times \text{sick leave hours}) \times \text{hourly rate at retirement} = \text{payment amount}$$

For example, if the retiree has 500 hours of sick leave at retirement and has a final hourly rate of pay of \$40 per hour after 15 years of service, the retiree would receive a one-time payment upon retirement equal to 15% of the retiree's sick leave balance in an HRA VEBA contribution, thus: $(.15 \times 500) \times \$40 = \$3,000$.

For example, if the retiree has 500 hours of sick leave at retirement and has a final hourly rate of pay of \$40 per hour after 25 years of service, the retiree would receive a one-time payment upon retirement equal to 25% of the retiree's sick leave balance in an HRA VEBA contribution, thus: $(.25 \times 500) \times \$40 = \$5,000$.

And if the retiree had the same sick leave amount, final hourly rate of pay, and 30 years of service, the calculation would be the same as above, equaling \$5,000.

If the retiree elects to enroll in the EWEB Group Retiree Health Plan upon retirement but later either withdraws from the enrollment or fails to make the required monthly payments, no HRA VEBA contribution will be provided to the retiree.

If, at the time of retirement or any day thereafter, a retiree declines or drops Group Retiree Health Plan coverage for him/herself and/or dependents, that decision is irrevocable. Upon retirement, the retiree and/or dependents will be offered COBRA continuation coverage for a

period of 18 months. Whether or not a member declines EWEB Group Retiree Health Plan coverage and instead elects COBRA continuation coverage, there is no subsidy from EWEB.

DISABILITY RETIREMENTS

If an EWEB employee qualifies for a PERS Disability retirement and subsequently ends their employment relationship with EWEB due to this qualification, the employee and his or her dependents may remain on the EWEB Group Retiree Health Plan until eligible for Medicare, or until no longer disabled (i.e. no longer qualifies for PERS disability). EWEB will consider these circumstances a “retirement” and allow the employee to receive retirement benefits based on their Tier and years of service. Retirees are required to notify EWEB of:

- The effective date of Medicare eligibility, or
- The effective date of PERS disability termination

If an employee is terminated for reasons such as sub-standard performance, misconduct, or voluntary resignation, and then later is approved for a PERS disability retirement, the employee is not entitled to retirement benefits, but rather the employee will be offered COBRA continuation instead.

WHEN ELIGIBILITY ENDS

Eligibility for the EWEB Group Retiree Health Plan ends when:

- A member becomes eligible for Medicare
- A dependent child reaches age 26, becomes eligible for Medicare, or enters the military
- For the legal spouse of a retiree, the day in which a decree of divorce is granted
- For the domestic partner of a retiree, the day in which the domestic partnership is terminated
- A member dies
- A member voluntarily ends coverage for him/herself and/or his/her dependents
- A surviving spouse becomes covered under another group health plan (e.g. through new employment or marriage)
- A member no longer qualifies for PERS Disability Retirement
- The contract between EWEB and the group insurance carrier is terminated

When a member loses eligibility for the EWEB Group Retiree Health Plan, the member is responsible for notifying EWEB within 30 days of the date eligibility ends.

If a member fails to notify EWEB when Group Retiree Health Plan eligibility has ended, the member could be responsible for:

- Re-payment of claims that were paid by the Group insurance carrier after eligibility ended

- Re-payment of premium contributions made by EWEB after eligibility ended
- Loss of a right to elect possible COBRA continuation coverage

WHEN YOU BECOME ELIGIBLE FOR MEDICARE

EWEB Group Retiree Health Plan coverage is only available to retirees and dependents who are not eligible for Medicare. When a retiree or dependent becomes Medicare eligible, EWEB Group Retiree Health Plan coverage ends for the Medicare eligible member(s). Non-Medicare Eligible enrolled members may continue EWEB Group Retiree Health Plan coverage in accordance with guidelines described under **Eligibility for EWEB Group Retiree Health Plan**.

Retirees and dependents are considered eligible for Medicare when the retiree or dependent qualifies or is entitled to Medicare according to the rules established by the Federal Social Security Administration.

Retirees and/or dependents who are eligible for Medicare are strongly advised to enroll in Medicare (Parts A and B) because:

1. EWEB Group Retiree Health Plan benefits terminate when a member becomes Medicare eligible, even if the member does not enroll in Medicare.
2. According to PERS Health Plan guidelines, members must be enrolled in both parts of Medicare (A and B) to qualify for coverage.

BENEFITS FOR MEDICARE ELIGIBLE MEMBERS

The following pages describe the coverage made available to Medicare eligible Tier 4 retirees and eligible dependents.

For the purpose of this document, Medicare Eligible individuals are:

- Over age 65 individuals who are receiving, or are eligible to receive full or reduced Social Security Retirement Benefits
- Under age 65 individuals who have received Social Security disability benefits for 24 months
- Most under age 65 individuals who are kidney dialysis or kidney transplant patients

EWEB CONTRIBUTIONS TO MEDICARE PREMIUMS

EWEB does not provide a subsidy towards Medicare Supplement plan coverage.

EWEB CONTRIBUTIONS TO GROUP PLAN PREMIUMS

EWEB does not provide a monthly or annual subsidy for post-retirement health care, regardless of the elections made by the retiree. Eligible Tier 4 retirees who opt to enroll in the EWEB Group Retiree Health Plan must pay the Total Actual Premium on a monthly basis, at the rates otherwise applicable to active members (without regard to any subsidy provided for active members). Premium payments are due to EWEB by the first day of the month, and if any monthly premium has not been received by the tenth (10th) day of the month, coverage for the retiree and any dependents will terminate at the end of that month, without option to re-enroll.

COVERAGE CHANGES

Members covered under the EWEB Group Retiree Health Plan may opt-out or remove dependents from the plan at any time for any reason. The election to opt-out or remove members from the plan is irrevocable.

Other changes may be permitted mid-year or during annual open enrollment, as described below.

In any case, the coverage for enrolled dependents must match the coverage for the retiree.

Example 1: If a retiree drops dental coverage for himself, he must also drop dental coverage for all enrolled dependents.

Example 2: If a retiree who has medical, dental, and vision coverage marries and wants to add her new spouse, the spouse must enroll in all three plans as well (medical/dental/vision).

Example 3: If a retiree who has only medical coverage marries and wants to add his new spouse, the spouse can be enrolled only in the medical plan.

MID-YEAR STATUS CHANGES

Adding dependents to the EWEB Group Retiree Health Plan mid-year may be permitted in the case of a Special Enrollment, as shown below:

New Dependent(s) of:	Special Enrollment Event		
	Marriage or Establishment of Domestic Partnership	Birth or Adoption	Loss of Other Coverage
Retiree	Yes	Yes	N/A
Spouse of Retiree	N/A	See Retiree	No
Dependent Children of Retirees	No	No	No
Surviving Spouse of Retiree	No	No	No

EWEB must receive notice of Special Enrollment events within 30-days of the event.

Open Enrollment

Changes permitted during Open Enrollment include:

Members on EWEB Group Retiree Health Plan

- Change plan options
- Decline (opt-out) of coverage

Members on COBRA Continuation (Oregon or Federal)

- Add dependents (any reason)
- Change plan options
- Decline (opt-out) of coverage

Once a member opts-out of coverage, the member cannot re-enroll in the EWEB Group Retiree Health Plan.

ADJUSTMENTS TO PREMIUMS

A member is responsible for the full premium costs associated with adding or removing dependents from the Group Retiree Health Plan. The premiums will be adjusted to reflect the new level of coverage (e.g. Retiree Only to Retiree + Dependent(s)). Premium adjustments are effective the first of the month after a change occurs. There is no EWEB subsidy for newly acquired dependents.

ANNUAL OPEN ENROLLMENT

Changes permitted during Open Enrollment include:

Members on EWEB Group Retiree Health Plan

- Change plan options
- Decline (opt-out) of coverage

Members on COBRA Continuation (Oregon or Federal)

- Add dependents (any reason)
- Change plan options
- Decline (opt-out) of coverage

Once a member opts-out of coverage, the member cannot re-enroll in the EWEB Group Retiree Health Plan.

ANNUAL ADJUSTMENTS TO PREMIUMS

Premiums will increase or decrease proportionally to increases or decreases in Total Actual Premium.

PREMIUM BILLING

EWEB contracts with an outside vendor for the billing of retiree insurance premiums. Members are responsible for submitting payments directly to the vendor.

Non-payment of premiums may result in irrevocable termination of coverage.

EWEB makes every effort to ensure that retirees are billed the correct amounts for their insurance coverage. However, in the event of an error in which the member is under-billed, EWEB reserves the right to recover funds that resulted from the error.

In the event a member is over-billed EWEB will correct the error by reimbursing the retiree as soon as the error is discovered.

DIVORCED SPOUSES OF RETIREES

The following information applies to termination of domestic partnership, as well as to divorce situations.

If the divorced spouse is age 55 or older at the time of divorce, the divorced spouse may elect to continue coverage under the EWEB Group Retiree Health Plan through Oregon COBRA until eligible for Medicare.

If the divorced spouse is under age 55 at the time of divorce, the divorced spouse may continue coverage under the EWEB Group Retiree Health Plan through Federal COBRA for up to 36 months. If the divorced spouse becomes eligible for Medicare during the 36-month COBRA period, Group Retiree Health Plan coverage terminates.

Regardless of age, group coverage terminates if the divorced spouse becomes covered under another group health plan, either by new employment or through marriage.

If the divorced spouse re-marries within 36-months of the divorce (Federal COBRA continuation coverage period), the new spouse and any eligible dependents of the new spouse may be covered under the EWEB group plan until the period of 36-months since the divorce has expired. At that time, group coverage terminates for the new spouse and eligible dependents of the new spouse. If the divorced spouse becomes eligible for Medicare or otherwise loses group plan eligibility during the 36-month COBRA period, group coverage terminates for all members (the surviving spouse, the new spouse and all eligible dependents of the new spouse). There is no subsidy from EWEB for coverage of the new spouse and eligible dependents of the new spouse.

If the divorced spouse re-marries after 36-months of the retiree's death, the new spouse is not eligible for EWEB group coverage.