



Part-Time 2024 Employee Benefits Guide



Welcome to the City of Hillsboro

Hi Everyone,

Hillsboro is an amazing community that provides top quality services to our residents, and that is because of employees like you. We are fortunate to have such talented and skilled staff in our organization. Our people are our greatest asset. That is why we devote so much time, attention, and resources to making sure we are providing a safe, welcoming, and rewarding work environment for our employees.



One of the most important ways we take care of our employees is by providing high quality benefits commensurate with work hours, in addition to competitive compensation. The City of Hillsboro provides a variety of compensation and benefits to our part-time employees, including:

- Regular salary and wages
- City contributions for Social Security, Medicare, unemployment, and workers compensation
- City contributions for Oregon Public Employees Retirement System (PERS)
- Sick, Bereavement, Jury, and Personal leave
- Employee Healthcare Coverage
- Bilingual Pay Incentive
- Inclement Weather Pay
- Deferred Compensation Match
- City provided life and accidental death insurance
- HRA/VEBA
- Voluntary dental, vision, and accident and disability coverage available through AFLAC
- Paid time off to volunteer in the community through Hillsboro Helps program
- Free Tri-Met annual Hop pass
- Free use of Parks & Recreation Centers for you and your eligible dependents
- Learning and Development Opportunities
- Healthy Hillsboro Wellness Reimbursement, Mindful Hillsboro wellness program

We care about you and your families, and you're an important part of the City family. Our compensation and part-time benefits packages are one of the ways we can recognize the critical role you play in our organization. As employees of the City of Hillsboro, you are what make our community a special place to live, work, and play.

Thank you for what you do.

Robby Hammond
City Manager



At the City of Hillsboro, we're all about helping employees achieve wellness goals and live their healthiest life possible.

Table of Contents

- Types of Part-time Employees.....3
- All Part-Time Employees.....3**
- Retirement Plans.....3
 - Oregon Public Employee Retirement System
 - Deferred Compensation 457
 - The City Pays Up To 1% Contribution Match
- Hidden Creek and SHARC Membership..... 4
- Employee Assistance Program (EAP)4
- TriMet Pass..... 4
- Bilingual Pay Incentive..... 4
- AFLAC Supplemental Benefits.....5
- Leave..... 5
- Wellness Program, Healthy Hillsboro, MindMe.....5
- Flexibly Staffed & Seasonal Employees and Interns Only.....5**
- Basic Life and Accidental Death Insurance.....5
- Sick Leave.....5
- For Part-time Regularly Scheduled 20+ hours and Seasonal Employees Only.... 6**
- Personal Leave..... 6
- Hillsboro Helps..... 6
- For Part-time Regularly Scheduled 20+ Hours Employees..... 7**
- Benefit Eligibility..... 7
- New Hire Enrollment..... 7
- Open Enrollment..... 7
- Making Benefit Changes..... 7
- Medical Coverage..... 8
- Alternative Care Coverage..... 9
- Vision Coverage..... 9
- Dental Coverage..... 10
- Part-Time Employees: Non-represented 2024 Monthly Insurance Cost 11
- Healthy Hillsboro..... 12
- HRA VEBA 12
- Flexible Spending Account (FSA)..... 14
- Voluntary Supplemental AD&A Insurance..... 14
- Long-Term Disability Insurance 14
- Paid & Unpaid Leave..... 15
- Life and Accidental Death Insurance 15
 - Basic Life and Accidental Death & Dismemberment (AD&D)
 - Voluntary Supplementary Employee/Spouse/Dependent Life
- Glossary of Terms.....16
- Carrier Contact Information.....17
- Annual Legal Notices.....18-22
- Workplace Accommodations Notice.....23
- Human Resources Benefits Team Contacts.....23

Part-Time Employment & Internship Categories

Our City is comprised of exceptional employees – like you – who work in a variety of employment relationships. Please see below for the various types of part-time employment offered by the City:

Part-time Employees Regularly Scheduled to Work 20+ Hours a Week

Part-time employees are regularly scheduled to work 20 hours or more per week on an ongoing basis. This does not include additional shifts picked up or special events.

Seasonal Employees

Employees regularly working 40 hours per week for up to 6 months. Seasonal Employees must have a 13 week break in service before returning to a seasonal, part time or flexibly staffed position with the City.

Flexibly Staffed Employees

Flexibly staffed employees work for a program’s specific period of time or a department’s peak season with a limited number of hours. They also serve as on call employees that are employed for an unlimited period, but they typically do not have a planned schedule of set hours of work. They are scheduled to work on an as needed basis, often to fill in for an absent worker or to assist during peak work times.

Interns

Individuals working in a paid internship with the City.

All Part-Time Employees Retirement Plans

Oregon Public Employee Retirement System (PERS)

After meeting a six-month waiting period and working 600 or more hours in a calendar year employees become PERS/OPSRP eligible. In order to continue membership, employees must work 600 hours each calendar year after the waiting period. PERS benefit eligibility will be based on your years of service with a qualified PERS employer.

RETIREMENT	OPSRP PENSION (Hired after August 28, 2003)	IAP
Normal retirement age	65 (58 with 30 years) P&F = age 60 or (53 with 25 years)	Members retire from IAP when they retire from Tier One, Tier Two, and OPSRP
Early retirement	55, if vested (50 with 5 years of continuous service in a P&F position immediately preceding effective retirement date)	Members retire from IAP when they retire from Tier One, Tier Two, and OPSRP
Vesting	5 calendar years with at least 600 hours qualifying service or normal retirement age	Immediate
Benefit at Retirement	Years of service X 1.5 percent X final monthly average salary (Police and Fire 1.8 percent)	Full value of account

Deferred Compensation 457

A voluntary deferred compensation program is provided by the City. The City offers a traditional 457 and Roth option through Voya. Employees may defer up to \$23,000 annually if they are under age 50 and an additional \$7,500 if over the age of 50, for a total of \$30,500.

The City Pays Up To 1% Contribution Match

Non-represented employees who invest in the City of Hillsboro’s deferred compensation retirement plan may receive up to 2% matching employer contributions. Employees will receive a 1% matching contribution when they contribute at least 1% of base salary, and they will receive 2% matching contribution when they contribute at least 2% of base salary per pay period. Employer matching contributions will be deposited in a 401(a) deferred compensation retirement account each pay period. All matching contributions are 100% vested.

Hidden Creek and SHARC Membership

Employees receive free membership to the Hidden Creek and Shute Park Aquatic and Recreation Centers. This benefit includes employees, legal spouse, and dependents. Between the two facilities, you have access to three pools, a spa pool, dry sauna, and water exercise classes - as well as a full complement of group fitness classes and recreation amenities. The facilities include on-site child care, full cardio and weight room, spin room, and multi-purpose rooms to keep you and your family entertained and comfortable.

Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) offered by the City of Hillsboro provides assistance with work-related concerns, personal problems, and other issues affecting your well-being. The program also offers a wide variety of information and referral services, designed to help employees and their families live happier, healthier, more balanced lives. Your contact with the EAP is completely confidential. Canopy can assist you in these and other areas, 24 hours a day, 7 days a week:

- Family concerns & relationship conflicts
- Life crises related to death, divorce, illness, or other major events
- Personal and work pressures & changes
- Alcohol & drug problems
- Financial & legal concerns
- Identity theft

TriMet Hop Pass

All employees are eligible for the City’s Universal TriMet Hop pass. The Hop pass must be shown with a photo ID. It allows you to travel anywhere within TriMet’s service area. The pass also includes an emergency ride home within the TriMet service area should you become ill or have a family emergency and need an emergency ride home after using alternative transportation.



Bilingual Pay Incentive

Employees who can demonstrate the ability to speak Spanish, or any other language spoken by over 10% of the City residents as documented by the most recent U.S. Census, at a proficiency level determined by a fluency test administered by the City, will receive a monthly 3% premium pay. The incentive is only paid on hours in paid status.

AFLAC Supplemental Benefits

AFLAC Supplemental Benefits offer you the opportunity to obtain additional benefits that best suit the needs of you and your family. Enrollment in any plan is optional – choose only the plans and coverage levels that meet your needs. Some restrictions apply for life insurance premiums. You can select from the following options:

- Dental
- Vision
- Supplemental Life Insurance
- Supplemental Accidental Coverage
- Disability Benefits (short-term) - must work 19 hours a week to qualify
- Critical Illness

Leave

Oregon Victims of Certain Crimes Leave Act (OVCCLA) & Crime Victim Leave

Employees are allowed to take a leave of absence, subject to the provisions specified in City Policy 6.6 E – Oregon Victims of Certain Crimes Leave Act (OVCCLA), for a reasonable period, with job protection, provided the employee returns to work. OVCCLA leave is unpaid, except when the employee uses applicable accrued paid leave, such as vacation leave, or paid leave is required pursuant to a collective bargaining agreement.

Employees are also allowed to take leave to attend criminal proceedings when they or their immediate family members have suffered financial, social, psychological or physical harm as a result of a person felony. The leave is subject to the provisions specified in City Policy 6.6 F – Crime Victim Leave, provided the employee returns to work.

Family & Medical Leave (FMLA, OFLA, PLO)

Federal and state family and medical leave may be available to employees with a qualifying condition and who meet eligibility requirements. If you need extended leave from work for a potentially qualifying family or medical reason, please contact Human Resources at LeaveAdmin@hillsboro-oregon.gov. The City’s leave specialist will evaluate your eligibility and options for leave under the Family & Medical Leave Act (FMLA), Oregon Family Leave Act (OFLA), Paid Leave Oregon (PLO), and any other applicable law and City policy.

Workers’ Compensation

If an employee is injured on the job, the injured worker will be entitled to benefits as allowed under the state Workers’ Compensation (WC) law including, time loss benefits and health care expenses relating to the on the job injury, as outlined in Policy 6.6H – Occupational Injury and Illness Policy (Workers’ Compensation).

Military Leave

All employees are eligible for paid and/or unpaid military and national service leaves of absence and reinstatement as outlined in City Policy 6.6 C – Military and National Service Leaves, and consistent with applicable law.

Inclement Weather or Disaster Pay

All non-represented employees will be paid for scheduled work missed when the City decides to close or curtail operations due to inclement weather or disaster, pursuant to City Policy 8.4 – Inclement Weather/Disasters.

Wellness Program

Mindful Hillsboro & MindMe App



The City of Hillsboro takes the health of its employees very seriously. That's why we have enhanced the services that we provide through our wellness program. This program is designed to promote a healthy, active lifestyle through fitness, nutrition, and mindfulness by reimbursing some of the associated costs of health related programs and sponsoring City events such as our annual Wellness Fair.

Mindful Hillsboro is the City of Hillsboro's new mental health-first and total wellness initiative to provide City of Hillsboro employees with opportunities to reach their mental, physical, and additional personal wellness goals. Mindful Hillsboro helps employees:

1. Increase awareness and understanding of their mental, physical, emotional, financial, social, intellectual, vocational, and spiritual wellness.
2. Become more mindful and aware of the needs and well-being of themselves and others.
3. Provide opportunities to engage in their wellness as individuals and as a community.

MindMe is an engagement tool (mobile app and desktop platform) that houses Mindful Hillsboro wellness program content. It also includes event information, engagement opportunities, and COH employee benefit information for increased accessibility to

Flexibly Staffed & Seasonal Employees & Interns Only

Basic Life and Accidental Death & Dismemberment (AD&D)

Flexible staffed employees, seasonal employees, and interns receive \$10,000 of basic life insurance and \$10,000 of accidental death and dismemberment insurance paid by the City.

Sick Leave

Part-time employees accrue 1 hour of sick leave for every 25 hours worked. Seasonal, flexibly staffed, and paid interns may accrue up to 80 hours of sick leave per year.

Part-time Employees Regularly Scheduled to Work 20+ Hours and Seasonal Employees Only

Personal Leave

Part-time 20+ regularly scheduled employees and seasonal employees are provided 25 hours of personal leave per calendar year. Employees hired after July 1 will be prorated to 12.5 hours of personal leave for the initial year. Personal leave may be used for any purpose if approved by the employee's supervisor. Personal Leave must be used in the same calendar year it is earned. Personal leave is not paid out upon separation of employment.

Hillsboro Helps

This program allows employees to provide service hours with City-approved non-profit organizations during regular work hours. The details of this program are listed below:

- Part-time 20+ regularly scheduled and seasonal employees are allowed up to four (4) hours of paid leave to participate in service activities during each calendar year. Travel time will be considered part of the service commitment.
- The four (4) hour period may be used in two (2) hour increments. If the service activity does not last the full four (4) hours, employees are expected to return to work for the remainder of the day's work schedule.

Part-time Employees Regularly Scheduled to Work 20+ Hours

Benefit Eligibility

All part-time employees regularly scheduled for 20+ hours per week are eligible for benefits.

Eligible Dependents

You may enroll your eligible dependents in the same plans you elect for yourself. Eligible dependents include your legal spouse or same- or opposite-sex Oregon-registered domestic partner (ORDP) and your children, up to age 26. Children include biological, step, foster, adopted children, children of an ORDP, and may include disabled adult children.

Domestic Partners & Imputed Value Tax

Employees may enroll a same- or opposite-sex ORDP in group medical, dental, and vision coverage upon hire, as well as in additional spouse life benefits. For group health coverage, the employee is responsible for paying the imputed tax value of the domestic partnership coverage. Please see the 'Registered Domestic Partner Coverage' Addendum for details. *Note: Because ORDP's are not federally recognized, they do not qualify for FSA or HRA reimbursement unless the ORDP qualifies as a tax dependent under the IRS definition. ORDP's do not qualify as "spouses" for COBRA purposes and do not have their own COBRA election rights.*

New Hire Enrollment

Your new hire benefits will be effective the first day of the month following your hire date. For example, if you are hired on November 3, your benefits will be effective on December 1. This is your opportunity to elect or waive medical, dental, vision, and supplemental life insurance, and participate in the Flexible Spending Account (FSA). If you do not complete your enrollment paperwork within 30 days of your date of hire, your next enrollment opportunity will be November during the open enrollment period.

Open Enrollment

The City's annual open enrollment is in November for a January 1 effective date. This is the time to make general plan changes to your medical, dental, vision, Flexible Spending Accounts (FSA). Follow the Enrollment Quick Guide Directions below.

Enrollment Quick Guide Directions

- Go to the City of Hillsboro Employee Self Service website at <https://selfservice.hillsboro-oregon.gov/ess/>
- Login using your computer login credentials.
- Go to "Benefits", then "Open Enrollment".
- Make a selection for each benefit, then click "Continue".
- Scroll through and check your elections, then click "Submit Choices".

Making Benefit Changes

Once you enroll for coverage, you must wait until the next open enrollment period to change your plan election, or to add or remove coverage for dependents, unless you have a qualified change in family status as defined by the IRS. Examples include the following:

- Marriage, registering an ORDP, divorce, or legal separation
- Birth or adoption of a child (adopted children are eligible as of the date he or she is placed in your home)
- Death of a dependent
- Moving outside the service area
- Dependent child reaching the age of 26
- Loss or gain of other group health coverage (spouse or child's coverage)

You have 30 days to make changes to your coverage following a qualified life event. Any change you make to your coverage must be consistent with the change in status. Please take special note that an ex-spouse may not continue as your eligible dependent after divorce or legal separation under the benefit program. Benefit changes become effective the 1st of the month following the date of qualifying life event.

Medical Coverage

The City of Hillsboro offers you medical plans that allow you to choose a plan that best meets your personal needs. We offer a Preferred Provider Organization (PPO) plan administered by CIGNA, as well as a Health Maintenance Organization (HMO) plan managed by Kaiser Permanente. Review the comparison chart below for additional coverage details.

BENEFIT	KAISER	CIGNA	
	HMO	PPO Preferred Providers Open Access Plus (In Network)	PPO Non Participating Providers (Out of Network)
Deductible	None	\$250 per person/\$750 per family	
Annual Out of Pocket Maximum per Person/Family	\$1,500 per person, \$3,000 per family	\$2,250 per person, \$4,750 per family	\$4,250 per person, \$8,750 per family
Preventive Care	No charge	No charge	40% after deductible
Primary Care Visit	\$20 copay	\$20 copay	40% after deductible
Naturopathic Doctor			
Specialist Visit	\$30 copay		
Urgent Care	\$40 copay		
Telemedicine/Virtual Office Visits	No charge	\$10 copay	N/A
Diagnostic Lab and X-ray, bloodwork	\$20 copay per department visit	20% after deductible	40% after deductible
CT, MRI & PET Scans	\$50 per department visit		
Outpatient Surgery	\$50 copay		
Emergency Room	\$200 copay (waived if admitted)	20% after \$100 copay per visit (copay waived if admitted, deductible applies)	
Inpatient Hospitalization	\$200 copay per day up to \$1,000 admission	20% after deductible	40% after deductible
Hearing Aids	\$20 copay 1 per ear per 3 years	\$20 copay Max 1 device per ear per 36 months	40% after deductible Max 1 device per ear per 36 months
Prescription Drugs – Generic	\$10	\$5 copay (30 day retail) / \$10 copay (90 day mail order)	Retail: 50% Home Delivery: Not Covered
Prescription Drugs – Preferred	\$20	\$25 copay (30 day retail) / \$50 copay (90 day mail order)	
Prescription Drugs – Non Preferred	\$40	\$50 copay (30 day retail) / \$100 copay (90 day mail order)	

This is a summary of benefits. Please see your full carrier benefit summary and contract for full details.

Alternative Care Coverage

The amounts you pay for alternative care do not count toward your out-of-pocket maximum. Both plans are self-referred.

BENEFIT	KAISER	CIGNA
Annual Maximum Benefit	Must use Complimentary Healthcare Plan Providers, visit www.chpgroup.com	Must Use ASH Network Alternative Care Providers
Acupuncture	\$25 copay (12 visits per year)	\$20 copay (20 visits per year)
Chiropractor	\$25 copay (20 visits per year)	\$20 copay (20 visits per year)
Massage Therapy	\$25 copay (12 visits per year)	\$20 copay (20 visits per year)

This is a summary of benefits. Please see your full carrier benefit summary and contract for full details.

Vision Coverage

Keep your eyes healthy with Kaiser Vision or Ameritas Vision Plan, administered by the Vision Service Plan Insurance Company (VSP). Vision coverage is included with your selected medical plan.

BENEFIT	INCLUDED WITH KAISER MEDICAL	SELECT WITH CIGNA MEDICAL
	KAISER	AMERITAS VSP
Exam	No charge - Children under 19 \$20 copay - Age 19 and over covered once every two calendar years	No charge - covered once every calendar year
Frames	\$150 allowance not more than once in a two-year period	\$120 allowance for frames (\$65 allowance at Costco, Walmart, and Sam's Club) 20% savings on the amount over your allowance covered once every two calendar years
Lenses - Single Vision Lined Bifocals Lined Trifocals Progressive		Covered in full once every calendar year (Standard Progressive - \$50 copay)
Contact Lenses – instead of glasses		\$120 allowance for contact lenses (Maximum \$60 copay for the fitting exam and evaluation)

This is a summary of benefits. Please see your full carrier benefit summary and contract for full details.

Dental Coverage

The City of Hillsboro offers you and your eligible dependents dental coverage through Willamette Dental or Moda Dental Delta. Moda Dental has a large, national panel of participating dentists and includes in- and out-of-network coverage. Willamette Dental is a local provider that requires you use Willamette Dental locations to receive coverage.

BENEFIT	WILLAMETTE	MODA DENTAL
Calendar Year Maximum Per Person	No Annual Maximum	\$2,000
Deductible	\$0	\$0
Office Visit	\$10 Copay (Specialty Office Visit \$30 copay)	You pay 1st year—30% 2nd year—20% 3rd year—10% 4th year—no copay
Diagnostic and Preventive Services (e.g., X-rays, cleanings, exams)	Covered with the Office Visit Copay	
Basic and Restorative Services (e.g., fillings, extraction, root canals)	Covered with the Office Visit Copay	You pay 1st year—30% 2nd year—20% 3rd year—10% 4th year—no copay
Major Services (e.g., dentures, crowns, bridges)	Covered with the Office Visit Copay	50% up to \$2,000 annual
Orthodontia	\$1,500 copay adult and children	50% up to \$2,000 Lifetime Maximum
Implants	\$1,500 annual maximum	50% up to \$2,000 annual

This is a summary of benefits. Please see your full carrier benefit summary and contract for full details.



Part-Time Employees: Non-Represented 2024 Monthly Insurance Cost

Cigna -VSP vision separate	Total Cost	Employee Pays	City Pays
Employee Only	\$921.51	\$125.00	\$796.51
Employee and Spouse/DP	\$1,956.98	\$1,160.47	\$796.51
Employee and Child	\$1,709.58	\$913.07	\$796.51
Employee and Child(ren)	\$2,277.70	\$1,481.19	\$796.51
Employee and Family	\$2,625.92	\$1,829.41	\$796.51

Kaiser - includes Kaiser vision	Total Cost	Employee Pays	City Pays
Employee Only	\$835.70	\$125.00	\$710.70
Employee and Spouse/DP	\$1,752.87	\$1,042.17	\$710.70
Employee and Child	\$1,534.09	\$823.39	\$710.70
Employee and Child(ren)	\$2,070.61	\$1,359.91	\$710.70
Employee and Family	\$2,387.75	\$1,677.05	\$710.70

Delta Dental	Total Cost	Employee Pays	City Pays
Employee Only	\$72.88	\$20.00	\$52.88
Employee and Spouse/DP	\$126.50	\$73.62	\$52.88
Employee and Child	\$121.74	\$68.86	\$52.88
Employee and Child(ren)	\$201.13	\$148.25	\$52.88
Employee and Family	\$231.20	\$178.32	\$52.88

Willamette Dental	Total Cost	Employee Pays	City Pays
Employee Only	\$57.50	\$20.00	\$37.50
Employee and Spouse/DP	\$100.40	\$62.90	\$37.50
Employee and Child	\$87.85	\$50.35	\$37.50
Employee and Child(ren)	\$153.30	\$115.80	\$37.50
Employee and Family	\$176.75	\$139.25	\$37.50

Ameritas - Vision	Total Cost	Employee Pays	City Pays
Employee Only	\$7.40	\$0.00	\$7.40
Employee and Spouse/DP	\$10.84	\$3.44	\$7.40
Employee and Child	\$12.60	\$5.20	\$7.40
Employee and Child(ren)	\$12.60	\$5.20	\$7.40
Employee and Family	\$20.44	\$13.04	\$7.40

Healthy Hillsboro

Employees may be reimbursed by the City up to a maximum of \$200 annually per family for eligible exercise programs, equipment, work stations and gym memberships. These health-related fringe benefits are considered taxable income and will be reported as wages on W-2 forms. The City reserves the right to monitor these programs and, if necessary, change any part of the program.

Flexible Spending Accounts (FSA)

Health Care FSA

Health Care FSAs allow employees to pay for qualifying out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through Flexible Spending Accounts. Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes, State or local income taxes on the portion of your paycheck you contribute to your FSA.

The maximum that you can contribute to the Health Care Flexible Spending Account in 2024 is \$3,200 per calendar year.

Dependent Care FSA

A Dependent Care FSA is used to reimburse expenses related to the care of eligible dependents while you and your spouse work. The maximum that you can contribute to Dependent Care Flexible Spending Account in 2024 is \$5,000, if you are a single employee or married filing jointly, or \$2,500 if you are married and filing separately.

FSA Rules to Keep in Mind

- You must enroll each year to participate in the FSA.
- The FSA plan is a "use-it-or-lose-it" plan.
- The IRS requires unused FSA funds to be forfeited at the end of the calendar year.
- You have until March 31, 2025 to submit claims for expenses incurred in the 2024 plan year.
- You may rollover up to \$640 of your remaining Health FSA balance from 2024 to 2025.
- A debit card is provided for your Health FSA. The Dependent Care FSA is reimbursement only. Please keep all receipts for FSA transactions in the event that the IRS or the City's third party administrator requires documentation for auditing purposes.

HRA VEBA

The City's contribution toward employees HRA VEBA account is equal to 2% of an employee's base salary. A health reimbursement arrangement (HRA) is a spending account you can use to cover medical care expenses such as copays, deductibles, prescription drugs, and retiree and Medicare insurance premiums. You do not pay any taxes on employer contributions, investment earnings, or reimbursements (claims) from your HRA. Money goes in tax-free, is invested tax-free, and comes out tax-free. It doesn't get much better than that!

HRA Advantages

An HRA is one of the best ways to cover your medical care expenses. You save money by paying no taxes on contributions, investment earnings, and reimbursements.

- HRA cover retiree medical premiums before and after age 65, including Medicare supplement and Medicare Part D premiums.
- Your spouse and qualified dependents are covered.
- HRA does not require coverage under a high-deductible health plan.
- Your unused balance rolls over each year - no annual "use-it-or-lose-it" requirement.
- HRA can be transferred to a beneficiary, if you pass away with no surviving spouse or dependents.
- Your HRA is portable and follows you after employment with the City.

Paid Time Off

Sick Leave

Part-time employees accrue 1 hour of sick leave for every 25 hours worked. Part-time 20+ employees may accrue up to 120 hours of sick leave.

Personal Leave

See "Personal Leave" section on page 6.

Bereavement Leave

Part-Time 20+ employees are eligible for up to three (3) days of bereavement leave in the event of the death of a qualifying family member pursuant to City Policy 6.6 D – Bereavement Leave.

Court Leave

Part-Time 20+ employees are entitled to leave from duty without loss of time, pay or other leave benefits for required jury duty, or for court appearance as a witness where the employee has been served a subpoena and attendance in court results from that employee's official duties, as outlined in City Policy 6.6 B – Court Leave.

Hillsboro Helps

See "Hillsboro Helps" section on page 6.



Voluntary Supplemental Employee Only or Employee & Family AD&D

Support after an accidental death or severe injury can provide much-needed financial assistance through a difficult time. Eligible employees may purchase additional accidental death and dismemberment coverage for themselves or for themselves and family. Coverage amounts are available from \$10,000 to \$500,000 in \$10,000 increments. Employees may purchase this coverage without providing medical history or proof of insurability, and the price is very affordable. There is no requirement to purchase supplemental life insurance as well; Accidental Death and Dismemberment coverage may be purchased as a stand-alone policy. Select a coverage amount for yourself, or choose the family plan and your family members automatically are covered for the percentage shown in the table.

Available to full-time employees and part-time employees regularly scheduled to work 20+ hours a week.

BENEFIT	Employee Only		Employee & Family	
	Loss of employee's life (including disappearance and exposure)	Employee coverage: Increments of \$10,000 up to \$500,000		Employee coverage: Increments of \$10,000 up to \$500,000
Cost per month:	\$.03 per \$1,000 of coverage	Example: 300,000 = \$9.00	\$.05 per \$1,000 of coverage	Example: \$300,000 = \$15.00
Loss of Family Member's Life	No coverage for family on the Employee Only plan		Spouse's coverage:	*50% of employee's amount
			Each child's coverage:	*10% of employee's amount
*Family Plan includes: If only a spouse is in the family, 60% of the employee's benefit applies for the spouse. If there only a child is in the family, 15% of the employee's benefit applies for child.				
Any loss must be caused solely and directly by accident within 365 days of the accident. A certified copy of the death certificate is needed to prove loss of life.				

Long-Term Disability Insurance

Long Term Disability is an essential benefit if you find you are unable to work due to a long term accident or illness. The City provides Part-time 20+ regularly scheduled employees with long-term disability income benefits, and pays the full cost of this coverage. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

BENEFIT	PLAN
Waiting Period	90 days
Benefit	60% of your pre-Disability base wage
Duration	Up to Social Security retirement age

Life and Accidental Death Insurance

Basic Life and Accidental Death & Dismemberment (AD&D)

Part-time employees regularly scheduled to work 20+ hours receive \$25,000 of basic life insurance and \$25,000 of accidental death and dismemberment insurance paid by the City. Additional supplemental life insurance and supplemental accidental death & dismemberment coverage for employee and dependents is available at employee's cost.

Voluntary Supplemental Employee/Spouse/Dependent Life

Employees may purchase additional life insurance for themselves. Coverage amounts are available from \$10,000 to \$500,000 in \$10,000 increments. New employees have a guaranteed issue amount of \$100,000 for themselves and \$20,000 for a legal spouse when they are newly hired (no medical history questionnaire required when you are first eligible!). If electing supplemental life coverage for your spouse, the amount must be equal to or less than the supplemental life amount elected for yourself. If electing after your initial hire date, employees and spouse life insurance amounts may be subject to proof of good health. Dependent Life Insurance may be requested in the amount of \$10,000. The employee must be enrolled in voluntary life coverage to apply for spouse dependent coverage. The rate for the dependent life insurance is \$1.33 per paycheck. If you elect voluntary life Insurance for yourself or for your spouse, your monthly rate for this plan is indicated in the following table.

AGE	RATE (PER \$1000 OF TOTAL COVERAGE)	
	Employee	Spouse
0-29	\$0.030	\$0.035
30-34	\$0.039	\$0.044
35-39	\$0.053	\$0.061
40-44	\$0.075	\$0.087
45-49	\$0.106	\$0.122
50-54	\$0.166	\$0.192
55-59	\$0.310	\$0.358
60-64	\$0.476	\$0.549
65-69	\$0.898	\$1.035
70-74	\$1.413	\$1.629
75 & Older	\$4.354	\$5.022

Glossary of Terms

Deductible	A fixed annual dollar amount that you pay out-of-pocket during the calendar year, toward health care services before the medical plan begins to pay.
Copay	A fixed dollar amount you pay at the time health care services or prescription drugs are received, regardless of the total charge for service.
Out of Pocket Maximum	The most you pay before the medical plan begins to pay 100% of covered charges. In-network: Health care professionals and facilities that have contracts with the medical, pharmacy, or dental plan to deliver services at a negotiated rate (discount). You pay a lower amount for those services.
Out-of-Network	A health care professional or facility that doesn't participate in your plan's network and doesn't provide services at a discounted rate. Using an out-of-network health care professional or facility will cost you more.
Generic Drugs	Generic medications have the same active ingredients, dosage, and strength as their brand-name counterparts. You'll usually pay less for generic medications.
Preferred Drugs	Preferred medications will usually cost more than generics, but may cost less than non-preferred brands on your plan.
Non-preferred Drugs	Non-preferred medications generally have generic alternatives and/or one or more preferred brand options within the same drug class. You'll usually pay more for non-preferred brand medications.
Flexible Spending Account (FSA)	A pre-tax employee or employer-funded account that can be set up to reimburse you for qualified expenses. There are two types of FSAs: <ol style="list-style-type: none"> 1) A general-purpose Health Care FSA (HCFSA) allows you to use pre-tax dollars to pay your share of eligible health care expenses not covered by your medical or dental plan. 2) A Dependent Care FSA (DCFSA) allows you to use pre-tax dollars to pay for childcare or care for an elderly or disabled family member.

Carrier Contact Information

HEALTH INSURANCE

Kaiser Permanente - Group #22863-001

Customer Service.....	800-813-2000
Nurse Advice/Virtual Visits.....	800-813-2000
Pharmacy.....	800-813-2000
Kaiser Vision.....	800-813-2000
Website.....	www.kp.org

CIGNA - Group # 3343753

Support.....	800-244-6224
24-Hour Nurse Line.....	800-244-6224
TelaDoc 24/7.....	800-244-6224
TelaDoc Website.....	https://my.cigna.com/
Crisis Line.....	Text HOME to 741741 or www.crisistextline.org
Express Scripts (Rx).....	800-835-3784
Disease Management.....	800-244-6224
Prenatal Program.....	800-244-6224
Website.....	https://my.cigna.com/

VISION

VSP Vision - Group #51990

Support.....	800-877-7195
Website.....	www.vsp.com

DENTAL INSURANCE

Delta Dental - Group #10016992

Customer Service.....	888-217-2365
Website.....	www.modahealth.com

Willamette Dental - Group #OR415

Customer Service /Appointments.....	855-433-6825
Website.....	www.willamettedental.com

FLEXIBLE BENEFIT PLAN

PacificSource Administration

Customer Service.....	800-422-7038
Email.....	psacustomerservice@pacificsource.com
Website.....	https://pacificsource.com/members/fsa-hra

EMPLOYEE ASSISTANCE PLAN

Canopy (Username: City of Hillsboro)

Referrals/Crisis Line 24/7.....	800-433-2320
Website.....	www.canopywell.com

LIFE INSURANCE/SUPPLEMENTAL LIFE INSURANCE/AD&D

The Standard

Statewide.....	888-937-4783
Website.....	www.standard.com

RETIREMENT

Oregon Public Employees Retirement Plan (PERS)

Customer Service.....	888-320-7377
Website.....	www.oregon.gov/PERS

Voya

Customer Service.....	1-800-584-6001
Website.....	www.voyaretirementplans.com

SUPPLEMENTAL INSURANCE PLANS

AFLAC

Enrollment.....	503-680-1918
Claims.....	800-992-3522
Website.....	www.aflac.com

COBRA/ RETIREE CONTINUATION

PacificSource Administration

Customer Service.....	800-422-7038
Email.....	cobra@pacificsource.com

ENROLLMENTS/LIFE EVENTS PLAN

Employee Self Service (ESS)

City of Hillsboro Human Resources Benefits Team.....	503-681-6455
Website.....	https://selfservice.hillsboro-oregon.gov/ess/

Annual Legal Notices

Important Notice About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Kaiser Permanente or CIGNA about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Kaiser Permanente and CIGNA have determined that the prescription drug coverage offered in our plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Hillsboro coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current City of Hillsboro coverage, be aware that active employees and their dependents who waive this coverage may not be able to get this coverage back until open enrollment or a qualified status change event.



When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of Hillsboro and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact Human Resources for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Hillsboro changes. You also may request a copy of this notice at any time.

Privacy Notice Reminder

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the City of Hillsboro (the "plan") to periodically send a reminder to participants about the availability of the Plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI.

To obtain a copy of the Privacy Notice contact Human Resources.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistant Program (see the inside back cover of 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.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Newborn's and Mothers' Health Protection Act Notice

Maternity Benefits

Under Federal and state law you have certain rights and protections regarding your maternity benefits under the Plan.

Under federal law known as the "Newborns' and Mothers' Health Protection Act of 1996" (Newborn's Act) group health plans and health insurance issuers generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health & Cancer Rights Act Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, call Human Resources.



Annual Legal Notices Continued

Special Enrollment Rights Notice

Under the special enrollment provisions of HIPPA, you may be eligible, in certain situations, to enroll in a City of Hillsboro medical plan during the year, even if you previously declined coverage. This right extends to you and all eligible family members.

You will be eligible to enroll yourself (and eligible dependents) if, during the year you or your dependents have lost coverage under another plan because:

- Coverage ended due to termination of employment, divorce, death, or a reduction in hours that affected benefits eligibility.
- Employer contributions to the plan stopped;
- The plan was terminated;
- COBRA coverage ended; or
- The lifetime maximum for medical benefits was exceeded under the existing medical coverage option.

You must notify the plan within 30 days of the loss of coverage in order to enroll in the City of Hillsboro medical plan during the year. Otherwise, you will need to wait until the plans open enrollment period.

- If you gain a new dependent during the year as a result of birth, adoption or placement for adoption, you may enroll that dependent, as well as yourself and any other eligible dependents, in the plan again, even if you previously declined medical coverage.

You must notify the plan within 60 days of the event in order to enroll in the City of Hillsboro medical plan during the year. Otherwise, you will need to wait until the plan's open enrollment period. Coverage will be retroactive to the date of the birth or adoption for children enrolled during the year under these provisions.

Effective April 1, 2009, you will be eligible to enroll yourself and eligible dependents if either of two events occur:

- You or your dependent loses Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible.
- You or your dependent qualifies for state assistance in paying your employer group medical plan premiums.

Regardless of other enrollment deadlines, you will have 60 days from the date of the Medicaid/CHIP event to request enrollment in the City of Hillsboro medical plan.

Please note that special enrollment rights allow you to either:

- Enroll in your current medical coverage; or
- Enroll in any medical plan benefit option for which you and your dependents are eligible.



Michelle's Law Notice

Michelle's Law is a federal law that requires certain group health plans to continue eligibility for adult dependent children who are students attending a post-secondary school, where the children would otherwise cease to be considered eligible students due to a medically necessary leave of absence from school. In such a case, the plan must continue to treat the child as eligible up to the earlier of:

- The date that is one year following the date the medically necessary leave began; or the date coverage would otherwise terminate under the plan.

For the protections of Michelle's Law to apply, the child must:

- Be a dependent child, under the terms of the plan, of a participant or beneficiary; and have been enrolled in the plan, and as a student at a post-secondary education institution, immediately preceding the first day of the medically necessary leave of absence.
- Medically necessary leave of absence means: Any change in enrollment at the post-secondary school that begins while the child is suffering from a serious illness or injury, is medically necessary, and causes the child to lose student status for purposes of coverage under the plan.

If you believe your child is eligible for this continued eligibility, you must provide to the plan a written certification by his or her treating physician that the child is suffering from a serious illness or injury and that the leave of absence is medically necessary. If you have any questions regarding this information contained in this notice or your child's right to Michelle's Law's continued coverage, you should contact Human Resources.

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You're protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have these protections:

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must:
 - Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you think you've been wrongly billed, contact 1-800-985-3059. Visit www.cms.gov/nosurprises/consumers for more information about your rights under federal law.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call toll-free 1-866-444-EBSA (1-866-444-3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility.

Oregon-Medicaid and CHIP
 Websites: healthcare.oregon.gov/Pages/index.aspx,
www.oregonhealthcare.gov/index-es.html
 Phone: 1-800-699-9075

Washington-Medicaid
 Website: www.hca.wa.gov
 Phone: 1-800-562-3022 ext. 15473

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

Or
 U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Workplace Accommodations Notice

City of Hillsboro is an equal opportunity employer and does not discriminate on the basis of race, religion, color, sex, age, national origin, disability, veteran status, sexual orientation, gender identity, gender expression or any other classification protected by law.

City of Hillsboro will make reasonable accommodations for known physical or mental disabilities of an applicant or employee as well as known limitations related to pregnancy, childbirth or a related medical condition, such as lactation, unless the accommodation would cause an undue hardship. Among other possibilities, reasonable accommodations could include:

- Acquisition or modification of equipment or devices;
- More frequent or longer break periods or periodic rest;
- Assistance with manual labor; or
- Modification of work schedules or job assignments.

Employees and job applicants have a right to be free from unlawful discrimination and retaliation

For this reason, City of Hillsboro will not:

- Deny employment opportunities on the basis of a need for reasonable accommodation
- Deny reasonable accommodation for known limitations, unless the accommodation would cause an undue hardship.
- Take an adverse employment action, discriminate or retaliate because the applicant or employee has inquired about, requested or used a reasonable accommodation.
- Require an applicant or an employee to accept an accommodation that is unnecessary.
- Require an employee to take family leave or any other leave, if the employer can make reasonable accommodation instead.

To request an accommodation or to discuss concerns or questions about this notice, please contact any one of our supervisors or Sylvia Edgar in the Human Resources Department.

Human Resources Benefits Team Contacts

We're here to help!

Nathan Smith, Benefits Analyst
 503-681-6255
Nathan.Smith@hillsboro-oregon.gov

Debbie Laszlo, HR Operations Manager
 503-681-6205
Debbie.Laszlo@hillsboro-oregon.gov

Peggy Vanek, Leave Specialist
 503-681-6115
Peggy.Vanek@hillsboro-oregon.gov

Ingrid Lopez Sainz, HRIS Specialist
 503-681-6296
Ingrid.LopezSainz@hillsboro-oregon.gov

Aubrey Kintz, Administrative Support Specialist
 503-681-6454
Aubrey.Kintz@hillsboro-oregon.gov

Kaliah Antin, Administrative Support Specialist
 503-681-6455
Kaliah.Antin@hillsboro-oregon.gov

City of Hillsboro Human Resources Department, 150 E Main St, Hillsboro, OR 97123; Benefits@hillsboro-oregon.gov





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