



CITY OF GRESHAM OREGON



July 1, 2026 – June 30, 2027

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This brochure summarizes the benefit plans that are available to City of Gresham eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

A Message to Our Employees

The Benefits Open Enrollment Period Is Here!

City of Gresham is pleased to announce our 2026 benefits program, which is designed to help you stay healthy, feel secure and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace. Please read the information in this guide carefully. For full details about our plans, please refer to the summary plan descriptions.



Benefits for You & Your Family

City of Gresham is pleased to announce our 2026 benefits program, which is designed to help you stay healthy, feel secure, and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace. Please read the information provided in this guide carefully. For full details about our plans, please refer to the summary plan descriptions. Listed below are the City of Gresham benefits available during open enrollment:

- Medical
- Dental
- Life and AD&D
- Voluntary Life
- Long Term Disability
- Employee Assistance Program
- FSA Plan
- HRA VEBA
- Wellness

Who is Eligible?

Employees working at least 20 hours per week and their eligible dependents may participate in the City of Gresham benefits program.

Generally, for the City of Gresham benefits program, dependents are defined as:

- Your spouse and registered domestic partner
- Dependent “child” up to age 26. (Child means the employee’s natural child or adopted child and any other child as defined in the certificate of coverage).



When and How Do I Enroll?

Open enrollment will be conducted May 18 – May 29, 2026. Next open enrollment will take place in May of 2027.

If you are not making any changes and don’t want to participate in the FSA for the 2026 plan year, the open enrollment process is a little different this year. You will need to log into ESS and select “no changes” and submit.

When is My Coverage Effective?

The effective date for your benefits is July 1, 2026.

Changing Coverage During the Year

You can change your coverage during the year when you experience a qualified change in status, such as marriage, divorce, birth, adoption, placement for adoption, or loss of coverage. The change must be reported to the Human Resources Department within **30 days** of the event. The change must be consistent with the event.

To make the change, login to ESS>Life Events>Make Change.

For example, if your dependent child no longer meets eligibility requirements, you can drop coverage only for that dependent. You will receive a notification from HR when your dependents are close to aging off the plan for turning age 26.

Medical Insurance

The City of Gresham will continue to offer employees two choices for medical coverage. **The Kaiser plan does not include coverage for services outside of the Kaiser network so you must live or work in the Kaiser service area to enroll in the Kaiser plan. The UMR plan provides coverage for any licensed medical provider, but in-network providers offer the highest level of benefits and lower out-of-pocket costs.**

The below chart is a brief outline of the plans. Please refer to the summary plan description for complete plan details.

Benefit Coverage	Kaiser Permanente of Oregon HMO Policy 18120	UMR PPO Core Plan Policy 7670-00-412863	
	In-Network Only	In-Network Benefits	Out-of-Network Benefits
Calendar Year Deductible			
Individual	None	\$250	\$250
Family	None	\$750	\$750
Calendar Year Maximum Out-of-Pocket			
Individual	\$600	\$2,250	\$4,250
Family	\$1,200	\$4,750	\$8,750
Physician Office Visit			
Primary Care	*\$10 copay	\$20 copay per visit, (dw)	40% after deductible
Specialty Care	\$10 copay	\$20 copay per visit, (dw)	40% after deductible
Preventive Care			
Adult Periodic Exams	Covered in Full	Covered in Full	Covered in Full
Well-Child Care	Covered in Full	Covered in Full	Covered in Full
Diagnostic Services			
X-ray and Lab Tests	Covered in Full	20% after deductible	40% after deductible
Complex Radiology	Covered in Full	20% after deductible	40% after deductible
Urgent Care Facility	\$30 copay per visit	\$20 copay(dw)	\$20 copay (dw)
Emergency Room	\$75 copay (Waived if admitted)	\$100 copay / 20% after deductible	\$100 copay / 20% after deductible
Inpatient Facility Charges	Covered in Full	20% after deductible	40% after deductible
Outpatient Surgery	\$10 copay per visit	20% after deductible	40% after deductible
Mental Health and Substance Use			
Inpatient	100%	20% after deductible	40% after deductible
Outpatient	*\$10 copay per visit	\$20 copay	40% after deductible
Alternative Care			
Acupuncture (12 visit limit)	\$10 copay per visit	\$20 copay (dw)	\$20 copay (dw)
Chiropractic (20 visit limit)	\$10 copay per visit	\$20 copay (dw)	\$20 copay (dw)
Massage (12 visit limit)	\$25 copay per visit	Not covered	Not covered

*\$5 copay for first 3 PCP and/or outpatient mental health visits; then \$10 copay for additional visits.

(dw) = deductible waived

Benefit Coverage	Kaiser Permanente of Oregon HMO Policy 18120	UMR PPO Core Plan Policy 7670-00-412863	
	In-Network Only	In-Network Benefits	Out-of-Network Benefits
Vision			
Eye Exam (< 19 years old)	Covered in Full	Covered in Full	Covered in Full
Eye Exam (> 19 years old)	\$10 copay	Covered in Full	Covered in Full
Vision Hardware (< 19 years old)	Covered in Full	Covered in Full	Covered in Full
Vision Hardware (> 19 years old)	\$150 allowance every two years	\$300 allowance every two years	\$300 allowance every two years
Retail Pharmacy (30 Day Supply)			
Rx Out-of-Pocket Maximum	N/A	\$1,000 Individual/\$2,000 Family	
Generic (Tier 1)	\$10 copay	\$2 /\$5 copay	N/A
Preferred (Tier 2)	\$10 copay	\$25 copay	N/A
Non-Preferred (Tier 3)	\$10 copay	\$50 copay	N/A
Preferred Specialty (Tier 4)	\$10 copay	25% after deductible up to maximum \$400	N/A
Mail Order Pharmacy (90 Day Supply)			
Generic (Tier 1)	\$20 copay	\$4 /\$10 copay	N/A
Preferred (Tier 2)	\$20 copay	\$50 copay	N/A
Non-Preferred (Tier 3)	\$20 copay	\$100 copay	N/A
Preferred Specialty (Tier 4)	N/A	N/A	N/A

Employee Contributions (Per Pay Period)

Medical Plan	Kaiser Permanente of Oregon HMO	UMR Core Plan PPO
Employee	\$0.00	\$0.00
Employee & 1 Dep	\$0.00	\$0.00
Employee & 2+ Deps	\$0.00	\$0.00

UMR Telemedicine

When you enroll in the UMR Core PPO plan, you have access to telemedicine services through Teladoc. Teladoc is the second and largest provider of telehealth medical consultants in the United States, giving you 24/7/365 access to quality medical care through phone and video consults (where available).

Here are some frequently asked questions regarding Teladoc:

What kind of medical care does Teladoc provide?

When requesting a consult, you can choose between general medical, behavioral health or dermatology.

Does Teladoc replace my doctor?

No! Teladoc does not replace your primary care physician. Teladoc should be used when you need immediate care for non-emergent medical issues. It is an affordable, convenient alternative to urgent care and ER visits.

How do I request a consult to talk to a doctor?

Visit the Teladoc website, www.teladoc.com, log into your account and click "Request a Consult". You can also call Teladoc to request a consult by phone (1-800-Teladoc)

How do I set up my Teladoc account?

Setting up your account is a quick and easy process online. Visit the Teladoc website and click "Set Up Account". Follow the online instructions. It's best to set up your Teladoc as soon as you can. This will save you time when you need to make an appointment.

How frequently can I call Teladoc?

You are able to contact Teladoc up to 3 times within 90 days for the same medical condition. On the fourth inquiry for the same condition, you will be re-directed to your Primary Care Physician to determine if you have a chronic condition that needs additional treatment. You are able to contact Teladoc up to a maximum of 10 times within a one-year period per covered individual.

Can Teladoc doctors write a prescription?

Yes, Teladoc doctors can prescribe short-term medications for a wide range of conditions when medically appropriate. Teladoc doctors do NOT prescribe substances controlled by the DEA, non-therapeutic and/or certain other drugs, which may be harmful because of potential abuse.

Who are Teladoc doctors?

Teladoc doctors are U.S. board certified in Internal Medicine, Family Practice or Pediatrics. They average 15 years of experience, are licensed in your state, and incorporate Teladoc into their day-to-day practice to provide people with convenient access to quality medical care.

What is the cost to use Teladoc?

There is no cost to employees and dependents to access this service.

Dental Insurance

City of Gresham will continue to offer employees a choice of three dental plans. The Willamette Dental plan does not include coverage for services outside of the Willamette Dental network. The Delta Dental/Moda plan provides coverage for any licensed dental provider, but in-network providers offer the highest level of benefits which means your annual maximum benefit goes further. The Kaiser plan does not include coverage for services outside of the Kaiser network so you must live or work in the Kaiser service area to enroll in the Kaiser plan.

The charts below are a brief outline of the plans. Please refer to the summary plan description for complete plan details.

Benefit Coverage	Benefit Highlights (see additional pages for more details)		
	Willamette Dental Managed Dental Policy OR31	Delta Dental/Moda PPO Policy 10011741	Kaiser Permanente Managed Dental Policy 18120
Costs			
Deductible	No Deductible	No Deductible	No Deductible
Maximum Benefit	No Annual Maximum	\$1,500 Per Calendar Year	No Annual Maximum
Office Visit Copay	\$4 copay	None	\$10 copay
Preventive			
Exams and X-Rays	Office visit copay	100%	Office visit copay
Cleanings	Office visit copay	100%	Office visit copay
Basic			
Fillings	Office visit copay	100%	Office visit copay
Extractions	Office visit copay or office visit copay then \$50 Extraction copay (Depending on situation)	100%	Office visit copay
Major			
Crowns	Office visit copay then \$45 crown copay	100%	Office visit copay then \$45
Orthodontia			
Orthodontic Services (Adults & Children)	\$150 pre-treatment copay, then \$800 treatment copay	50%	50%
Lifetime Benefit Maximum	No Maximum	\$1,000	\$1,000

Employee Contributions (Per Pay Period)			
	Willamette Dental Managed Dental	Delta Dental/Moda PPO	Kaiser Permanente Managed Dental
Employee	\$10.36	\$0.00	\$8.99
Employee & 1 Dep	\$6.41	\$0.00	\$13.97
Employee & 2+ Deps	\$30.89	\$0.00	\$26.30

Willamette Dental

Benefit Coverage	Willamette Dental - Managed Dental Policy OR31
Plan Costs	
Deductible	No Deductible
Annual maximum	No Annual Maximum
General or Orthodontic Office Visit	\$4 per visit
Diagnostic and preventive services	
Routine Exams, Cleaning and X-Rays	Covered with the Office Visit Copay
Fluoride and Sealants	
Head and neck cancer screening	
Periodontal charting and evaluation	
Restorative Denteistry	
Fillings	Covered with the Office Visit Copay
Porcelain-Metal Crowns	\$45 Copay in addition to Office Visit Copay
Prostodontics	
Complete Upper or Lower Denture	\$50 Copay in addition to Office Visit Copay
Bridge (<i>Per Tooth</i>)	\$45 Copay in addition to Office Visit Copay
Endodontics and Periodontics	
Root Canal Therapy (<i>Anterior, Bicuspid, Molar</i>)	\$30 / \$60 / \$80 Copay in addition to Office Visit Copay
Root Planning (per quadrant)	\$25 Copay in addition to Office Visit Copay
Osseous Surgery (Per Quadrant)	\$50 Copay in addition to Office Visit Copay
Oral Surgery	
Routine Extraction	Covered with the Office Visit
Surgical Extraction	\$50 Copay in addition to Office Visit Copay
Dental Implants	
Dental Implant Surgery	Implant benefit maximum of \$1,500 per calendar year
Miscellaneous	
Specialist Office Visit	\$30 per Visit
Local Anesthesia	Covered with the Office Visit Copay
Dental Lab Fees	Covered with the Office Visit Copay
Nitrous Oxide	\$10 Copay in addition to Office Visit Copay
Out-of-Area Emergency Services	You pay charges in excess of \$100
Orthodontia (Adults and Children)	
Pre-Treatment	\$150 Copay in addition to Office Visit Copay
Comprehensive Orthodontic Treatment	\$800 Copay in addition to Office Visit Copay

Delta Dental/Moda

Delta Dental PPO and Premier Dentists – Members are held harmless from balance billing (will not be billed for the difference between the dentist’s billed charge and the Delta Dental fee).

Out-of-Network Dentists – Members may be held liable for the difference between the dentist’s billed charge and the non-participating allowable amount as determined by Delta Dental.



Benefit Coverage	Delta Dental/Moda PPO Policy 10011741		
	In-Network PPO Providers	In-Network Premier Providers	Out-of-Network Providers
Calendar Year Costs			
Maximum Benefit, per member	\$1500		
Deductible, per member	No Deductible		
Class 1	<i>Preventive Care Services do not count toward annual maximum benefit</i>		
Routine Exams, Cleanings And periodontal maintenance	100%	100%	100%
Sealants	100%	100%	100%
Space maintainers	100%	100%	100%
X-Rays	100%	100%	100%
Class 2			
Restorative Fillings	100%	100%	100%
Oral surgery (extractions & certain minor surgical procedures)	100%	100%	100%
Endodontics	100%	100%	100%
Periodontics	100%	100%	100%
Class 3			
Implants	100%	100%	100%
Crowns and other cast restorations	100%	100%	100%
Dentures and bridges	100%	100%	100%
Orthodontia (Adults and Children)			
Services	50%	50%	50%
Lifetime Benefit Maximum	\$1,000	\$1,000	\$1,000

Kaiser Dental

Benefit Coverage	Kaiser Permanente Managed Dental Policy 18120
Calendar Year Costs	
Deductible	No Deductible
Calendar Year Maximum Benefit	No Annual Maximum
Office Visit	\$10 copay
Preventive and Diagnostic Services	
Periodic Exam and X-rays	Office visit copay then \$0
Periodic Cleanings / Periodontal Maintenance	
Fluoride Treatment and Sealants	
Basic Services	
Routine fillings	Office visit copay \$0
Plastic and steel crowns	
Surgical tooth extractions	
Endodontics and Periodontics	
Major Services	
Gold or porcelain crowns	Office visit copay then \$45 each
Bridges	Office visit copay then \$45 each
Full upper and lower dentures	Office visit copay then \$65
Partial dentures	Office visit copay then \$95
Relines	Office visit copay then \$25
Rebases	Office visit copay then \$25
Orthodontia	
Orthodontic services (Adults and Children)	50%
Lifetime Benefit Maximum	\$1,000

Life and AD&D Plan

City of Gresham provides Basic Life and Accidental Death and Dismemberment (AD&D) benefits to eligible employees through Standard Insurance. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.



Standard Insurance Company Life and AD&D Policy 752873	
Classes	
Class 1	Police Department, Management, Supervisory and Confidential Members
Class 2	Teamsters Union Employees
Class 3	Fire Personnel and All Other Members
Employee Life Benefit	
Class 1	1 X Annual salary up to \$300,000
Class 2	\$100,000
Class 3	\$50,000
Employee AD&D Benefit	
Class 1	\$50,000
Class 2	\$50,000
Class 3	\$50,000
	All Classes: \$50,000 for accidental loss of life, for other covered losses, a percentage of this benefit will be payable
Additional Benefits	
Conversion	Included
Portability	Included
Accelerated Benefit	Included
Travel Assistance	Included

The above benefits will be reduced to 50% at age 70.

Voluntary Life

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of cost of living expenses, existing financial obligations, etc. However, your election could be subject to medical questions and evidence of insurability.

Voluntary Life Insurance

You may purchase additional Life insurance with Standard Insurance Company if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect.

Standard Insurance Company Voluntary Life Policy 752873	
You	
Benefit Amount	Increments of \$10,000
Maximum Benefit	7X Annual salary up to \$300,000
Guaranteed Issue	Up to \$300,000
Your Spouse	
Benefit Amount	Increments of \$5,000
Maximum Benefit	Up to 100% of employee's combined Basic and Additional Life
Guaranteed Issue	Up to \$100,000
Additional Benefits	
Conversion	Included
Portability	Included
Accelerated Benefit	Included

The above benefits will be reduced to 50% at age 70.

How Much Coverage Costs

Age (as of January 1)	Monthly Rate per \$1,000 of Coverage
<30	\$0.085
30-39	\$0.095
40-44	\$0.188
45-49	\$0.333
50-54	\$0.547
55-59	\$0.846
60-64	\$1.260
65-59	\$1.910
70-74	\$3.810
75+	\$4.770

Use employee age for employee cost and spouse age for spouse cost.

Long-Term Disability Insurance

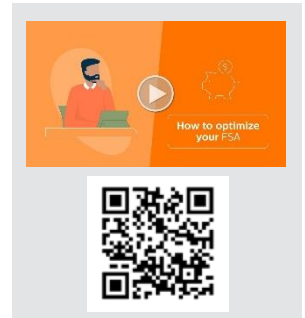
City of Gresham provides long-term income protection through Standard Insurance Company in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary up to \$7,000. Benefit payments begin after 90 days of disability. This includes an additional EAP called Health Advocate. Your program includes three counseling sessions per issue. Please see the summary plan description for complete details.

Standard Insurance Company Long-Term Disability (LTD) Policy 752873		
Your		
Monthly benefit	60%	
Maximum Monthly benefit	\$7,000	
Minimum Monthly Benefit	\$100 or 10% of the Long-Term Disability benefit before reduction by deductible income, whichever is greater.	
Benefit Waiting Period	90 days	
Definition of Disability	<p>For the benefit waiting period and the first 36 months that LTD benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:</p> <ul style="list-style-type: none"> ▪ You are unable to perform with reasonable continuity the material duties of your own occupation, or ▪ You suffer a loss of at least 20% of your pre-disability earnings when working in your own occupation. <p>After the own occupation period of disability, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of any occupation.</p>	
Pre-Existing Condition Exclusion	12 months for conditions treated within the 3 months prior to effective date of coverage	
Benefit Duration	Age at Disability	Maximum Period of Payment
	< 62	To Social Security Normal Retirement Age (SSNRA)
	62	To SSNRA, or 3 years 6 months, whichever is longer
	63	To SSNRA, or 3 years, whichever is longer
	64	To SSNRA, or 2 years 6 months, whichever is longer
	65	2 years
	66	1 year 9 months
	67	1 year 6 months
	68	1 year 3 months
	69+	1 year

Flexible Spending Accounts (FSA)

If you elect to participate in the FSA, you can set aside PRE-TAX dollars each plan year for health care and dependent care expenses that you would otherwise pay for with post-tax dollars. FSA contributions are exempt from federal taxes and Social Security taxes (FICA).

The FSA plan year is July 1st to June 30th each calendar year. You can participate in the Healthcare FSA and/or the Dependent Care FSA, **but you MUST re-enroll in the FSA each plan year. Prior year elections will not automatically carry over.**



Plan	Healthcare FSA	Dependent Care FSA
Who is Eligible	For all benefit eligible employees	For all benefit eligible employees
Contribute	Contribute up to \$3,400	Contribute up to \$7,500 per year , or \$3,750 if married and filing separate tax returns to pay for day care expenses that are necessary for you and your spouse to work or attend school full-time.
Who is Covered	Covers eligible expenses for you, your spouse, and dependent children, even if not covered on your medical plan	Eligible dependents include children under age 13 or any dependent claimed on federal income taxes who is incapable of self-care.
Covered Expenses	Eligible expenses include medical, dental or vision copays, coinsurance, deductibles, eyeglasses, and many over-the-counter medications.	Eligible expenses include day care and after-school programs for dependents up to age 13 or day care for a tax-claimed dependent of any age.
Spend By:	Up to \$660 ¹ in unused 2025 funds may be rolled over for use in 2026. The rollover amount does not affect your ability to elect the maximum amount for 2026. Any remaining amounts in excess of \$660¹ will be forfeited under the IRS “use-it-or-lose-it” rules.	Submit claims up to September 28, 2027, for expenses incurred (performed) during the FSA Plan Year. Any unused funds after September 28, 2027, will be forfeited under the IRS “use-it-or-lose-it” rules.

¹The rollover limit for the 2026 to 2027 plan year will be \$680.

How does the FSA work?

1. You elect to participate in the Healthcare and/or the Dependent Care FSA.
2. You begin setting pre-tax dollars aside through payroll deductions.
 - You have access to the entire annual elected amount in your Health Care FSA July 1st.
 - You will only be able to use funds as they are set aside in your Dependent Care FSA.
3. You incur a qualified expense. You may either:
 - Use your FSA Benefits Card for the purchase, or
 - Pay out-of-pocket and submit a claim for reimbursement. You can submit FSA claims online by visiting www.askallegiance.com
4. Save your receipts! You may be required to produce them to verify expense eligibility or during a plan year audit as required by the IRS.

For more information on your FSA, visit www.askallegiance.com or call 877-424-3570

Employee Assistance Plan (EAP)

Life does not always go smoothly. All of us experience times when a personal problem or crisis affects the way we function at work or home. Your Employee Assistance Program (EAP) is a problem-solving resource available to you and your household members. A professional counselor will assist you in assessing your situation, finding options, making choices or locating further help.

It's free and confidential...Your EAP has been set up with Canopy's outside counseling resources to ensure your confidentiality. You and your household members can contact clinicians 24/7 over the phone.



Confidential Counseling

Up to 8 in-person or virtual sessions with a counselor per unrelated issue/incident.

Resources for Life

Contact Canopy for assistance with locating resources and information related to childcare, eldercare, caregiving, and anything else you may need.

Financial and Legal Services

- Access to a certified financial coach who will work with you to understand your current financial situation and set goals to work toward financial wellness.
- Contact Canopy for a free 30-minute legal consultation. A 25% discount from the attorney's/mediator's normal rate thereafter.

Identity Theft

Up to a 60-minute free consultation with a highly trained Fraud Resolution Specialist (FRS) who will help to restore identity, good credit, and dispute fraudulent debts.

Coaching and Wellbeing Tools

Meet with a coach to support goal setting, healthy habits, and personal development. Access fertility health support, wellness and gym discounts, online legal tools and a will kit questionnaire online.

Home Ownership Program

This exclusive program will make the decision to purchase, sell or refinance your home easier and less expensive. Canopy partners with Advantage Home Plus to give you access to a network of prescreened, mortgage and real estate professionals to receive significant discounts.

Virtual Care Navigator

Just answer a few questions to receive your personal 'My Plan' recommendations and fast connections to:

- Counseling and coaching
- Financial, legal, and family resources
- Digital tools and training

Enlight Digital Program

Complete a short assessment to get started with goal setting, tools for mindfulness and digital support for sleep, stress and more! Enlight can be found on the Canopy App.

Get Started with Canopy Today

Call: 1 (800) 433-2320

Visit: my.canopywell.com

Access Code: City of Gresham

Download your EAP App: Search Canopy EAP or scan the below QR code:





HRA VEBA

The City agrees to contribute to an HRA/VEBA to be used by an employee, at their option, for either pre- or post-retirement eligible expenses based on the following:

General Unit/Teamsters is 2.25% of G19

Gresham Police Officers' Association (GPOA) is 2.3% of top step of P24 Police Sergeant

International Association of Firefighters (IAFF) is 2.7% of top step Firefighter

Management, Supervisory and Confidential/Unrepresented (MSC) is 2.75% of the top step of salary range N20

The City agrees to contribute an additional \$300 per year, payable at \$25.00 per month, to the HRA/VEBA account for those employees enrolled in the City's Core Plan.

More details about City of Gresham's HRA VEBA program can be found by contacting the Human Resources Department by email at HRBenefitsandleave@greshamoregon.gov or by phone at 503-618-2729.

USI Benefit Resource Center and Carrier Contacts

Have Questions? Need Help?

The City of Gresham is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00 am to 5:00 pm Mountain, Pacific and Alaska Standard Time at 866-468-7272 or via e-mail at BRCWest@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Additional information regarding benefit plans can be found on www.GreshamOregon.Gov/benefits. Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

Benefit Resource Center (BRC)

We speak insurance.

"Services denied?"

"Why won't they pay my claim?"

"How can my claim still be in process?
It's been two months!"

"I called my insurance carrier, but now I'm
just more confused."

**Call the Benefit
Resource Center (BRC).
We're here to help!**

Our Benefits Specialists can help you with:

- Deciding which plan is best for you
- Benefit plan & policy questions
- Eligibility & claims problems with carriers
- Transition of care when changing carriers
- Medicare basics with your employer plan
- Finding in-network providers
- Claims and appeals process
- Group disability claims

BRCWest@usi.com | Toll Free: 866-468-7272 | Monday – Friday • 8am – 5pm MST, PST and AST

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Carrier Customer Service

BENEFITS PLAN	CARRIER	PHONE NUMBER	WEBSITE
Benefit Resource Center (BRC)	USI	866-468-7272	Email: BRCWest@usi.com
Human Resources	The City of Gresham	503-618-2729	Email: HRBenefitsandleave@greshamoregon.gov
Medical HMO	Kaiser Permanente of Oregon	800-813-2000	www.kp.org
Medical PPO	UMR	800-826-9781	www.umar.com
Teladoc	UMR	1-800-Teladoc	www.teladoc.com
Dental PPO	Delta Dental/Moda	888-217-2365	www.deltadentalOR.com
Managed Dental	Kaiser Permanente of Oregon	800-813-2000	www.kp.org
Managed Dental	Willamette Dental	855-433-6825	www.willamettedental.com
Life and AD&D Voluntary Life Long Term Disability (LTD)	Standard Insurance	LTD: 800-368-1135	www.standard.com
Travel Assistance	Standard Insurance	US, Canada, Puerto Rico, US Virgin Islands and Bermuda: 800-872-1414 Everywhere else: 1-609-986-1234 Text: 1-609-334-0807	Email: medservices@assistamerica.com
Employee Assistance Program (EAP)	Standard Insurance/Health Advocate	888-293-6948	www.healthadvocate.com/standard3
Employee Assistance Program (EAP)	Canopy	800-433-2320	www.canopywell.com
Section 125	Allegiance	877-424-3570	www.askallegiance.com



CITY OF
GRESHAM
OREGON

Human Resources
HRBenefitsandleave@greshamoregon.gov
503-618-2729

1333 NW Eastman Pkwy
Gresham, Oregon 97030

