# Employee Benefits Guide

## For Seattle Police Officers' Guild Employees*

2014

City of Seattle

*for health and living — take charge*

*City Employees Covered by a Union Contract with Seattle Police Officers' Guild

January 1, 2014

Dear City Employee,

As a regularly appointed employee, the City offers you benefits* that help provide for your and your family's health care, disability and survivor needs. The City's goal is to offer a range of options that can help you address your unique financial needs.

This employee benefits guide includes information to assist you in choosing the insurance plans that best fit your situation. You will find information on employee benefits and programs, answers to commonly asked questions, and important due dates. The booklet also covers other work/life programs that are designed to help you manage your life and promote a satisfying and productive relationship between you and the City. More detailed information is available on the InWeb and PAN.

Please contact your department's Human Resources Representative if you have questions about your employee benefits.

Sincerely,

Susan L. Coskey, Acting Personnel Director
Personnel Department

*This Employee Benefits Guide applies only to City employees covered by a union contract with the Seattle Police Officers' Guild. It does not apply to Most City employees: CMEOs, Fire Chiefs, General City Employees, Library employees, and SPMA members. Nor does the guide apply to employees covered by union contracts with the International Brotherhood of Electrical Workers Local 77, and the International Association of Fire Fighters Local 27.

Please note: We've made every attempt to ensure the accuracy of this information. If there is any discrepancy between this booklet and the insurance contracts, other legal documents or the terms of an authorized collective bargaining agreement, the contracts, legal documents and applicable collective bargaining agreements will always govern.

The City of Seattle intends to continue these plans indefinitely but reserves the right to amend or terminate them at anytime in whole or part, for any reason, according to the amendment and termination procedures described in the legal documents. This booklet does not create a contract of employment with the City of Seattle.

# If you have difficulty understanding the information in this Guide

Help is available if you have trouble reading or understanding this Guide. If the problem you have is not addressed below, please call the City Benefits Unit at 206-615-1340 so we can provide assistance.

- **English is Your Second Language?** If English is not your native language, translators are available to help you. Many City employees have volunteered to translate for fellow employees. To find someone who "speaks your language" click here inweb/LanguageBank/LB_Lookup.asp. Inside the light blue box, click the arrow next to the white box and find the language you speak. Click the GO button. You will find a list of employees who speak that language. If the "Translate" box contains a "Y," that person will translate for you. Call and find a time they are available; make an appointment with the City Benefits Unit (206-615-1340) and bring that person with you. Together we'll help you understand your City benefits.

If you do not have access to a computer, ask your department's HR/Benefits representative to help you, or call the Benefits Unit at 206-615-1340.

- **Hearing Impaired?** If you use a TDD, the City provides translation services. Call 7-1-1 or 1-800-833-6384 on your TDD. You will be connected with the Washington Relay Service. Give them the number of the party you wish to call. They will call the person for you, then translate information from your TDD to the person you are calling.
- **Visually Impaired?** This Guide is available in a larger font. To request an electronic copy, contact the Benefits Unit at 206-615-1340.
- **Would rather *hear* the information than *read* it?** If your understanding is improved by having someone read or paraphrase information for you, you are invited to attend a benefits orientation. Orientations cover all City benefits and provide ample time for questions. You can meet with the presenter after the session if you have additional questions or questions you want to ask confidentially. Orientations are held every week - call 206-615-1340 to sign up.

If you have further questions or concerns or want to speak to someone confidentially, call the Benefits Unit (206-615-1340).

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# Employee Responsibilities

Employees are responsible for making benefits elections or changes by their due dates including Open Enrollment. They must notify their department's benefits representatives of any family or employment status changes that impact benefits such as marriage, divorce, new or terminated domestic partnership, a birth or adoption, a leave of absence, or a death in the family.

**New employee**? You are responsible for making your benefits elections within 31 days of your date of hire.

**Adding a new family member** to your health care coverage and Flexible Spending Account? Contact your department's benefits representative within 31 days of marriage or new domestic partnership. You have 60 days to notify your representative of a birth or adoption.

**Dropping a family member** from your health care coverage and Flexible Spending Account? Contact your department's benefits representative within 31 days of divorce or legal separation or domestic partnership termination.

**Planning a leave of absence?** Contact your benefits representative about how it could affect your City benefits.

**Designating or changing your beneficiary?**

- Life or Accidental Death & Dismemberment insurance - Employee Self-Service
- Retirement – contact the Retirement Office
- Sick leave or Deferred Compensation - see your benefits representative.

**Moving?** Update your address in Employee Self-Service.

**To change your benefits**, go online during fall Open Enrollment to make benefits elections for the following year.

**Access your benefits information from home** at seattle.gov/personnel; click on "Benefits".

# Eligibility and Coverage Information

The City of Seattle provides employees and their families a range of benefit options to support individual financial planning.

## Medical

The City offers regular employees and their family members a choice among four medical plans:

- City of Seattle Preventive (Aetna)
- City of Seattle Traditional (Aetna)
- Group Health Cooperative Standard
- Group Health Cooperative Deductible

## Dental

The City offers dental coverage through Delta Dental of Washington and Dental Health Services.

## Vision

The City offers a vision plan through VSP.

## Life Insurance

The City offers and shares the cost of Group Term Life insurance. The employee pays the full cost for any Supplemental Group Term Life insurance.

## Accidental Death & Dismemberment (AD&D)

The City offers an employee-paid group AD&D insurance plan.

## Flexible Spending Accounts (FSAs)

Employees can pay for employment-related day care costs and/or eligible health care expenses with up to $2,500 for the health care account or $5,000 for the day care account per year in pre-tax dollars.

## Deferred Compensation Plan

The City offers a tax deferred compensation “457” plan which allows employees to invest current, pre-tax earnings to generate additional retirement income.

## Employee Assistance Program (EAP)

The City provides an independent professional, confidential counseling service to assist employees with personal or work-related problems.

# Eligibility and Coverage Information

**Eligibility for Regular Employees**

If you are a regularly appointed employee in a full- or part-time position (scheduled to work at least 80 hours per month), you are eligible to participate in the medical, dental, vision, life, AD&D, LTD, FSA, deferred compensation, and EAP plans.

**Eligible Family Members**

The following family members are eligible to participate in the medical, dental, vision, accident coverage, and EAP programs:

**Spouse or domestic partner** – an Affidavit of Marriage/Domestic Partnership or Certificate of State Registered Domestic partnership must be filed with your department's Human Resources Unit to cover your spouse or domestic partner.

**Children** – your children, and your spouse's or domestic partner's children. Please check child eligibility requirements below.

**Child Eligibility**

| Plan | Age | Other |
|---|---|---|
| Medical, Dental, Vision, and Flexible Spending Account | Up to age 26 (through age 25) | Do not have to be:<br>-married<br>-live with you<br>-be dependent on you for support<br>-have access to other coverage |
| Supplemental GTL | Up to age 21 (through age 20) or | |
| | Up to age 25 (through age 24) | Must be unmarried and a full time registered student |
| AD&D | Up to age 26 (through age 25) | Do not have to be:<br>-married<br>-live with you<br>-be dependent on you for support |

Coverage may continue for a handicapped/incapacitated child if the child becomes disabled prior to the limiting age, provided that proof of his or her fully handicapped/incapacitated status has been documented by a physician.

# Eligibility and Coverage Information

**New Employee Enrollment**

If you are a newly hired employee, you must enroll in/apply for medical, dental, vision, life, or AD&D coverage **within 31 days of your hire date**. You have two enrollment options: 1) through Employee Self-Service, which is preferred, or 2) if you have no access to a computer, submit a *Benefit Election Form* to your Department's Human Resources Representative. If you choose paper forms, make sure they are completed, signed, and dated. If you miss the deadline, you must wait for the next Open Enrollment period.

If you do not enroll in life when first eligible, you will be required to complete a *Medical History Statement* or *proof of good health* for the insurance carrier, and you are not guaranteed coverage as you are when first eligible.

**When New Employee Coverage Begins**

**You must enroll within 31 days of hire**. Coverage begins for you and your eligible family members on your first day of employment if that date is:

- the first calendar day of the month designated as a City business day, or
- the first calendar day of the month designated or recognized as the first working day for the shift to which you are assigned, whichever is later.

If your employment begins after this date, your coverage will begin the following month.

**What if I miss the enrollment deadline?**
If you fail to enroll within 31 days of your hire date, you will not be able to enroll in a medical plan until the next Open Enrollment period (or within 31 days of a change in family status). However, you will automatically be enrolled for dental and vision coverage. Your dental coverage will default to the Delta Dental of Washington plan.

You also will need to meet additional requirements to be eligible for Life Insurance coverage. You will be required to submit a Medical History Statement and have it approved by the insurance company in order to be eligible for Life Insurance coverage.

# Eligibility and Coverage Information

**Waiving Coverage**

You have the option to decline medical coverage within 31 days of your hire date, during Open Enrollment, or within 31 days of a qualifying event. If you waive coverage, you may not cover dependents under the City's medical plans. You will not be charged premium payments if you decline medical coverage and will still be enrolled in the dental and Basic vision plans because there is no employee premium contribution. Note that in 2014, employees who decline coverage considered affordable and adequate under the Patient Protection and Affordable Care Act (such as the City's plans) will not qualify for government subsidies to purchase individual health insurance. In addition, an employee who refuses employer coverage and doesn't obtain coverage on his or her own will be subject to a penalty.

**Can I enroll my family members?**

The following family members are eligible for coverage:

- Your spouse or domestic partner;
- Your birth or adopted children, or children placed for adoption;
- Children of your domestic partner who live with you;
- Stepchildren who live with you; or
- Any child for whom you are legal guardian or for whom coverage is required by a Qualified Medical Child Support Order.

Children may be covered on the following plans; see page 3 for detailed eligibility requirements for children.

- AD&D (family coverage)
- Group Health Cooperative plans
- Preventive Plan (Aetna)
- Traditional Plan (Aetna)
- Delta Dental of Washington
- Dental Health Services
- VSP
- Supplemental Group Term Life Insurance

Coverage may continue after age 25 for a handicapped/incapacitated child if the child becomes disabled prior to the limiting age, provided that proof of fully handicapped/incapacitated status has been documented by a physician.

Visit personnelweb/benefits/home.aspx for more information.
Call your department's human resources or benefits representative or the City's Benefits Unit (206-615-1340) if you have questions.

# Eligibility and Coverage Information

**How do I disenroll my family members?**

If you need to remove a family member from coverage outside of Open Enrollment, submit a completed Benefit Election Form to your department's benefits representative.

If you end your spouse or domestic partner's coverage due to a termination of the marriage/partnership, submit a completed Statement of Termination of Marriage/ Domestic Partnership form or a Notice of Termination of State Registered Domestic Partnership within 31 days of the divorce or domestic partnership termination. You cannot file a new Affidavit until 90 days have elapsed from the termination of the prior marriage/partnership, unless the termination was due to the spouse or domestic partner's death or if the domestic partnership was certified with the State of Washington.

**Changing Your Benefits**

There are two opportunities to change your benefit choices:

- Open Enrollment
- Mid-year, if you have a change in family or job status.

**Open Enrollment**

Open Enrollment is held once each year in the fall. During this time, you can change your benefits plans, add and drop family members, and add or drop coverages. If you make changes during Open Enrollment, your new coverage is effective on January 1 of the new (next) plan year. Increases in your Life insurance coverage are subject to the approval of your *Medical History Statement* by the life insurance carrier.

Open Enrollment is also the time to enroll in the Flexible Spending Account program (Health Care and Day Care). You must re-enroll every year, even if you had an account the previous year. (See page 5.)

**Life Events that Affect Your Benefits**

You must enroll a new spouse or domestic partner within 31 days of your marriage or establishment of a domestic partnership. You have 60 days to add a child acquired through birth, adoption, placement for adoption, legal guardianship, marriage or domestic partnership. *If you miss the deadline,* you can only add family members during the annual fall Open Enrollment period.

If you have a change in family status, you may be able to make a related change to your benefits. Here are several examples. Contact your Human Resources representative if any of the following occur.

- You adopt a child - you may add coverage for that child (you may not add coverage for your other children at that time).
- Your child loses coverage under your spouse's coverage - you may add this child to your plan.

| | |
|---|---|
| | • You get married or form a domestic partnership - you may enroll your new spouse or domestic partner and his/her eligible children.<br>• Your spouse or domestic partner loses coverage due to termination of employment, change in employment status, or beginning an unpaid leave of absence – you may add your spouse or partner to the plan.<br>• Your spouse or domestic partner gains coverage due to start of employment, change in employment status, or ending an unpaid leave of absence–you may drop your spouse or partner from the plan.<br>• You get divorced, separate, or dissolve a domestic partnership – you must drop the spouse or domestic partner from the plan.<br>• Your child no longer meets the age requirements for medical/dental/vision – your child will be dropped from coverage. |

# Eligibility and Coverage Information

**When Coverage Ends**

Your medical/dental/vision, Life and AD&D coverages end on the last day of the calendar month in which:

- You are no longer eligible
- You resign, retire or are terminated
- You stop making any required payment.

Your medical, dental and vision coverages will also end on the day the plan terminates, or if you die (your family members' coverage will end on the last day of the calendar month in which you die).

**Continuing Coverage Under COBRA**

To help you maintain health coverage, Congress passed the Consolidated Omnibus Reconciliation Act (COBRA) in 1986. Under COBRA, you are eligible to purchase continuing medical only, dental/vision only, or medical/dental/vision coverage under certain circumstances when your group health plan coverage with the City ends.

If you are a City employee and have City medical, dental and vision coverage, you and your covered family members have the right to elect COBRA continuation coverage for up to 18 months if your coverage is lost because of one of these qualifying events:

- Your employment ends for a reason other than gross misconduct
- Your work hours are reduced to the point where you no longer are eligible for benefits.

The 18-month COBRA continuation period may be extended to 29 months if you or a family member (who is a qualified beneficiary) is disabled according to Social Security at the time of one of the above qualifying events. This 11-month extension is available to all qualified beneficiaries who lose coverage due to termination of employment or a reduction of hours.

Covered family members have the right to choose COBRA continuation coverage for up to 36 months if coverage is lost for any of these qualifying events:

- Death of the employee
- Divorce or legal separation of the employee and spouse or dissolution of the domestic partnership.
- A child loses coverage (turns 26)

The Life and AD&D plans have conversion options.

# Eligibility and Coverage Information

| | |
|---|---|
| **Coverage through Health Insurance Exchange** | You may choose an individual medical plan through the health insurance exchange. Depending on your income and the number of dependents you cover, you may find a plan on the exchange that fits your coverage needs. Please note that if you enroll on an exchange plan, you will not be able eligible for coverage on a City retiree medical plan in the future. More information at www.wahealthplanfinder.org. |
| **Coverage through a City Retiree Plan** | When you are eligible to retire, contact the Retirement Office at (206) 386-1293 for information about the City's retiree medical plans. If you want to participate in a retiree medical plan instead of COBRA or a Health Insurance Exchange plan, be aware that you must choose a plan within 31 days of retiring. In some cases, you can delay your enrollment in a City retiree medical plan if you are covered under another employer's plan. Contact the Retirement Office for more information. |

# Paying for Benefits

**Payroll Deductions**

**See page 19 for medical premiums**

**Medical**
If you elect medical coverage, the City of Seattle pays most of the premium for you and your eligible, enrolled family members. The amount you pay depends on which plan you select and whether you cover a spouse or domestic partner.

Medical premiums are deducted each month on a pre-tax basis. Pre-tax deductions are exempt from Social Security taxes. This may slightly reduce your future Social Security benefits, but most people find that ongoing tax savings outweigh a future reduction in Social Security benefits, if any. If this is a concern for you, discuss it with your financial advisor. (Premium amounts paid for a domestic partner cannot be taken on a pre-tax basis if your partner is not a dependent on your IRS tax form.)

Your share of the cost for your medical premium is taken in equal amounts from the first and second paychecks of the month during the month of coverage on a pre-tax basis. For example, premium deductions taken from your March paychecks provide for March coverage.

Then Dental and Vision plans are fully paid by the City for most employees. The premium is deducted pre-tax in equal amounts from the first and second paychecks of the month.

**Life Insurance**
Your Basic Life insurance after-tax premium deductions are taken from your second paycheck of the month for the next month's coverage.

**Accidental Death and Dismemberment**
Your AD&D after-tax premium deduction is taken from your first paycheck of the month for that month's coverage.

**Flexible Spending Accounts (Health Care & Day Care)**
Your FSA pre-tax deduction is taken in equal amounts from your first and second paychecks each month.

# Benefits and Financial Planning

Because everyone's medical and financial situations are different, the City offers a variety of plans to help protect employees and their families from the financial hardship that unusual medical expenses can bring. The plans are designed to cover much of the cost of medically necessary health care services. However, employees still bear a portion of their medical service costs in the form of premiums, deductibles, copayments and coinsurance.

Since health care costs may be unanticipated, it makes sense to plan in advance and save for your out-of-pocket costs. If you can accurately anticipate some medical, dental and/or vision expenses for the following year – such as prescriptions, glasses, orthodontia, office visit copays and deductibles. The Health Care FSA is a tool to support your financial planning and maximize the value you get for dollars spent on health care. You can elect the Health Care FSA during Open Enrollment to set aside pre-tax dollars to pay for eligible out-of-pocket medical expenses for you and your family. Here are additional ways to cut costs and save money.

- Quit smoking and encourage your family to quit. Enroll in the City's free tobacco cessation program by calling Quit for Life at 1-866-QUIT-4-LIFE (1-866-784-8454). Your adult family members with City medical coverage may enroll.

- Be more active and eat nutrient dense food. Many diseases and conditions are preventable, and healthy behavior reduces your future health care costs and enhances your life now.

- Go to check ups and screenings. Have regularly scheduled physical examinations by your doctor, dentist, eye doctor and so on. Take advantage of free medical screenings, flu shots and go to the City's wellness and benefits fairs.

- Choose the best health plan for you and your family. There is more to selecting a good health plan *than just the payroll deduction*. If you are shopping for a health plan, compare the premiums along with what is and is not covered by the various plans.

- Stay within the network. Look for doctors and health care providers that are within the plan's network.

- Review medical bills carefully. Billing errors can cost you hundreds or even thousands of dollars. Contact the billing office if there is an error or you do not understand your bill. You may be able to negotiate fees and bills that you feel are too high.

# Medical Plan Options

**Medical Plans**

The City offers four different medical plans:

- City of Seattle Preventive Plan
- City of Seattle Traditional Plan
- Group Health Cooperative Standard Plan
- Group Health Cooperative Deductible Plan

**How to Choose a Medical Plan**

Plan features, coverages and costs vary. The City's plans with Aetna offer an extensive choice of doctors; coverage is higher if you use doctors in the Aetna network. The Group Health Cooperative (GHC) plans require that you use the GHC network of doctors, clinics, hospitals and pharmacies, but offer a higher level of coverage.

When making your decisions, you should consider cost, choice, and coverage. Do you want a plan that allows you to choose any (non-GHC) doctor, hospital or clinic (City plans with Aetna) or are you willing to stay within a network (GHC) and receive a higher level of coverage?

The following very brief plan descriptions may help you make these choices.

**New Employees:** Remember - You have 31 days from your hire date to enroll in the medical, dental, vision and optional insurance plans.

| Medical Plan Options | |
|---|---|
| **City of Seattle Self-insured Plans** | The City has plans through Aetna - the Preventive Plan and the Traditional Plan. The plans use the Aetna provider network, and Aetna administers the claims. |
| **Preventive Plan** | This plan has no annual deductible (unless you see an out-of-network provider) and a $5 copay for all office visits except preventive care (which is covered at 100%). Most other services are covered at 100% after a copay if you use an Aetna network provider. |
| **Traditional Plan** | This plan has a $100 annual deductible per person ($300 per family). Most services are covered at 80% if you use an Aetna network provider. Most preventive care is not covered. |
| **What If I Don't Use the Aetna Network?** | Both of the City's plans include the Aetna network of doctors; however, you choose whether to use a network or non-network provider when you require care. If you choose a doctor who is not in the network, you will pay a higher percentage of the cost of the visit. Another issue to keep in mind is that prices charged by a non-network provider are often higher than those charged by a network provider. If you use a non-network provider, you will pay 30% -40% of the network cost for a service, and your doctor may charge you an additional amount over the established network price. |
| **Aetna Navigator** | Aetna's member website is called Aetna Navigator. Through the site (AetnaNavigator.com) you can locate detailed claim information, review your benefits, request changes, find service providers, and email member services. |
| **Simple Steps to a Healthier Life** | Traditional and Preventive plan members have access to a health risk assessment – *Simple Steps to a Healthier Life*. Following completion of a questionnaire, you will receive a health report and a personal action plan along with access to healthy living programs. |

# Medical Plan Options

| | |
|---|---|
| **Group Health Cooperative** | Group Health Cooperative (GHC) is a health maintenance organization which provides an integrated system of health care services. All services are delivered in GHC clinics, facilities, pharmacies, and network providers. You must use GHC network providers and facilities unless a GHC doctor refers you elsewhere. You do not need a physician's referral to see most GHC specialists.<br><br>The City offers two plans through Group Health Cooperative. |
| **Group Health Cooperative Standard Plan** | This is a plan with no deductible and no office copay. Most services, including Preventive Care, are covered at 100% after payment of the applicable copay. |
| **Group Health Cooperative Deductible Plan** | This is a plan with a $200 annual deductible per person ($600 per family) and a $20 office visit copay. The deductible does not apply to ambulance service, prescription drugs, durable medical equipment and preventive visits (preventive visits do have a copay). After the deductible is satisfied, most services are covered at 100% after the copayment. |
| **My Group Health** | The health care website is My Group Health at GHC.org. Members can request appointments, exchange emails with their provider, view their online medical record, refill prescriptions online, and view lab and test reports. The provider directory, and drug formulary are also accessible online. In addition, a mobile application is available for use with most cell phones. |
| **Health Profile** | The plan has a health risk assessment called *Health Profile*. Members complete the profile online and receive a report and personalized action plan. Free healthy lifestyle coaching is also available. |

# Medical Plan Comparison Examples

The following table compares the plans in four different scenarios where employees would use services: a routine physical exam, a regular office visit (such as for an illness), outpatient treatment at a hospital, and surgery performed by a specialist. Costs for each service are compared by plan. For a more complete summary of benefits by plan, see the table that follows this example.

| | **PREVENTIVE PLAN** | | **TRADITIONAL PLAN** | | **GROUP HEALTH COOPERATIVE** | |
|---|---|---|---|---|---|---|
| | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** | **Deductible Plan** | **Standard Plan** |
| **Individual deductible** | $0 | $250 | $100 | $150 | $200 | None |
| **Family deductible** | $0 | $750 | $300 | $450 | $600 | None |
| **Routine physical exam** | Paid at 100% | Paid at 70% after satis-faction of deductible for mammogram and ob/gyn exams only. | Paid at 80% after satisfaction of deductible for mammogram only. No other preventive care covered. | Paid at 60% after satisfaction of deductible for mammogram only. No other preventive care covered. | Paid at 100% after $20 copay and satisfaction of deductible | Paid at 100% |
| **Office visit** | Paid at 100% after $5 copay | Paid at 70% after satisfaction of deductible | Paid at 80% after satisfaction of deductible | Paid at 60% after satisfaction of deductible | Paid at 100% after $20 copay and satisfaction of deductible | Paid at 100% |
| **Outpatient treatment at a hospital** | Physician charges paid at 100%. | After satisfaction of deductible, physician and other charges paid at 70%. | After satisfaction of deductible, physician and other charges paid at 80%. | After satisfaction of deductible, physician and other charges paid at 60% | After satisfaction of deductible and $20 copay, physician and other charges paid at 100%. | Paid at 100% |
| **Inpatient treatment at a hospital** | Paid at 100% | After satisfaction of deductible, physician and other charges paid at 70%. | After satisfaction of deductible, physician and other charges paid at 80%. | After satisfaction of deductible, physician and other charges paid at 60% | Paid at 100% after satisfaction of deductible. | Paid at 100%. |

# 2014 Medical Benefits Highlights – Seattle Police Officers' Guild

The purpose of this document is to help you make decisions; it is not a contract. Details are provided in your medical plan booklet at http://www.seattle.gov/personnel/resources/benefits_documents.asp.

| Group Health Cooperative (GHC) | | City of Seattle Traditional Plan | | City of Seattle Preventive Plan | |
|---|---|---|---|---|---|
| **Standard Plan** | **Deductible Plan** | **Aetna In-Network** | **Out-of-Network** | **Aetna In-Network** | **Out-of-Network** |
| **Deductible** (per calendar year) | | | | | |
| No deductible | $200 per person<br>$600 per family<br>Deductible applies, except for prescriptions, preventive visits, ambulance, and DME. | $100 per person<br>$300 per family | $150 per person<br>$450 per family | Does not apply | $250 per person<br>$750 per family |
| **Annual Out of Pocket Maximum (OOP Max)** if applicable. Aetna Copays do not apply towards OOP Max. | | | | | |
| $750 per person<br>$1,500 per family | $2,000 per person<br>$6,000 per family | $400 per person. Applies to 20% coinsurance. | $1,600 per person. Applies to 40% coinsurance. * | $500 per person<br>$1,000 per family | $3,000 per person*<br>$6,000 per family* |
| **Hospital Copay** | | | | | |
| None | None, deductible applies. | None | None | None | None |
| **Hospital Pre-admission Authorization** | | | | | |
| Except for maternity or emergency admissions, must be authorized by GHC | | Except for maternity or emergency admissions, your physician must contact Aetna prior to your admission | Member responsible for obtaining precertification of out-of-network care | Except for maternity or emergency admissions, your physician must contact Aetna prior to your admission | Member responsible for obtaining precertification of out-of-network care |
| **Choice of Providers** | | | | | |
| All care and services must be approved and/or provided by GHC or GHC designated providers. Members may self-refer to most GHC specialists. | | Aetna contracted provider members. No primary care physician selection required. No referrals required. | Any licensed, qualified provider of your choice. Expenses paid based on recognized charges*. You pay the difference between recognized and billed charges. | Aetna contracted provider member. No primary care physician selection required.<br>No referrals required. | Any licensed, qualified provider of your choice. Expenses paid based on recognized charges*. You pay the difference between recognized and billed charges. |
| **COVERED EXPENSES** | | | | | |
| **Acupuncture** | | | | | |
| Paid at 100%. 8 visits per condition per year self-referred. Additional visits when approved by plan. | Paid at 100% after $20 copay.<br>8 visits per condition per year self-referred. Additional visits when approved by plan. Deductible applies. | Paid at 80% | Paid at 60% | Paid at 100% after $5 copay | Paid at 70% |
| | | Maximum of 12 visits per calendar year for in- and out-of-network combined. | | All acupuncture services are subject to ongoing review and approval by Aetna for medical necessity | |
| **Alcohol/Drug Abuse Treatment** | | | | | |
| Inpatient: paid at 100%<br>Outpatient: paid at 100% | Inpatient: Paid at 100% , deductible applies<br>Outpatient: $20 copay, deductible applies | Paid at 80% | Paid at 80% | Inpatient: Paid at 100%<br>Outpatient: Paid at 100% after $5 copay. | Inpatient: Paid at 70%<br>Outpatient: Paid at 70% |

| Group Health Cooperative (GHC) | | City of Seattle Traditional Plan | | City of Seattle Preventive Plan | |
|---|---|---|---|---|---|
| **Standard Plan** | **Deductible Plan** | **Aetna In-Network** | **Out-of-Network** | **Aetna In-Network** | **Out-of-Network** |
| **Contraceptives** | | | | | |
| For contraceptive drugs and devices, see Prescription Drug benefit | | Paid at 80% | Paid at 60% | Paid at 100% | Paid at 70% |
| | | See Prescription Drug benefit. | | See Prescription Drug benefit. | |
| **Durable Medical Equipment (DME)** | | | | | |
| Paid at 80% | Paid at 80% | Paid at 80% | | Paid at 100% | Paid at 70% |
| **Emergency Medical Care** | | | | | |
| ➢ **Urgent Care Clinic** | | | | | |
| Paid at 100%. | Paid at 100% after $20 copay, deductible applies. | Paid at 100% after $35 copay | Paid at 60% | Paid at 100% after $35 copay | Paid at 70%. |
| **Emergency Room (copays waived if admitted)** | | | | | |
| GHC facility: Paid at 100% after $25 copay (waived if admitted). Non-GHC facility: Paid at 100% after $75 copay (waived if admitted.) | GHC facility: Paid at 100% after $75 copay (waived if admitted). Non-GHC facility: Paid at 100% after $125 copay (waived if admitted.). Deductible applies. | Paid at 80%. | Paid at 80%. Non-emergency, paid at 60%. | Paid at 100% after $50 copay | Paid at 100% after $50 copay. Non-emergency paid 70% after $50 co-pay. |
| **Ambulance** | | | | | |
| Paid at 80%. GHC-initiated non-emergency transfers are paid at 100% | Paid at 80%. GHC-initiated non-emergency transfers are paid at 100% | Paid at 80% when medically necessary. Non-emergency transport must be approved in advance by Aetna. | | Paid at 100% when medically necessary. Non-emergency transport must be approved in advance by Aetna. | |
| **Hearing Aids (per ear, every 36 months)** | | | | | |
| Up to $1,000 | Up to $1,000 | Up to $1,000 | Up to $1,000 | Up to $1,000 | Up to $1,000 |
| | | In-network coinsurance applies whether purchased in- or out-of-network. Deductible does not apply. | | In-network coinsurance applies whether purchased in- or out-of-network. Deductible does not apply. | |
| **Home Health Care** | | | | | |
| Paid at 100% when authorized. No visit limit. | Paid at 100% when authorized. No visit limit. | Paid at 90% | | Paid at 100% | Paid at 70% |
| | | Maximum benefit of 130 visits per calendar year for in- and out-of-network combined. | | Maximum benefit of 130 visits per calendar year for in- and out-of-network combined. | |
| **Hospital Inpatient** | | | | | |
| Covered in full. | Paid at 100% , deductible applies | Paid at 80% | Paid at 60% | Paid at 100% | Paid at 70% |
| **Hospital Outpatient** | | | | | |
| Covered in full. | Paid at 100% after $20 copay, deductible applies | Paid at 80% after deductible. | Paid at 60% after deductible. | Paid at 100% | Paid at 70% |
| **Hospice** | | | | | |
| Paid at 100% when authorized | Paid at 100% when authorized | Paid at 90% | | Paid at 100%. | Not covered |
| **Maternity Care (**delivery & related hospital) | | | | | |
| Paid at 100%. | Paid at 100% , deductible applies | Paid at 80% | Paid at 60% | Paid at 100% | Paid at 70% |
| **Maternity Care** (prenatal and postpartum) | | | | | |
| Paid at 100% . | Paid at 100% after $20 copay. deductible applies. | Paid at 80% | Paid at 60% | Paid 100% after $5 copay | Paid at 70% |

| Group Health Cooperative (GHC) | | City of Seattle Traditional Plan | | City of Seattle Preventive Plan | |
|---|---|---|---|---|---|
| **Standard Plan** | **Deductible Plan** | **Aetna In-Network** | **Out-of-Network** | **Aetna In-Network** | **Out-of-Network** |
| **Mental Health Care** (inpatient) | | | | | |
| Covered in full. | Covered in full, deductible applies | Paid at 80% | Paid at 60% | Paid at 100% | Paid at 70% |
| **Mental Health Care** (outpatient) | | | | | |
| Paid at 100%. | Paid at 100% after $20 copay, deductible applies | Paid at 80% | Paid at 60% | Paid at 100% after $5 copay | Paid at 70%. |
| **Physician Office Visit** | | | | | |
| Paid at 100%. | Paid at 100% after $20 copay, deductible applies | Paid at 80% | Paid at 60% | Paid at 100% after $5 copay | Paid at 70% |
| **Prescription Drugs** (mail order) | | | | | |
| Mailing service available, subject to a $9 copay per 90-day supply.<br><br>Contraceptive drugs and devices are covered subject to the pharmacy copay. | Mailing service available, subject to a $9 copay per 90-day supply.<br><br>Contraceptive drugs and devices are covered subject to the pharmacy copay. | For 90-day supply:<br>Generic: $10 copay<br>Preferred Brand name: $20 copay<br>Non-preferred drugs: $50 copay | Not Covered | For 90-day supply:<br>Generic: $10 copay<br>Preferred Brand name: $20 copay<br>Non-preferred drugs: $50 copay | Not Covered |
| **Prescription Drugs** (retail) | | | | | |
| For a 30 day supply: $3 copay.<br>Contraceptive drugs and devices are subject to the pharmacy copay. | For a 30-day supply:<br>**Generic**: $15 copay<br>**Brand:** $30 copay<br>Contraceptive drugs and devices are covered subject to the pharmacy copay. | For a 34-day supply:<br>**Generic**: $5 copay<br>Some generic maintenance drugs dispensed as greater of 34-day supply or 100 units.<br>Preferred brand-name: $10 copay.<br>Non-preferred: $25 copay.<br>Many contraceptive products are covered. IUD and Depo Provera are covered under the medical plan benefits.<br><br>Pharmacy out-of-pocket maximum of $1,200 per individual or $3,600 per family. | Not covered | For a 31-day supply:<br>**Generic**: $5 copay<br>**Preferred brand name:** $10 copay.<br>Non-preferred drugs: $25 copay.<br>Many contraceptive products are covered. IUD and Depo Provera are covered under the medical plan benefit.<br><br>Pharmacy out-of-pocket maximum of $1,200 per individual or $3,600 per family. | Not covered |

| Group Health Cooperative (GHC) | | City of Seattle Traditional Plan | | City of Seattle Preventive Plan | |
|---|---|---|---|---|---|
| **Standard Plan** | **Deductible Plan** | **Aetna In-Network** | **Out-of-Network** | **Aetna In-Network** | **Out-of-Network** |
| **Preventive Care** | | | | | |
| Paid at 100% . Covers adult physical and well child exam, most immunizations, digital rectal exam/prostate-specific antigen test, colorectal cancer screening, pap smear exam, and mammogram. | Paid at 100% after $20 copay,. Covers adult physical and well child exams, most immunizations,digital rectal exam/prostate-specific antigen test, colorectal cancer screening, pap smear exam, and mammogram. | Paid at 80% for mammograms. Other preventive services not covered. | Paid at 60% for mammograms. Other preventive services not covered. | Paid at 100% for routine physical exams, well child care, immunizations, well woman care and mammograms. | Paid at 70% for well woman care and mammograms. No other preventive services are covered. |
| **Rehabilitation Services** (inpatient) | | | | | |
| Paid at 100% | Paid at 100% | Paid at 80% | Paid at 60% | Paid at 100% | Paid at 70% after $200 copay |
| Maximum of 60 days per calendar year for occupational, speech, and physical therapy. | Maximum of 60 days per calendar year for occupational, speech, and physical therapy. | | | Maximum 120 days per calendar year for skilled nursing and rehab services in- and out-of-network combined. | |
| **Rehabilitation Services** (outpatient) | | | | | |
| Paid at 100% | Paid at 100% after $20 copay, deductible applies | Paid at 80% | Paid at 60% | Paid at 100% after $5 copay | Paid at 70% |
| Maximum of 60 visits per calendar year for occupational, speech, and physical therapy. | Maximum of 60 visits per calendar year for occupational, speech, and physical therapy. | Coinsurance does not apply to the annual out-of-pocket maximum. Maximum calendar year benefit of 35 visits for physical/massage, speech, occupational and cardiac/pulmonary therapy for in-network and out-of-network combined. | | Benefit includes physical/massage, speech, occupational and cardiac/pulmonary therapy. Maximum of 20 visits for each of the above listed benefits per calendar year for in-network and out-of-network combined. | |
| **Skilled Nursing Facility** | | | | | |
| Paid at 100%. 60 day maximum per calendar year. | Paid at 100%; 60 day maximum per calendar year, deductible applies. | Paid at 80% | Paid at 60% | Paid at 100% | Paid at 70% |
| | | Maximum of 90 days per calendar year for in- and out-of-network combined. | | Maximum of 120 days per calendar year for in- and out-of-network combined | |
| **Smoking Cessation** | | | | | |
| Paid at 100% for individual/group sessions through Quit For Life. Nicotine replacement therapy included in Prescription Drugs benefit. No co-pay for all smoking cessation prescription drugs through mail-order. | Paid at 100% for individual/group sessions through Quit For Life. Nicotine replacement therapy included in Prescription Drugs benefit. No copay for all smoking cessation prescription drugs through mail-order. | Lifetime maximum of one 90-day supply of smoking cessation aids or drugs. See Prescription Drugs, retail. | Not covered. | Not covered. | Not covered |

| Group Health Cooperative (GHC) | | City of Seattle Traditional Plan | | City of Seattle Preventive Plan | |
|---|---|---|---|---|---|
| **Standard Plan** | **Deductible Plan** | **Aetna In-Network** | **Out-of-Network** | **Aetna In-Network** | **Out-of-Network** |
| **Spinal Manipulations** | | | | | |
| Paid at 100%<br>Self-referral to GHC designated providers.<br>Must meet GHC protocol.<br><br>Maximum of 10 visits per calendar year. | Paid at 100% after $20 copay, deductible applies.<br>Self-referral to GHC designated providers.<br>Must meet GHC protocol. | Paid at 80%<br><br>Maximum of 10 visits per calendar year for in-network and out-of-network combined | | Paid at 100% after $5 copay<br><br>Maximum of 20 visits per calendar year for in-network and out-of-network combined. | Paid at 70% |
| **Sterilization Procedures** | | | | | |
| Covered in full | $20 copay , deductible applies | Paid at 80% | Paid at 60% | Inpatient: Paid at 100%<br>Outpatient: Paid at 100% after $5 copay. | Paid at 70% |
| **Tooth Injury** (due to accident) | | | | | |
| Not covered. | Not covered | Paid at 80%<br>$600 maximum per occurrence. | | Inpatient: Paid at 100%<br>Outpatient: Paid at 100% after $5 copay. | Paid at 70% |
| **Vision Exam/Hardware** | | | | | |
| Vision exam every 12 months: Covered in full<br><br>Additional coverage provided under VSP. | Vision exam every 12 months: Paid at 100% after $20 copay<br><br>Hardware: not covered<br><br>Additional coverage provided under VSP. | Covered under VSP. | | Covered under VSP. | |
| **X-ray and Lab Tests (Outpatient)** | | | | | |
| Paid at 100% | Paid at 100%, deductible applies | Paid at 80% | Paid at 60% | Paid at 100% | Paid at 70% |

* Applies to Aetna -- Recognized charges are the lower of the provider's usual charge for performing a service, and the charge Aetna determines to be the recognized charge percentage in the geographic area where the service is provided.

**Plan details are your medical plan booklet** at seattle.gov/personnel/resources/benefits_documents.asp**. This document is not a contract.**

# Paying Out-of-Network Claims

The following is an explanation of how out-of-network claims are paid by Aetna. This will explain how “Recognized Charges” are used, and how the amount that you are “balance billed” is calculated.

**Explanation of Terms**

**Recognized Charge -** The charge determined by Aetna on a semiannual basis to be in the 70th percentile of the charges made for a service or supply by providers in the geographic area where it is furnished. The 70th percentile is determined by the maximum amount that 70% of providers charge for a particular service in the geographic area where the service is provided. For example, if 70% of the doctors in a specific area charge $100 or less for an office visit, the Recognized Charge at the 70th percentile would be $100.

**Out-of-network reimbursement level** – The percentage of the “Recognized Charge” that Aetna will reimburse an out-of-network provider. Aetna uses 60% of the “Recognized Charge” for most eligible claims. The member pays the remaining 40% of the “Recognized Charge.”

**Out-of-network provider** – A provider who does not have a contractual reimbursement relationship with Aetna. When Aetna receives a claim from an out-of-network provider, Aetna determines the “Recognized Charge” and pays 60% of that amount if the out-of-pocket maximum has not been satisfied, even though the provider may actually charge more that the “Recognized Charge.”

# Health Care Premiums

## 2014 Premium Sharing

Effective January 1, 2014, you will pay the monthly premium amount listed below. The table also shows the total premium amount each month for each employee's coverage, and the City's contribution.

| | **Total Monthly Premium** | **Employee, with or without children** | |
|---|---|---|---|
| | | **City Pays** | **Employee Pays** |
| **Medical Plan** | | | |
| City of Seattle Preventive | $1,434.19 | $1,362.49 | $71.70 |
| City of Seattle Traditional | | | |
| LEOFF 1 | $1,063.94 | $1,010.74 | $53.20 |
| LEOFF 2 | $1,278.71 | $1,214.77 | $63.94 |
| Group Health Standard | $1,327.00 | $1,061.60 | $265.40 |
| Group Health Deductible | $983.65 | $934.47 | $49.18 |

Your premium will be divided into two equal payments and taken from the first two pay checks of the month for the current month's coverage. (For example, deductions taken in January will pay for January coverage.) No premiums are deducted from the third paycheck. Premiums are deducted on a pre-tax basis, reducing your taxable income.

*Provided they are IRS tax dependents.

# Health Care Premiums

| | |
|---|---|
| **Enrolling Spouse/DP** | To cover a spouse or domestic partner (and tax dependents of your domestic partner), you must complete a Benefit Election form and an Affidavit of Marriage/ Domestic Partnership. |
| **Spouse/DP/ Dependents Who are IRS Tax Dependents** | If they are IRS tax dependents, the rate information on the previous page applies. If you enroll your domestic partner and your domestic partner's children, you will be taxed on the value of their medical coverage if they are not your tax dependents. (The value of the benefits will be imputed to your gross income.) |
| **DP/Dependents Who are <u>Not</u> IRS Tax Dependents** | **Imputed Income for Value of Health Coverage**<br>If your domestic partner, or your domestic partner's non-IRS tax dependent's children do not qualify as your IRS tax dependents, you will be taxed on the City-paid **value** of their medical, dental and vision coverage as required by IRS regulations. The following amounts will be listed on your paycheck as taxable income each month and are subject to federal income and Social Security tax withholding. These values have been adjusted to reflect the premium amounts taken after-tax so you are not taxed twice.<br><br>**Domestic Partner Coverage Information**<br>If your domestic partner or your domestic partner's non-IRS tax dependent's children do not qualify as your IRS tax dependents, the following amounts will be listed on your paycheck as taxable income each month and are subject to federal income and Social Security tax withholding. (These values have been adjusted to reflect the premium amounts taken after-tax so you are not taxed twice.) |

# Health Care Premiums

**DP/Dependents Who are Not IRS Tax Dependents (cont'd.)**

**Taxable Benefit Amount – (with DDWA)**

**Medical/Dental/Vision Coverage Values with Dental Dental of Washington Coverage**

| **2014 Monthly Taxable Values of City Coverage Provided to:** Your Non-IRS Tax Dependent Domestic Partner/ or Your Domestic Partner's Non-IRS Tax Dependent's Child | | |
|---|---|---|
| **Type of Coverage** | **Domestic Partner Taxable Amount** | **Taxable Amount Per Child** |
| Preventive Plan | $818.06 | $327.23 |
| Traditional Plan | $729.38 | $291.75 |
| GHC Standard | $756.92 | $302.77 |
| GHC Deductible | $561.07 | $224.43 |
| DDWA Coverage | $71.54 | $50.08 |
| Vision Coverage | $16.11 | $11.28 |
| **Total Taxable Value with DDWA & VSP Plan** | | |
| Preventive Plan | $905.71 | $388.59 |
| Traditional Plan | $816.89 | $353.11 |
| GH Standard Plan | $844.43 | $364.13 |
| GH Deductible Plan | $648.58 | $285.79 |

# Health Care Premiums

**DP/Dependents Who are Not IRS Tax Dependents (cont'd.)**

**Taxable Benefit Amount – (with DHS)**

**Medical/Dental/Vision Coverage Values with Dental Health Services Coverage**

| **2014 Monthly Taxable Values of City Coverage Provided to:** Your Non-IRS Tax Dependent Domestic Partner or Your Domestic Partner's Non-IRS Tax Dependent's Child | | |
|---|---|---|
| **Type of Coverage** | **Domestic Partner Taxable Amount** | **Taxable Amount Per Child** |
| Preventive Plan | $818.06 | $327.23 |
| Traditional Plan | $729.38 | $291.75 |
| GHC Standard | $756.92 | $302.77 |
| GHC Deductible | $561.07 | $224.43 |
| DHS Coverage | $93.76 | $65.63 |
| Vision Plan | $16.11 | $11.28 |
| **Total Taxable Value with DHS & VSP Plan** | | |
| Preventive Plan | $927.93 | $404.14 |
| Traditional Plan | $839.25 | $368.66 |
| GH Standard Plan | $866.79 | $379.68 |
| GH Deductible Plan | $670.94 | $301.34 |

# Prescription Drug Coverage

| | |
|---|---|
| | **Prescription Drug Retail Program**<br><br>Aetna classifies medications into three tiers:<br>• Generic<br>• Preferred brand-name<br>• Non-preferred brand-name<br><br>Group Health Cooperative uses two classifications:<br>• Generic<br>• Preferred brand-name (no coverage for non-preferred brands) |
| **Preventive and Traditional Plans (Aetna)** | With the Aetna plans, at a retail pharmacy you pay a $5 copay for generic drugs, a $10 copay for preferred drugs, and a $25 copay for non-preferred brand-name drugs. There is a $1,200 annual out-of-pocket maximum per member for retail drugs or $3,600 per family.<br><br>If you fill your prescriptions through mail order, you pay a $10 copay per 90-day supply for generic drugs, $20 copay for preferred brand-name drugs, and $50 for non-preferred brand-name drugs.<br><br>Present your medical plan ID card at any Aetna network retail pharmacy. Prescriptions filled at a non-network pharmacy will not be covered. You may contact the toll-free Member Services number on the back of your ID card to find a participating pharmacy, or check the website AetnaNavigator.com |
| **Group Health Cooperative Plans** | You are responsible for a $3 copay with the Standard plan. On the Deductible plan you pay a $15 for generic drugs and a $30 copay for brand name drugs. All prescriptions must be filled at a GHC pharmacy. Prescriptions filled at any non-GHC pharmacy will not be covered.<br><br>You may order 90-day prescriptions by mail order; you pay a $9 copay with the Standard Plan. With the Deductible Plan, you pay a $30 copay for generic drugs, and a $60 copay for preferred brand-name drugs.<br><br>See next page for more detailed information about prescription drug coverage. |

| Prescription Drug Coverage Comparison | | | | |
|---|---|---|---|---|
| **Plan Features** | **GHC Standard** | **GHC Deductible** | **Aetna Preventive** | **Aetna Traditional** |
| **Annual out-of-pocket Maximum** | Rx copays do not apply to out-of-pocket maximum. | Rx copays do not apply to out-of-pocket maximum. | $1,200 | $1,200 |
| **Retail** | | | | |
| • **Days Supply** | 30-day | 30-day | 34-day | 31-day |
| • **Coinsurance** | You pay $3 copay. | You pay $15 copay for formulary generic drugs; $30 copay for brand name drugs. | You pay $5 copay for generic drugs; $10 copay for brand name drugs, and $25 for non-preferred drugs | You pay $5 copay for generic drugs; $10 copay for brand name drugs, and $25 for non-preferred drugs |
| • **Out-of-Network** | Not covered | Not covered | Not covered | Not covered |
| **Mail Order** | | | | |
| • **Coinsurance** | $9 copay per 90-day supply | $30 copay per 90-day supply for formulary generic drugs and $60 copay for brand-name drugs. | $10 copay per 90-day supply for generic drugs and $20 copay for preferred brand-name drugs and $50 copay for non-preferred drugs. | $10 copay per 90-day supply for generic drugs and $20 copay for preferred brand-name drugs and $50 copay for non-preferred drugs. |

# Dental Plan Options

| | |
|---|---|
| | There are two dental plans: Delta Dental of Washington (DDWA) and Dental Health Services (DHS).<br><br>**Delta Dental of Washington**<br>If you select DDWA, you can receive services from any dentist, but your out-of-pocket expenses may be lower if you choose a dentist who belongs to the DDWA network.<br><br>Selecting a DDWA dentist means:<br><br>• The portion of the dentist bill you pay is smaller than if you use a non-network dentist.<br>• You do not need to submit a claim - the dentist's office will submit the claim form.<br>• After you pay your portion of the bill, the dentist will not bill you more for a covered service. (A non-DDWA dentist may bill you for the portion of the bill that DDWA does not cover.) |
| **Payment of Routine Care Benefits** | The DDWA Incentive program is designed to promote regular dental care by increasing from one incentive period to the next, the amount paid for preventive care and regular visits. During the first incentive period, the payment level for covered and allowable Preventive and Diagnostic (routine care) benefits will be 70 percent even if you had DDW coverage through a previous employer. This payment level increases by 10 percent — up to a maximum of 100 percent — each successive incentive period in which routine care benefits are used at least once by the eligible person(s). If the once-a-year visit is missed, the payment level will be decreased by 10 percent for each period during which routine care benefits are not used. In no event will the payment level be less than 70 percent. |
| **Orthodontia** | DDWA offers orthodontia benefits for adults and children. Pre-treatment estimates are recommended. The orthodontia benefit is paid at a 50% level to a lifetime maximum of $2,000 for each eligible person. |
| **Plan Ahead** | Use your medical Flexible Spending Account to pay your portion of orthodontia with pretax dollars. |

# Dental Plan Options

| | |
|---|---|
| | **Dental Health Services**<br>The Dental Health Services Plan provides greater benefits for services received in network than if you enroll in DDWA, but the DHS network of participating dentists is smaller and you must see a participating network dentist in order for services to be covered.<br>Selecting a Dental Health Services dentist means:<br>• There are no deductibles or annual maximums.<br>• Coverage does not decrease if you do not visit your dentist regularly. |
| **Payment of Basic Services** | This plan has an office visit copay of $5 for all employees for the first 3 years of employment. There are also copays for selected services. The plan comparison on the next page lists services and copay requirements. |
| **Orthodontia** | DHS offers both child and adult (age 25 and over) orthodontia. Orthodontia charges include: a copayment of $400, a $150 charge for the initial exam, study models and X-rays. |
| **Plan Ahead** | Use your medical Flexible Spending Account to pay your portion of orthodontia with pretax dollars. |
| **Dental Plan Comparison** | The table on the next page compares the coverages offered by the two dental plans. |

# Dental Plan Comparison

| Plan Features | Delta Dental of Washington (DDWA) | Dental Health Services (DHS) |
|---|---|---|
| **Calendar Year Deductible** | $0 | $0 |
| **Annual Maximum Benefit** | $1,500 per person per year | No Annual Maximum. |
| **Diagnostic and Preventive** (routine and emergency exams, x-rays, cleaning, fluoride treatment, sealants) | Class I:<br>Incentive payments levels<br>1st Year – 70%<br>2nd Year – 80%<br>3rd Year – 90%<br>4th Year – 100%<br>Incentive level only increases if plan is used; will decrease if not used. | $5 office visit copay for first three years of employment.<br>Paid at 100%.<br>Two additional cleanings for pregnant women, up to four cleanings. |
| **Inlays** (Fillings) | Class II: Paid at incentive levels shown above | Composite fillings for all teeth covered at no extra charge. |
| **Crowns, Onlays** | Class II: Paid at incentive levels shown above | $50 noble, $80 high noble or titanium, $125 upgraded, specialized porcelain if applicable per unit. (Non-specialized porcelain is paid at 100%) |
| **Prosthodonic Services** (Dentures, Bridges) | Class III: Constant 50% | Dentures: Paid at 100% except for upgrades.<br>Bridges<br>$50 noble, $80 high noble or titanium, $125 upgraded, specialized porcelain if applicable per unit. (Non-specialized porcelain paid at 100%) |
| **Orthodontia** | Available for Child & Adult | Available for Child & Adult |
| | Plan pays 50% up to lifetime maximum of $2,000.<br><br>Benefits provided for eligible employees, spouse/partner, and dependent unmarried children under age 26 (through 25) | $400 copay.<br>$150 pre-orthodontic service copay, which includes:<br>Initial orthodontic exam: $25<br>Study models/x-rays: $125<br><br>Benefits provided for eligible employees, spouse/partner, and dependent unmarried children under age 26 (through 25) |
| **Choice of Providers** | In-Network: Any contracted provider.<br>Out-of-Network: Expenses paid will be based on actual charges or Washington Dental Service's maximum allowable fees for nonparticipating dentists, whichever is less. You will be responsible for any balance remaining. | In-Network: Any contracted provider or specialist in the DHS network.<br><br>Out-of-Network: No out-of-network coverage. |

| Dental Plan Comparison (continued) | | |
|---|---|---|
| **Plan Features** | **Delta Dental of Washington (DDWA)** | **Dental Health Services (DHS)** |
| **Periodontics** (surgical and nonsurgical procedures for treatment of the tissues supporting the teeth) | Class II: Paid at incentive levels shown above | Paid at 100% after applicable copay |
| **Endodontics** (procedures for pulpal and root canal treatment) | Class II: Paid at incentive levels shown above. Root canal treatment of same tooth covered only once in a 2-year period. | Paid at 100% after applicable copay |
| **Oral Surgery** (routine and surgical extractions) | Class II: Paid according to incentive payment levels shown above. | Paid at 100% |
| **Temporomandibular Joint (TMJ) Disorders** | Not covered | $1,000 annual maximum<br>$5,000 lifetime maximum |
| **Dental Implants** | Class III: Constant 50% | Call DHS Office for details – fees apply |
| **Other** | Class III: Occlusal (night guard) covered at 50% if patient has advanced gum disease | Occlusal (night guard) with $350 copay |

**2014 Monthly Dental Premiums for Most City Employees**

| Dental Plan | Total Monthly Premium Amount | Employee's Monthly Premium Contribution | |
|---|---|---|---|
| | | **Coverage for Employee with or without children** | **Coverage for Employee with Spouse/Domestic Partner with or without children** |
| Washington Dental Service | $132.37 | $0 | $0 |
| Dental Health Services | $173.50 | $0 | $0 |

**New Employees:** Remember - You have 31 days from your hire date to enroll in the medical, dental, vision and most optional insurance plans.

| Vision Coverage | |
|---|---|
| **VSP**<br><br>**Plan Ahead** | The City offers a vision plan through VSP, which is fully paid by the City.<br><br>If you use a VSP doctor, you will receive the benefits listed in the following table. If you use a non-VSP provider, the Plan will reimburse you for expenses in the amounts shown.<br><br>Lens options such as scratch coating, anti-reflective coating, and high density plastic are not covered by either plan. If you want any features not covered by a vision plan, plan ahead and use your FSA to pay for it with pre-tax dollars. |

## Vision Benefits

| **Plan Feature** | **Coverage by Doctor** | |
|---|---|---|
| | **VSP Doctor** | **Non-VSP Doctor** |
| ***Eye exam*:**<br><br>Covered each calendar year | $10 copay (copay also covers prescription lenses and frames) | $10 copay (copay also covers prescription lenses and frames). Up to $40 for exam only. |
| ***Lenses and Frames*:**<br><br>Covered every calendar year | $10 copay.<br>(Copay also covers exam).<br>Complete prescription glasses and special lens options discounted by 20% and covered up to $200 of retail cost. | $10 copay (Copay also covers exam). Up to $200 of retail costs |
| **Contact Lenses:**<br>Covered every calendar year (in lieu of glasses) | Covered up to $200 of retail cost and 15% discount on covered materials and professional services (eye exam covered under eye exam benefit with copay). | Elective contact lenses covered up to $200 of retail cost. |
| **Other:** | Lens options such as scratch coating, anti-reflective coating, or high density plastic not covered. | |

**2014 Monthly Vision Premiums for Most City Employees**

| Vision Plan | Total Monthly Premium Amount | Employee's Monthly Premium Contribution | |
|---|---|---|---|
| | | Coverage for Employee with or without children | Coverage for Employee with Spouse/Domestic Partner with or without children |
| **VSP Basic Plan** | $29.81 | $0 | $0 |

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**Vision coverage is also included in the Group Health Plans**

**The Deductible plan** pays for an exam only (after a $20 copay).

**The Standard plan** offers a routine eye examination and a benefit of $100 per 24 month period for hardware. Benefits may be used toward the following in any combination, during the benefit period, until the benefit maximum benefit of $100 per 24 month period is exhausted.

- Eyeglass frames
- Eyeglass lenses (any type) including tinting and coating
- Corrective industrial (safety) lenses
- Sunglass lenses and frames when prescribed by an eye care provider for eye protection or light sensitivity
- Corrective contact lenses in the absence of eye pathology (disease of the eye), including associated fitting and evaluation examinations
- Replacement frames, for any reason, including loss or breakage
- Replacement contact lenses
- Replacement eyeglass lenses

The benefit period begins on the date the glasses or contact lenses are ordered and continues for consecutive 24 months. Contact lenses for eye pathology, including following cataract surgery, are covered in full except as explained above.

**Exclusions:** Evaluation and surgical procedures to correct refraction, which are not related to eye pathology, are not covered. Complications directly related to this type of surgery would also not be covered.

**New Employees:** Remember - You have 31 days from your hire date to enroll in the medical, dental, vision and optional insurance plans.

# Optional Insurance

| | |
|---|---|
| **Optional Insurance Choices** | The following are two optional insurance choices*. The City of Seattle offers Basic Group Term Life and Accidental Death and Dismemberment insurance. The City shares the cost of Group Term Life Insurance with you, and the Accidental Death and Dismemberment premium is paid in full by the employee.<br><br>You can purchase insurance coverage within 31 days of your hire date, during an Open Enrollment period, or within 31 days of a qualifying change in family status.<br><br>• Life insurance for yourself and family members<br>• Accidental Death and Dismemberment (AD&D) insurance for yourself and family members<br><br>***NOTE**: Long-Term Disability Insurance is provided by the Seattle Police Officer's Guild. Enrollment is mandatory. Call (206) 767-1150 for details. |

# Optional Insurance – Group Term Life

| | |
|---|---|
| **Group Term Life (GTL) Insurance** | The City benefits program offers Basic Term Life Insurance. You can sign up for Group Term Life Insurance within 31 days of your hire date, during an Open Enrollment period, or within 31 days of a qualifying change in family status. |
| **Basic Life Insurance** | This optional coverage provides you with a Term Life Insurance benefit amount equal to one-and-a-half times your annual salary. The City contributes 40% of the cost and you pay the remaining 60% of the cost. A table with information regarding the monthly cost of Basic Term Life Insurance follows.<br><br>If you sign up for Basic Term Life Insurance as a new employee, you are guaranteed coverage. However, if you sign up for it later, you will be required to complete a Medical History Statement, which must be approved by the insurance company before your life insurance takes effect. If you have certain health conditions, you could be denied coverage. |
| **How Much Will Coverage Cost?** | Your coverage amount is equal to your annual salary, rounded up to the next $1,000 increment, multiplied by 1.5. Your monthly premium equals $0.066 times each $1,000 of coverage.<br><br>For example, if your salary is $78,600 per year, round it up to $79,000. Your coverage amount is $118,500 (Calculation: $79,000 x 1.5 = $118,500). Your premium is $7.78 per month (Calculation: $0.066 x 118).<br><br>This policy includes a conversion privilege which allows you to continue some level of coverage if you leave City employment. Conversion is guaranteed, which means you can continue the policy regardless of any existing medical condition. It is more costly because of this provision, but could allow you to maintain coverage when you otherwise might not qualify for new life insurance coverage. |
| **Limited Basic Life Insurance** | IRS rules state that the value of Basic Life Insurance over $50,000, which is paid for by the City, is taxable. Because the City pays 40% of the cost for your Basic Term Life Insurance, you may have some taxable value. If you do, the amount on which you pay taxes will be shown on your second paycheck each month. You may limit your Basic Term Life Insurance coverage amount to $50,000 to avoid the additional taxes by signing a notarized Waiver form available from your department Human Resources Representative. |

# Optional Insurance – Group Term Life

| | Basic Group Life Insurance Costs | | | | |
|---|---|---|---|---|---|
| **Costs for Basic Life Insurance (based on employee's annual earnings)** | **Employee's Annual Earnings** | **Amount of Insurance** | **Employee Monthly Premium** | **City Monthly Premium** | **Total Monthly Premium** |
| | $29,000.01 – $30,000 | $45,000 | $2.97 | $1.98 | $4.95 |
| | $30,000.01 – $31,000 | $46,500 | $3.07 | $2.05 | $5.12 |
| | $31,000.01 – $32,000 | $48,000 | $3.17 | $2.11 | $5.28 |
| | $32,000.01 – $33,000 | $49,500 | $3.27 | $2.18 | $5.45 |
| | **GTL Limited** | $50,000 | $3.30 | $2.20 | $5.50 |
| | $33,000.01 – $34,000 | $51,000 | $3.37 | $2.24 | $5.61 |
| | $34,000.01 – $35,000 | $52,500 | $3.47 | $2.31 | $5.78 |
| | $35,000.01 – $36,000 | $54,000 | $3.56 | $2.38 | $5.94 |
| | $36,000.01 – $37,000 | $55,500 | $3.66 | $2.44 | $6.11 |
| | $37,000.01 – $38,000 | $57,000 | $3.76 | $2.51 | $6.27 |
| | $38,000.01 – $39,000 | $58,500 | $3.86 | $2.57 | $6.44 |
| | $39,000.01 – $40,000 | $60,000 | $3.96 | $2.64 | $6.60 |
| | $40,000.01 – $41,000 | $61,500 | $4.06 | $2.71 | $6.77 |
| | $41,000.01 – $42,000 | $63,000 | $4.16 | $2.77 | $6.93 |
| | $42,000.01 – $43,000 | $64,500 | $4.26 | $2.84 | $7.10 |
| | $43,000.01 - $44,000 | $66,000 | $4.36 | $2.90 | $7.26 |
| | $44,000.01 - $45,000 | $67,500 | $4.46 | $2.97 | $7.43 |
| | $45,000.01 - $46,000 | $69,000 | $4.55 | $3.04 | $7.59 |
| | $46,000.01 - $47,000 | $70,500 | $4.65 | $3.10 | $7.76 |
| | $47,000.01 - $48,000 | $72,000 | $4.75 | $3.17 | $7.92 |
| | $48,000.01 - $49,000 | $73,500 | $4.85 | $3.23 | $8.09 |
| | $49,000.01 – $50,000 | $75,000 | $4.95 | $3.30 | $8.25 |
| | $50,000.01 – $51,000 | $76,500 | $5.05 | $3.37 | $8.42 |
| | $51,000.01 – $52,000 | $78,000 | $5.15 | $3.43 | $8.58 |
| | $52,000.01 – $53,000 | $79,500 | $5.25 | $3.50 | $8.75 |
| | $53,000.01 – $54,000 | $81,000 | $5.35 | $3.56 | $8.91 |
| | $54,000.01 – $55,000 | $82,500 | $5.45 | $3.63 | $9.08 |
| | $55,000.01 – $56,000 | $84,000 | $5.54 | $3.70 | $9.24 |
| | $56,000.01 – $57,000 | $85,500 | $5.64 | $3.76 | $9.41 |
| | $57,000.01 – $58,000 | $87,000 | $5.74 | $3.83 | $9.57 |
| | $58,000.01 – $59,000 | $88,500 | $5.84 | $3.89 | $9.74 |
| | $59,000.01 – $60,000 | $90,000 | $5.94 | $3.96 | $9.90 |
| | $60,000.01 – $61,000 | $91,500 | $6.04 | $4.03 | $10.07 |
| | $61,000.01 – $62,000 | $93,000 | $6.14 | $4.09 | $10.23 |
| | $62,000.01 – $63,000 | $94,500 | $6.24 | $4.16 | $10.40 |
| | $63,000.01 – $64,000 | $96,000 | $6.34 | $4.22 | $10.56 |
| | $64,000.01 – $65,000 | $97,500 | $6.44 | $4.29 | $10.73 |
| | $65,000.01 – $66,000 | $99,000 | $6.53 | $4.36 | $10.89 |
| | $66,000.01 – $67,000 | $100,500 | $6.63 | $4.42 | $11.06 |
| | $67,000.01 – $68,000 | $102,000 | $6.73 | $4.49 | $11.22 |

# Optional Insurance – Group Term Life

| Basic Group Life Insurance Costs - *Continued* | | | | |
|---|---|---|---|---|
| **Employee's Annual Earnings** | **Amount of Insurance** | **Employee Monthly Premium** | **City Monthly Premium** | **Total Monthly Premium** |
| $68,000.01 – $69,000 | $103,500 | $6.83 | $4.55 | $11.39 |
| $69,000.01 – $70,000 | $105,000 | $6.93 | $4.62 | $11.55 |
| $70,000.01 – $71,000 | $106,500 | $7.03 | $4.69 | $11.72 |
| $71,000.01 – $72,000 | $108,000 | $7.13 | $4.75 | $11.88 |
| $72,000.01 - $73,000 | $109,500 | $7.23 | $4.82 | $12.05 |
| $73,000.01 - $74,000 | $111,000 | $7.33 | $4.88 | $12.21 |
| $74,000.01 - $75,000 | $112,500 | $7.43 | $4.95 | $12.38 |
| $75,000.01 - $76,000 | $114,000 | $7.52 | $5.02 | $12.54 |
| $76,000.01 - $77,000 | $115,500 | $7.62 | $5.08 | $12.71 |
| $77,000.01 - $78,000 | $117,000 | $7.72 | $5.15 | $12.87 |
| $78,000.01 - $79,000 | $118,500 | $7.82 | $5.21 | $13.04 |
| $79,000.01 - $80,000 | $120,000 | $7.92 | $5.28 | $13.20 |
| $80,000.01 - $81,000 | $121,500 | $8.02 | $5.35 | $13.37 |
| $81,000.01 - $82,000 | $123,000 | $8.12 | $5.41 | $13.53 |
| $82,000.01 - $83,000 | $124,500 | $8.22 | $5.48 | $13.70 |
| $83,000.01 - $84,000 | $126,000 | $8.32 | $5.54 | $13.86 |
| $84,000.01 - $85,000 | $127,500 | $8.42 | $5.61 | $14.03 |
| $85,000.01 - $86,000 | $129,000 | $8.51 | $5.68 | $14.19 |
| $86,000.01 - $87,000 | $130,500 | $8.61 | $5.74 | $14.36 |
| $87,000.01 - $88,000 | $132,000 | $8.71 | $5.81 | $14.52 |
| $88,000.01 - $89,000 | $133,500 | $8.81 | $5.87 | $14.69 |
| $89,000.01 - $90,000 | $135,000 | $8.91 | $5.94 | $14.85 |
| $90,000.01 - $91,000 | $136,500 | $9.01 | $6.01 | $15.02 |
| $91,000.01 - $92,000 | $138,000 | $9.11 | $6.07 | $15.18 |
| $92,000.01 - $93,000 | $139,500 | $9.21 | $6.14 | $15.35 |
| $93,000.01 - $94,000 | $141,000 | $9.31 | $6.20 | $15.51 |
| $94,000.01 - $95,000 | $142,500 | $9.41 | $6.27 | $15.68 |
| $95,000.01 - $96,000 | $144,000 | $9.50 | $6.34 | $15.84 |
| $96,000.01 - $97,000 | $145,500 | $9.60 | $6.40 | $16.01 |
| $97,000.01 - $98,000 | $147,000 | $9.70 | $6.47 | $16.17 |

# Optional Insurance – Group Term Life

| | |
|---|---|
| **Supplemental Life Insurance** | The City offers an additional life insurance option—Supplemental Term Life. As long as you are enrolled for Basic Term Life Insurance, you may purchase Supplemental Life Insurance for yourself and your eligible family members. You pay the entire cost for Supplemental Term Life Insurance coverage. In order for your family members to be covered, you must first enroll yourself.<br><br>This coverage is subject to various election rules:<br><br>• You may purchase up to four times your base salary in Supplemental Term Life Insurance for yourself. The amount is rounded down to the nearest $5,000. For example, if your salary is $34,000 and you purchase one times your base salary, your actual coverage amount is $30,000.<br>• To cover your spouse/domestic partner, you may purchase in multiples of $5,000 up to a maximum of 50% of the amount of coverage you purchase on yourself. For example, if you purchase $120,000 of Supplemental Term Life Insurance on yourself, you may purchase up to $60,000 of coverage for your spouse/domestic partner.<br>• You may purchase $2,000, $5,000 or $10,000 of coverage for each child of your children. Children may be covered until their 21st birthday, or 25th birthday if they are full-time students. Coverage cannot exceed 50% of the amount of supplemental coverage you purchase for yourself.<br><br>Election rules also state:<br>• If the Supplemental Term Life Insurance maximum of four times your basic salary exceeds $1,000,000 when added to the amount of your Basic Life Insurance, you will need to complete and submit a Medical History Statement regardless of when you enroll.<br>• If you do not sign up when first eligible, you must submit a Medical History Statement and your coverage will be subject to approval.<br>• When you are first eligible, you can purchase up to $50,000 in Supplemental insurance for your spouse/domestic partner without a Medical History Statement. If you want to purchase more than $50,000 on your spouse/domestic partner, he or she must submit a Medical History Statement. If you wait for Open Enrollment, a Medical History Statement will be required and must be approved for any amount. |

# Optional Insurance– Group Term Life

Costs for Supplemental Term Life Insurance for you and your spouse/domestic partner are based on **your** age. Costs for covering eligible children are fixed, and the monthly premium is the same regardless of how many children you cover.

**How to Decide if You Need Life Insurance**

When deciding if you should buy life insurance, ask yourself the following questions:

- Am I solely or largely responsible for the financial well-being of my family?
- Would my family need additional income to live on if something happened to me?
- Should I elect coverage now because no Medical History Statement is required but would be required later, and I might not qualify?

If you answered **yes** to these questions, you may want to consider purchasing supplemental life insurance.

**Costs for Covering Yourself and Your Spouse/ Domestic Partner for Supplemental Life Insurance**

The following tables show the cost of supplemental GTL insurance for you, your spouse/partner and your children.

| **Supplemental GTL for Employee and Spouse/Domestic Partner** | |
|---|---|
| Your Age | Monthly cost/$1,000 of coverage |
| 18-29 | $.032 |
| 30-34 | $.048 |
| 35-39 | $.064 |
| 40-44 | $.090 |
| 45-49 | $.152 |
| 50-54 | $.232 |
| 55-59 | $.360 |
| 60-64 | $.552 |
| 65+ | $.960 |

**Costs for Covering Your Children**

| **Supplemental GTL for Children** | |
|---|---|
| Amount of coverage | Monthly cost* |
| $2,000 | $0.40 |
| $5,000 | $1.00 |
| $10,000 | $2.00 |

*Cost covers all children.

# Optional Insurance – AD&D

| | |
|---|---|
| **AD&D** | To supplement your Basic Life Insurance, you may purchase Accidental Death and Dismemberment (AD&D) Insurance for yourself, spouse/domestic partner and/or children. AD&D Insurance pays a death benefit (principal sum or full insurance amount) if the insured person dies due to an accident; it also pays a percentage of the death benefit if the covered person loses a limb(s) or becomes paralyzed. For example, a person who is covered by AD&D Insurance would receive 50% of the principal sum (full insurance amount) if he/she lost a limb from an injury relating to an accident.<br><br>You can cover yourself in $25,000 increments up to $500,000. The amount of coverage for your family members is a percentage of your coverage amount. For example, John Smith has "Employee and Family" coverage for himself and his two children (no spouse). If one of his children dies, he receives a payout of 20% of the principal sum. If John had a spouse, he would receive 15% of the principal sum if his child were to die. Charts showing costs and payout percentages can be found on the next page. |
| **How to Decide if You Need AD&D** | If you don't have life insurance or other insurance plans to cover your family if something should happen to you, you may consider purchasing AD&D coverage.<br><br>**New Employees:** Remember - You have 31 days from your hire date to enroll in the medical, dental, vision and optional insurance plans. |

# Optional Insurance – AD&D

## Accidental Death & Dismemberment Costs

**Cost of AD&D for "Employee Only" and "Employee and Family" Coverage**

| | Monthly Cost to Employee: | |
|---|---|---|
| **Principal Sum:** | **Employee Only:** | **Employee and Family** |
| $25,000 | $.75 | $1.00 |
| $50,000 | $1.50 | $2.00 |
| $75,000 | $2.25 | $3.00 |
| $100,000 | $3.00 | $4.00 |
| $125,000 | $3.75 | $5.00 |
| $150,000 | $4.50 | $6.00 |
| $175,000 | $5.25 | $7.00 |
| $200,000 | $6.00 | $8.00 |
| $225,000 | $6.75 | $9.00 |
| $250,000 | $7.50 | $10.00 |
| $275,000 | $8.25 | $11.00 |
| $300,000 | $9.00 | $12.00 |
| $325,000 | $9.75 | $13.00 |
| $350,000 | $10.50 | $14.00 |
| $375,000 | $11.25 | $15.00 |
| $400,000 | $12.00 | $16.00 |
| $425,000 | $12.75 | $17.00 |
| $450,000 | $13.50 | $18.00 |
| $475,000 | $14.25 | $19.00 |
| $500,000 | $15.00 | $20.00 |

**Payout Amounts if "Employee and Family" Coverage is Selected**

| Family includes employee and: | Percentage of principal sum you receive if your spouse/partner dies | Percentage of principal sum you receive if a child dies |
|---|---|---|
| Spouse/DP Only (no children) | 60% | 0% |
| Spouse/DP & Children | 50% | 15% |
| Children Only (no spouse/DP) | 0% | 20% |

# Optional Insurance - Flexible Spending Accounts

| | |
|---|---|
| **Flexible Spending Accounts** | The City's Flexible Spending Account (FSA) Plans allow you to set aside pre-tax dollars from your paycheck ($300 annual minimum, $2,500 annual maximum for Health Care FSA plan or $5,000 for Dependent Care FSA plan) to pay for eligible expenses not covered through other benefit programs. When you put money into an FSA, you do not pay federal or Social Security taxes on it. As a result, your taxable income is reduced and your taxes are lower.<br><br>You can sign up for flexible spending accounts within 31 days of your hire date, during an Open Enrollment period, or within 31 days of a qualifying change in family status. There are two types of FSA Plans: |
| **Health Care FSA Account** | **Health Care FSA** – allows you to set aside money to pay for expenses not covered by your health plans (e.g., deductibles, copays, or expenses for orthodontia that exceed the plan maximum). Health care premiums are not eligible expenses because they are already deducted from your paycheck on a pre-tax basis. You must submit receipts for reimbursement by March 31 of the following year. |
| **Day Care FSA Account** | **Day Care FSA** – allows you to set aside money to pay for eligible day care expenses for your child, disabled spouse, or tax dependent parent (or anyone who qualifies as a dependent on your IRS tax form) while you and your spouse/domestic partner work ($5,000 annual maximum).<br><br>As you incur eligible expenses, you submit bills and receipts, and receive reimbursement up to the amount you elect to have withheld from your paychecks throughout the year. There are restrictions on the amount you can contribute and the types of expenses that can be reimbursed. Money left in the account at the end of the year cannot be refunded. |

# Workers' Compensation

| | |
|---|---|
| | If you are injured at work, you will be covered by the City's self-insured Workers' Compensation program. You are covered as soon as you start work. For more information on this program, contact your department's Human Resources Representative. |

# Work Life Programs

| | |
|---|---|
| **Employee Assistance Program (EAP)** | The EAP provides professional assistance in dealing with issues such as eating disorders, stress, family relationship concerns, work-related problems, financial issues and alcohol and drug problems. Help is available for you and your household members through Horizon Health. Services also include child care referral, elder care information, and financial and legal consultation. No enrollment is necessary.<br><br>Employees and household members can receive six visits per issue per year. Employees may use 6 **paid**, non-leave hours per year for EAP visits. (Contact your supervisor to schedule time if you want to use paid time.) To reach Horizon Health, call 1-888-272-7252 or TTY 1-888-879-8274. |
| **Quit for Life** | The City is committed to helping employees become free of tobacco, so the City fully subsidizes the cost of the Quit For Life program. Employees (and their eligible adult family members) pay nothing for the program. Even the cost of nicotine patches/gum is covered. To enroll, call Quit for Life at 1-866-QUIT-4-LIFE (1-866-784-8454). |
| **Weight Watchers** | The City of Seattle provides special savings on selected weight-loss solutions. Save 50% on Weight Watchers programs; additional $30 reimbursement each year for attending meetings at the recommendation of your physician. City employees and covered adult dependents with City medical coverage may enroll.<br><br>Enroll at wellness.weightwatchers.com with Employer ID: 62344, Employer Passcode: WW62344. You'll also need to include the Employee Number, the last 4 numbers of the participant's Social Security number, and credit card information. The address for all City of Seattle Weight Watchers' members is 700 Fifth Avenue, Seattle WA 98104.<br><br>For pricing, reimbursement form, and Weight Watchers At-Work schedule: seattle.gov/personnel/benefits/wellness/physical.asp |
| **Seattle Shares** | Seattle Shares is a year-round combined giving and volunteer program. All donations go directly to the nonprofit of your choice. Select you favorite cause or organization anywhere in the world. Sign up through Employee Self-Service for regular automatic deductions. Check inweb/seattleshares for opportunities to volunteer. |

# Work Life Programs

| | |
|---|---|
| **Alternative Dispute Resolution (ADR)** | The City's ADR Program provides dispute resolution training and services for City departments and employees to help them develop skills to prevent, resolve or manage workplace conflict in a collaborative manner. ADR can help you determine the best conflict resolution process to fit the issue at hand. Talk to a trained mediator or set up a mediation session to solve disagreements in work style, personality conflicts, or other workplace issues. This is a voluntary, confidential program. Call 206-615-0089 or 206-615-1692.<br>The TTY number is 206-684-7888. |
| **Mytrips** | The City of Seattle encourages employees to use alternatives to driving alone to work. Sworn officers are eligible to ride transit for free when showing their badge. Sworn officers who do ride transit are eligible to use the other elements of their employee commute options program.<br><br>Visit your employee transit benefit website: mytrips.seattle.gov to find out more about your program. |

# Leave Policies

**Vacation**

You earn vacation based on the number of hours you work regular (non-overtime) hours. You accumulate vacation based on a maximum of 80 hours per pay period. (See the vacation accrual chart below.) Approximately 2,088 hours of regular pay status equal one year of full-time employment. Your vacation accrual rate is 12 days per year for your first four years of service. The accrual rate gradually increases to 20 days per year after 20 years of service with an additional day per year of service thereafter to a maximum of 30 days.

You can accumulate two times your annual vacation without penalty. The amount of vacation you have earned and not used is shown on your biweekly paycheck. You may also view this information on Employee Self-Service.

You must wait six months after your initial hire date (or your most recent temporary appointment if you provided temporary service and were regularly appointed without a break in service) to take vacation. Follow your department's protocol for requesting and taking vacation.

Your unused vacation balance will be cashed out when you leave City employment, unless your collective bargaining agreement provides otherwise.

Represented Employees - see your collective bargaining agreements for provisions regarding leave policies.

If any of this information differs from the union bargaining agreement, the bargaining agreement prevails.

| Hours of Regular Pay Status | Years of Service | Vacation Accrued per Hour | Days per Year | Hours per Year | Maximum Balance |
|---|---|---|---|---|---|
| Less than 08321 | 0 to 4 | .0460 | 12 | 96 | 192 |
| 08321 to 18720 | 5 to 9 | .0577 | 15 | 120 | 240 |
| 18721 to 29120 | 10 to 14 | .0615 | 16 | 128 | 256 |
| 29121 to 39520 | 15 to 19 | .0692 | 18 | 144 | 288 |
| 39521 to 41600 | 20 | .0769 | 20 | 160 | 320 |
| 41601 to 43680 | 21 | .0807 | 21 | 168 | 336 |
| 43681 to 45760 | 22 | .0846 | 22 | 176 | 352 |
| 45761 to 47840 | 23 | .0885 | 23 | 184 | 368 |
| 47841 to 49920 | 24 | .0923 | 24 | 192 | 384 |
| 49921 to 52000 | 25 | .0961 | 25 | 200 | 400 |
| 52001 to 54080 | 26 | .1000 | 26 | 208 | 416 |
| 54081 to 56160 | 27 | .1038 | 27 | 216 | 432 |
| 56161 to 58240 | 28 | .1076 | 28 | 224 | 448 |
| 58241 to 60320 | 29 | .1115 | 29 | 232 | 464 |
| 60321 and over | 30 | .1153 | 30 | 240 | 480 |

# Leave Policies

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|---|---|
| **Sick Leave** | Sick leave is a short-term disability program that pays your wages if you must be absent from work because of your own personal illness, injury or disability which makes you temporarily unable to perform your job. You may also request sick leave compensation when you are absent because of illness, injury or disability of your spouse or domestic partner, parent, grandparent, sibling, or dependent child. Finally, you may request sick leave compensation to cover time missed for your medical or dental appointments or to accompany your eligible family member(s) to medical or dental appointments. You are eligible to use available sick leave hours after 30 days of employment.<br><br>All regularly appointed full-time employees accumulate 12 days or 96 hours of sick leave per calendar year, at the rate of .046 hours per hour on regular pay status. If you are absent more than four consecutive work days, you must submit a medical certification stating why you needed sick leave and confirming your ability to return to work. In addition, your supervisor may, with justification, require a medical certification every time you request sick leave regardless of the length of your absence. When you retire through the City of Seattle Retirement System you are eligible to receive a cash equivalent of 25 percent of unused sick leave hours, unless your union has elected to participate in VEBA or you are eligible to defer your sick leave into Deferred Compensation. Check with your HR representative. |
| **Sick Leave Transfer**<br><br>For more information on sick leave transfer, see Personnel Rule 7.7.5 and your department's policies. | The City has a sick leave transfer program. You may request to receive up to 560 hours of donated sick leave for any single qualifying incident from other employees if you meet all of the following conditions:<br><br>• You have exhausted, or will exhaust in the current pay period, your paid leave balances due to a personal illness, injury, impairment, or physical or mental condition which is likely to cause you to go on leave without pay, or to leave City employment.<br>• You provide a medical certification from your health care provider verifying the nature and expected duration of your condition and the need to be off work.<br>• You have used your sick leave balance judiciously.<br>• You are not eligible for benefits under SMC Chapter 4.44 or under the State Industrial Insurance and Medical Aid Acts.<br><br>You may also donate 8 or more sick leave hours to an approved recipient employee provided the donation will not cause your sick leave balance to fall below 240 hours. |

# Leave Policies

**Holidays**

Most City employees are eligible for 10 official paid holidays and two personal paid holidays per year. To qualify for a paid holiday, you must be on regular pay status either the day before or the day after the observed holiday. However, if you returned the day after a holiday, but had been on unpaid leave for more than four days immediately preceding the holiday, you would not be eligible for holiday pay. For more information regarding holiday leave policies, consult Personnel Rule 7.6 at http://personnelweb/personnel/policy/rule_7.6.asp and any applicable union contract.

Here is the 2014 holiday schedule.

| | |
|---|---|
| **New Year's Day** | Wednesday, 1/1/2014 |
| **Martin Luther King Jr. Day** | Monday, 1/20/2014 |
| **President's Day** | Monday, 2/17/2014 |
| **Memorial Day** | Monday, 5/26/2014 |
| **Independence Day** | Friday, 7/04/2014 |
| **Labor Day** | Monday, 9/01/2014 |
| **Veterans' Day** | Tuesday, 11/11/2014 |
| **Thanksgiving Day** | Thursday, 11/27/2014 |
| **Day following Thanksgiving** | Friday, 11/28/2014 |
| **Christmas Day** | Thursday, 12/25/2014 |
| **New Years Day 2015** | Thursday, 1/1/2015 |

You must use your two personal (floating) holidays during the calendar year or you will forfeit them.

**Emergency Day**

Some union agreements provide for an emergency day. This is a day to take care of an urgent personal situation. Check your collective bargaining agreement for more information.

# Leave Policies

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| **Floating Holidays** | You will be credited with two floating (personal) holidays on January 1 of each year. Individuals with more ten or more years of service credit receive four personal floating holidays. You may take them in full-day increments at any time with supervisory approval. Personal holidays cannot be carried over from year to year nor can they be cashed out at the end of the year. Use them or lose them!<br><br>Employees who work a 4/10 or 9/80 schedule receive eight hours pay per holiday. They must cover the difference with vacation or compensatory time, take it without pay or work flex hours. For more information, see the Personnel Rules at: personnelweb/personnel/policy/rule_7.6.asp. Represented employees should also see their collective bargaining agreements for provisions covering personal holidays. |
| **Funeral Leave** | The City provides eight hours of funeral leave, which is not chargeable to sick leave or vacation, to full-time employees attending the funeral of a close relative. An additional eight hours of funeral leave is permitted if funeral attendance requires round-trip travel of 200 miles or more. You may also take up to 32 hours chargeable to sick leave, but the combination of funeral and sick leave cannot exceed 40 hours for any single occurrence. Funeral and sick leave used for funeral attendance are prorated for part-time employees.<br><br>For purposes of funeral leave, a close relative is defined as the employee's spouse or domestic partner, and the parent, child, sibling, grandparent and grandchild of the employee or the employee's spouse or domestic partner. Step parents as well as adoptive and foster parents are included. Your department head may also approve the use of up to 40 hours of sick leave for a full-time employee to attend the funeral of a relative other than a close relative.<br><br>You may, with supervisory approval, take vacation or other discretionary leave to attend the funeral of a friend, co-worker or other individual who is not a close relative. You may also take vacation or other discretionary time off if you need additional time to settle the deceased's estate and other affairs, or to properly mourn your loss. For more information about funeral leave, see the Personnel Rules at: seattle.gov/personnel/resources/rules.asp |

# Leave Policies

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| **Military Leave** | Upon presentation of your military orders, you are eligible for up to 21 working days of paid military leave per calendar year. A "working day" for purposes of military leave is usually equivalent to your regular workday. For more information see the Personnel Rules at: seattle.gov/personnel/resources/rules.asp.<br><br>You will be granted job-protected leave to enter the United States armed services. Generally, you may be gone for up to five years. You will be returned to your job as long as you are honorably discharged and report to work within the time period specified by state and federal law. |
| **Family and Medical Leave** | The City provides up to 90 calendar days of unpaid Family and Medical Leave per year. You may receive this in addition to any paid leave for a properly certified Family and Medical Leave qualifying condition. You may take your paid leave in addition to, or instead of, the unpaid Family and Medical Leave. When you use Family and Medical Leave for the non-medical care of your newborn child or for a child who has been placed with you for foster care or adoption, you must provide 30 days advance notification, when possible. You must also write and sign a memorandum attesting to the date of the child's birth or placement with you. When you use Family and Medical Leave for your own serious health condition or to care for the serious health condition of an eligible family member, you must provide as much notification as possible. You must also submit your health care provider's certification of a serious health condition. Additionally, you will need your health care provider's release to return to work. For more information see Personnel Rule 7.1 at: seattle.gov/personnel/resources/rules.asp |
| **Sabbatical Leave** | You will be eligible to request an unpaid sabbatical leave of absence of up to 12 months after completing the equivalent of seven years of continuous full-time regular City employment. A sabbatical leave differs from a personal leave of absence in that returning to your job is guaranteed. (This guarantee is no greater than if you were not on leave.) In addition, you will receive health care benefits at the rate of one month of coverage for every year of completed employment, to a maximum of 12 months. You may also cash out any unused sick leave over 240 hours at 25% of its current value.<br><br>For additional information, go to the Personnel Rules at seattle.gov/personnel/resources/rules.asp |

# Employee Rights and Responsibilities

**Your Work Environment**

As a City employee you have a number of rights and responsibilities.

You have the right to a work environment that is free from discrimination and harassment based on race, gender, age, national origin, color, creed, gender identity, religion, ancestry or presence of any sensory, mental or physical disabilities. You should report any incident of illegal harassment or discrimination you experience or witness to the proper authority. You will find the procedure for reporting and investigating allegations of workplace harassment at personnelweb/personnel/safety/policies.asp#wvp

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**Employment**

Your position (job) is represented under the terms of a collective bargaining agreement between the City and an authorized union. You are eligible for all the rights and conditions of employment described therein. The provisions of your collective bargaining agreement will supersede any Personnel Rules, policies or procedures with which they conflict.

You have the right to compete openly for City jobs for which you are qualified. You may use City time and equipment (e.g., computers, and copiers) within reason, to participate in City job application, interview and testing processes.

**Please note:** We've made every attempt to ensure the accuracy of this information. If there is any discrepancy between this booklet, the insurance contracts, other legal documents or the terms of an authorized collective bargaining agreement, the contracts, legal documents and applicable collective bargaining agreements will always govern. The City of Seattle intends to continue these plans indefinitely but reserves the right to amend or terminate them at anytime in whole or part, for any reason, according to the amendment and termination procedures described in the legal documents. This booklet does not create a contract of employment with the City of Seattle.

# Retirement

**Deferred Compensation Savings Plan**

You may participate in the City of Seattle Voluntary Deferred Compensation Plan administered by Prudential Retirement. You may enroll any time throughout the year. The plan allows you to save a portion of your annual wages to supplement retirement funds. Contributions are made through pre-tax payroll deductions and you are immediately 100% vested in any contributions you make. You have the choice of several investment options to diversify your savings.

For more information regarding the Deferred Compensation Plan, please contact Prudential Retirement at 800-833-5761. Customer Service Representatives are available from 5:30 am to 6:00 pm Pacific Time, Monday through Friday. You can also access your account 24/7 at retirement.prudential.com.

- You may start, stop or change the amount of your deferrals (contributions) at any time at retirement.prudential.com or by calling 800.833.5761.
- You may contribute as little as $10 per pay period and as much as 50% of your annual taxable income up to the annual limit published on seattle.gov/personnel/benefits/retirement/deferredcomp.asp
- You do not pay federal income tax on your money until it is withdrawn.
- You can apply for a loan, not to exceed the lesser of $50,000 or half your account balance, but are required to repay the loan.
- You are eligible to withdraw your money only when you leave City service, regardless of age.
- Hardship withdrawals are available, subject to IRS rules and approval by the Plan trustees.
- You can deposit a portion of your sick leave balance (if eligible) and all your vacation payout to your account when you retire up to your unused annual deferral limit for the year in which you retire. For yearly maximum deferral amount, please refer to seattle.gov/personnel/benefits/retirement/deferredcomp.asp
- You may consolidate prior retirement plans (457, 403(b), 401(k), 401(a) and IRA) into your Deferred Compensation Plan account too.

| Year | Regular Contributions Limit | Additional Contribution Limit for employees over age 50 |
|---|---|---|
| 2014 | $17,500 | $5,500 |

# Retirement

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| **Washington State Department of Retirement Systems** | Membership in the Washington State Department of Retirement Systems is mandatory if you are a member of LEOFF 1 or LEOFF 2. For information about your plan, please contact the Washington State Department of Retirement Systems at (360) 664-7000 or (800) 857-6657, visit their website at www.drs.wa.gov/member/systems/leoff/ , or email the Department of Retirement Systems at recep@drs.wa.gov. |

# Glossary

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| **Balance billing** | The amount over and above your co-insurance amount that you may be required to pay if you use a non-network provider. See the explanation for **Paying out-of-network claims** that bills more than Aetna's allowable amount on page 18. |
| **Coinsurance** | The arrangement by which both the Plan and the employee share a specified ratio of the covered expenses under the policy. For example, the Aetna Open Choice Traditional Plan pays 80% of most covered expenses while the employee pays the remaining 20% of covered expenses once the deductible has been met. |
| **Copay** | A fee paid at the time a medical or dental service is provided. A copay may be a percentage of charges, but is usually a flat fee. In general, copayments may not be applied toward the coinsurance or out-of-pocket deductibles. |
| **Deductible** | The amount of covered expenses that must be incurred before benefits are paid by the Plan. The deductible is set on an annual basis and there are individual and family deductibles. |
| **Eligible Expenses** | Expenses as defined in the health plan as being eligible for coverage. This could involve specified health services fees or "reasonable and customary charges." |
| **Formulary** | A list of preferred brand-name and generic drugs. Drugs are selected for inclusion based on evaluation criteria developed by each Plan. Formularies are different depending on the Plan, and may change to include new drugs or to drop brand-name drugs as generic equivalents become available. |
| **Generic Drug** | A drug which contains the same active ingredients in the same amounts as the brand-name product, although it may differ in color, shape or size from the brand-name product. It is produced after the brand name drug's patent has expired. It is also called a "generic equivalent." |
| **Network Provider** | A medical provider, such as a physician, who has a signed contract to participate in a health plan. Also known as a preferred provider. |
| **Non-network Provider** | A provider who has not signed a contract with a health plan. Also known as a non-preferred provider. |
| **Out-of-Pocket Cost** | The amount not covered by the plan that the plan member pays. This includes such things as coinsurance, deductibles, etc. |
| **Out-of-Pocket Limit (Out-of-Pocket Maximum)** | The amount of copays and/or coinsurance an individual will be required to pay within a calendar year before most covered expenses are covered in full. |

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| **Pre-existing condition** | A physical condition that existed prior to the effective date of a policy. In many health policies these are not covered until after a stated period of time has elapsed. The City's medical plans cover all pre-existing conditions. |
| **Preferred Provider** | A medical provider, such as a physician, who has a signed contract to participate in a health plan. Also known as a network provider |
| **Preventive Care** | Care that consists of routine physical examinations and immunizations. The emphasis is on preventing illnesses before they occur. |
| **Recognized Charge** | The charge determined by Aetna on a semiannual basis to be in the 70th percentile of the charges made for a service or supply by providers in the geographic area where it is furnished. |

# Who to Contact if You Have Questions

If you have questions, contact the following organizations by phone or obtain information through their web sites. The Personnel Department's Central Benefits Unit can be reached at 206-615-1340.

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|---|---|---|
| Aetna | 877-292- 2480 | AetnaNavigator.com<br>Custom Doc Find:<br>aetna.com/docfind/custom/cityofseattle |
| Group Health Cooperative | 888-901-4636 | GHC.org |
| VSP | 800- 877-7195 | vsp.com<br>Click on "Members" |
| Delta Dental of Washington (DDWA) | 206-522-2300 or<br>800-554-1907 | DeltaDentalWa.com |
| Dental Health Services | 206-788-3444<br>877-495-4455 | DentalHealthServices.com/cityofseattle |
| Prudential Retirement<br>Local Representative | 800-833-5761<br>206-447-1924 | Prudential.com/Online/Retirement |
| Employee Assistance Program | 888-272-7252<br>TTY:888-879-8274 | HorizonCareLink.com<br>User name: city of seattle<br>Password: city of seattle |
| Life, AD&D, LTD | | Your department's Benefits Representative |
| Alternative Dispute Resolution | 206-615-0089<br>206-615-1692<br>206-684-7888 TTY | personnelweb/programs/adr.aspx |
| Health/Day Care Flexible Spending Accounts | 800-669-3539 | flex-plan.com/ |
| City's Central Benefits Unit | 206-615-1340 | personnelweb/benefits/home.aspx |
| Employee Self-Service | | seattle.gov/ess/ |