

Employee Benefits Guide

**For Employees Who are
Members of Local 77
I.B.E.W.***

2019

*City Employees Covered by a Union
Contract with Local 77 I.B.E.W.

Does not include member covered by Local
77 contracts for CMEOs, IT Professionals,
Material Controllers and Power Marketers.
See the Most Employees Guide for your
benefits program, or contact your
department's Human Resources
representative.

Updated June 27, 2019



Seattle
Human Resources

For assistance understanding the information in this document

Assistance is available for help reading or understanding this document.

- **Need to speak with someone in a language other than English?** Call the Benefits Unit at 206-615-1340 and we will help you access Language Line Services. You will have access to an interpreter and a Benefits Unit staff member to answer your questions.
- **Hearing impaired?** If you use a TDD, the City provides interpretation 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 want to call. They will call the person for you, then interpret information from your TDD to the person you are calling.
- **Visually impaired?** This Employee Benefits Guide document 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 would like to ask confidentially. Orientations are held every other week. Orientations are held every other week – enroll on [Employee Self-Service](#), Training section.

If additional help is needed or you would prefer to speak to someone confidentially, please call the Benefits Unit at 206-615-1340.

Please note: We have 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 any time 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.

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Employee Responsibilities

Employees are responsible for making benefit elections or changes by their due dates including Open Enrollment. They must notify their department's benefits representative of any family or employment status changes that impact benefits such as marriage, legal separation, or divorce, new or terminated domestic partnership, a birth or adoption, a leave of absence, or a death in the family. If you add a dependent to City benefits, you will receive a letter from Alight Solutions, the City's business partner, with information on how to verify eligibility by submitting required documents.

New employee? You are responsible for making your benefits elections within 30 days of your hire date.

Adding a new family member to your health care coverage and Flexible Spending Account? Contact your department's [benefits representative](#) within 30 days of marriage or new domestic partnership. You have 60 days to notify your representative of a birth or adoption for medical, dental or vision coverage; any FSA changes must be made within 30 days.

Dropping a family member from your health care coverage and Flexible Spending Account? Contact your department's [benefits representative](#) within 30 days of divorce, 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 - see your [benefits representative](#)
- Deferred Compensation – contact [Nationwide](#) or call (206) 447-1924

Moving? Update your address in [Employee Self-Service](#).

Access benefits information from home at seattle.gov/personnel; select "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 families* a choice among six medical plans:

Local 77 Plans	Most/Local 77 Plans
<ul style="list-style-type: none">• Aetna Preventive	<ul style="list-style-type: none">• Aetna Preventive – Most/Local 77
<ul style="list-style-type: none">• Aetna Traditional	<ul style="list-style-type: none">• Aetna Traditional – Most/Local 77
<ul style="list-style-type: none">• Kaiser Permanente	<ul style="list-style-type: none">• Kaiser Permanente – Most/Local 77

Dental

The City offers regular employees and their family members* dental coverage through Delta Dental of Washington and Dental Health Services.

Vision

The City offers regular employees and their family members* vision coverage with VSP.

Life Insurance & Long-Term Disability (LTD)

The City offers Basic Long-Term Disability insurance and shares the cost of Basic Group Term Life insurance, both of which can be supplemented by the employee.

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 \$2,650 for the health care account or \$5,000 for the day care account per year in pre-tax dollars. You may carry-over up to \$500 in unused health care FSA dollars into the next plan year as long as it results in a balance of \$120.

Deferred Compensation Plan

The City offers a "457 (b)"** tax advantaged savings plan which allows you to invest current, pre- and after-tax (Roth) 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.

*If you enroll a dependent, Alight Solutions, the City's business partner, will send a letter to your home within 2-3 weeks requesting documents that confirm the eligibility of your dependent. Thank you for participating! For additional information, go to www.seattle.gov/personnel/benefits/life/dependenteligibility.asp.

**A type of retirement savings plan available to state and local government employers.

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, supplemental life insurance, accident coverage, and EAP programs:

- 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; or
- Any child for whom you are legal guardian or for whom coverage is required by a Qualified Medical Child Support Order.

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)	<u>Do not</u> have to be: -single -living with you -dependent on you for support May have access to other coverage.
Supplemental GTL	Up to age 26 (through age 25)	<u>Do not</u> have to be: -single -living with you -dependent on you for support
AD&D	Up to age 26 (through age 25)	<u>Do not</u> have to be: -single -living with you -dependent on you for support

*If you enroll a dependent, Alight Solutions will send a letter to your home within 2-3 weeks requesting documents that confirm the eligibility of your dependents. Additional information at seattle.gov/personnel/benefits/life/dependenteligibility.asp

**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 new employee, you must enroll in/apply for medical, dental, vision, life, AD&D, and/or supplemental LTD coverage **within 30 days of your hire date**. You have two enrollment options:

- 1) through [Employee Self-Service](#), which is preferred
- 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 will be defaulted into certain benefits and ineligible for others. You must wait for the next Open Enrollment period to make changes.

If you do not enroll in life insurance 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. Supplemental disability insurance has a longer preexisting condition exclusion period if you do not enroll when first eligible and apply at a later date.

When Coverage Begins

You must enroll within 30 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 30 days of your hire date, you will automatically be enrolled for dental and basic vision coverage. Your dental coverage will default to the Delta Dental of Washington plan.

Starting with hire dates after January 2, 2018, if you are newly eligible for health coverage and don't actively elect or waive medical coverage, you will automatically be enrolled in the Most/Local 77 Aetna Traditional employee-only plan. This plan requires no premium contribution from you.

You also will need to meet additional requirements to enroll in Life Insurance and Long-Term Disability Supplemental Insurance (LTD) coverage at a later date. You will be required to submit a Medical History Statement and have it approved by the insurance company to be eligible for Life Insurance coverage. You will have an additional waiting period for LTD.

Eligibility and Coverage Information

Waiving Coverage

You have the option to decline medical coverage within 30 days of your hire date, during Open Enrollment, or within 30 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 vision plans because there is no employee premium contribution.

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 pay a federal penalty.

How do I enroll my family members?

There are two opportunities to enroll family members:

- Open Enrollment
- Life Event or Family Status Change, for example:
 - Within 30 days of marriage, establishment of a domestic partnership, legal guardianship or a dependent losing coverage on another plan
 - Within 60 days of your child's birth or adoption event
 - Other examples of a Life Event or Family Status change can be found on Pages 6 and 7.

If you add a family member outside of Open Enrollment, you must complete a [Benefits Change Form](#) and submit it to your department's Benefits Representative. If you miss the enrollment deadline, you can enroll your family member(s) at the next open enrollment period, which is generally in the fall.

After you enroll a dependent, Aight Solutions, the City's business partner, will send a letter to your home within 2-3 weeks requesting documents that confirm the eligibility of your dependents. Additional information about the dependent eligibility verification process is at seattle.gov/personnel/benefits/life/dependenteligibility.asp

Visit seattle.gov/personnel/benefits/home.asp for more information. Call your department's [human resources or benefits representative](#) or the City's Benefits Unit at 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 legal separation or 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 30 days of the legal separation, divorce or domestic partnership termination.

There are two opportunities to change your benefit choices:

- Open Enrollment
- Within 30 days of a qualifying change in family or job

Changing Your Benefits

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.

Life Events/Family Status Changes that May Affect Your Benefits

You must enroll a new spouse or domestic partner and any dependents within 30 days of your marriage or establishment of a domestic partnership. You have 60 days to add a child acquired through birth, adoption or placement for adoption (This 60-day deadline does not apply to FSA changes.) *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:

Eligibility and Coverage Information

- You adopt a child - you may add coverage for that child (you may add coverage for your other dependents 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.
- 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.
- 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.
- You get divorced, legally separate, or dissolve a domestic partnership - you must drop the spouse or domestic partner from the plan.
- Your child no longer meets the age requirements for medical/dental/vision - your child will be dropped from coverage.

When Coverage Ends

Your medical/dental/vision, Basic and Supplemental Long-Term Disability, Basic and Supplemental Life and AD&D coverages end on the last day of the calendar month in which you:

- Are no longer eligible
- Resign, retire or are terminated
- Stop making any required payment

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:

Eligibility and Coverage Information

- 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, AD&D, and disability plans have conversion options.

As an alternative to COBRA, 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 eligible for coverage on a City retiree medical plan in the future. More information at www.wahealthplanfinder.org.

When you are eligible to retire, you will receive a packet of information about the City's retiree medical plans at your Retirement Office appointment. 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 **at least 30 days before you retire**. 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 Benefits Unit at Benefits.Unit@seattle.gov for more information about the plans.

Coverage through Health Insurance Exchange

Coverage through a City Retiree Plan

Paying for Benefits

Your Payroll Deductions

See page 29 for medical premiums



Medical, Dental and Vision

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. (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.

Dental and Vision plans are fully paid by the City for most employees.

Life Insurance

Your basic and supplemental life insurance after-tax premium deductions are taken from your second paycheck of the month for the next month's coverage.

Supplemental Long-Term Disability

Your Supplemental LTD after-tax premium deduction is taken from your second paycheck of the month for the next month's coverage. The amount you pay for Supplemental LTD coverage may vary each month because it is a percentage of your monthly earnings.

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 six different medical plans:

- Aetna Preventive Plan – Local 77
- Aetna Traditional Plan – Local 77
- Kaiser Permanente Plan – Local 77

- Aetna Preventive Plan – Most/Local 77
- Aetna Traditional Plan – Most/Local 77
- Kaiser Permanente Plan – Most/Local 77

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 Kaiser Permanente plan requires that you use their 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 doctor, hospital or clinic (Aetna plans) or are you willing to stay within a network (Kaiser Permanente) and receive a higher level of coverage?

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

New Employees: Remember - You have 30 days from your hire date to enroll in the medical, dental, vision and most optional insurance plans.

Medical Plan Options

<p>Aetna</p>	<p>The City has a Preventive, and Traditional plan with Aetna. The plans use the Aetna provider network, and Aetna administers the claims. See high level comparisons on pages 15 (Local 77) and 16 (Most/Local 77) and the detailed comparisons on pages 17-22 (Local 77) and 23-29 (Most/Local 77).</p>
<p>What If I Don't Use the Aetna Network?</p>	<p>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.</p> <p>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.</p>
<p>Aetna's Aexcel Network – Most/Local 77 Plans <u>Only</u></p>	<p>Aetna has a special sub-network for the Most/Local 77 Plans, called the Aexcel network, which consists of doctors who specialize in the following areas: cardiology, cardiothoracic surgery, gastroenterology, general surgery, obstetrics/ gynecology, orthopedics, otolaryngology, neurology, neurosurgery, plastic surgery, vascular surgery and urology.</p> <p>Doctors were selected for this special network because they meet screening criteria in the areas of experience, performance, effectiveness and efficiency. If you need care in one of these areas and you do not choose a doctor from the Aexcel network to provide that care, you will pay 10% higher coinsurance. You do not need a referral to see a specialist.</p>
<p>Aetna.com</p>	<p>Locate detailed claim information, review your benefits, request changes, find service providers, and email member services at Aetna.com.</p>
<p>Simple Steps to a Healthier Life</p>	<p>Members have access to a health risk assessment – <i>Simple Steps to a Healthier Life</i>. Following completion of a questionnaire, you will receive a health report and a personal action plan along with access to healthy living programs.</p>
<p>Urgent Care</p>	<p>Log in to your account at Aetna.com. Select the Urgent Care tab for a list of walk-in clinics near you.</p>

Medical Plan Options

<p>Kaiser Permanente</p>	<p>Kaiser Permanente is a health maintenance organization which provides an integrated system of health care services. All services are delivered within Kaiser Permanente facilities or its contracted network providers. You must use Kaiser Permanente contracted providers and facilities unless a doctor refers you elsewhere. You do not need a physician’s referral to see most Kaiser Permanente specialists.</p> <p>The City offers two plans through Kaiser Permanente.</p>
<p>Kaiser Permanente Standard Plan</p>	<p>This is a managed care plan with no deductible and an office copay of \$15. Most services are covered at 100% after payment of a copay. Preventive care is covered.</p>
<p>Kaiser Permanente Deductible Plan</p>	<p>This is a managed care plan with a \$200 annual deductible per person (\$600 per family) and a \$15 office 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.</p> <p>The health care website is at KP.org/wa. Members can request appointments and exchange emails with their provider, view their online medical record, refill prescriptions online, and view lab and test reports. The provider and facilitator directory, and drug formulary are all accessible online. In addition, a mobile application is available for use with most cell phones.</p>
<p>Health Profile</p>	<p>The plan has a health risk assessment called <i>Health Profile</i>. Members complete the profile online and receive a report and personalized action plan. Free healthy lifestyle coaching is available.</p>
<p>CareClinic</p>	<p>CareClinic is a walk-in health clinic in 15 Bartell Drugs locations. These clinics are for minor illnesses and injuries, like colds or coughs, eye or ear infections, vaccines for children, and sprains. Visit careclinic.org for locations.</p>
<p>Care Chat and Online Visits</p>	<p>Care Chat is a free online messaging feature that lets you get real-time care from a provider. Access through your account at kp.org/wa. Online visits are available for common medical issues such as a cold or the flu. Visit KP.org/wa/onlinevisit.</p>
<p>Consulting Nurse</p>	<p>Not sure what kind of care you need? Call Kaiser’s Consulting Nurse Service 24/7 at 1-800-297-6877 (TTY 711).</p>

Local 77 Medical Plan Comparison Examples

The following table compares the Local 77 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.

	Preventive Plan		Traditional Plan		Kaiser Permanente
	In-network	Out-of-network	In-network	Out-of-network	
Individual deductible	\$0	\$250	\$100	\$150	None
Family deductible	\$0	\$750	\$300	\$450	None
Routine physical exam	Paid at 100%	Paid at 70% after satisfaction of deductible for mammogram and ob/gyn exams only.	Paid at 100% (deductible waived) for most preventive.	Paid at 60% after satisfaction of deductible for mammogram only. No other preventive care covered.	Paid at 100%
Office visit	Paid at 100% after \$10 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 \$10 copay
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%	Paid at 100% after \$10 copay
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%.

Most/Local 77 Medical Plan Comparison Examples

The following table compares the Most/Local 77 plans in four different scenarios where employees would use services. For a more complete summary of benefits by plan, see the table that follows this example.

	Preventive Plan		Traditional Plan		Kaiser Permanente
	In-network	Out-of-network	In-network	Out-of-network	
Individual deductible	\$100	\$450	\$400	\$1,000	None
Family deductible	\$300	\$1,350	\$1,200	\$3,000	None
Routine physical exam	Paid at 100%	Paid at 60% after satisfaction of deductible for mammogram and ob/gyn exams only.	Paid at 100% after satisfaction of deductible	Paid at 60% after satisfaction of deductible	Paid at 100% after \$15 copay
Office visit	Paid at 100% after \$15 copay	Paid at 60% after satisfaction of deductible	Paid at 80% after satisfaction of deductible	Paid at 60% after satisfaction of deductible	Paid at 100% after \$15 copay
Outpatient treatment at a hospital	Physician charges paid at 100% after \$15 co-pay. After satisfaction of deductible, other charges paid at 90%.	After satisfaction of deductible, physician and other charges paid at 60%.	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 \$15 copay.
Inpatient Surgery performed by a specialist in one of the 12 Aexcel specialty areas	Aexcel specialist: Paid at 90% after \$200 inpatient copay Non-Aexcel specialist: Paid at 80% after \$200 inpatient copay	Paid at 60% after \$200 inpatient copay and satisfaction of deductible.	Aexcel specialist: Paid at 80% after \$200 copay. Non-Aexcel Paid at 70% after \$200 copay.	Paid at 60% after \$200 inpatient copay and satisfaction of deductible.	Paid at 100% after \$200 inpatient copay

2019 Medical Benefits Highlights – I.B.E.W. Local 77

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.

Kaiser Permanente	City of Seattle Traditional Plan		City of Seattle Preventive Plan	
	Preferred Provider	Non-Preferred Provider	Aetna In-Network	Out-of-Network
Deductible (per calendar year)				
No deductible	\$100 per person \$300 per family	\$150 per person \$450 per family	Does not apply	\$250 per person \$750 per family
Annual Out of Pocket Maximum (OOP Max) includes copays and coinsurance after any applicable deductible. Excludes prescription drug copays				
\$750 per person \$1,500 per family	\$200 per person. \$600 per family	\$1,200 per person. \$3,600 per family	\$500 per person \$1,000 per family	\$3,000 per person \$6,000 per family
Total Annual Out of Pocket Maximum: includes medical copays, coinsurance, and the deductible. Excludes prescription drug copays				
\$750 per person \$1,500 per family	\$300 per person \$900 per family	\$1,350 per person \$4,050 per family	\$500 per person \$1,000 per family	\$3,250 per person \$6,750 per family
Hospital Copay				
None	None	None	None	None
Hospital Pre-admission Authorization				
Except for maternity or emergency admissions, must be authorized by Kaiser Permanente	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 provided at Kaiser Permanente Facilities or network providers Members may self-refer to most Kaiser Permanente specialists.	Any Aetna contracted provider member. No primary care physician selection required. No referrals required.	Any licensed, qualified provider of your choice. Expenses paid based on reasonable* charges. You pay the difference between R&C and billed charges.	Any Aetna contracted provider member. No primary care physician selection required. No referrals required.	Any licensed, qualified provider of your choice. Expenses paid based on reasonable* charges. You pay the difference between R&C and billed charges.

Local 77 plans

Kaiser Permanente	City of Seattle Traditional Plan		City of Seattle Preventive Plan	
	Preferred Provider	Non-Preferred Provider	Aetna In-Network	Out-of-Network
COVERED EXPENSES				
Acupuncture				
Paid at 100% after \$10 copay. Self-referred up to 8 visits per condition per calendar year. Additional visits when approved by plan.	Paid at 80% after deductible Maximum of 12 visits per calendar year.	Paid at 60% after deductible	Paid at 100% after \$10 copay All acupuncture services are subject to ongoing review and approval by Aetna for medical necessity.	Paid at 70%
Alcohol/Drug Abuse Treatment (inpatient)				
Paid at 100%	Paid at 80% after deductible	Paid at 80% after deductible	Paid at 100%	Paid at 70%
Alcohol/Drug Abuse Treatment (outpatient)				
Paid at 100% after \$10 copay	Paid at 80% after deductible	Paid at 80% after deductible	Paid at 100% after \$10 copay	Paid at 70%
Contraceptives				
For contraceptive drugs and devices, see Prescription Drug benefit	Contraceptive devices and other products covered as medical benefits. (See Prescription Drugs.)	Contraceptive devices and other products covered as medical benefits. (See Prescription Drugs.)	Contraceptive devices and other products covered as medical benefits. (See Prescription Drugs.)	Contraceptive devices and other products covered as medical benefits. (See Prescription Drugs.)
Durable Medical Equipment				
Paid at 80%	Paid at 80% after deductible Breast pump covered at 100% through DME provider	Paid at 80% after deductible	Paid at 100% Breast pump covered at 100% through DME provider	Paid at 70%
Emergency Medical Care				
> Urgent Care Clinic				
Paid at 100% after \$10 copay	Paid at 80% after deductible	Paid at 80% after deductible	Paid at 100% after \$35 copay	Paid at 70%

Local 77 plans

Kaiser Permanente	City of Seattle Traditional Plan		City of Seattle Preventive Plan	
	Preferred Provider	Non-Preferred Provider	Aetna In-Network	Out-of-Network
➤ Emergency Room (copays waived if admitted)				
Kaiser Permanente facility: Paid at 100% after \$75 copay Non-Kaiser Permanente facility: Paid at 100% after \$75 deductible	Paid at 80% after deductible	Paid the same as in-network except if it's non-emergency, then it's 60%	Paid at 100% after \$50 copay	Paid the same as in-network except if it's non-emergency, then it's 70% after \$50 copay
➤ Ambulance				
Paid at 80% Kaiser Permanente-initiated non-emergency transfers are paid at 100%	Paid at 80% after deductible when medically necessary. Non-emergency transport must be approved in advance.		Paid at 100% when medically necessary. Non-emergency transport must be approved in advance.	
Hospital Inpatient				
Paid at 100%	Paid at 80% after deductible	Paid at 60% after deductible	Paid at 100%	Paid at 70%
Hospital Outpatient				
Paid at 100% after \$10 copay	Paid at 80% after deductible	Paid at 60% after deductible	Paid at 100%	Paid at 70%
Hospice				
Paid at 100%	Paid at 90% after deductible		Paid at 100%	Not covered
Maternity Care (delivery & related hospital)				
Paid at 100%	Paid at 80% after deductible	Paid at 60% after deductible	Paid at 100%	Paid at 70%
Maternity Care (prenatal and postpartum)				
Paid at 100% after \$10 copay. Routine care not subject to outpatient services copay	Paid at 80% after deductible	Paid at 60% after deductible	Paid at 100% after \$10 copay	Paid at 70%
Mental Health Care (inpatient)				
Paid at 100%	Paid at 80% after deductible	Paid at 60% after deductible	Paid at 100% after \$10 copay	Paid at 70%
Mental Health Care (outpatient)				
Paid at 100% after \$10 copay	Paid at 80% after deductible	Paid at 60% after deductible	Paid at 100% after \$10 copay	Paid at 70%

Local 77 plans

Kaiser Permanente	City of Seattle Traditional Plan		City of Seattle Preventive Plan	
	Preferred Provider	Non-Preferred Provider	Aetna In-Network	Out-of-Network
Physician Office Visit				
Paid at 100% after \$10 copay	Paid at 80% after deductible	Paid at 60% after deductible	Paid at 100% after \$10 copay	Paid at 70%
Prescription Drugs (retail)				
<p>For a 30-day supply: Generic: \$10 copay. Brand: \$10 copay Contraceptive drugs and devices are covered in full. Selected preventive over-the-counter drugs covered at 100% in certain situations. Your pharmacy copays will apply to the annual out of pocket maximums.</p>	<p>For a 34-day supply or 100 unit supply (whichever is greater): Generic and brand prescriptions: \$15 copay Generic oral contraceptives are covered at 100%. Contraceptive devices and other prescription contraceptive products are covered under the medical plan benefits. Selected preventive over-the-counter drugs covered at 100% in certain situations. Non-formulary drugs not covered.</p>	Not covered	<p>For a 31-day supply: Generic: \$10 copay Preferred brand: \$10 copay Non-preferred drugs: \$40 copay Generic oral contraceptives are covered at 100%. Contraceptive devices and other prescription contraceptive products are covered under the medical benefit. Select preventive over-the-counter drugs covered at 100% in certain situations.</p>	Not covered
Prescription Drugs (mail order)				
<p>For a 90-day supply: Generic: \$30 copay Brand: \$30 copay Contraceptive drugs and devices are covered in full. No copay on all smoking cessation drugs through mail order. Your pharmacy copays will apply to the annual out of pocket maximums.</p>	<p>90 day or 100 units, whichever is greater: Generic and brand prescriptions: \$30 copay Non-formulary drugs are not covered. Generic oral contraceptives covered at 100%</p>	Not covered	<p>For a 90-day supply: Generic: \$20 copay Preferred brand: \$40 copay Non-preferred drugs: \$80 copay Generic oral contraceptives are covered at 100%</p>	Not covered

Kaiser Permanente	City of Seattle Traditional Plan		City of Seattle Preventive Plan	
	Preferred Provider	Non-Preferred Provider	Aetna In-Network	Out-of-Network
Prescription Drugs Annual Out of Pocket Maximum				
Included in annual out-of-pocket maximum	\$1,200 per person \$3,600 per family	Not covered	\$1,200 per person \$3,600 per family	Not Covered
Preventive Care				
Paid at 100% for adult physical and well child exams and most immunizations and preventive services	Paid at 100% Covers adult physical and well child exams, immunizations, digital rectal exams/PSA, colorectal cancer screening	Paid at 60% for mammograms, deductible waived. No other preventive services covered.	Paid at 100% Covers adult physical and well child exams, immunizations, digital rectal exams/PSA, colorectal cancer screening	Paid at 70% for well woman care and mammograms. No other preventive services covered.
Rehabilitation Services (inpatient)				
Paid at 100% Maximum of 60 days per calendar year for occupational, speech, and physical therapy.	Paid at 80% after deductible	Paid at 60% after deductible	Paid at 100% 120 days per calendar year for skilled nursing and rehab services in-network and out-of-network combined.	Paid at 70%
Rehabilitation Services (outpatient)				
Paid at 100% after \$10 copay Maximum of 60 visits per calendar year for occupational, speech, and physical therapy.	Paid at 80% after deductible Coinsurance does not apply to out-of-pocket maximum. Maximum calendar year benefit of 30 visits for all services combined (physical/massage, speech, occupational and cardiac/pulmonary therapy).	Paid at 80% after deductible	Paid at 100% after \$10 copay Benefit includes physical/massage, speech, occupational and cardiac/pulmonary therapy. Coinsurance does apply to the annual out-of-pocket maximum. Maximum of 20 visits per calendar year for each of the above listed benefits for in-network and out-of-network combined.	Paid at 70%
Skilled Nursing Facility				
Paid at 100%; 60-day maximum per calendar year	Paid at 80% after deductible Maximum of 90 days per calendar year	Paid at 80% after deductible	Paid at 100% Maximum of 120 days per calendar year for in-network and out-of-network combined	Paid at 70%
Smoking Cessation				

Kaiser Permanente	City of Seattle Traditional Plan		City of Seattle Preventive Plan	
	Preferred Provider	Non-Preferred Provider	Aetna In-Network	Out-of-Network
Paid at 100% for individual/group sessions through Quit For Life. Nicotine replacement therapy included in Prescription Drugs benefit. No copay on 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	Only covers counseling	Only covers counseling
Spinal Manipulations				
Paid at 100% after \$10 copay. Self-referral to Kaiser Permanente-designated providers. Must meet Kaiser Permanente protocol. Maximum of 10 visits per calendar year.	Paid at 80% after deductible Maximum of 10 visits per year for in-network and out-of-network combined	Paid at 80% after deductible	Paid at 100% after \$10 copay Maximum of 20 visits per calendar year for in-network and out-of-network combined	Paid at 70%
Sterilization Procedures				
Inpatient: Paid at 100% Outpatient: Paid at 100% after \$10 copay Women's sterilization procedures covered in full	Paid at 80% after deductible	Paid at 60% after deductible	Inpatient: Paid at 100% Outpatient: Paid at 100% after \$10 copay.	Paid at 70%
Tooth Injury/Oral Surgery (due to accident)				
Not covered	Paid at 80% after deductible	Paid at 80% after deductible	Inpatient: Paid at 100% Outpatient: Paid at 100% after \$10 copay.	Paid at 70%
Vision Exam/Hardware				
Exam: Paid at 100% after \$10 copay. One exam every 12 months. Hardware: Not included	Covered under VSP		Covered under VSP	
X-ray and Lab Tests (Outpatient)				
Paid at 100%	Paid at 80% after deductible	Paid at 60% after deductible	Paid at 100%	Paid at 70%

Local 77 plans

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

2019 Medical Benefits Highlights – Most/Local 77 Plans

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.

Kaiser Permanente	City of Seattle Traditional Plan		City of Seattle Preventive Plan	
	Preferred Provider	Non-Preferred Provider	Aetna In-Network	Out-of-Network
Deductible (per calendar year)				
No deductible	\$400 per person \$1,200 per family Deductible applies to most services, except as noted. Deductible does not apply for prescriptions or when the Inpatient co-pay or emergency room co-pay applies	\$1,000 per person \$3,000 per family	\$100 per person \$300 per person Deductible applies to most services, except as noted. Deductible does not apply for prescriptions or when the inpatient copay or emergency room copay applies	\$450 per person \$1,350 per family
Annual Out of Pocket Maximum (OOP Max) includes copays and coinsurance after any applicable deductible. Excludes prescription drug copays				
\$2,000 per person \$4,000 per family	\$1,000 per person \$3,000 per family	\$2,000 per person \$6,000 per family	\$2,000 per person \$4,000 per family	\$3,000 per person \$6,000 per family
Total Annual Out of Pocket Maximum: includes medical copays, coinsurance, and the deductible. Excludes prescription drug copays				
\$2,000 per person \$4,000 per family	\$1,400 per person \$4,200 per family	\$3,000 per person \$9,000 per family	\$2,100 per person \$4,300 per family	\$3,450 per person \$7,350 per family
Hospital Copay				
\$200 per admission	\$200 copay per admission	\$200 copay per admission	\$200 copay per admission	\$200 copay per admission
Hospital Pre-admission Authorization				
Except for maternity or emergency admissions, must be authorized by Kaiser Permanente	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	

Most/Local 77 plans

Kaiser Permanente	City of Seattle Traditional Plan		City of Seattle Preventive Plan	
	Preferred Provider	Non-Preferred Provider	Aetna In-Network	Out-of-Network
Choice of Providers				
All care and services provided at Kaiser Permanente Facilities or network providers. Members may self-refer to most Kaiser Permanente specialists.	Any Aetna contracted provider member. No primary care physician selection required. Aexcel specialists must be used in designated specialty areas to receive the maximum benefit.	Any licensed, qualified provider of your choice. Expenses paid based on reasonable* charges. You pay the difference between R&C and billed charges.	Any Aetna contracted providers. No primary care physician selection or referrals required. Aexcel specialists must be used in designated specialty areas to receive the maximum benefit.	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				
\$15 copay for up to 8 visits per condition per year self-referred. Additional visits when approved by plan.	Paid at 80% after deductible Maximum of 12 visits per calendar year in-and out-of-network combined.	Paid at 60% after deductible	Paid at 100% after \$15 copay All acupuncture services are subject to ongoing review and approval by Aetna for medical necessity.	Paid at 60%
Alcohol/Drug Abuse Treatment (inpatient)				
Paid at 100% after \$200 copay per admission	Paid at 80% after \$200 copay	Paid at 60% after deductible	Paid at 90% after \$200 copay	Paid at 60%
Alcohol/Drug Abuse Treatment (outpatient)				
Paid at 100% after \$15 copay	Paid at 80% after deductible	Paid at 60% after deductible	Paid at 100% after \$15 copay	Paid at 60%
Contraceptives				
For contraceptive drugs and devices, see Prescription Drug benefit	Contraceptive devices and other products covered as medical benefits. (See Prescription Drugs.)		Contraceptive devices and other products covered as medical benefit. (See Prescription Drugs.)	Contraceptive devices and other products covered as medical benefit. (See Prescription Drugs.)
Durable Medical Equipment				
Paid at 80% after deductible	Paid at 80% after deductible Breast pump covered at 100% through DME provider	Paid at 60% after deductible	Paid at 90% Breast pump covered at 100% through DME provider	Paid at 60%

Kaiser Permanente	City of Seattle Traditional Plan		City of Seattle Preventive Plan	
	Preferred Provider	Non-Preferred Provider	Aetna In-Network	Out-of-Network
Emergency Medical Care				
➤ Urgent Care Clinic				
Paid at 100% after \$15 copay	Paid at 80% after deductible	Paid at 60% after deductible	Paid at 100% after \$15 copay (no fee for preventive care)	Paid at 60%
➤ Emergency Room (copays waived if admitted)				
Kaiser Permanente facility: Paid at 100% after \$100 copay Non-Kaiser Permanente facility: Paid at 100% after \$100 copay	Paid at 80% after \$150 copay.	Paid at 80% after \$150 copay. If not emergency, paid at 60% after deductible.	Paid at 90% after \$150 copay	Paid at 90% after \$150 copay. If non-emergency, paid at 60% after copay
➤ Ambulance				
Paid at 80% Kaiser Permanente-initiated non-emergency transfers are paid at 100%	Paid at 80% after deductible when medically necessary. Non-emergency transport must be approved in advance.		Paid at 90% after deductible when medically necessary. Non-emergency transport must be approved in advance.	
Hospital Inpatient				
Paid at 100% after \$200 copay	Paid at 80% after \$200 copay. Physician services paid at 70% if Aexcel specialist not used in specialty areas.	Paid at 60% after \$200 copay	Paid at 90% after \$200 copay. Physician services paid at 80% if Aexcel specialist not used in specialty areas.	Paid at 60% after \$200 copay
Hospital Outpatient				
Paid at 100% after \$15 copay	Paid at 80% after deductible. Physician services paid at 70% if Aexcel specialist is not used in specialty areas.	Paid at 60% after satisfaction of deductible	Paid at 90% after deductible. Physician services paid at 80% if Aexcel specialist is not used in specialty areas.	Paid at 60% after deductible
Hospice				
Paid at 100%	Paid at 80% after deductible	Paid at 60% after deductible	Paid at 90%	Not covered
Maternity Care (delivery & related hospital)				
Paid at 100% after \$200 copay per admission	Paid at 80% after \$200 copay	Paid at 60% after \$200 copay	Paid at 90% after \$200 copay	Paid at 60% after \$200 copay
Maternity Care (prenatal and postpartum)				
Paid at 100% after \$15 copay. Routine care not subject to outpatient services copay	Paid at 80% after deductible	Paid at 60% after deductible	Paid at 90% after \$15 copay	Paid at 60%

Most/Local 77 plans

Kaiser Permanente	City of Seattle Traditional Plan		City of Seattle Preventive Plan	
	Preferred Provider	Non-Preferred Provider	Aetna In-Network	Out-of-Network
Mental Health Care (inpatient)				
Paid at 100% after \$200 copay	Paid at 80% after \$200 copay	Paid at 60% after \$200 copay	Paid at 90% after \$200 copay	Paid at 60% after \$200 copay
Mental Health Care (outpatient)				
Paid at 100% after \$15 copay	Paid at 80% after deductible	Paid at 60% after deductible	Paid at 100% after \$15 copay	Paid at 60% after deductible
Physician Office Visit				
Paid at 100% after \$15 copay	Paid at 80% after deductible	Paid at 60% after deductible	Paid at 100% after \$15 copay	Paid at 60% after deductible
Prescription Drugs (retail)				
For a 30-day supply: Generic: \$15 copay Brand: \$30 copay Contraceptive drugs and devices are covered in full. Selected preventive over-the-counter drugs covered at 100% in certain situations. Your pharmacy copays will apply to the annual out of pocket maximums.	For a 31-day supply: Generic: 30% coinsurance Brand: 40% coinsurance The minimum coinsurance is \$10, or actual cost of the drug is less. Maximum coinsurance is \$100 per drug.	Not covered	For a 31-day supply: Generic: 30% coinsurance Brand: 40% coinsurance The minimum coinsurance is \$10, or actual cost of the drug is less. Maximum coinsurance is \$100 per drug.	Not covered

Kaiser Permanente	City of Seattle Traditional Plan		City of Seattle Preventive Plan	
	Preferred Provider	Non-Preferred Provider	Aetna In-Network	Out-of-Network
	<p>Coinsurance applies to the annual \$1,200 out-of-pocket prescription maximum per person, \$3,600 per family. Prescription Allowance on all non-sedating antihistamines (for allergy symptoms) and Proton Pump Inhibitors (for heartburn relief and ulcer treatment): City pays \$20 per month, participant pays remainder; some over the counter medications are also included. \$5 copay for generic diabetic drugs and supplies, \$15 copay for brand.</p> <p>Coinsurance for asthma, anti-high cholesterol, and tobacco cessation drugs 10% for generic and 20% for brand. Selected preventive over-the-counter drugs covered at 100% in certain situations. Generic oral contraceptives are covered at 100%. Contraceptive devices and other prescription contraceptive products are covered under the medical plan benefits.</p>		<p>Coinsurance applies to the annual \$1,200 out-of-pocket prescription maximum per person, \$3,600 per family. Prescription Allowance on all non-sedating antihistamines (for allergy symptoms) and Proton Pump Inhibitors (for heartburn relief and ulcer treatment): City pays \$20 per month, participant pays remainder; some over the counter medications are also included. \$5 copay for generic diabetic drugs and supplies, \$15 copay for brand. Coinsurance for asthma, anti-high cholesterol, and tobacco cessation drugs 10% for generic and 20% for brand. Selected preventive over-the-counter drugs covered at 100% in certain situations. Generic oral contraceptives are covered at 100%. Contraceptive devices and other prescription contraceptive products are covered under the medical plan benefits.</p>	
Prescription Drugs (mail order)				
<p>For a 90-day supply: Generic: \$45 copay Brand: \$90 copay Contraceptive drugs and devices are covered in full. No copay on all smoking cessation drugs through mail order. Your pharmacy copays will apply to the annual out of pocket maximums.</p>	<p>For a 90-day supply: Not covered Generic: 30% coinsurance Brand: 40% coinsurance Minimum is \$20 or double the cost of the drug if less. Maximum is \$200 per drug. Generic oral contraceptives covered at 100%.</p>		<p>For a 90-day supply: Not covered Generic: 30% coinsurance Brand: 40% coinsurance Minimum is \$20 or double the cost of the drug if less. Maximum is \$200 per drug. Generic oral contraceptives covered at 100%.</p>	
Prescription Drugs Annual Out of Pocket Maximum				
Included in annual out-of-pocket maximum	\$1,200 per person \$3,600 per family	Not covered	\$1,200 per person \$3,600 per family	Not Covered

Kaiser Permanente	City of Seattle Traditional Plan		City of Seattle Preventive Plan	
	Preferred Provider	Non-Preferred Provider	Aetna In-Network	Out-of-Network
Preventive Care				
Paid at 100% for adult physical and well child exams and most immunizations and preventive services	Paid at 100% Covers adult physical and well child exams, immunizations, digital rectal exams/PSA, colorectal cancer screening	Paid at 60% for mammograms, deductible waived. No other preventive services covered.	Paid at 100% Covers adult physical and well child exams, immunizations, digital rectal exams/PSA, colorectal cancer screening	Paid at 60% for well woman care and mammograms. No other preventive services covered.
Rehabilitation Services (inpatient)				
Paid at 100% after \$200 copay per admission. Maximum of 60-days per calendar year for occupational, speech, and physical therapy.	Paid at 80% after \$200 copay	Paid at 60% after \$200 copay	Paid at 100% after \$15 copay 120 days per calendar year for skilled nursing and rehab services in-network and out-of-network combined.	Paid at 60%

Most/Local 77 plans

Kaiser Permanente	City of Seattle Traditional Plan		City of Seattle Preventive Plan	
	Preferred Provider	Non-Preferred Provider	Aetna In-Network	Out-of-Network
Rehabilitation Services (outpatient)				
Paid at 100% after \$15 copay Maximum of 60 visits per calendar year for occupational, speech, and physical therapy.	Paid at 80% after deductible	Paid at 60% after deductible	Paid at 100% after \$200 copay	Paid at 60% after deductible
	Includes medically necessary physical/massage, speech, occupational and cardiac/pulmonary therapy for non-chronic conditions. Coinsurance does not apply to OOP Max. Coverage of services subject to Aetna's review for medical necessity at any time.		Includes medically necessary physical/massage, speech, occupational and cardiac/pulmonary therapy for non-chronic conditions. Coinsurance does not apply to OOP Max. Coverage of services subject to Aetna's review for medical necessity at any time.	
Skilled Nursing Facility				
Paid at 100%; 60-day maximum per calendar year	Paid at 80% after \$200 copay Maximum of 90 days per calendar year	Paid at 60% after \$200 copay	Paid at 90% after \$200 copay Maximum of 120 days per calendar year for in-network and out-of-network combined	Paid at 60% after \$200 copay
Smoking Cessation				
Paid at 100% for individual/group sessions through Quit For Life. Nicotine replacement therapy included in Prescription Drugs benefit. No copay on 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	Smoking cessation prescription drugs covered subject to 10% generic, 20% brand drug coinsurance	Not covered
Spinal Manipulations				
Paid at 100% after \$15 copay. Self-referral to Kaiser Permanente-designated providers. Must meet Kaiser Permanente protocol. Maximum of 10 visits per calendar year.	Paid at 80% after deductible Maximum of 10 visits per year for in-network and out-of-network combined	Paid at 60% after deductible	Paid at 100% after \$15 copay Maximum of 20 visits per calendar year for in-network and out-of-network combined	Paid at 60% after deductible
Sterilization Procedures				
Inpatient: Paid at 100% after \$200 copay Outpatient: Paid at 100% after \$15 copay Women's sterilization procedures covered in full	Paid at 80% after \$200 copay Outpatient: Paid at 80%	Inpatient: Paid at 60% after \$200 copay Outpatient: Paid at 60%	Inpatient: Paid at 90% after \$200 copay Outpatient: Paid at 90% after deductible	Paid at 60% after \$200 copay Outpatient: Paid at 60% after deductible
Tooth Injury/Oral Surgery (due to accident)				
Not covered	Inpatient: Paid at 80% after \$200 copay Outpatient: Paid at 80% after deductible	Inpatient: Paid at 60% after \$200 copay Outpatient: Paid at 60% after deductible	Inpatient: Paid at 90% after \$200 copay Outpatient: Paid at 100% after \$15 copay	Paid at 60% after \$200 copay Outpatient: Paid at 60% after deductible

Most/Local 77 plans

Kaiser Permanente	City of Seattle Traditional Plan			
	Preferred Provider		Non-Preferred Provider	
Vision Exam/Hardware				
Exam: Paid at 100% after \$15 copay. One exam every 12 months. Hardware: Not included	Covered under VSP		Covered under VSP	
X-ray and Lab Tests (Outpatient)				
Paid at 100%	Paid at 80% after deductible Provider responsible for precertification of high tech radiology	Paid at 60% after deductible	Paid at 90% after deductible Provider responsible for precertification of high tech radiology	Paid at 60% after deductible

Most/Local 77 plans

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

Health Care Premiums

2019 Premium Sharing

Effective January 1, 2019, 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.

Local 77 Plan Premiums

	Total Monthly Premium	Employee, with or without children	
		City Pays	Employee Pays
Medical Plan			
City of Seattle Preventive	\$1,775.04	\$1,597.54	\$177.50
City of Seattle Traditional	\$1,817.87	\$1,636.07	\$181.80
Kaiser Permanente	\$1,319.29	\$1,817.35	\$131.94

Most/Local 77 Plan Premiums

	Total Monthly Premium	Employee, with or without children		Employee with Spouse/Domestic Partner, with or without children	
		City Pays	Employee Pays*	City Pays	Employee Pays*
Medical Plan					
City of Seattle Preventive	\$1,416.01	\$1,367.89	\$48.12	\$1,317.51	\$98.50
City of Seattle Traditional	\$1,435.77	\$1,435.77	\$ 0.00	\$1,403.43	\$32.34
Kaiser Permanente	\$1,165.98	\$1,117.58	\$48.40	\$1,066.08	\$99.90

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 Not IRS Tax Dependents

Most/Local 77 Plans Only After Tax Premium Contributions –

If you choose to cover a domestic partner **who is not your IRS tax dependent**, the portion of the premium deducted from your paycheck (your contribution) that pays for his/her coverage must be taken “after tax” to comply with IRS regulations. The column headed “**Monthly Premium Contributions Taken After Taxes**” shows the portion of your monthly premium contribution that will be deducted from your paycheck after taxes are calculated.

Medical Plans	Monthly Premium Contribution Taken After Taxes for Domestic Partner
Preventive – Most/Local 77	\$50.38
Traditional – Most/Local 77	\$32.34
Kaiser Permanente – Most/Local 77	\$51.50

Imputed Income for Value of Health Coverage

In addition, if your domestic partner or your 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.

Domestic Partner Coverage Information

If your domestic partner or your 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

Local 77 Plans Taxable Values

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

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

Taxable Benefit Amount – (with DDWA)

2019 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	\$679.83	\$685.86
Traditional Plan	\$696.22	\$702.41
Kaiser Permanente Plan	\$505.27	\$509.77
DDWA Coverage	\$50.80	\$35.56
Vision Coverage	\$5.41	\$3.79
Total Taxable Value with DDWA & VSP Plan		
Preventive Plan	\$736.04	\$725.21
Traditional Plan	\$752.43	\$741.76
Kaiser Permanente Plan	\$561.48	\$549.12

*For Most/Local 77 Plan Health Benefits Coverage Values for Non-IRS Tax Dependent Domestic Partner and Domestic Partner's Dependent Children, contact the Benefits Unit at 206- 615-1340.

Health Care Premiums

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

Local 77 Plans Taxable Values

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

2019 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	\$679.83	\$685.86
Traditional Plan	\$696.22	\$702.41
Kaiser Permanente Plan	\$505.27	\$509.77
DHS Coverage	\$80.08	\$56.06
Vision Plan	\$5.41	\$3.79
Total Taxable Value with DHS & VSP Plan		
Preventive Plan	\$765.32	\$745.71
Traditional Plan	\$781.71	\$762.26
Kaiser Permanente	\$590.76	\$569.62

*For Most/Local 77 Health Benefits Coverage Values for Non-IRS Tax Dependent Domestic Partner and Domestic Partner's Dependent Children, contact the Benefits Unit at (206) 615-1340.

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

Prescription Drug Coverage

Aetna classifies medications into three tiers:

- Generic
- Preferred brand-name
- Non-preferred brand-name

Kaiser Permanente uses two classifications:

- Generic
- Preferred brand-name (no coverage for non-preferred brands)

See next page for more detailed information about prescription drug coverage.

Prescription Drug Coverage Comparison Local 77 Plans

Plan Features	Kaiser Permanente	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.	Rx copays do not apply to out-of-pocket maximum.
Retail			
<ul style="list-style-type: none"> Days' Supply 	30-day	31-day	34-day
<ul style="list-style-type: none"> Coinsurance 	You pay \$5 copay.	You pay \$10 copay for generic drugs; \$10 copay for brand name drugs, and \$40 for non-preferred drugs. Generic oral contraceptives covered at 100%.	You pay \$15 copay for generic and brand name drugs. Non formulary drugs are not covered. Generic oral contraceptives covered at 100%.
<ul style="list-style-type: none"> Out-of-Network 	Not covered	Not covered	Not covered
Mail Order			
<ul style="list-style-type: none"> Coinsurance 	\$15 copay per 90-day supply	\$20 copay per 90-day supply for generic drugs and \$40 copay for preferred brand-name drugs and \$80 copay for non-preferred drugs. Generic oral contraceptives covered at 100%	\$30 copay per up to 100-day supply for generic and brand name drugs. Non-formulary drugs are not covered. Generic oral contraceptives covered at 100%

Prescription Drug Coverage Comparison Most/Local 77 Plans

Plan Features	Kaiser Permanente	Aetna Preventive	Aetna Traditional
Annual out-of-pocket Maximum	Rx copays do not apply to out-of-pocket maximum.	\$1,200	\$1,200
Retail			
• Days' Supply	30-day	31-day	31-day
• Coinsurance	You pay \$15 copay for generic drugs; \$30 copay for brand name drugs.	You pay 30% of actual cost of generic drug; 40% of cost for brand drugs*	You pay 30% of actual cost of generic; 40% of cost for brand drugs*
• Minimum Coinsurance	Not applicable	\$10 or actual cost of drug if less.	\$10 or actual cost of drug if less
• Monthly out-of-pocket Maximum	Not applicable	\$100 per prescription	\$100 per prescription
• Out-of-Network	Not covered	Not covered	Not covered
Mail Order			
• Coinsurance	Generic: \$45 copay Brand: \$90 copay	You pay 30% of actual cost of generic drug; 40% of cost for brand drugs	You pay 30% of actual cost of generic; 40% of cost for brand drugs
• Minimum Coinsurance	Not applicable	\$30 or actual cost of drug if less.	\$30 or actual cost of drug if less.
• Monthly out-of-pocket Maximum	Not applicable.	\$200 per prescription	\$200 per prescription

*Coinsurance exceptions:

- City pays \$20 towards cost of proton pump inhibitors and non-sedating antihistamines and you pay the remaining amount, whether medication is purchased over-the-counter or is a brand name drug
- You pay 10% of cost for generic and 20% for brand drugs for anti-high cholesterol, asthma, and tobacco cessation drugs
- Diabetic drugs and supplies have special copays: \$5 copay for generic, \$15 copay for brand

Dental Plan Options

There are two dental plans: Delta Dental of Washington (DDWA) and Dental Health Services (DHS).

Delta Dental of Washington

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. To locate a DDWA network provider, search <https://www.deltadental.com/us/en/find-a-dentist.html>. For claim issues or appeals, please call (206) 522-2300 or 1-800-554-1907.

Selecting an in-network DDWA dentist means:

- The portion of the dental bill you pay is smaller than if you use a non-network dentist.
- You do not need to submit a claim - the dentist's office will submit the claim form.
- After you pay your portion of the bill, you will not be balance-billed 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 DDWA 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 (children only, up to age 26)

Pre-treatment estimates are recommended. The orthodontia benefit is paid at a 50% level to a lifetime maximum of \$1,500 for each eligible child. **NOTE:** for children who are already in treatment when joining the City's DDWA plan, DDWA will prorate claim payment(s) based on the original banding date and remaining balance. The dental office needs to contact DDWA customer service for patient-specific details.

Plan Ahead

Use your health care Flexible Spending Account to pay your portion of orthodontia with pretax dollars.

Dental Plan Options

ID Cards

Delta Dental of Washington (continued)

You will receive your DDWA ID card about 2 weeks following your dental plan selection. However, a card is not needed to access care – simply let your provider know you are covered under a City of Seattle plan, and they will ask you some information to identify you and confirm your benefits and eligibility. You can also set up your online account or Go Mobile at <https://www.deltadentalwa.com/tools-and-resources>.

Dental Plan Options

Dental Health Services

If you select DHS, you can only receive services from an in-network dentist or dental practice – there is no out-of-network benefit available. In some instances, the DHS plan may provide a greater benefit for services received than DDWA but, the list of in-network dentists and clinics is much smaller than DDWA and you **must see** an in-network, DHS-participating dentist or clinic for services to be covered.

Selecting a DHS dentist means:

- There are no deductibles and no annual maximums
- There are no incentive-level services

To begin, visit: <http://www.dentalhealthservices.com/> and click “Plan Members” – from here, you will be able to:

- Search for a DHS dentist/clinic and to set up your online account.
- If you provided a personal email to the City during your on-boarding, that address is on file with DHS and should be used on the **Register Member** screen when setting up your account.
- If your personal email wasn’t provided or doesn’t work on the **Register Member** screen, contact DHS directly at (206) 849-7100 to request your Member Number.

Accessing Care

(Notify DHS once you’ve selected your care provider)

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. **NOTE:** for members who are already in treatment when joining the City’s DHS plan, there is **no** transition of care; the orthodontia benefit is available for new patients only.

Plan Ahead

Use your health care Flexible Spending Account to pay your portion of orthodontia with pretax dollars.

ID Cards

You will receive your DHS ID card about 2 weeks following your dental plan selection.

Dental Plan Comparison

The table on the next page compares the coverages offered by the two dental plans

Dental Plan Options

Dental Health Services

If you select DHS, you can only receive services from an in-network dentist or dental practice – there is no out-of-network benefit available. In some instances, the DHS plan may provide a greater benefit for services received than DDWA but, the list of in-network dentists and clinics is much smaller than DDWA and you **must see** an in-network, DHS-participating dentist or clinic for services to be covered.

Selecting a DHS dentist means:

- There are no deductibles and no annual maximums
- There are no incentive-level services

To begin, visit: <http://www.dentalhealthservices.com/> and click “Plan Members” – from here, you will be able to:

- Search for a DHS dentist/clinic and to set up your online account.
- If you provided a personal email to the City during your on-boarding, that address is on file with DHS and should be used on the **Register Member** screen when setting up your account.
- If your personal email wasn’t provided or doesn’t work on the **Register Member** screen, contact DHS directly at (206) 849-7100 to request your Member Number.

Accessing Care
(Notify DHS once you’ve selected your care provider)

Payment of Basic Services

Diagnostic and preventive visits are covered at 100%. There are 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. **NOTE:** for members who are already in treatment when joining the City’s DHS plan, there is **no** transition of care; the orthodontia benefit is available for new patients only

Plan Ahead

Use your medical Flexible Spending Account to pay your portion of orthodontia with pretax dollars.

ID Cards

You will receive your DHS ID card about 2 weeks following your dental plan selection.

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	\$2,000 per person per year	No Annual Maximum.
Diagnostic and Preventive (routine and emergency exams, x-rays, cleaning, fluoride treatment, sealants)	Class I: Incentive payments levels 1 st Year – 70% 2 nd Year – 80% 3 rd Year – 90% 4 th Year – 100%	Paid at 100%. Two additional cleanings for pregnant women, up to four cleanings.
Fillings	Class II: Paid at incentive levels shown above	Composite fillings for all teeth covered at no extra charge.
Crowns	Class II: Paid at incentive levels shown above	\$70 noble, \$100 high noble or titanium, \$125 upgraded, specialized porcelain if applicable per unit. (Non-specialized porcelain is paid at 100%)
Prosthodontic Services (Dentures, Bridges)	Class III: Constant 50%	Dentures: Paid at 100% except for upgrades. Bridges \$70 noble, \$100 high noble or titanium, \$125 upgraded, specialized porcelain if applicable per unit. (Non-specialized porcelain paid at 100%)
Orthodontia	Available for Child Only	Available for Child & Adult
For DDWA: transition of care available for new members already in treatment (see DDWA Orthodontia – prior page)	Plan pays 50% up to lifetime maximum of \$1,500.	\$400 copay. \$150 pre-orthodontic service copay, which includes: Initial orthodontic exam: \$25 Study models/x-rays: \$125
For DHS: new cases only – no transition of care for new members already in treatment who join the City's DHS	Benefits provided for eligible employees, spouse/partner, and dependent unmarried children under age 26 (through 25)	Benefits provided for eligible employees, spouse/partner, and dependent unmarried children under age 26 (through 25)
Choice of Providers	In-Network: Any contracted provider. Out-of-Network: Expenses paid will be based on actual charges or Delta Dental of Washington'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. 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%
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%
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 \$5,000 lifetime maximum
Dental Implants	Constant 50%	Call DHS Office at 206-788-3444 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

2019 Monthly Dental Premiums for I.B.E.W. Local 77 Represented City Employees

Dental Plan	Total Monthly Premium	City Pays	Employee Pays
Delta Dental of Washington	\$111.39	\$111.39	\$0.00
Dental Health Services	\$175.59	\$175.59	\$0.00

New Employees: Remember - You have 30 days from your hire date to enroll in the medical, dental, vision and most optional insurance plans.

Vision Coverage

Plan Ahead	<p>The City offers a vision plan through VSP, which is fully paid by the City. Receive services from any vision provider, but your out-of-pocket expenses will be lower if you choose a doctor or vision facility that is preferred with the VSP network. Find network providers, create your online account, review Special Offers, and more at www.vsp.com</p> <p>Expenses in excess of the co-payments, in-network allowances and out-of-network scheduled amounts are not covered by the plan. Use your FSA to pay for these expenses with pre-tax dollars.</p>
ID Cards	<p>VSP does not issue ID cards - your network doctor or facility will be able to access your eligibility and coverage. You can print an ID card, one once you set up your online account.</p>

Vision Benefits

Plan Benefit <i>Benefit Frequency is every calendar year unless otherwise noted</i>	VSP Plan <i>(City pays premium)</i>
WellVision Exam	\$10 copay
Prescription Glasses	\$25 copay
Frames <i>Every other calendar year</i>	\$150 allowance for select frames \$170 allowance for featured frame brands 20% savings on amounts over allowance
Lenses	Copay included in Prescription Glasses <i>Includes: single vision, lined bifocal, and lined trifocal Polycarbonate lenses for dependent children</i>
Lens Enhancements	Standard progressive* lenses: \$50 Premium progressive* lenses: \$80-\$90 Custom progressive* lenses: \$120-160
Contact Lenses <i>(instead of glasses)</i>	\$120 allowance for contacts and contact lens fitting and evaluation (no copay)

** Progressive lenses are no-lined multi-focal with a clear, smooth transition between focals. Photochromic lenses are clear indoors and darken automatically when exposed to sunlight*

Vision Coverage (continued)

Additional Vision Benefits

Extra Savings www.vsp.com/specialoffers to view updated discounts and member extras	Glasses and Sunglasses Extra \$20 for featured frame brands 20% savings on additional glasses and sunglasses, including lens enhancements <ul style="list-style-type: none"> • <i>Must be within 12 months of your last WellVision exam from any VSP provider</i>
	Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision exam
	Laser Vision Correction Average of 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities

Your Coverage with Out-of-Network Providers (Visit www.vsp.com for additional details)

Exam	Up to \$45
Frames	Up to \$70
Single Vision Lenses	Up to \$30
Lined Bifocal Lenses	Up to \$50
Lined Trifocal Lenses	Up to \$65
Progressive Lenses	Up to \$50
Contact Lenses	Up to \$105

Coordination of Benefits*: when there are 2 City of Seattle VSP plans in place, the secondary City VSP plan will typically pay at least the copayments remaining after the primary City VSP plan makes payment.

**While having 2 VSP plans may cover some of the out-of-pocket (either City plan or a City plan and another VSP plan), there is no guarantee that all out-of-pocket expenses will be paid in full by a secondary plan. Claim payment determination is made by VSP.*

2019 Monthly Vision Premiums for I.B.E.W. Local 77 Represented City Employees

Vision Plan	Total Monthly Premium	City Pays	Employee Pays
VSP	\$11.87	\$11.87	\$0.00

Optional Insurance

Optional Insurance Choices

The following is a list of all your optional insurance choices. The City of Seattle offers paid Basic Long-Term Disability Insurance and shares the cost of Group Term Life Insurance with you. Accidental Death and Dismemberment premiums are paid in full by the employee. You can purchase additional insurance coverage within 30 days of your hire date, during an Open Enrollment period, or within 30 days of a qualifying change in family status.

- Supplemental Long-Term Disability insurance for yourself
- Life insurance for yourself and family members
- Accidental Death and Dismemberment (AD&D) insurance for yourself and family members

Optional Insurance – Long-Term Disability

Basic Long-Term Disability (LTD)

The basic benefits package provided by the City includes a Long-Term Disability (LTD) policy that will pay you a portion of your monthly pay if you are sick or injured and cannot work. If you are disabled according to the plan definition, the benefit will combine with other income sources, if any, to pay you up to \$400 per month after a 90-day waiting period while you are unable to perform with reasonable continuity the material duties of your own occupation (first 24 months) or any occupation (after 24 months).

Supplemental LTD

The City offers the opportunity to purchase additional LTD coverage. The additional LTD protection will combine with other income sources, if any, to provide you with 60% of your monthly base pay over \$667 up to a maximum \$8,333 of monthly base pay.

How Much Will Additional Disability Coverage Cost?

If you do not sign up for Supplemental LTD coverage as a new employee, you can elect to add Supplemental LTD earnings protection during a subsequent Open Enrollment period; however, you will have a longer exclusion period of 2 years for pre-existing conditions.

The cost for this additional level of earnings protection is figured according to the following formula:

Subtract \$667 from your base monthly pay.
Multiply the remaining amount by .00585.

For example, if your base monthly pay is \$2,000, your monthly premium would be \$7.79 per month.
($\$2,000 - \$667 = \$1,333 \times .00585 = \$7.79/\text{month}$)

Your monthly cost will increase each time your pay increases.

Optional Insurance – Long-Term Disability

How to Decide if You Need Supplemental LTD

When deciding whether or not to purchase Supplemental LTD, ask yourself the following questions:

1. If I were unable to work for a period of time, would I be able to support myself/family on the basic benefit of \$400 per month?
2. Do I have personal savings or other sources of income to maintain my current lifestyle if I am unable to work?

If you answer “no” to either of these questions, you may want to consider purchasing Supplemental LTD coverage.

If you are currently eligible to receive a retirement benefit from the City or you were to leave employment if you became disabled, you may not want to elect this coverage because the maximum LTD benefit you would receive under those circumstances would be \$100 per month.

New Employees: Remember - You have 30 days from your hire date to enroll in the medical, dental, vision and optional insurance plans.

Optional Insurance – Group Term Life

Group Term Life (GTL) Insurance

The City provides two levels of optional Term Life Insurance: Basic and Supplemental. The City and you pay for Basic Life Insurance; you pay the full cost for Supplemental Life Insurance. You can sign up for Group Term Life Insurance within 30 days of your hire date, during an Open Enrollment period, or within 30 days of a qualifying change in family status. The plan includes travel assistance benefits for you and your covered family members when you travel 100 miles or more from home or internationally; for more information, see www.seattle.gov/personnel/benefits/optional/life.asp

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.

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 \$0.054 times each \$1,000 of coverage.

For example, if your salary is \$78,600 per year, round it up to \$79,000. Your coverage amount is \$118,500 (Calculation: $\$79,000 \times 1.5 = \$118,500$). Your premium is \$6.40 per month (Calculation: $\$0.054 \times 118.50$).

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 than your active employee coverage 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's 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
		\$30,000.01 – \$31,000	\$46,500	\$2.51	\$1.67
	\$31,000.01 – \$32,000	\$48,000	\$2.59	\$1.73	\$4.32
	\$32,000.01 – \$33,000	\$49,500	\$2.67	\$1.78	\$4.45
	GTL Limited	\$50,000	\$2.70	\$1.80	\$4.50
	\$33,000.01 – \$34,000	\$51,000	\$2.75	\$1.84	\$4.59
	\$34,000.01 – \$35,000	\$52,500	\$2.84	\$1.89	\$4.73
	\$35,000.01 – \$36,000	\$54,000	\$2.92	\$1.94	\$4.86
	\$36,000.01 – \$37,000	\$55,500	\$3.00	\$2.00	\$5.00
	\$37,000.01 – \$38,000	\$57,000	\$3.08	\$2.05	\$5.13
	\$38,000.01 – \$39,000	\$58,500	\$3.16	\$2.11	\$5.27
	\$39,000.01 – \$40,000	\$60,000	\$3.24	\$2.16	\$5.40
	\$40,000.01 – \$41,000	\$61,500	\$3.32	\$2.21	\$5.53
	\$41,000.01 – \$42,000	\$63,000	\$3.40	\$2.27	\$5.67
	\$42,000.01 – \$43,000	\$64,500	\$3.48	\$2.32	\$5.80
	\$43,000.01 – \$44,000	\$66,000	\$3.56	\$2.38	\$5.94
	\$44,000.01 – \$45,000	\$67,500	\$3.65	\$2.43	\$6.08
	\$45,000.01 – \$46,000	\$69,000	\$3.73	\$2.48	\$6.21
	\$46,000.01 – \$47,000	\$70,500	\$3.81	\$2.54	\$6.35
	\$47,000.01 – \$48,000	\$72,000	\$3.89	\$2.59	\$6.48
	\$48,000.01 – \$49,000	\$73,500	\$3.97	\$2.65	\$6.62
	\$49,000.01 – \$50,000	\$75,000	\$4.05	\$2.70	\$6.75
	\$50,000.01 – \$51,000	\$76,500	\$4.13	\$2.75	\$6.88
	\$51,000.01 – \$52,000	\$78,000	\$4.21	\$2.81	\$7.02
	\$52,000.01 – \$53,000	\$79,500	\$4.29	\$2.86	\$7.15
	\$53,000.01 – \$54,000	\$81,000	\$4.37	\$2.92	\$7.29
	\$54,000.01 – \$55,000	\$82,500	\$4.46	\$2.97	\$7.43
	\$55,000.01 – \$56,000	\$84,000	\$4.54	\$3.02	\$7.56
	\$56,000.01 – \$57,000	\$85,500	\$4.62	\$3.08	\$7.70
	\$57,000.01 – \$58,000	\$87,000	\$4.70	\$3.13	\$7.83
	\$58,000.01 – \$59,000	\$88,500	\$4.78	\$3.19	\$7.97
	\$59,000.01 – \$60,000	\$90,000	\$4.86	\$3.24	\$8.10
	\$60,000.01 – \$61,000	\$91,500	\$4.94	\$3.29	\$8.23
	\$61,000.01 – \$62,000	\$93,000	\$5.27	\$3.35	\$8.37
	\$62,000.01 – \$63,000	\$94,500	\$5.35	\$3.40	\$8.50
	\$63,000.01 – \$64,000	\$96,000	\$5.43	\$3.46	\$8.64
	\$64,000.01 – \$65,000	\$97,500	\$5.51	\$3.51	\$8.78
	\$65,000.01 – \$66,000	\$99,000	\$5.35	\$3.56	\$8.91
	\$66,000.01 – \$67,000	\$100,500	\$5.43	\$3.62	\$9.05
	\$67,000.01 – \$68,000	\$102,000	\$5.51	\$3.67	\$9.18

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	\$5.59	\$3.73	\$9.32
\$69,000.01 – \$70,000	\$105,000	\$5.67	\$3.78	\$9.45
\$70,000.01 – \$71,000	\$106,500	\$5.75	\$3.83	\$9.58
\$71,000.01 – \$72,000	\$108,000	\$5.83	\$3.89	\$9.72
\$72,000.01 – \$73,000	\$109,500	\$5.91	\$3.94	\$9.85
\$73,000.01 – \$74,000	\$111,000	\$5.99	\$4.00	\$9.99
\$74,000.01 – \$75,000	\$112,500	\$6.08	\$4.05	\$10.13
\$75,000.01 – \$76,000	\$114,000	\$6.16	\$4.10	\$10.26
\$76,000.01 – \$77,000	\$115,500	\$6.24	\$4.16	\$10.40
\$77,000.01 – \$78,000	\$117,000	\$6.32	\$4.21	\$10.53
\$78,000.01 – \$79,000	\$118,500	\$6.40	\$4.27	\$10.67
\$79,000.01 – \$80,000	\$120,000	\$6.48	\$4.32	\$10.80
\$80,000.01 – \$81,000	\$121,500	\$6.56	\$4.37	\$10.93
\$81,000.01 – \$82,000	\$123,000	\$6.64	\$4.43	\$11.07
\$82,000.01 – \$83,000	\$124,500	\$6.72	\$4.48	\$11.20
\$83,000.01 – \$84,000	\$126,000	\$6.80	\$4.54	\$11.34
\$84,000.01 – \$85,000	\$127,500	\$6.89	\$4.59	\$11.48
\$85,000.01 – \$86,000	\$129,000	\$6.97	\$4.64	\$11.61
\$86,000.01 – \$87,000	\$130,500	\$7.05	\$4.70	\$11.75
\$87,000.01 – \$88,000	\$132,000	\$7.13	\$4.75	\$11.88
\$88,000.01 – \$89,000	\$133,500	\$7.21	\$4.81	\$12.02
\$89,000.01 – \$90,000	\$135,000	\$7.29	\$4.86	\$12.15
\$90,000.01 – \$91,000	\$136,500	\$7.37	\$4.91	\$12.28
\$91,000.01 – \$92,000	\$138,000	\$7.45	\$4.97	\$12.42
\$92,000.01 – \$93,000	\$139,500	\$7.53	\$5.02	\$12.55
\$93,000.01 – \$94,000	\$141,000	\$7.61	\$5.08	\$12.69
\$94,000.01 – \$95,000	\$142,500	\$7.70	\$5.13	\$12.83
\$95,000.01 – \$96,000	\$144,000	\$7.78	\$5.18	\$12.96
\$96,000.01 – \$97,000	\$145,500	\$7.86	\$5.24	\$13.10
\$97,000.01 – \$98,000	\$147,000	\$7.94	\$5.29	\$13.23

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.

This coverage is subject to various election rules:

- You may purchase up to four times your base salary in Supplemental Term Life Insurance for yourself, in \$5,000 increments. For example, if your salary is \$34,000 and you purchase four times your base salary ($\$34,000 \times 4 = \$136,000$), the maximum you can elect is \$135,000.
- 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.
- You may purchase \$2,000, \$5,000 or \$10,000 of coverage. Electing one Child Life Optional Insurance plan covers all of your eligible dependent children. Children may be covered up to age 26 (through age 25).

Election rules also state:

- 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.
- If you do not sign up when first eligible, you must submit a Medical History Statement and your coverage will be subject to approval.
- 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

How to Decide if You Need Life Insurance

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.

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	\$.026
30-34	\$.039
35-39	\$.052
40-44	\$.073
45-49	\$.123
50-54	\$.188
55-59	\$.292
60-64	\$.447
65+	\$.778

Supplemental GTL for Children	
Amount of coverage	Monthly cost*
\$2,000	\$0.36
\$5,000	\$0.90
\$10,000	\$1.80

*Cost covers all children.

Costs for Covering Your 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.

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.

In addition, the plan has travel assistance benefits for you and your covered family members when you travel 100 miles or more from home or internationally. Locate the travel assistance program guide and wallet card at www.seattle.gov/personnel/benefits/optional/add.asp.

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.

New Employees: Remember - You have 30 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 are administered by Navia Benefit Solutions. The FSAs allow you to set aside pre-tax dollars from your paycheck (\$120 annual minimum, \$2,650 annual maximum for Health Care FSA plan or \$5,000 for Day 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.

You can enroll in the flexible spending accounts either: (1) within 30 days of your hire date through Employee Self-Service, (2) during an Open Enrollment period, or (3) within 30 days of a qualifying change in family status. **To continue participating, you must re-enroll each year during open enrollment.**

There are two types of FSA Plans:

Health Care FSA Account

Health Care FSA – allows you to set aside money (\$2,650 annual maximum per employee) 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. Find eligible expenses at www.naviabenefits.com/participants/resources/expenses/?benefit=health-care-fsa

You may carry over up to \$500 of unused health care FSA funds into the following plan year if it results in a minimum account balance of \$120. Amounts above \$500 left in the account at the end of the year cannot be refunded.

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 or seek employment (\$5,000 annual maximum per household). Unused Day Care FSA funds will not carry over to the following plan year.

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. Find eligible day care expenses at www.naviabenefits.com/participants/resources/expenses/?benefit=day-care-fsa

**Set up Your
Online FSA
Account**

Create your online account using your personal email address and the **Company Code: CS1**, shop the FSA store, submit a claim for reimbursement, manage your MyNavia Card, and more at www.naviabenefits.com. For claim issues or appeals, please call (206) 425-452-3500 or 1-800-669-3539. Find eligible expenses at www.naviabenefits.com/participants/resources/expenses/?benefit=health-care-fsa

Benefits Card

The Navia Benefits Card is a debit card that allows you to access your Health Care FSA funds directly, instead of paying out-of-pocket and waiting for reimbursement. The card will not be sent to you automatically – once you set up your online account, you can request the Benefits Card through your portal. You may complete the **Benefits Card/Direct Deposit Request Form** at seattle.gov/personnel/benefits/optional/flexible.asp and send the completed form to Navia.

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 Resources for Living. Services also include child care referral, elder care information, and financial and legal consultation. No enrollment is necessary.

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 Resources for Living, 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).

WW (formerly Weight Watchers)

The City of Seattle provides special savings on selected weight-loss solutions. Save 50% on WW 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.

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 WW members is 700 Fifth Avenue, Seattle WA 98104. For pricing, reimbursement form, and WW workshop 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. Sign up through [Employee Self-Service](#) for regular automatic deductions. Check [inweb/seattleshares](#) for more information.

Career Quest

Career Quest is a career management program that provides customized career development opportunities for employees to broaden their skills or seek assistance with their long-term career goals. The program offers career coaching and workshops. To be eligible, you must be a regular City employee, have worked at least one year, and be committed to developing new skills and competencies. For more information, please email CareerQuest@seattle.gov.

Work Life Programs

Alternative Dispute Resolution (ADR)

The ADR program provides dispute resolution training and services for City of Seattle departments and employees, so that they can develop skills and opportunities to prevent, resolve, or manage workplace conflict in a collaborative manner.

ADR staff helps you determine the best conflict resolution process to fit your needs and the dispute at hand. Many employees find that simply talking with the ADR staff gives them the tools and confidence to resolve the dispute themselves.

MyTrips

Others find that mediation is an effective and powerful process for resolving disputes. ADR also offers facilitated conversations and sponsors training in the area of conflict resolution.

This is a voluntary, confidential program. Call 206-615-1692 or e-mail Vivien.Sharples@seattle.gov for more information.

Transit Pass Subsidy and Tax Savings Program

The City of Seattle encourages employees to use alternatives to driving alone to work. City of Seattle employees are eligible to receive an ORCA Passport which pays full fare for all land-based transit, King County Water Taxi, and Kitsap Fast Ferry. Employees who use WA State Ferry may instead choose to receive up to \$99 per month towards a walk-on, passenger-only pass. City employees that using transit, vanpool/carpool, and/or bike to work are also eligible for an emergency ride home and may also receive discounted membership in Zipcar.

Visit your employee transit benefit website: mytrips.seattle.gov to find out more about your program.

The Internal Revenue Code allows up to \$265 per month (less City subsidy) for transit passes to be deducted from paychecks on a pre-tax basis. Employees who purchase a payroll-deducted transit pass are automatically enrolled in the pre-tax plan.

For more information and to apply online, go to mytrips.seattle.gov, your employee commute options program website.

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

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 medical appointments, personal illness, injury or disability which makes you temporarily unable to perform your job or when you are absent because of medical appointments, illness, injury or disability of your spouse or domestic partner, parent, grandparent, sibling, grandchild or dependent child. Sick leave may also be requested for the non-medical care of a newborn or child recently placed for adoption, foster care or legal guardianship, closure of your worksite or your child's school or place of care by a public health official and for reasons related to domestic violence, sexual assault or stalking. You are eligible to use available sick leave hours after 30 days of employment.

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 medical documentation to verify your absence. You may also need to provide return to work certification. 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

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:

- 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.
- 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.
- You have used your sick leave balance judiciously.
- You are not eligible for benefits under SMC Chapter 4.44 or under the State Industrial Insurance and Medical Aid Acts.

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.

For more information on sick leave transfer, see Personnel Rule 7.7.5 and your department's policies.

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 2019 holiday schedule.

New Year's Day	Tuesday, 1/1/2019
Martin Luther King Jr. Day	Monday, 1/21/2019
President's Day	Monday, 2/18/2019
Memorial Day	Monday, 5/27/2019
Independence Day	Thursday, 7/4/2019
Labor Day	Monday, 9/2/2019
Veterans' Day	Monday, 11/11/2019
Thanksgiving Day	Thursday, 11/28/2019
Day following Thanksgiving	Friday, 11/29/2019
Christmas Day	Wednesday, 12/25/2019

The 2020 New Year's Day holiday will be Wednesday, January 1.

You must use your 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

Floating Holidays

You will be credited with two floating (personal) holidays on January 1 of each year. Individuals with 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!

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.

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.

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](#) 7.8 at: seattle.gov/personnel/resources/rules.asp

Leave Policies

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 7.9](#) at: seattle.gov/personnel/resources/rules.asp.

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

Paid Family Care Leave

The City provides up to four weeks per a rolling 12 months for an employee to care for a FMLA qualifying family member with a serious health condition, whose sick leave balance has been reduced to a maximum of two weeks and vacation to a maximum of one week, and has available FMLA entitlement hours. Employees are not eligible to use the leave until after having completed a consecutive six months of employment in a benefitted position or temporary assignment. Hours are pro-rated for part-time employees. The leave expires after one year or sooner if the qualifying condition ends.

Paid Parental Leave

The City of Seattle's Paid Parental Leave program provides eligible employees up to 12 weeks paid leave to bond with their new child, pro-rated for part time employees. Regular or temporary employees who are benefits-eligible per Seattle Municipal Code Subsection 4.20.055(C) who have worked at least 6 months in the benefit eligible position will receive eight weeks of leave, with up to four additional weeks of leave based on vacation and sick leave balances if they experience the following qualifying event on or after January 1, 2017:

- Birth of a child
- Placement of a child for adoption
- Placement of a child for foster care
- Placement of a child for legal guardianship

The employee must use the leave by the first anniversary of the child's birth or placement. If an employee has two qualifying events in a single 12-month period, they may only use up to 480 hours of their eligible Paid Parental Leave to bond with children in multiple qualifying events.

The employee would not be eligible for additional leave until after the first 12-month period. For more information and the application form, go to the Paid Parental Leave page at:

<http://www.seattle.gov/personnel/benefits/paidparentalleave.asp>.

Sabbatical Leave

You may 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.

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

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 Nationwide. 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 or after-tax (Roth) 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, reach out to an on-site Deferred Compensation education consultant in the Seattle Municipal Tower (floor 16, suite 1635) at 206-447-1924. Education consultants are available Monday through Friday during normal business hours. Or please contact Nationwide at 855-550-1757. Customer Service Representatives are available from 5:00 am to 8:00 pm Pacific Time, Monday through Friday and Saturday 6:00 am to 3:00 pm. You can also access your account 24/7 on the [Plan website](#).

- You may start, stop or change the amount of your deferrals (contributions) at any time at www.cityofseattledeferredcomp.com or by calling 855-550-1757.
- 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 www.cityofseattledeferredcomp.com.
- You do not pay federal income tax on your pre-tax money until it is withdrawn.
- You can apply for a loan, not to exceed the lesser of \$50,000 or half your account balance.
- 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 Trust Committee.
- You can contribute 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.
- 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
2019	\$19,000	\$6,000

Retirement

City Retirement System

If you are hired into a civil service job, you automatically become a member of the Seattle City Employees' Retirement System (SCERS). You contribute a percentage of your salary to the retirement fund through payroll deduction (taken pre-tax). If you are an exempt employee (Civil Service Exempt), membership is optional and you may enroll at any time.

SCERS II is a new Retirement Plan for eligible City of Seattle employees hired January 1, 2017 or later. The new plan helps ensure a healthy retirement fund for City of Seattle retirees for years to come. SCERS II is part of a competitive benefits package that stacks up against national and regional averages.

Comparison Chart

Both SCERS I and SCERS II essentially work the same way and many provisions between the two plans are the same. This table summarizes the most significant differences between SCERS I and SCERS II.

	SCERS I	SCERS II
Employee Contribution Rate	10.03 percent	7.0 percent
Final Average Salary	Highest 52 pay periods	Highest 130 pay periods
Minimum Retirement Age	Active employees are eligible after reaching: <hr/> 5 to 9 service years and age 62 <hr/> 10 to 19 service years and age 57 <hr/> 20 to 29 service years and age 52 <hr/> 30 or more service years and any age	<i>Active employees are eligible after reaching:</i> <hr/> 5 to 9 service years and age 60 <hr/> 10 to 19 service years and age 57 <hr/> 20 or more service years and age 55
Earned Benefit Per Year of Service Multiplier	Maximum 2 percent. Refer to table in SMC 4.36.605.	Maximum 1.75 percent. Refer to table in SMC 4.36.608.
Minimum Benefit Calculation	Contributions plus interest times two.	Benefit is calculated using age and length of service. See table in SMC 4.36.608.

**Retirement
System Death
Benefit**

How will SCERS II impact you?

- Existing members hired and enrolled before January 1, 2017 will continue in SCERS I.
- New members hired January 1, 2017 or later will be enrolled in SCERS II, unless they have service time eligible for redeposit in SCERS I.
- After January 1, 2017, exempt or eligible temporary employees whose eligibility date is before January 1, 2017 will be enrolled in SCERS I should they elect to join the Retirement System. They will then have *the option to switch to SCERS II within 60 days*. Those who make the permanent election to switch will forfeit the right to purchase retirement service credit earned before their election to join SCERS.
- After January 1, 2017, former SCERS I members who withdrew their contributions, returned to City employment, and are eligible to redeposit will be re-enrolled in SCERS I with *the option to switch to SCERS II within 60 days*. Those who make the permanent election to switch will forfeit the right to redeposit retirement service credit earned in SCERS I.

If you are a former City employee and are interested in purchasing service credit toward retirement based on your previous employment, you can contact the Retirement Office for details about whether you are eligible.

If you have worked for the state or other local governments, you may be eligible to combine your service time to qualify for retirement.

For more information call the City of Seattle Retirement Office at 206-386-1292, visit their website at seattle.gov/retirement or email the Retirement Office at City.Retirement@Seattle.gov.

This document is a guide to be used in conjunction with the Seattle Municipal Code, Section 4.36. The rules governing member retirement benefits are contained in the Seattle Municipal Code (SMC). If there are any conflicts between what is written in this document and what is contained in the code, the applicable code will govern.

Active employees are automatic members of the Death Benefit Program. Retirees may choose whether to retain this benefit. The benefit is \$2,000 and payable only to the beneficiary. The premium is \$12.00 per year, deducted from the first paycheck of the year. The benefit has no cash value for the retiree.

Glossary

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.
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 70 th 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 Seattle Department of Human Resource's Benefits Unit can be reached at 206-615-1340.

Aetna	877-292- 2480	Aetna.com Custom Doc Find: aetna.com/dsepublic/#/cityofseattle
Kaiser Permanente	888-901-4636	KP.org/wa
VSP	800- 877-7195	vsp.com Click on "Members"
Delta Dental of Washington (DDWA)	206-522-2300 or 800-554-1907	DeltaDentalWa.com
Dental Health Services	206-788-3444 877-495-4455	DentalHealthServices.com/cityofseattle
Nationwide Retirement Local Representative	855-550-1757 206-447-1924	www.cityofseattledeferredcomp.com
Employee Assistance Program	888-272-7252 TTY:888-879-8274	Resourcesforliving.com User name: city of seattle Password: city of seattle
Life, AD&D, LTD		Your department's Benefits Representative
Alternative Dispute Resolution	206-615-0089 206-615-1692 TTY: 206-684-7888	sdhrweb/adr/default.asp
Health/Day Care Flexible Spending Accounts	800-669-3539	naviabenefits.com
City's Benefits Unit	206-615-1340	seattle.gov/personnel/benefits/home.asp
Employee Self-Service		seattle.gov/ess/