



City of Seattle

2013 New Employee
Benefits Orientation –
Most Employees

Benefits Orientation Topics

- Medical, dental and vision plans, optional insurances, and other work/life benefits.
- Answer your questions
- Additional resources.

Employee Responsibilities

- Dependent eligibility verification
- 31 days to enroll.
- Family status change.

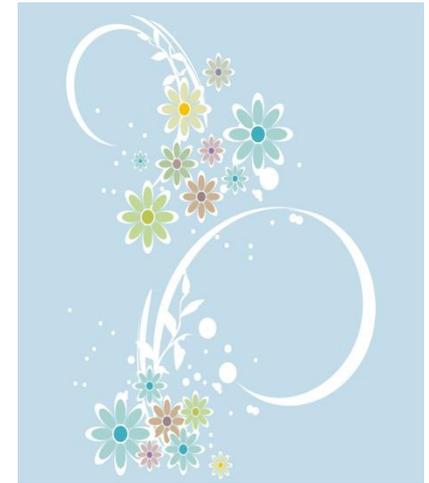


Medical Plan Options

- Preventive Plan (Aetna)
- Traditional Plan (Aetna)
- Group Health Cooperative Standard Plan
- Group Health Cooperative Deductible Plan

Premium Payments

- Premium sharing.
- Pre-tax deductions.
- Dental, Basic Vision plan, and Vision Buy-Up plan premiums.



2013 Monthly Medical Premiums

Plan	EE Only	With Spouse or Partner*	Total Paid
City Preventive	\$48.12	\$98.50	\$1,074.61
City Traditional	\$0.00	\$32.34	\$972.32
Group Health Standard	\$48.40	\$99.90	\$1,063.65
Group Health Deductible	\$25.00	\$56.92	\$979.61

Children are included in all amounts.

***Provided they are IRS tax dependents.**

2013 New Employee
Benefits Orientation - Most

Aetna: Preferred Provider Organization

- Managed care organization.
- In- and out-of-network coverage.
- Self-refer.
- Aexcel.



2013 New Employee
Benefits Orientation - Most

City of Seattle Preventive Plan

In-Network Provider:

- Deductible.
- Office visit co-pay.
- Preventive care coverage.
- Varied co-pays for selected services.
- Out-of-pocket maximum.

City of Seattle Preventive Plan

Out-of-network provider:

- Deductible.
- Co-pays for selected services.
- Annual out-of-pocket maximum.
- May pay additional amounts.

City of Seattle Traditional Plan

In-network provider:

- Deductible.
- Annual out-of-pocket maximum.
- Varied co-pays for most services.



City of Seattle Traditional Plan

Out-of-network provider:

- Deductible.
- Annual out-of-pocket maximum.
- Varied co-pays for most services.



Prescription Drug Coverage (Preventive and Traditional)

Retail

- 31-day supply.
- Co-insurances.
- Annual out-of-pocket maximum.

Prescription Drug Coverage (Preventive and Traditional)

Aetna Rx Home Delivery (Mail Order)

- Coinsurance.
- Minimum co-pay.
- Maximum co-pay.

Group Health Cooperative

- Integrated system.
- GH doctors and facilities.
- Self-refer.



Group Health Standard Plan

- No deductible.
- Office visit co-pay.



Group Health Deductible Plan

- Deductible.
- Office visit co-pay.
- Similar coverage as Standard Plan.



Group Health Standard Plan Prescription Drug Coverage

Retail

- Copays

GH Mail Order Program

- Copays

Group Health Deductible Plan Prescription Drug Coverage

Retail

- Copays

GH Mail Order Program

- Copays



Where to Find More Information

All Medical Plans

- seattle.gov/personnel/benefits/health/medical.asp

Preventive & Traditional Plans

- AetnaNavigator.com

Group Health Plans

- GHC.org

Accept or Decline Coverage



Employee Wellness Programs

- Employee Assistance Program.
- Quit Tobacco Program.
- Weight Watchers savings.
- Health seminars and screenings:
personnelweb/benefits/home.aspx.

Dental Plans

- Washington Dental Service
- Dental Health Services

Washington Dental Service

- Dental network.
- Annual Deductible.
- Annual Maximum.
- Incentive payment plan.
- Orthodontia.
- TMJ not covered.



Dental Health Services

- Limited network.
- No annual deductible/annual maximum.
- Copays and fees.
- Orthodontia.
- TMJ.

Vision Services Plan

VSP Provider (in network):

Basic Plan (No Cost):

- Eye exam.
- Lenses and frames.
 - Special lenses.
 - Contact lens.

Vision Services Plan

Non VSP provider (out of network): Basic Plan (No Cost):

- Eye exam.
- Lenses and frames.
 - Lined/unlined lenses.
 - Contact lenses.



Vision Services Plan

If you use a VSP Provider:

Buy-Up Plan (Employee Paid Plan):

- Eye exam.
- Lenses and frames.
 - Lined/unlined lenses.
 - Contact lens.

Vision Services Plan

**If you do NOT use a VSP provider:
Buy-Up Plan (Employee Paid Plan):**

- Eye exam.
- Lenses and frames.
 - Lined/unlined lenses.
 - Contact lens.



Flexible Spending Account Programs

- Health Care Flexible Spending Account Program.
- Dependent Care (day care) Assistance Program.

Basic and Supplemental Long Term Disability (LTD)

- Salary replacement.
- Basic Long-Term Disability.
- Supplemental Long-Term Disability.
 - If you don't elect when hired.



Basic Group Term Life Insurance

- Basic GTL plan provisions.
- Premiums.
- Guaranteed acceptance if enrolled when hired.

Supplemental Group Term Life Insurance

- Supplemental GTL provisions.
- Spouse/Domestic Partner coverage.
- Dependent children coverage
- If you don't elect when hired.



Long-Term Care Insurance

- Enroll within 31 days of hire.
- Personal care for an extended period as result of injury or illness.
- Premiums direct billed.
- Eligible family members.
- Portability.

Accidental Death and Dismemberment (AD&D)

- Death benefit due to accident.
- Loss of limb or paralysis.
- Coverage amounts.
- Dependent coverage.
- Premiums payments.

When Can I Change My Benefits?

- Open Enrollment.
- Dropping optional insurances.
- Change in family status.



City Retirement System

- Automatic enrollment.
- Your retirement contributions.
- Retirement Office.
- cityofseattle.net/retirement/default.htm

Deferred Compensation

- 457 Deferred Compensation Plan.
- Pre-tax payroll deductions.
- Contribution minimum and maximums.
- www.Prudential.com



Remember...

- **31 days** to enroll from hire date.
- Benefit related mailings.
- 31 days for changes in family status.
- Employee Benefits Guide.