



Seattle



Open Enrollment

Benefits Highlights for 2017

For Most, SPOG, and Local 77 City of Seattle Employees

October 3 to October 28*, 2016

*** Changes must be made by 5 pm on October 28**

*** For language resources, go to page 3**

Open Enrollment runs through 5 pm October 28, 2016.



City of Seattle

Edward B. Murray, Mayor

Seattle Department of Human Resources

Susan L. Coskey, Director

October 2016

Dear City Employee,

This package highlights information related to Open Enrollment*. The City is committed to offering our employees comprehensive benefit choices as part of their compensation package.

Open enrollment begins Monday, October 3 and ends Friday, October 28, 2016. This is the time of year when you can re-evaluate your benefits needs and make changes to benefits selections or beneficiaries for 2017.

Choices you can make during Open Enrollment

Most of your benefits will roll over to 2017 unless you make a change. **Health Care and Dependent Care (day care) flexible spending accounts are exceptions.** These accounts do not continue from 2016 and MUST be elected for 2017.

Other changes you can make through [Employee Self-Service](#) by October 28 at 5 pm include:

- Change medical plans.
- Add or discontinue dependent coverage.
- Add or discontinue beneficiaries.
- Add, increase, decrease, or discontinue AD&D insurance.
- Decrease, increase or discontinue supplemental life insurance.
- Discontinue supplemental long-term disability insurance.
- Continue or start contributions to the Seattle Shares Giving Campaign. If you are currently donating and do not make any changes, your donation will continue in 2017.

Questions?

Contact your department's [benefits representative](#) with your questions about Open Enrollment. For help reading or understanding this document, please see page 2 for resources.

Thank you for taking the time to review your 2017 benefits.

Sincerely,

Susan L. Coskey

Director, Seattle Department of Human Resources

** Not all of this information applies to represented LEOFF 1 and LEOFF 2 members.
See your department's Benefits Representative for details.*

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Changes to your benefits must be made by 5 pm on October 28, 2016

Between **October 3 and October 28**, you can make changes to your benefits coverage and add or drop dependents (see checklist on page 3). You must re-enroll if you wish to have a health care and/or dependent care Flexible Spending Account in 2017. Even if you do not wish to make any changes, we encourage you to go online and review/update your beneficiary information.

For accuracy and efficiency, make changes online through Employee Self-Service (ESS) Inweb at <http://selfservice.ci.seattle.wa.us/> or from PAN at www.seattle.gov; City Employee Resources link in Need Help? section. You can make changes as often as you want until 5:00 pm on October 28; the most recent changes will be saved. Beneficiary updates made via Employee Self-Service are effective immediately.

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 Central 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 Benefits Highlights 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. Call 206-615-1340 to sign up.

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

Changes you can make **ONLY** during Open Enrollment

Make changes by 5:00 pm on October 28 through Employee Self-Service

- **InWeb:** <http://selfservice.ci.seattle.wa.us/>
- **PAN:** <http://www.seattle.gov>, City Employee Resources under Need Help?

The following changes may be made only during Open Enrollment, unless you experience a qualifying change in family status (see box on this page).

Medical/Dental/Vision coverage*

- Change plans
- Add or drop an eligible family member **

Flexible Spending Accounts (Participants must re-enroll every year)

- Enroll in Dependent Care Flexible Spending Account for 2017
- Enroll in Health Care Flexible Spending Account for 2017

Supplemental Long-Term Disability insurance***

- Enroll in Supplemental LTD; a pre-existing exclusion applies

Life insurance****

- Add Basic Life or Limited Basic Life coverage
- Change your Basic Life to Limited Basic Life (or vice versa)
- Add or increase Supplemental Life coverage for yourself or family members if you have Basic Life

Accidental Death & Dismemberment insurance

- Add or increase coverage for yourself or your family

* Does not apply to Local 27 members

** If you add a new dependent during Open Enrollment or any time during the year, you will receive a letter at home from Aon Hewitt, the City's business partner, to submit documentation to verify dependent eligibility. For more information about dependent eligibility verification, visit the [Dependent Eligibility Verification page at seattle.gov/personnel/benefits/life/dependenteligibility.asp](http://seattle.gov/personnel/benefits/life/dependenteligibility.asp).

*** Does not apply to represented LEOFF 1 and LEOFF 2 members

**** Evidence of Insurability (medical history statement) is required if adding or increasing coverage

Changing your plan choices outside of Open Enrollment

You may only make changes to your benefits elections outside the Open Enrollment period if family status changes occur in your family. The changes you can make depend on the status change, and must be consistent with it. Call your department's HR representative, or the Central Benefits Unit (206-615-1340) for more information.

Changes in family status are defined as:

- Birth, adoption, placement of a child, or legal guardianship*
- Loss of a child, spouse, or domestic partner's eligibility under another health plan*
- Marriage or formation of a domestic partnership*
- Divorce, termination of a domestic partnership, or legal separation

Eligible Dependents

You must be enrolled before you can enroll your dependents. Dependents eligible to be covered under the City's benefit programs are:

- Your spouse
- Your domestic partner

Your biological or adopted children, your spouse or domestic partner's children, or any child for whom you are the legal guardian. The child must be under age 26.

To cover a spouse/domestic partner, you must complete an Affidavit of Marriage/Domestic Partnership, available from your HR/Payroll Representative and at personnelweb/benefits/library/forms.aspx. You may need to provide proof of legal guardianship for dependent children.

If the premiums for a domestic partner or partner's child are taken after taxes, you may drop a domestic partner or partner's child any time (without a change in family status) if he/she is not claimed as your IRS tax dependent.

Changes you can make throughout the year

See your department's benefits representative to make these changes any time:

Medical/dental/vision coverage*

- Drop ineligible family members
- Add dependents if you have a family status change (see page 15)

Supplemental long-term disability insurance**

- Drop Supplemental LTD

Life insurance

- Change beneficiary designation
- Drop Basic or Limited Basic Life coverage
- Drop or decrease Supplemental Life coverage for yourself or family members

Accidental death & dismemberment insurance

- Change beneficiary designation
- Drop or decrease your or family coverage

Deferred compensation plan

- Add, change, or drop beneficiary designation
- Enroll or increase contribution
- Stop or decrease contribution

Your ongoing responsibilities

- Update your address, telephone number and emergency contact through ESS.
- Review your paycheck deductions frequently. See your HR representative with questions.
- Update family status changes – such as birth or divorce – through your department's HR/Benefits Representative.

* Does not apply to Local 27 members.

** Does not apply to represented LEOFF 1 and LEOFF 2 members.

2017 changes

This section outlines changes for the upcoming plan year. Detailed information about all the plans is available:

- On InWeb: <http://sdhrweb/>, select Benefits tab
- On Seattle.gov: seattle.gov/personnel/benefits/home.asp

All Employees

Group Term Life Insurance

- Basic Life Insurance: Decrease premium by 10% from \$0.10 to \$.09 per \$1,000 of benefit for basic plan.
- Supplemental Life Insurance: Decrease premium by 10%. Age-graded rates per \$1,000 of benefit for additional life insurance and spouse/domestic partner coverage. Three coverage options for children.

Employees with Most Benefits Coverage

Aetna Preventive and Traditional Medical Plans

- Managed behavioral health: Add review, approval and coordination of care in complex mental health and substance abuse situations (such as residential treatment centers, partial hospitalizations, intensive outpatient treatment, and psychological and neurological testing). For routine situations, condition and case management support is now available.
- Short-term rehabilitation: Increase the maximum number of visits for physical therapy and occupational therapy from 25 per episode to 25 per calendar year. Additional visits may be covered, if they are determined to be medically necessary.

Aetna Preventive Medical Plan

- Acupuncture: Increase to 20 visits per calendar year

Dental Health Services

- Implant services: Add reduced copayments
- Periodontal visits: Increase from 2 to 4 in specific situations

Employees with Seattle Police Officers' Guild Coverage

All Medical Plans – no changes

Employees with Local 77 IBEW Coverage

All Medical Plans – no changes

Health Care Reform Notice: Grandfathered plan status disclosure

The City of Seattle Aetna and Group Health medical plans for Most employees and employees who are members of the Seattle Police Officers' Guild are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the Affordable Care Act). The Local 77 IBEW medical Plans are non-grandfathered plans.

As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered to non-grandfathered status can be directed to Central Benefits at (206) 615-1340.

Enrollment options

The benefit plan and dependent coverage elections you make during Open Enrollment (which ends at 5:00 pm on October 28) are for the 2017 plan year. According to IRS Section 125 regulations, you cannot change your elections outside of the fall Open Enrollment period unless you have a qualifying change in family status (see page 3). If you do not make changes, your plans will remain the same (except FSA participation will stop), and you will pay the designated premium amount.

If you decline medical coverage for yourself and/or family members (you may not decline dental or vision coverage), the following will occur:

- If you have no other medical insurance, you will NOT be eligible to enroll in a medical plan until the next annual Open Enrollment unless you have a qualifying change in family status as defined in the Change in Family Status/Dependent Eligibility section on page 3. Enrollment must take place within 30 days.
- If you have other medical coverage (you may not decline dental or vision coverage) and lose your other coverage, you may enroll in a City medical plan within 30 days of the loss of the other coverage upon providing proof of continuous medical coverage.
- If you have a qualifying change in family status, you may enroll or dis-enroll your eligible dependents within 30 days of the change (or 60 days for a newborn or newly adopted child) of that change.
- If you declined City healthcare coverage and leave City employment or go on a leave of absence, you will not be eligible to obtain the declined medical, dental, or vision coverage through the City under the Federal COBRA law subsequently. However, if you retire you will be eligible to enroll in a City retiree medical plan.

Dependent eligibility

To ensure that the City is treating all employees fairly; operating our plans consistently and in accordance with our plan documents; and appropriately allocating funds, the City verifies the eligibility of all new dependents added to health care plans.

All City employees with City health care coverage are required to provide documentation for their covered dependents. This process is handled by the City's business partner, Aon Hewitt. If you add a dependent during Open Enrollment, you will be asked to provide documentation of the nature of the relationship (such as a marriage license, birth certificate, affidavit of domestic partnership, court documents, etc.) as well as the status of the relationship (such as a Federal tax return, proof of joint ownership, etc.).

Who is an eligible dependent?

- Your legal spouse (unless you are legally separated)
- Your domestic partner, provided that you and your domestic partner
 - Share the same regular and permanent residence and;
 - Have a close personal relationship and;
 - Are jointly responsible for basic living expenses as defined below and;
 - Are not married to anyone and;
 - Are each 18 years of age or older and;
 - Are not related by blood closer than would bar marriage in the State of Washington and;
 - Were mentally competent to consent to contract when the domestic partnership began and;
 - Are each other's sole domestic partner and are responsible for each other's common welfare.

"Basic living expenses" means the cost of basic food and shelter, and any other expenses of a domestic partner. The individuals do not need to contribute equally or jointly to the cost of these expenses as long as they agree they are both responsible for the cost.

- Your children or your spouse's children under the age of 26; includes biological children, adopted children, stepchildren, children of your domestic partner, children for whom you have a qualified court order to provide coverage, and children for whom you are the legal guardian. Age limit does not apply if child is certified as disabled.

Eligible dependents for the City's plans are defined above.

If you discover you are covering an ineligible dependent, they should be removed from City plans.

Contact your department's Benefits Representative with any questions.

Premium sharing

The below table shows monthly premium contributions for 2017 for employees with Most benefits. SPOG and Local 77 premium contributions are shown on the next two pages. Premium contributions will be divided into two equal payments and taken from the first two paychecks of the month on a pre-tax basis.

Employees with Most Benefits Coverage – 2017 Monthly Health Care Premium

Plan	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					
City of Seattle Preventive	\$1,181.10	\$1,132.98	\$48.12	\$1,082.60	\$98.50
City of Seattle Traditional	\$1,069.17	\$1,069.17	\$ 0.00	\$1,036.83	\$32.34
Group Health Standard	\$1,032.09	\$983.69	\$48.40	\$932.19	\$99.90
Group Health Deductible	\$950.54	\$925.54	\$25.00	\$893.62	\$56.92
Dental					
Delta Dental of Washington	\$112.79	\$112.79	\$0.00	\$112.79	\$0.00
Dental Health Services	\$150.46	\$150.46	\$0.00	\$150.46	\$0.00
Vision					
Basic Plan	\$9.46	\$9.46	\$0.00	\$9.46	\$0.00
Buy-Up Plan	\$22.68	\$9.46	\$13.22	\$9.46	\$13.22

Go to <http://www.seattle.gov/personnel/benefits/library/forms.asp> for 2017 health benefits coverage values for non-IRS tax dependents such as domestic partner and domestic partner's dependent children. Scroll to the Health Care section and open the Non-IRS Dependent Coverage Values document.

**Includes employees covered by SPMA LEOFF 2 contracts. Does not include CMEO Local 77, Fire Chiefs and SPMA LEOFF 1. See Open Enrollment letter for full rate information or contact your Human Resources representative*

Employees Covered by SPOG Contract – 2017 Monthly Health Care Premiums (With or without Children or Spouse/Domestic Partner)

Plan	Total monthly premium	City pays	Employee pays
Medical			
City of Seattle Preventive	\$1,498.39	\$1,423.47	\$74.92
City of Seattle Traditional			
LEOFF I	\$1,111.57	\$1,055.99	\$55.58
LEOFF II	\$1,335.94	\$1,269.14	\$66.80
Group Health Standard Plan	\$1,280.49	\$1,024.39	\$256.10
Group Health Deductible Plan	\$949.18	\$901.72	\$47.46
Dental			
Delta Dental of Washington	\$118.63	\$118.63	\$0.00
Dental Health Services	\$178.74	\$178.74	\$0.00
Vision			
Vision Service Plan	\$29.81	\$29.81	\$0.00

For 2017 health benefits coverage values for non-IRS tax dependents such as domestic partner and domestic partner's dependent children, go to seattle.gov/personnel/benefits/library/forms.asp. Scroll to the Health Care section and open the *Non-IRS Dependent Coverage Values* document.

Employees Covered by I.B.E.W. Local 77 Contract – 2017 Monthly Medical Premiums* (With or without Children or Spouse/Domestic Partner)

Plan	Total monthly premium	City pays	Employee pays
Medical			
City of Seattle Preventive	\$1,488.07	\$1,339.27	\$148.80
City of Seattle Traditional	\$1,523.98	\$1,371.58	\$152.40
Group Health Standard	\$1,177.21	\$1,059.49	\$117.72

Plan	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
Local 77 / Most medical plans					
City of Seattle Preventive	\$1,187.09	\$1,138.97	\$48.12	\$1,088.59	\$98.50
City of Seattle Traditional	\$1,203.65	\$1,203.65	\$ 0.00	\$1,171.31	\$32.34
City of Seattle Group Health Standard	\$1,040.41	\$992.01	\$48.40	\$940.51	\$99.90

Plan	Total monthly premium	City pay	Employee pays
Dental			
Delta Dental of Washington	\$117.65	\$117.65	\$0.00
Dental Health Services	\$175.59	\$175.59	\$0.00
Vision			
Vision Service Plan	\$12.26	\$12.26	\$0.00

For 2017 health benefits coverage values for non-IRS tax dependents such as domestic partner and domestic partner's dependent children, go to seattle.gov/personnel/benefits/library/forms.asp. Scroll to the Health Care section and open the *Non-IRS Dependent Coverage Values* document.

*Does not include employees covered by CMEQ Local 77 contract. See your Open Enrollment letter for rate information or contact your Human Resources representative.

Optional coverages

Accidental Death and Dismemberment (AD&D):

You choose a coverage amount in increments of \$25,000 up to \$500,000. Go to seattle.gov/personnel/benefits/optional/add.asp for plan information.

Flexible Spending Accounts (FSAs)

To set up accounts for 2017, you must enroll by October 28 through Employee Self-Service. The maximum contribution for a health care FSA will remain at \$2,550 per employee. For more plan information, go to seattle.gov/personnel/benefits/optional/flexible.asp

Group Term Life (GTL):

seattle.gov/personnel/benefits/optional/life.asp

View an interactive presentation about the plan at www.standard.com/presentations/seattle/

Long-Term Disability (LTD):

seattle.gov/personnel/benefits/optional/disability.asp

View an interactive presentation about the plan at www.standard.com/presentations/seattle/

Finding forms

Affidavit of Marriage/Domestic Partnership

seattle.gov/personnel/benefits/library/forms.asp, Change in Family status section

Termination of Marriage/Domestic Partnership

seattle.gov/personnel/benefits/library/forms.asp, Change in Family status section

Medical History Statement (Evidence of Insurability)

seattle.gov/personnel/benefits/library/forms.asp, Life Insurance section

Who to contact if you have questions

If you have questions, contact the following organizations. The Seattle Department of Human Resources Central Benefits Unit can be reached at 206-615-1340.

Aetna	877-292-2480	AetnaNavigator.com
Group Health Cooperative	888-901-4636	GHC.org
Vision Service Plan	800-877-7195	VSP.com click on "Members and Consumers"
Delta Dental of Washington	206-522-2300 or 800-554-1907	DeltaDentalWa.com
Dental Health Services	206-788-3444 877-495-4455	DentalHealthServices.com/cityofseattle
Prudential Retirement	800-833-5761	retirement.prudential.com
Resources for Living Employee Assistance Program (formerly Horizon Health Employee Assistance Program)	888-272-7252 TTY: 888-879-8274	ResourcesforLiving.com Username: city of seattle Password: city of seattle
Life, AD&D, LTD Disability		Your Department/HR Representative
Navia Benefits Solution	800-669-3539	Naviabenefits.com

Benefits fairs and flu shot clinics

Date	Location	Time
Thursday, October 6	City Hall – Bertha Knight Landes Room 600 4th Avenue 98104 (Enter at 5th and Cherry)	9:30 am – 2:00 pm
Thursday, October 13	Bitter Lake Community Center 13035 Linden Avenue North 98133	7:30 am – 10:00 am
Thursday, October 20	Rainier Community Center 4600 – 38th Avenue South 98118	7:30 am – 10:00 am

In addition to the Benefits Fairs, flu shots will be offered at City and King County worksites. See the Benefits Calendar at seattle.gov/personnel/benefits/home.asp.

Flu shots will be available at all fairs.

- Aetna Preventive, Local 77 Traditional members and Group Health members – shots are free at all flu shot clinics when you bring your medical card.
- Fire Fighters Local 27, SPOG Traditional members and Most Traditional members may purchase flu shots this year for \$30.



City of Seattle

Seattle Department of Human Resources

Benefits Unit

700 Fifth Avenue, Suite 5500

PO Box 34028

Seattle WA 98124-4028

RETURN SERVICE REQUESTED

Open Enrollment for 2017

Ends at 5:00 pm on October 28, 2016

IMPORTANT: If you have access to Employee Self-Service, please make your changes on line. If you do not have access, paper forms are due to your Department's Human Resources representative by **5:00 pm on October 28.**