



# City of Seattle

Edward B. Murray, Mayor

## Personnel/Human Resources Department

Susan L. Coskey, Personnel Director

June 27, 2014

### Re: Special Medical Plan Enrollment: June 30, 2014 – July 16, 2014

Dear Seattle Employee:

The City is holding a Special mid-year Enrollment for Local 77 I.B.E.W. represented employees to allow you to choose a different medical plan. As a result of contract negotiations, you now have access to “Most” medical plans. Your Special Medical Plan Enrollment begins Monday, June 30 at 8:00 am and ends on Wednesday, July 16 at 5:00 pm. Medical plan changes will go into effect on August 1, 2014.

This is your opportunity to:

- **Learn about the new Most/L77 medical plans and changes to the current plans.**
- **Decide whether to enroll in a Most/L77 plan or stay with your current plan.**

To enroll in a new Most/L77 plan, go to Employee Self-Service ([selfservice.ci.seattle.wa.us/](http://selfservice.ci.seattle.wa.us/)) during the Special Enrollment period. After moving to a Most/L77 plan, you will not be able to move back to an original Local 77 plan. *If you do not want to change your medical plan*, no action is required. During this Special Enrollment, you will not be able to make a change to the dependents covered by your medical plan or to your Health Care FSA.

See the following pages for online enrollment instructions, premiums and information about current plan changes and new plans. Detailed plan comparisons can be found on PAN at [seattle.gov/personnel/benefits/health/medical.asp](http://seattle.gov/personnel/benefits/health/medical.asp) or InWeb: [personnelweb/benefits/health/medical.aspx](http://personnelweb/benefits/health/medical.aspx).

**Please enroll on-line if possible.** City computers are available if you prefer to not use your home computer. If you make a change, **print the “Summary of Open Enrollment Elections”** for your records. If you have questions, City Light employees should contact City Light Human Resources at (206) 684-3273. SDOT employees should contact the Benefits Unit at (206)615-1340.

Sincerely,

A handwritten signature in black ink that reads "Renee Freiboth".

Renee Freiboth  
Benefits Manager



## Enrolling Online

Please **do not** wait until the last day to make your online changes!

|                                 |  |   |  |
|---------------------------------|--|---|--|
| <b>From home via PAN...</b>     | go to <a href="http://www.seattle.gov">www.seattle.gov</a> | Click on "City Employee Resources" in the <i>NEED HELP?</i> section | After logging in, choose "Open Enrollment" under <i>Benefits</i> |
| <b>From a City computer ...</b> | go to InWeb  | Click on "Self-Service and Time Entry" under <i>Popular Links</i>   |  |

## August 1, 2014 Medical Plan Changes and Choices

### Compare the Plans

To determine which plan best meets your family's needs, consider the medical services you'll likely use in the next 6 months. Review the out-of-pocket amounts you'd pay under each plan; compare this to the difference in the monthly payroll deductions. See below for a very brief description of the changes and plans. Detailed comparison tables are enclosed and are also available:

- on PAN at [seattle.gov/personnel/benefits/health/medical.asp](http://seattle.gov/personnel/benefits/health/medical.asp)
- on InWeb at [personnelweb/benefits/health/medical.aspx](http://personnelweb/benefits/health/medical.aspx).

### Changes to Current Local 77 Medical Plans

- **Monthly employee premiums will increase from 5% to 10% of the total rate.** These are the medical premiums deducted from your paycheck. See the tables below for details.
- **Office visit and prescription drug copayments will increase.**
- **The benefit enhancements listed below are being made to meet health care reform requirements** that now apply:
  - *Standard preventive care services will be covered* on the Aetna Traditional plan. This includes services such as routine physicals, well woman visits, well child care, immunizations, and colorectal screening.
  - *Additional preventive care services will be added on all plans.* This includes services such as additional preventive care screenings, certain contraceptives covered at 100%, and breast pump coverage.
  - *The Out-of-Network Emergency Room copayment will be the same as the In-Network copayment* on all plans.
  - *The Out-of-Pocket Maximums, which limit how much you pay toward health services each year, will be administered differently:*
    - On the Aetna plans,
      - **All medical copayments** will now also apply toward the medical Annual Out-of-Pocket Maximum. Previously, only your coinsurance was counted.
      - **A "Total Out-of-Pocket Maximum"** is now being included in comparisons and summaries to more clearly communicate your true potential maximum out-of-pocket costs.
      - **A separate Annual Out-of Pocket Maximum** will be added for **prescription drugs**, starting January 1, 2015. Once your out-of-pocket copayments for prescription drugs reach this maximum, the plan will pay 100% of the cost of eligible prescriptions.
    - On the Group Health Standard plan, now *all* of your out-of-pocket coinsurance and co-payments for medical and pharmacy services will apply toward the Annual Out-of-Pocket Maximum. Previously, only your medical coinsurance was counted.

## New “Most/L77” Medical Plans

In general, these plans differ from the original Local 77 plans in that they have lower monthly payroll deductions, but higher out-of-pocket costs if you use medical services. Because of benefit enhancements that had to be made to meet health care reform requirements, the Most plans for Local 77 have broader coverage for some services than the current Most plans. To understand the differences among the plans, please use the below tables in combination with detailed highlights documents, which are enclosed and are also available:

- on PAN at [seattle.gov/personnel/benefits/health/medical.asp](http://seattle.gov/personnel/benefits/health/medical.asp)
- on InWeb at [personnelweb/benefits/health/medical.aspx](http://personnelweb/benefits/health/medical.aspx).

## High-Level Comparison of Original and Most/L77 Medical Plans

### Local 77 Aetna Preventive (Effective August 1, 2014)

| Plan Feature (In-Network)  | Aetna Preventive Plan (Original Plan)  | Aetna Preventive Most/L77 Plan (New Plan)   |
|--|--|---|
| Annual Deductible  | \$0  | \$100/person; \$300/family  |
| Office Visit Copay   | \$10   | \$15  |
| Your Coinsurance   | 0%   | 10% for most services   |
| Annual Out-of-Pocket Maximum for Medical Services (In-Network)       | \$500/person; \$1,000/family<br>Includes all medical copayments and coinsurance                | \$2,000/person; \$4,000/family<br>Includes all medical copayments and coinsurance                                     |
| Total Annual Out-of-Pocket Maximum for Medical Services (In-Network) | \$500/person; \$1,000/family<br>Includes medical copayments and coinsurance                    | \$2,100/person; \$4,300/family<br>Includes the deductible, medical copayments, and coinsurance                        |
| Retail Pharmacy Copays/Coinsurance                                   | \$10 copay for generic<br>\$20 copay for preferred brand<br>\$40 copay for non-preferred brand | 30% coinsurance for generic<br>40% coinsurance for brand<br>(up to \$100 per Rx)                                      |
| Mail Order Pharmacy Copays/Coinsurance                               | \$20 copay for generic<br>\$40 copay for preferred brand<br>\$80 copay for non-preferred brand | 30% coinsurance for generic<br>40% coinsurance for brand<br>(up to \$200 per Rx)                                      |
| Annual Out-of-Pocket Maximum for Prescription Drugs                  | \$1,200/person; \$2,400/family<br>(not applicable until January 1, 2015)                       | \$1,200/person; \$3,600/family  |
| Your Monthly Payroll Deduction:                                      | <b>\$142.68</b><br>(rate includes spouse/domestic partner and/or children)                     | <b>\$48.12:</b> Employee only<br><b>\$98.50:</b> Employee and spouse/<br>domestic partner<br>(rates include children) |

### Local 77 Aetna Traditional (Effective August 1, 2014)

| Plan Feature (In-Network)  | Aetna Traditional Plan (Original Plan)  | Aetna Traditional Most/L77 Plan (New Plan)  |
|--|---|---|
| Annual Deductible  | \$100/person; \$300/family  | \$400/person; \$1,200/family  |
| Your Coinsurance   | 20%   | 20%   |
| Annual Out-of-Pocket Maximum for Medical Services (In-Network)       | \$200/person; \$600/family<br>Includes office visit copayments and coinsurance        | \$1,000/person; \$3,000/family<br>Includes office visit copayments and coinsurance                                    |
| Total Annual Out-of-Pocket Maximum for Medical Services (In-Network) | \$300/person; \$900/family<br>Includes deductible, medical copayments and coinsurance | \$1,400/person; \$4,200/family<br>Includes deductible, medical copayments, and coinsurance                            |
| Retail Pharmacy Copays/Coinsurance                                   | \$15 for generic and brand (formulary drugs only)                                     | 30% coinsurance for generic<br>40% coinsurance for brand (maximum of \$100 per Rx)                                    |
| Mail Order Pharmacy Copays/Coinsurance                               | \$30 for generic and brand (formulary drugs only)                                     | 30% coinsurance for generic<br>40% coinsurance for brand (maximum of \$200 per Rx)                                    |
| Annual Out-of-Pocket Maximum for Prescription Drugs                  | \$1,200/person; \$3,600/family<br>(not applicable until January 1, 2015)              | \$1,200/person; \$3,600/family  |
| <b>Your Monthly Payroll Deduction:</b>                               | <b>\$146.12</b><br>(rate includes spouse/domestic partner and/or children)            | <b>\$ 0.00:</b> Employee only<br><b>\$32.34:</b> Employee and spouse/<br>domestic partner<br>(rates include children) |

### Local 77 Group Health Standard (Effective August 1, 2014)

| Plan Feature (In-Network)  | Group Health Standard Plan (Original Plan)                                 | Group Health Standard Most/L77 Plan (New Plan)  |
|--|--|---|
| Office Visit Copay   | \$10   | \$15  |
| Annual Deductible  | None   | None  |
| Your Coinsurance   | 0% for most services   | 0% for most services  |
| Retail Pharmacy Copayments   | \$10 for generic and brand   | \$15 for generic<br>\$30 for brand  |
| Mail Order Pharmacy Copayments                                       | \$30 for generic and brand   | \$45 for generic<br>\$90 for brand  |
| Out-of-Pocket Maximum -- for Medical Services and Prescription Drugs | \$750/person; \$1,500/family   | \$2,000/person; \$4,000/family  |
| <b>Your Monthly Payroll Deduction:</b>                               | <b>\$122.30</b><br>(rate includes spouse/domestic partner and/or children) | <b>\$48.40:</b> Employee only<br><b>\$99.90:</b> Employee and spouse/<br>domestic partner<br>(rates include children) |