

2009 Plan Changes for Most City Employees

Between **October 1 and October 30**, you can make changes to your benefits coverages and add or drop dependents (see checklist on preceding page). Make changes online through the Employee Self-Service portal or fill out forms and turn them in to your department HR representative **by October 30**. **Beneficiary updates made via Employee Self-Service are effective immediately**. Also remember that you must re-enroll if you wish to have a health care and/or dependent care Flexible Spending Account in 2009. Please **re-enroll** through Employee Self-Service. Even if you do not wish to make any changes, we encourage you to go on line and review/update your beneficiary information.

Increase in Age Limit for Dependent Children: A dependent child currently considered "over-age" may be eligible for health care coverage in 2009. Effective January 1 2009, the eligibility age limit for the medical, dental, and vision plans **will increase** to include dependent children up to age 25 (through age 24), regardless of whether they are in school. You **must re-enroll** your dependent child if he/she was not eligible at the end of 2008 under current rules and if he/she will be younger than 25 at least for part of 2009.

If you submit a paper enrollment form and then decide to make changes on line as well, be aware that the paper form you submit will be entered by your department's benefits representative after open enrollment is over. This means the changes on the paper form will take precedence over changes you make on line. Therefore, if you submit a paper form with changes and wish to make further changes, use another paper form with a later completion date.

Benefits Fairs

Flu shots will be available at all fairs.

- **Aetna Preventive and Group Health members** - shots are free at the Benefits Fairs when you bring your medical plan card (covered by your preventive care benefit under these plans).
- **Aetna Traditional members** may purchase flu shots for \$30 by cash or check only.

Benefits Fairs Schedule

Downtown Fair

Conference Room

Wednesday, October 8

9:30 a.m. - 2:30 p.m.

City Hall - Bertha Knight Landes

600 4th Avenue | 98104

(Enter at 5th and Cherry)

South Seattle Fair

Tuesday, October 14

7:30 a.m. - 10:30 a.m.

Rainier Community Center

4600 - 38th Avenue South | 98118

North Seattle Fair
Thursday, October 16
7:30 a.m. - 10:30 a.m.

Bitter Lake Community Center
13035 Linden Avenue North | 98133

In addition to the Benefits Fairs, flu shots will be offered at many City worksites. You will be notified of these additional locations.

Plan Changes

The following changes will take effect in two stages as noted.

Medical Plan Changes Effective October 1, 2008

Aetna Preventive and Traditional

- **NEW BENEFIT — Add Simple Steps to a Healthier Life**

Simple Steps to a Healthier Life is a new, voluntary and confidential wellness program to help you and your dependents age 18 or over determine your health risks now and plan for a healthier future. You may access the wellness program conveniently from work or home; there is no special software to buy or install. The registration process is quick, easy, and secure.

The program provides a health assessment questionnaire to gauge your health risks, readiness to change certain health behaviors, and the impact of health on productivity. The health assessment questionnaire generates:

- Tailored health reports to help you focus on the areas of your health that matter most. You also will receive a printable one-page health summary to keep, record, and compare your results over time and to share with your doctor, dentist, or other health-care provider.
- An action plan that is personalized to help you achieve and maintain good health through healthy living programs that are recommended based on your health needs. These may address weight loss, healthy aging, getting in shape, stress relief, a healthier diet, a healthy heart, cancer fighting, diabetes fighting, going smoke-free, and/or alcohol awareness. The programs are easy to follow and provide step-by-step guidance for making health changes and building skills for long-term success. The programs also provide tools for tracking progress.

Log into your account at www.aetnavigators.com to access Simple Steps.

- **NEW BENEFIT — Add Personal Health Record**

Your personal health record will provide you on-line access to personal information including individualized messages and alerts, detailed health history, and integrated information to help you make informed decisions about your health care. Your medical information is automatically entered into your record based on claims data submitted to Aetna. You may voluntarily enter additional health information such as family history, non-prescription medications, or procedures you had prior to Aetna membership.

Log into your account at www.aetnavigators.com to access your personal health record.

- **NEW BENEFIT — Add Informed Health Line Nurse Consultation**

You will have 24-hour, toll-free access to a team of registered nurses experienced in providing information on a variety of health topics. Learn about health conditions and medical procedures, or improve the way you communicate with your doctor.

Call the Informed Health Line at 1-800-556-1555.

Medical Plan Changes for 2009

Group Health Standard and Deductible Plans

- **NEW BENEFIT** – Add limited bariatric surgery benefit for morbidly obese individuals age 20 and over. Notes: The surgery will require preauthorization based on such factors as degree of obesity as measured by body mass index, duration of obesity, previous efforts at significant weight loss, presence of other medical conditions, and preparatory participation in a medically-supervised diet and exercise program or a multi-disciplinary surgical preparatory regimen including behavior modification. Certain candidates may not be authorized to receive bariatric surgery if their condition(s) pose undue risk of death, complications or inadequate ability to comply with life-long follow-up and life-style changes.
- **NEW ELIGIBILITY AGE LIMIT** – Increase eligibility of dependent children to age 25 (through age 24) regardless of whether they are in school.

Aetna Preventive and Traditional Plans

- **NEW BENEFIT** – Add hearing aid benefit, which will pay up to \$1,000 per ear every 36 months.
- **NEW BENEFIT** – Add limited bariatric surgery benefit for morbidly obese individuals age 18 and over. Notes: Medical screening criteria are restrictive, and benefits will only be paid for care rendered by certain pre-approved hospitals and surgeons. The surgery will require preauthorization based on such factors as degree of obesity as measured by body mass index, duration of obesity, previous efforts at significant weight loss, presence of other medical conditions, and preparatory participation in a medically-supervised diet and exercise program or a multi-disciplinary surgical preparatory regimen including behavior modification. Certain candidates may not be authorized to receive bariatric surgery if their condition(s) pose undue risk of death, complications or inadequate ability to comply with life-long follow-up and life-style changes.
- **NEW BENEFIT**: Add orthotics coverage paying up to \$500 during an individual's lifetime subject to annual deductible.
- **NEW ELIGIBILITY AGE LIMIT** – Increase eligibility of dependent children to age 25 (through age 24) regardless of whether they are in school.

- **NEW BENEFIT** – Jaw surgery exclusion removed. Medically necessary orthognathic surgery covered for correction of skeletal deformities of the jaw, with required documentation of medical necessity.
- **ENHANCED BENEFIT** -- Eliminate the annual maximum benefit limit for durable medical equipment.
- **ENHANCED BENEFIT** -- Reduce annual pharmacy out-of-pocket maximum to \$1,200 per individual, \$3,600 per family.

Vision Plan Changes for 2009

Vision Service Plan

- **NEW ELIGIBILITY AGE LIMIT** – Increase eligibility of dependent children to age 25 (through age 24) regardless of whether they are in school.
- **ENHANCED BENEFIT** -- Increase in-network retail frame allowance to \$150 every 24-month period.
- **ENHANCED BENEFIT** -- Increase in-network contact lens benefit to provide full payment for the exam and a \$120 lens allowance every 24-month period.

Dental Plan Changes for 2009

Dental Health Services

- **NEW ELIGIBILITY AGE LIMIT** – Increase eligibility of dependent children to age 25 (through age 24) regardless of whether they are in school.
- **NEW BENEFIT** — Add occlusal guard (nightguard) coverage with \$350 copayment.
- **NEW BENEFIT** — Add two additional cleanings for pregnant women, up to four cleanings.
- Increase copayment on upgrade for noble and high noble crowns and bridges by \$20 due to the increase in the cost of gold. Copay for noble upgrade will be \$70 and will be \$100 for high noble upgrade.

Washington Dental Service

- **NEW ELIGIBILITY AGE LIMIT** – Increase eligibility of dependent children to age 25 (through age 24) regardless of whether they are in school.

Flexible Spending Account Program Change for 2009

- **NEW BENEFIT** — Add availability of debit card for health care flexible spending account (FSA) program. Use “reimbursement” at point of purchase.

You may use the health care FSA to pay your non-reimbursed out-of-pocket expenses for medical, dental, prescription drug, vision and hearing services and supplies. Your before-tax contributions to your account through payroll deduction reduce your taxes and can be accessed currently to reimburse you after you incur eligible health care expenses..

Effective January 2009, you will have a second way to access your health care FSA money. Both options will allow you to access your full annual contribution amount at any time for eligible expenses.

- 1) Submit your itemized receipts and reimbursement form, as you do now, to Benefit Administration Company for reimbursement by check or direct deposit; and/or
- 2) Request and use your new health care FSA debit card to purchase eligible health care items, thereby eliminating the need to request and wait for reimbursement. (Remember to retain all your receipts.) You may obtain your debit card by contacting Benefits Administration Company starting the last week of December 2008 at 206-625-1800, extension 307 or by emailing flexcs@baclink.com. Please allow 8 – 10 business days to receive your card in the mail.

Eligible health care expenses fall into two categories. Here are some examples:

- The portion of covered expenses not paid by a health care plan, such as annual deductibles, co-pays, coinsurance, and covered charges that exceed the plan's annual maximum.
- Services and supplies that may not be covered by the health care plan but are still considered an eligible expense by the IRS, such as hearing aid batteries, acupuncture, home improvements for medical reasons (e.g., wheelchair ramps, lowering of kitchen countertops), contact lens solution and laser vision correction.

Expenses not eligible for reimbursement include health insurance premiums (already deducted on a pre-tax basis from your paycheck), vitamins, health club dues, and cosmetic surgery or treatments.

By law, if you participated in the dependent care and/or health care Flexible Spending Account program in 2008, you must re-enroll during Open Enrollment to participate in the 2009 program.