Seattle

Employee Benefits Guide

Most City of Seattle Employees*

2022

Updated February 14, 2022

* Includes: CMEOs, Fire Chiefs, General City Employees, Library employees, SPMA members, and members covered by Local 77 contracts for IT Professionals and Power Marketers

For assistance understanding the information in 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 reach 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 you rather *hear* the information than *read* it?** If your understanding improves by having someone read or paraphrase information for you, you can 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 every other week – enroll in Employee Self-Service, Training section.

If you need additional help or prefer to speak to someone confidentially, please email the Benefits Unit at Benefits.Unit@seattle.gov or call 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. Still, it 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 deadlines, 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, divorce, new or terminated domestic partnership, 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. The letter will have information on verifying eligibility by submitting the required documents.

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

Are you 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. You must make any FSA changes within 30 days of the life event.

Are you 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.

Are you planning a leave of absence? Contact your benefits representative about how it could affect your City benefits.

Are you 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

Are you moving? Update your address in Employee Self-Service.

Access benefits information from home at seattle.gov/human-resources/benefits.

Eligibility and Coverage Information

The City of Seattle provides employees and their families with a range of benefit options to support individual financial planning.

Medical

The City offers regular employees and their families* a choice among four medical plans:

- Aetna Preventive
- Aetna Traditional
- Kaiser Permanente Standard
- Kaiser Permanente Deductible

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* Basic and Buy-Up Vision plans through 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. Employees can supplement both plans.

Accidental Death & Dismemberment (AD&D)

The City offers an employee-paid group AD&D insurance plan.

Flexible Spending Accounts (FSAs)

Employees can set aside up to $5,000 per household in pre-tax dollars to pay for employment-related daycare costs and up to $2,750 to cover eligible out-of-pocket health care expenses.

Deferred Compensation Plan

The City offers a "457 (b)"** tax-advantaged savings plan, which allows employees 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. The letter will request documents that confirm the eligibility of your dependent. Thank you for participating! For additional information about the verification process, go here.

**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;
- Stepchildren; or
- Any child for whom you are the legal guardian
- Any child for whom coverage is required by a Qualified Medical Child Support Order (healthcare plans only).

Child Eligibility

Please check the child eligibility requirements below.*,**

Plan	Age	Other
Medical, Dental, Vision, and Flexible Spending Account	Up to age 26 (through age 25)	Do not 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)	Do not have to be: -single -living with you -dependent on you for support
AD&D	Up to age 26 (through age 25)	Do not 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 your dependents' eligibility. Additional information is here.

**Coverage may continue for a handicapped/incapacitated child if the child becomes disabled prior to the limiting age and provided that proof of his or her fully handicapped/incapacitated status has been documented by a physician. The child must depend on the insured employee for support and maintenance to be eligible for life and AD&D coverage.

Eligibility and Coverage Information

New Employee Enrollment

If you are a new employee, you must enroll in or apply for medical, dental, vision, life, AD&D, 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 you complete, sign, and date them.

If you miss the deadline, the City will default you into certain benefits, and you will be 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. You will not be guaranteed coverage as you are when first eligible.

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 you are assigned, whichever is later.

If your employment begins after this date, your coverage will start the first day of the following month.

What if I miss the enrollment deadline?

If you fail to enroll within 30 days of your hire date, the City will automatically enroll you in dental and basic vision coverage. Your dental coverage will default to the Delta Dental of Washington plan.

If you are newly eligible for health coverage and don't actively elect or waive medical coverage, the City will automatically enroll you in the 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 later. You may be required to submit a Medical History Statement and have it approved by the insurance company to be eligible for Life Insurance coverage.

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 basic vision plans because there is no employee premium contribution.

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, the 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 for health care coverage
  - Within 30 days of your child's birth or adoption event for life and AD&D insurance
  - You can find other examples of Life Events or Family Status changes 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, generally in the fall.

After you enroll a dependent, Alight Solutions, the City's business partner, will send a letter to your home within 2-3 weeks. The letter will request documents that confirm the eligibility of your dependents. Additional information about the dependent eligibility verification process is here.

Visit https://www.seattle.gov/human-resources/benefits 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 a legal separation, divorce, or termination of the domestic 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.
Changing Your Benefits	There are two opportunities to change your benefit choices: ▪ Open Enrollment ▪ Within 30 days of a qualifying change in family or job status **Open Enrollment** Open Enrollment is held once each year in the fall. You can change your benefits plans, add and drop family members, and add or drop coverages during this time. 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 the 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.) *You can only add family members during the annual fall Open Enrollment period if you miss the deadline*. If you have a change in family status, you may be able to make a related change to your benefits. Several examples are on the next page. Contact your department's 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 their 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 the 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 continue your health coverage, Congress passed the Consolidated Omnibus Reconciliation Act (COBRA) in 1986. Under COBRA, you are eligible to purchase 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 of Seattle 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 and disability plans have conversion options.
Coverage through Health Insurance Exchange	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. You can find more information at www.wahealthplanfinder.org.
Coverage through a City Retiree Plan	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 of Seattle 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.

Paying for Benefits

Your Payroll Deductions

See page 24 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.

The City fully pays the dental and basic vision plan for most employees. You can elect a Buy-Up Vision plan; you pay the premium for you and your eligible family members. The premium is deducted pre-tax in equal amounts from the first and second paychecks of
the month.

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 and save for your out-of-pocket costs. If you can accurately anticipate some medical, dental and 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 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, copayments, co-insurance and what is and is not covered by the various plans.

- Stay within the network. Look for doctors and healthcare providers within your plan's network.

- Review medical bills carefully. Billing errors can cost 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.

- Enroll in Reach to support your physical, emotional, and financial well-being goals. Go to cityofseattle.limeade.com and register. For access to Reach on the go, download the Limeade app and enter the City of Seattle code: seattle.

Medical Plan Options

Medical Plans

The City offers four different medical plans:

- Aetna Preventive Plan
- Aetna Traditional Plan
- Kaiser Permanente Standard Plan
- Kaiser Permanente Deductible Plan

How to Choose a Medical Plan

Plan features, coverages, and costs vary. The plans with Aetna offer an unlimited choice of doctors; coverage is higher if you use doctors in the Aetna network. The Kaiser Permanente plans require that you use their network of doctors, clinics, hospitals, and pharmacies but offer a higher level of coverage.

Plans offering higher coverage (Aetna Preventive and Kaiser Permanente Standard) have lower copays but higher monthly premiums. The Aetna Traditional Plan has a larger annual deductible and lower or no monthly premiums.

When making your decisions, you should consider cost, choice, and coverage. Here are some questions to ask yourself:

- 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 plans) and receive a higher level of coverage?

- Would you prefer to pay higher monthly premiums to have a small annual deductible (Aetna Preventive Plan) or no annual deductible (Kaiser Permanente Standard Plan) and smaller copays?

- Would you rather pay lower or no monthly premiums and have higher coinsurance and deductibles (Kaiser Permanente Deductible and Aetna Traditional plans)?

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

Aetna	The City of Seattle has two plans with Aetna — the Preventive Plan and the Traditional Plan. The plans use the Aetna provider network, and Aetna administers the claims.
Preventive Plan	This plan has a $100 annual deductible per person ($300 per family) and a $15 copay for all office visits except preventive care (which is covered at 100%). The deductible applies to most services except where a copay applies. Most other services are covered at 90% after a copay if you use an Aetna network provider.
Traditional Plan	This plan has a $400 annual deductible per person ($1,200 per family). Most services are covered at 80% if you use an Aetna network provider. Most preventive care is not covered.
What If I Don't Use the Aetna Network?	If you choose a provider who is not in the network, you will pay a higher percentage of the visit cost. Non-network provider prices are often higher than network provider prices. If you use a non-network provider, you will pay 40% of the network service cost, and your doctor may charge you an additional amount above the network price.
Accolade	Contact Accolade at 866-540-5418 or https://login.myaccolade.com/login for customer service. Get support with treatment decisions, benefit coverage questions, help to find a doctor or specialist, claim denials or complaints, prescription plan, and formulary questions.
Aetna.com	Locate detailed claim information at Aetna.com.
Teladoc	Talk to a doctor anytime by phone or video. Be treated for health issues, including cold and flu symptoms, allergies, and skin problems. You can also see a behavioral health provider and establish an ongoing relationship for issues such as depression and anxiety. Register at https://member.teladoc.com/signin.
Urgent Care	Contact an Accolade Health Assistant at 866-540-5418 to find an urgent care facility near you. Or, check your account at Aetna.com.

Medical Plan Options

Kaiser Permanente	Kaiser Permanente is a health maintenance organization that provides an integrated system of health care services. Kaiser delivers all services 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. The City offers two plans through Kaiser Permanente.
Kaiser Permanente Standard Plan	The Standard Plan is a managed care plan with no deductible and an office copay of $15. The Kaiser plans cover most services at 100% after payment of a copay. Preventive care is covered.
Kaiser Permanente Deductible Plan	The Deductible Plan has 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, the Deductible plan covers most services at 100% after the copayment.
	The health care website is at KP.org/wa. Members can request appointments and exchange emails with their provider, view their online medical records, refill prescriptions online, and view lab and test reports. The provider and facility directory and drug formulary are all accessible online. In addition, a mobile application is available.
Accolade	Accolade is a third-party resource that offers healthcare advocacy services at no cost. Kaiser members may use Accolade to supplement the Kaiser care team, member service, and advice line. Contact Accolade at 866-540-5418 for health and benefits questions.
Health Profile	Kaiser has a health risk assessment called *Health Profile*. Members complete the profile online and receive a report and personalized action plan. Free healthy lifestyle coaching is also available.
Care Chat & Online Visits	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.
Consulting Nurse Service	Not sure what kind of care you need? Call Kaiser's Consulting Nurse Service 24/7 at 1-800-297-6877 (TTY 711).

Medical Plan Comparison Examples

The following table compares the 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 services are compared by plan. For a more complete summary of benefits by plan, see the below table.

	Preventive Plan		**Traditional Plan**		**Kaiser Permanente**	
	In-network	**Out-of-network**	**In-network**	**Out-of-network**	**Deductible Plan**	**Standard Plan**
Individual deductible	$100	$450	$400	$1,000	$200	None
Family deductible	$300	$1,350	$1,200	$3,000	$600	None
Routine physical exam	Paid at 100%	Paid at 60% after satisfaction of deductible for mammogram and ob/gyn exams only.	Paid at 80% after satisfaction of deductible for mammogram only. No other preventive care covered.	Paid at 60% after satisfaction of deductible for mammogram only. No other preventive care covered.	Paid at 100% after $15 copay	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 and satisfaction of deductible (copay applies to 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%	After satisfaction of deductible and $15 copay (copay applies to the deductible), physician and other charges paid at 100%.	Paid at 100% after $15 copay.
Inpatient Surgery	Paid at 90% after $200 inpatient copay	Paid at 60% after $200 inpatient copay and satisfaction of deductible.	Paid at 80% after $200 copay.	Paid at 60% after $200 inpatient copay and satisfaction of deductible.	Paid at 100% after satisfaction of deductible.	Paid at 100% after $200 inpatient copay

2022 Medical Plan Comparison - Most City of Seattle Employees

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 https://www.seattle.gov/human-resources/benefits/employees-and-covered-family-members/most-employees-plans.

Kaiser Permanente*		City of Seattle Traditional Plan*		City of Seattle Preventive Plan*	
Standard Plan	**Deductible Plan**	**Aetna In-Network**	**Out-of-Network**	**Aetna In-Network**	**Out-of-Network**
Deductible (per calendar year)					
No Deductible	$200 per person $600 per family Deductible applies as noted except for prescriptions, preventive visits, ambulance, and durable medical equipment.	$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 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.	$450 per person $1,350 per family
Annual Out of Pocket Maximum (OOP Max) includes medical coinsurance. The OOP Max excludes the deductible and prescription drug copays/coinsurance.					
Includes medical copays		Excludes copays		Excludes copays	
$2,000 per person $4,000 per family	$2,000 per person $6,000 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 Out of Pocket Maximum includes medical coinsurance and the deductible. The total OOP Max excludes prescription drug copays/coinsurance.					
Includes medical copays		Excludes copays		Excludes copays	
$2,000 per person $4,000 per family	$2,000 per person $6,000 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	Deductible applies	$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 before your admission. The member is responsible for obtaining precertification of out-of-network care.		Except for maternity or emergency admissions, your physician must contact Aetna before your admission. The member is responsible for obtaining precertification of out-of-network care.	

Kaiser Permanente*		City of Seattle Traditional Plan*		City of Seattle Preventive Plan*	
Standard Plan	**Deductible Plan**	**Aetna In-Network**	**Out-of-Network**	**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.		Aetna contracted providers. No primary care physician selection or referrals required.	Any licensed, qualified provider of your choice. Expenses paid based on recognized charges*. You pay the difference between recognized and billed charges.	Aetna contracted providers. No primary care physician selection or referrals required.	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 medical diagnosis per calendar year. Additional visits when approved.	$15 copay for up to 8 visits per medical diagnosis per calendar year. Additional visits when approved. Deductible applies.	Paid at 80%	Paid at 60%	Paid at 100% after $15 copay	Paid at 60%
		Up to 12 visits per calendar year in- and out-of-network combined		Up to 20 visits per calendar year in- and out-of-network combined	
Alcohol/Drug Abuse Treatment (inpatient)					
Paid at 100% after $200 copay per admission	Paid at 100% after deductible	Paid at 80% after $200 copay	Paid at 60% after $200 copay	Paid at 90% after $200 copay	Paid at 60% after $200 copay
		Review and coordination of care in complex situations, including residential treatment centers and partial hospitalization		Review and coordination of care in complex situations, including residential treatment centers and partial hospitalization	
Alcohol/Drug Abuse Treatment (outpatient)					
Paid at 100% after $15 copay	Paid at 100% after $15 co-pay Deductible applies	Paid at 80%	Paid at 60%	Paid at 100% after $15 copay	Paid at 60%
		Additional focus on review and coordination of care in complex situations, including psychological testing, neurological testing and intensive outpatient.		Additional focus on review and coordination of care in complex situations, including psychological testing, neurological testing and intensive outpatient.	

Kaiser Permanente*		City of Seattle Traditional Plan*		City of Seattle Preventive Plan*	
Standard Plan	**Deductible Plan**	**Aetna In-Network**	**Out-of-Network**	**Aetna In-Network**	**Out-of-Network**
Contraceptives					
For contraceptive drugs and devices, see Prescription Drug benefit		IUDs and Depo Provera covered as medical benefits. See Prescription Drug benefit.		IUDs and Depo Provera covered as medical benefits. See Prescription Drug benefit.	
Durable Medical Equipment					
Paid at 80%	Paid at 80%	Paid at 80% Breast pump covered at 100% through DME provider	Paid at 60%	Paid at 90% Breast pump covered at 100% through DME provider	Paid at 60%
Emergency Medical Care					
➢ **Urgent Care Clinic**					
Paid at 100% after $15 copay	$15 copay Deductible applies	Paid at 80%	Paid at 60%	Paid at 100% after $15 copay (no fee for preventive care)	Paid at 60%
➢ **Emergency Room (copays waived if admitted)**					
Kaiser Permanente facility: $100 copay Non-Kaiser Permanente facility: $150 copay	Kaiser Permanente facility: $100 copay Non-Kaiser Permanente facility: $150 copay Deductible applies	Paid at 80% after $150 copay	Paid at 80% after $150 copay. If non-emergency, paid at 60% after copay.	Paid at 90% after $150 copay	Paid at 90% after $150 copay If non-emergency, paid at 60% after copay
➢ **Ambulance**					
Paid at 80%.	Paid at 80%.	Paid at 80% when medically necessary. Non-emergency transportation must be approved in advance by Aetna.		Paid at 90% when medically necessary. Non-emergency transportation must be approved in advance by Aetna.	
Gender Reassignment Services					
Covered as any other service; copays/coinsurance depending on type and location of service provided.	Covered as any other service; copays/coinsurance depend on type and location of service provided.	Covered as any other service; copays/coinsurance depend on type and location of service provided.	Covered as any other service; copays/coinsurance depend on type and location of service provided.	Covered as any other service; copays/coinsurance depend on type and location of service provided.	Covered as any other service; copays/coinsurance depend on type and location of service provided.
Hearing Aids (per ear, every 36 months)					
Up to $1,000	Up to $1,000	Up to $1,000	Up to $1,000	Up to $1,000	Up to $1,000
		In-network coinsurance applies whether purchased in- or out-of-network. Deductible does not apply.		In-network coinsurance applies whether purchased in- or out-of-network. Deductible does not apply.	

Kaiser Permanente*		City of Seattle Traditional Plan*		City of Seattle Preventive Plan*	
Standard Plan	**Deductible Plan**	**Aetna In-Network**	**Out-of-Network**	**Aetna In-Network**	**Out-of-Network**
Home Health Care					
Paid at 100% when authorized. No visit limit	Paid at 100% when authorized.	Paid at 80%	Paid at 60%	Paid at 90%	Paid at 60%
	No visit limit	Maximum benefit of 130 visits per calendar year for in- and out-of-network combined		Maximum benefit of 130 visits per calendar year for in- and out-of-network combined	
Hospital Inpatient					
Paid at 100% after $200 copay per admission	Paid at 100% after deductible	Paid at 80% after $200 copay.	Paid at 60% after $200 copay	Paid at 90% after $200 copay.	Paid at 60% after $200 copay
Hospital Outpatient					
Paid at 100% after $15 copay	$15 copay Deductible applies	Paid at 80% after deductible.	Paid at 60% after satisfaction of deductible	Paid at 90% after deductible.	Paid at 60% after satisfaction of deductible
Hospice					
Paid at 100% when authorized	Paid at 100% when authorized	Paid at 80%	Paid at 60%	Paid at 90%	Not covered
Fertility Services					
Procedures covered include artificial insemination, ovulation induction and Advanced Reproductive Technologies. Copays/coinsurance depend on type and location of service provided. $20,000 lifetime maximum benefit.	Procedures covered include artificial insemination, ovulation induction, and Advanced Reproductive Technologies. Copays/coinsurance depend on type and location of service provided. $20,000 lifetime maximum benefit.	Procedures covered include artificial insemination, ovulation induction and Advanced Reproductive Technologies. Copays/coinsurance depend on type and location of service provided. $20,000 lifetime maximum benefit.	Procedures covered include artificial insemination, ovulation induction and Advanced Reproductive Technologies. Copays/coinsurance depend on type and location of service provided. $20,000 lifetime maximum benefit.	Procedures covered include artificial insemination, ovulation induction and Advanced Reproductive Technologies. Copays/coinsurance depend on type and location of service provided. $20,000 lifetime maximum benefit.	Procedures covered include artificial insemination, ovulation induction and Advanced Reproductive Technologies. Copays/coinsurance depend on type and location of service provided. $20,000 lifetime maximum benefit.
Maternity Care (delivery & related hospital)					
Paid at 100% after $200 copay per admission	Deductible applies.	Paid at 80% after $200 copay	Paid at 60% after $200 copay	Paid at 90% after $200 copay	Paid at 60% after $200 copay

Kaiser Permanente*		City of Seattle Traditional Plan*		City of Seattle Preventive Plan*	
Standard Plan	**Deductible Plan**	**Aetna In-Network**	**Out-of-Network**	**Aetna In-Network**	**Out-of-Network**
Maternity Care (prenatal and postpartum)					
Paid at 100% after $15 copay Routine care not subject to outpatient services copay.	$15 copay Deductible applies. Routine care not subject to outpatient services copay.	Paid at 80%	Paid at 60%	Paid 100% after one $15 copay	Paid at 60%
Mental Health Care (inpatient)					
Paid at 100% after $200 copay	Paid at 100% after deductible	Paid at 80% after $200 copay Review and coordination of care in complex situations, including residential treatment centers and partial hospitalization.	Paid at 60% after $200 copay	Paid at 90% after $200 copay Review and coordination of care in complex situations, including residential treatment centers and partial hospitalization.	Paid at 60% after $200 copay
Mental Health Care (outpatient)					
Paid at 100% after $15 copay per session.	$15 copay per session. Deductible applies.	Paid at 80% Ongoing consultation with a behavioral health provider by web, phone or mobile device through Teledoc. Additional focus on review and coordination of care in complex situations, including psychological testing, neurological testing and intensive outpatient.	Paid at 80%	Paid at 100% after $15 copay Ongoing consultation with a behavioral health provider by web, phone or mobile device through Teledoc. Additional focus on review and coordination of care in complex situations, including psychological testing, neurological testing and intensive outpatient.	Paid at 60% after deductible

Kaiser Permanente*		City of Seattle Traditional Plan*		City of Seattle Preventive Plan*	
Standard Plan	**Deductible Plan**	**Aetna In-Network**	**Out-of-Network**	**Aetna In-Network**	**Out-of-Network**
Physician Office Visit					
Paid at 100% after $15 copay.	Paid at 100% after $15 copay. Deductible applies	Paid at 80% Additional access to medical consultation with a physician by web, phone or mobile device for selected short-term services through Teladoc.	Paid at 60%	Paid at 100% after $15 copay per visit (waived for preventive care) Additional access to medical consultation with a physician by web, phone or mobile device for selected short-term services through Teladoc.	Paid at 60%
Prescription Drugs (retail)					
For a 30-day supply: **Generic**: $15 copay. Generic contraceptive drugs paid at 100%. **Brand:** $30 copay Brand contraceptive drugs and devices subject to copay	For a 30-day supply: **Generic**: $15 copay. Generic contraceptive drugs paid at 100%. **Brand:** $30 copay Brand contraceptive drugs and devices subject to copay	For a 31-day supply: **Generic**: 30% coinsurance. Generic contraceptive drugs paid at 100%. **Brand**: 40% coinsurance The minimum coinsurance is $10, or actual cost of the drug if less. Maximum is $100 per drug.	Not covered	For a 31-day supply: **Generic**: 30% coinsurance Generic contraceptive drugs paid at 100%. **Brand:** 40% coinsurance The minimum coinsurance is $10, or actual cost of the drug if less. Maximum is $100 per drug.	Not covered
Smoking cessation prescription drugs not subject to pharmacy copay.	Smoking cessation prescription drugs not subject to pharmacy copay.	Coinsurance applies to the prescription $1,200 out-of-pocket annual 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, and plan participant pays remaining; some over the counter medications are also included. $5 copay for generic diabetic drugs and supplies, $15 copay for brand. Many contraceptive products are covered. IUDs and Depo Provera covered under the medical plan benefit. Coinsurance for asthma, anti-high cholesterol, and tobacco cessation drugs 10% for generic and 20% for brand pharmacy.			
Prescription Drugs (mail order)					
For a 90-day supply: **Generic**: $45 copay. Generic contraceptive drugs paid at 100%. **Brand:** $90 copay	For a 90-day supply: **Generic**: $30 copay. Generic contraceptive drugs paid at 100%. **Brand:** $60 copay	For a 90-day supply: **Generic**: 30% coinsurance. Generic contraceptive drugs paid at 100%.	Not Covered	For a 90-day supply: **Generic**: 30% coinsurance. Generic contraceptive drugs paid at 100%.	Not Covered

Kaiser Permanente*		City of Seattle Traditional Plan*		City of Seattle Preventive Plan*	
Standard Plan	**Deductible Plan**	**Aetna In-Network**	**Out-of-Network**	**Aetna In-Network**	**Out-of-Network**
Contraceptive drugs and devices are covered subject to the pharmacy copay.		**Brand**: 40% coinsurance Minimum is $20 or double the cost of the drug if less. The maximum is $200 per drug.		**Brand:** 40% coinsurance Minimum is $20 or double the cost of the drug if less. The maximum is $200 per drug.	
Preventive Care					
Paid at 100% after $15 copay	Paid at 100% after $15 copay	Mammograms paid at 80%.	Mammograms paid at 60%	Paid at 100% (copay waived) Covers adult physical and well-child exams, immunizations, digital rectal exams/prostate-specific antigen test, colorectal cancer screening.	Paid at 60% for well-woman care and mammograms
		No other preventive services are covered			No other preventive services covered
Rehabilitation Services (inpatient)					
Paid at 100% after $200 copay per admission	Paid at 100% after deductible.	Paid at 80% after $200 copay	Paid at 60% after $200 copay	Paid at 90% after $200 copay	Paid at 60% after $200 copay
Maximum of 60 days per calendar year (combined with other therapy benefits)				Maximum of 120 days per calendar year for skilled nursing and rehab services in- and out-of-network combined	
Rehabilitation Services (outpatient)					
Paid at 100% after $15 copay	$15 copay Deductible applies.	Paid at 80%	Paid at 60%	Paid at 100% after $15 copay	Paid at 60%
Maximum of 60 visits per calendar year (combined with other therapy benefits)		Twenty-five visits per calendar year for physical, massage and occupational therapy. Additional visits may be covered if deemed medically necessary. Coinsurance does not apply to OOP Max.		Twenty-five visits per calendar year for physical, massage and occupational therapy. Additional visits may be covered if deemed medically necessary.	

Kaiser Permanente*		City of Seattle Traditional Plan*		City of Seattle Preventive Plan*	
Standard Plan	**Deductible Plan**	**Aetna In-Network**	**Out-of-Network**	**Aetna In-Network**	**Out-of-Network**
Skilled Nursing Facility					
Paid at 100%. 60-day maximum per calendar year.	Paid at 100% after deductible. 60-day maximum per calendar year.	Paid at 80% after $200 copay	Paid at 60% after $200 copay	Paid at 90% after $200 copay	Paid at 60% after $200 copay
		Maximum of 90 days per calendar year for in- and out-of-network combined		Maximum of 120 days per calendar year for rehab services and skilled nursing in- and out-of-network combined	
Smoking Cessation					
Paid at 100% for individual or group sessions	Paid at 100% for individual or group sessions	Lifetime maximum of one 90-day supply of aids or drugs. Coinsurance 10% generic, 20% brand. See Prescription Drugs.	Not covered	Smoking cessation prescription drugs covered subject to 10% generic, 20% brand drug coinsurance.	Not covered
Nicotine replacement therapy included in Prescription Drug benefit					
Spinal Manipulations					
Paid at 100% after $15 copay	$15 copay. Deductible applies.	Paid at 80%	Paid at 60%	Paid at 100% after $15 copay	Paid at 60%
Self-referral to Kaiser Permanente designated providers. Must meet Kaiser Permanente protocol. Maximum of 10 visits per calendar year.		Maximum of 10 visits per calendar year for in-network and out-of-network combined.		Maximum of 20 visits per calendar year for in-network and out-of-network combined.	
Sterilization Procedures					
Inpatient: Paid at 100% after $200 copay	Inpatient: Paid at 100%	Inpatient: Paid at 80% after $200 copay	Inpatient: Paid at 60% after $200 copay	Inpatient: Paid at 90% after $200 copay	Inpatient: Paid at 60% after $200 copay
Outpatient: Paid at 100% after $15 copay	Outpatient: $15 copay Deductible applies	Outpatient: Paid at 80%	Outpatient: Paid at 60%	Outpatient: Paid at 90%	Outpatient: Paid at 60%
Temporomandibular Joint Services					
Covered as any other service; copays/coinsurance depend on type and location of service provided.	Covered as any other service; copays/coinsurance depend on type and location of service provided.	Covered as any other service; copays/coinsurance depend on type and location of service provided.	Covered as any other service; copays/coinsurance depend on type and location of service provided.	Covered as any other service; copays/coinsurance depend on type and location of service provided.	Covered as any other service; copays/coinsurance depend on type and location of service provided.
		$5,000 lifetime maximum for non-surgical services in- and out-of-network combined		$5,000 lifetime maximum for non-surgical services in- and out-of-network combined	

Kaiser Permanente*		City of Seattle Traditional Plan*		City of Seattle Preventive Plan*	
Standard Plan	**Deductible Plan**	**Aetna In-Network**	**Out-of-Network**	**Aetna In-Network**	**Out-of-Network**
Tooth Injury/Oral Surgery (due to accident)					
Not covered	Not covered	Inpatient: 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 100%after $15 copay for office visit. Other charges paid at 90%	Inpatient: Paid at 60% after $200 copay Outpatient: Paid at 60%
Vision Exam/Hardware					
Exam: Paid at 100% after $15 copay. One exam every 12 months. Hardware: Not covered.	Exam: Paid at 100% after $15 copay. One exam every 12 months. Hardware is not covered.	Covered under VSP.		Covered under VSP.	
X-ray and Lab Tests					
Paid at 100%	Paid at 100% Deductible applies	Paid at 80% Provider responsible for obtaining precertification of high tech radiology	Paid at 60%	Paid at 90% Provider responsible for obtaining precertification of high tech radiology	Paid at 60%

* a. Coverage for any service is subject to the carrier's determination of medical necessity and adherence to their clinical policy guidelines.
b. Accolade advocacy services will be available to assist you and your covered family members find providers; deal with billing, claim and appeals problems; understand diagnoses and treatment options and manage chronic diseases.

Plan details are in your medical plan booklet at seattle.gov/human-resources/benefits/employees-and-covered-family-members**. This document is not a contract.**

Health Care Premiums

2022 Premium Sharing

Effective January 1, 2022, you will pay the below monthly premium *. The table also shows the total premium amount each month for each employee's coverage and the City's contribution.

	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	$1,740.20	$1,692.08	$48.12	$1,641.70	$98.50
City of Seattle Traditional	$1,576.29	$1,576.29	$ 0.00	$1,543.95	$32.34
Kaiser Permanente Standard	$1,234.80	$1,186.40	$48.40	$1,134.90	$99.90
Kaiser Permanente Deductible	$1,137.99	$1,112.99	$25.00	$1,081.07	$56.92

Your premium will be divided into two equal payments and taken from the first two paychecks 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.

* Fire Chief and CMEO bargaining agreements have different premium contributions than is shown here. Please contact your department's representative for your premium share table.

**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

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 their 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
City of Seattle Preventive	$50.38
City of Seattle Traditional	$32.34
Kaiser Permanente Standard	$51.50
Kaiser Permanente Deductible	$31.92

Imputed Income for Value of Health Coverage

If your domestic partner or your partner's non-IRS tax dependent's children do not qualify as your IRS tax dependents, you will also 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 (as explained above), so you are not taxed twice.

Health Care Premiums

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

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.)

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

Taxable Benefit Amount – (with DDWA)

2022 Monthly Taxable Values of City Coverage Provided to: Your Non-IRS Tax Dependent Domestic Partner Your Domestic Partner's Non-IRS Tax Dependent's Child		
Type of Coverage	**Domestic Partner Taxable Amount**	**Taxable Amount Per Child**
Preventive Plan	$793.22	$674.88
Traditional Plan	$731.80	$611.31
Kaiser Permanente Standard	$547.09	$478.88
Kaiser Permanente Deductible	$519.74	$441.33
DDWA Coverage	$53.55	$37.49
Vision Coverage	$4.34	$ 3.04
Buy-Up Vision Plan	$9.09	$ 6.36
Total Taxable Value with DDWA & VSP Basic Plan		
Preventive Plan	$851.11	$715.41
Traditional Plan	$789.69	$651.84
Kaiser Permanente Standard Plan	$604.98	$519.41
Kaiser Permanente Deductible Plan	$577.63	$481.86
Total Taxable Value with DDWA and VSP Buy-Up Plan		
Preventive Plan	$855.86	$718.73
Traditional Plan	$794.44	$655.16
Kaiser Permanente Standard Plan	$609.73	$522.73
Kaiser Permanente Deductible Plan	$582.38	$485.18

Health Care Premiums

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

Taxable Benefit Amount – (with DHS)

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

2022 Monthly Taxable Values of City Coverage Provided to: Your Non-IRS Tax Dependent Domestic Partner Your Domestic Partner's Non-IRS Tax Dependent's Child		
Type of Coverage	**Domestic Partner Taxable Amount**	**Taxable Amount Per Child**
Preventive Plan	$793.22	$674.88
Traditional Plan	$731.80	$611.31
Kaiser Permanente Standard Plan	$547.09	$478.88
Kaiser Permanente Deductible Plan	$519.74	$441.33
DHS Coverage	$67.54	$47.28
Basic Vision Plan	$4.34	$3.04
Buy-Up Vision Plan	$9.09	$6.36
Total Taxable Value with DHS & VSP Basic Plan		
Preventive Plan	$865.10	$725.20
Traditional Plan	$803.68	$661.63
Kaiser Permanente Standard Plan	$618.97	$529.20
Kaiser Permanente Deductible Plan	$591.62	$491.65
Total Taxable Value With DHS & VSP Buy-Up Plan		
Preventive Plan	$869.85	$728.52
Traditional Plan	$808.43	$664.95
Kaiser Permanente Standard Plan	$623.72	$532.52
Kaiser Permanente Deductible Plan	$596.37	$494.97

Prescription Drug Coverage

	Prescription Drug Retail Program 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)
Preventive and Traditional Plans (Aetna)	With the Aetna plans, you pay 30% of the actual cost for generic drugs, and 40% for preferred and non-preferred brand-name drugs, up to a maximum of $100 per drug per month. There is a $1,200 annual out-of-pocket maximum per member for retail and mail-order drugs. The Aetna formulary name is *Aetna Standard Plans*. This formulary provides a list of drugs covered under your plan. You can search for specific drugs at: https://www.aetna.com/individuals-families/find-a-medication.html. Present your medical plan ID card at any Aetna network retail pharmacy. Prescriptions filled at a non-network pharmacy will not be covered. You may contact the toll-free Member Services number on the back of your ID card to find a participating pharmacy or check the website Aetna.com
Kaiser Permanente Plans	You are responsible for a $15 copay for generic drugs and a $30 copay for brand-name drugs. All prescriptions must be filled at a Kaiser Permanente pharmacy. Prescriptions filled at any non-Kaiser Permanente pharmacy will not be covered. The Kaiser Permanente formulary is the *Drug Formulary for Large Employers 1- or 2-Tier In-Network Pharmacy Benefit*. The formulary provides a list of drugs covered under your plan. You can search for specific drugs at wa.kaiserpermanente.org/html/public/pharmacy/drug-formulary. See the next page for more detailed information about prescription drug coverage.

Prescription Drug Coverage Comparison				
Plan Features	**Kaiser Permanente Standard**	**Kaiser Permanente Deductible**	**Aetna Preventive**	**Aetna Traditional**
Annual out-of-pocket Maximum			$1,200	$1,200
Retail				
• **Days' Supply**	30-day	30-day	31-day	31-day
• **Coinsurance**	You pay $15 copay for generic drugs; $30 copay for brand name drugs.	You pay $15 copay for generic drugs; $30 copay for brand name drugs.	You pay 30% of the actual cost of generic drug; 40% of the cost for brand drugs*	You pay 30% of the actual cost of generic; 40% of the cost for brand drugs*
• **Minimum Coinsurance**	Not applicable	Not applicable	$10 or the actual cost of the drug if less.	$10 or actual cost of the drug if less
• **Monthly out-of-pocket Maximum**	Not applicable	Not applicable	$100 per prescription	$100 per prescription
• **Out-of-Network**	Not covered	Not covered	Not covered	Not covered
Mail Order				
• **Coinsurance**	Generic: $45 copay Brand: $90 copay	Generic: $30 copay Brand: $60 copay	You pay 30% of the actual cost of generic drug; 40% of the cost for brand drugs	You pay 30% of the actual cost of generic; 40% of the cost for brand drugs
• **Minimum Coinsurance**	Not applicable	Not applicable	$20 or actual cost of the drug if less.	$20 or actual cost of the drug if less.
• **Monthly out-of-pocket Maximum**	Not applicable	Not applicable	$200 per prescription	$200 per prescription
• **Days' Supply**	90-day supply	90-day supply	90-day supply	90-day supply

*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).*

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 out-of-pocket dental expenses with pre-tax dollars.

ID Cards

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/.

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 more significant benefit for services received than DDWA. 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
Accessing Care (Notify DHS once you've selected your care provider)	To begin, visit: https://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 onboarding, 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 didn't work on the **Register Member** screen, contact DHS directly at (206) 849-7100 to request your Member Number.
Payment of Basic Services	This plan has an office visit copay of $10 for all covered members, and there are also co-pays for selected services. The plan comparison on the following page lists services and copay requirements.
Orthodontia	DHS offers both child and adult (age 25 and over) orthodontia. Coverage includes a copayment of $1,800 per adult or $1,000 per child; a $150 charge for the initial exam, study models, and x-rays; and a $10 copay for each visit during the course of ortho treatment. **NOTE:** There is no transition of care for members who are already in treatment when joining the City's DHS plan. The orthodontia benefit is available for *new patients only*.
Plan Ahead	Use your health care Flexible Spending Account to pay your portion of the out-of-pocket dental expenses with pre-tax dollars.
ID Cards	You will receive your DHS ID card about two weeks following your dental plan selection.
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	$50 per person, $150 per family (No deductible for preventive services)	$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: 100%	$10 office visit copay Two additional cleanings for pregnant women, up to four cleanings.
Fillings	Class II: Incentive payments levels* 1st Year – 80% 2nd Year – 90% 3rd Year – 100%	$10 office visit copay Covers composite fillings in all teeth (posterior composite fillings additional $15)
Crowns	Class II: Constant 70%	$145 noble, $175 high noble or titanium, $200 upgraded, specialized porcelain if applicable per unit. (Non-specialized porcelain is $75.)
Prosthodontic Services (Dentures, Bridges)	Class III: Constant 50%	$125 plus $10 office visit copay (dentures) $75 plus $10 office visit copay (bridges)
Orthodontia **For DDWA:** transition of care available for new members already in treatment (see DDWA Orthodontia – prior page) **For DHS:** new cases only – no transition of care for new members already in treatment who join the City's DHS	Child(ren) Only (up to age 26)	Available for Child & Adult
	Plan pays 50% up to lifetime maximum of $1,500; deductible doesn't apply	Adult (age 25 and over) $1,800 plus $150 for initial exam, study models and x-rays covers full course of treatment plus $10 copay for each visit Orthodontia cases (less than age 25) $1,000 copay $150 for initial exam, study models and x-rays covers full course of treatment only; plus, $10 copay for each visit
Choice of Providers	In-Network: Any contracted provider. Out-of-Network: Expenses paid will be based on actual charges or DDWA's maximum allowable fees for non-participating dentists, whichever is less. You will be responsible for any balance due	In-Network: Any contracted provider in the DHS network. Out-of-Network: No out-of-network coverage available.

Plan booklets are at http://bit.ly/MostDental.

*Incentive levels from other DDWA plans are not carried over to the City's plan.

Dental Plan Comparison		
Plan Features	**Delta Dental of Washington (DDWA)**	**Dental Health Services (DHS)**
Periodontics (surgical and nonsurgical procedures for the treatment of the tissues supporting the teeth)	Class II: Paid according to incentive payment levels shown above*	Paid at 100% after a $25 copay for periodontal scaling and maintenance at a general dentist. If referred to a periodontist, the member pays 20%. Up to 4 visits for specific situations.
Endodontics (procedures for pulpal and root canal treatment)	Class II: Paid according to incentive payment levels shown above, Root canal treatment of the same tooth covered only once in 2 years.*	Paid at 100% after applicable copay ($50 for anterior, $75 for bicuspid, or $100 for molar root canal) If referred to an endodontist, member pays 20%.
Oral Surgery (routine and surgical extractions)	Class II: Paid according to incentive payment levels shown above*	Paid at 100% after a $10 office visit copay for a general dentist. If referred to an oral surgeon, the member pays 20%
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 – copayments apply
Other	Class III: Occlusal (nightguard) covered at 50% if the patient has advanced gum disease.	Occlusal (nightguard) with $350 copay

2022 Monthly Dental Premiums for Most City Employees

Dental Plan	Total Monthly Premium Amount	Employee's Monthly Premium Contribution	
		Coverage for Employee with or without children	**Coverage for Employee with Spouse/Domestic Partner with or without children**
Delta Dental of Washington	$116.91	$0	$0
Dental Health Services	$147.45	$0	$0

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

***Incentive levels from other DDWA plans are not carried over to the City's plan.

Vision Coverage and Plan Comparison

	The City offers two vision plans through VSP – the Basic Plan, which is fully paid for by the City, and the Buy-Up plan, paid by the employee. Below is a side-by-side comparison of the two plans. 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.
Plan Ahead	The plan does not cover expenses above the co-payments, in-network allowances and out-of-network scheduled amounts. Use your FSA to pay for these expenses with pre-tax dollars.
ID Cards	VSP does not issue ID cards - your network doctor or facility will be able to access your eligibility and coverage. Once you set up your online account, you can print an ID card.

Vision Plan Comparison

Plan Benefit *Benefit Frequency is every plan year unless otherwise noted*	**PLAN TYPE**	
	VSP Basic *(City pays premium)*	**VSP Buy-up** *(Employee pays premium)*
WellVision Exam	$10 copay	Same as Basic Plan
Prescription Glasses	$25 copay	Same as Basic Plan
Frames *Basic Plan: every other year*	$175 allowance for select frames $195 allowance for featured frame brands 20% savings on amounts over allowance	
Lenses	Copay included in Prescription Glasses *Includes: single vision, lined bifocal, and lined trifocal* *Polycarbonate lenses for dependent children*	
Lens Enhancements	Standard progressive* lenses: $55 Premium progressive* lenses: $95-$105 Custom progressive* lenses: $150-175	
Contact Lenses *(instead of glasses)*	$175 allowance for contacts (no copay) $60 Copay: contact lens exam (fitting and evaluation)	

Easy Options: Buy-up Plan Only *(Copay included in prescription glasses)*

Premium Plan Options *You and each covered member on your plan can choose one of these eyewear options when purchasing glasses or contacts*	Additional $75 frame allowance or, Additional $25 contact lens allowance or, Fully-covered anti-reflective coating or, Fully-covered progressive* lenses or, Fully-covered photochromic** adaptive lenses

** 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

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 • *Must be within 12 months of your last WellVision exam from any VSP provider*
	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.*

2022 Monthly Vision Premiums for Most City Employees

Vision Plan	Total Monthly Premium Amount	Employee's Monthly Premium Contribution	
		Employee with/without dependents	
VSP Basic Plan	$9.47	$0	$0
Buy-Up Plan	$19.85	$10.38	$10.38

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

Optional Insurance Plans

Optional Insurance Choices	The following is a list of your optional insurance choices. The City offers paid Basic Long-Term Disability Insurance and shares the cost of Basic Life Insurance with you. Accidental Death & Dismemberment premiums are paid in full by the employee. You can purchase additional insurance coverage within 30 days of your hire date, during Open Enrollment or within 30 days of a qualifying change in family status. (Family status change enrollment not applicable to Supplemental LTD.) • 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
Long-Term Disability (LTD) Insurance	Long-term Disability insurance pays a monthly benefit to you if you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you meet your financial commitments in a time of need and providing you peace of mind in knowing that a step has been taken toward securing your income during a period of disability.
Basic vs. Supplemental LTD	The **Basic** LTD plan is fully paid by the City and provides a "basic" level of LTD coverage. The **Supplemental** LTD plan is *optional,* and the employee pays the entire premium. The Supplemental plan offers a higher level of coverage than the Basic plan. If you are not confident that you need Supplemental LTD coverage, consider if you will be able to meet your financial obligations if you become disabled. The risk of disability may be greater than you might think. Recent statistics have shown: • Over half of Americans are financially unprepared for a period of disability *(Source: Social Security Administration, Facts)* • Less than 5 percent of disabling accidents and illnesses are work-related *(Source: Council for Disability Awareness LTD Claims Review)* • 52% of adults have no savings earmarked for emergencies *(Source: US Federal Reserve Board, Report on Economic Well-being)*
Do I need Supplemental LTD?	*Helping you decide*. Each person has a unique set of circumstances and financial needs. To assess whether you need Supplemental LTD coverage, go to www.thehartford.com/benefits/cityofseattle. **Please note** the following information is only plan highlights. For specific LTD benefit details, refer to the Certificate of Coverage.
Coverage Effective Date	Coverage for **Basic LTD** is automatic – your department's Benefit Representative will enroll you. For **Supplemental LTD**, you must enroll within your first 30 days of becoming eligible (either from your hire date or from the day you move into a benefits-eligible position). If initially waived, delayed enrollment is allowed during a subsequent Open Enrollment period. *See the Certificate for Period of Coverage details.*

Optional Insurance – Long-Term Disability

Benefit Amount

Your monthly LTD benefit is a percentage of your insured monthly pre-disability earnings less any deductible income (i.e., City paid sick time, Social Security, Worker's Compensation, etc.).

	Basic LTD	Supplemental LTD
Percentage of monthly pre-disability earnings	60%	60%
Maximum monthly benefit	$400	$5,000
Minimum monthly benefit	$100	$100

Below is an example comparing the LTD benefit under both plans:

	Basic LTD	Supplemental LTD
Enter monthly earnings	(1) $ 667	$ 7,300
	Note: if monthly earnings exceed $667, enter $667 above	*Note: if monthly earnings exceed $8,333, enter $8,333 above*
Percentage of earnings	60%	60%
Multiply amount on Line 1 by percentage on line 2 – this is your monthly LTD benefit	$667 x 60% = $400	$7,300 x 60% = $4,380

Premium Amount

The Basic LTD plan premium is paid by the City. If you elect the Supplemental plan, your monthly rate is calculated as below:

- Determine your base monthly earnings (up to $8,333) and subtract $667 (the amount of the basic plan paid by the City). Multiply that number by .00384 – this is your monthly rate that will be deducted after-tax on the second paycheck of each month.
- In the above table example: $7,300 - $667 = $6,633, multiplied by .00384 = $25.47 per month.

Note: since premiums for Basic LTD are paid by the City, and the employee's portion of the Buy-up LTD premium share are deducted after-tax, paid LTD benefits are partially tax-free.

When Am I Considered Disabled

If a claim for LTD benefits is approved by The Hartford, benefits become payable ***after*** the benefit waiting period. The benefit waiting period is the specified number of days you must remain continuously disabled. Benefits are not payable during the waiting period.

During the Benefit Waiting Period (see below), you are considered disabled if, as a result of a physical disease, injury, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of your Own Occupation.

Optional Insurance – Long-Term Disability

Waiting Period

Benefit Waiting Period: The Benefit waiting period for both Basic and Supplemental LTD is 90 days. See the Certificate of Coverage for more detailed information.

Maximum Benefit Period: If you become disabled before age 62, LTD benefits may continue during disability until age 65 or until Social Securing Normal Retirement Age (SSNRA) or 3 years 6 months, whichever is longer. Otherwise, the maximum benefit period for both Basic and Supplemental LTD is in the chart below, age-graded to the Social Security Normal Retirement Age (SSNRA):

Limitations

Age at Time of Disability	Maximum Benefit Period
62	To SSNRA or 48 months, if greater
63	To SSNRA or 42 months, if greater
64	36 months
65	30 months
66	27 months
67	24 months
68	21 months
69 or older at time of disability	18 months

A disability that results from a pre-existing condition for which you receive medical treatment three months before your coverage effective date will not be covered unless you have been insured for 12 months. The pre-existing condition limitation applies if you elect coverage now or during a future Open Enrollment.

LTD benefits are not payable unless you are under the care of a physician. See the Certificate of Coverage for additional limitations.

When Benefits End

LTD Benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date benefits become payable under any other LTD disability insurance plan under which you become insured through employment during a period of temporary recovery

Optional Insurance – Group Term Life

Group Term Life (GTL) Insurance

Your life insurance is issued by Securian Life Insurance Company, an affiliate of Securian Financial Group, Inc. (Securian Financial).
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. For more information, please refer to the Certificate of Coverage.

Basic Life Insurance

This optional coverage provides you with two options of Term Life Insurance benefit amounts. The first option equals one-and-a-half times your annual salary, and the second option is a flat $50,000. The City contributes 40% of the cost, and you pay the remaining 60% of the cost. Within the coverage amount guidelines shown below, you select the option of basic Life insurance you are interested in applying. A table with information regarding the monthly cost of Basic Term Life Insurance follows.

	Minimum	**Maximum***
Option A	1.5 times your annual salary, rounded to the next higher multiple of $1,000, if not already a multiple of $1,000	$2,500,000 when combined with supplemental life insurance
Option B	$50,000	$50,000

* IRS rules state that the value of Basic Life Insurance over $50,000, which is paid for by the City, is taxable. You may limit your Basic Term Life Insurance coverage amount to $50,000 to avoid the additional taxes. The amount on which you pay taxes will be shown on your second paycheck each month.

If you sign up for Basic Term Life Insurance as a new employee, you are guaranteed coverage up to $1,000,000 when combined with supplemental life insurance. However, if you sign up for it later during an Open Enrollment period, you will be required to complete an online Evidence of Insurability form (medical history statement). See the online submittal instructions here. Securian Financial must approve it before your life insurance takes effect.

If you have a qualified Family Status change during the year, you may newly elect or increase your basic group term life insurance 1.5 times your annual salary to $50,000 without Evidence of Insurability. Any amount over $50,000 would require EOI.

Optional Insurance – Group Term Life

Coverage Amount Needed

Find the life insurance amount that's right for you and your family. Choosing the right insurance coverage can be overwhelming. Use Securian Financial's online benefits decision tool, Benefit Scout, to help you and your family make your insurance elections confidently. Get started by going to Lifebenefits.com/Seattle.

How Much Will Coverage Cost?

Your coverage amount equals your annual salary, rounded up to the next $1,000 increment, multiplied by 1.5. Your monthly premium equals $0.045 times each $1,000 of coverage.

To calculate your basic Life insurance, use the following table:

1. Annual Salary = Line 1	Line 1: _____
2. Round Up Line 1 to nearest $1,000 = Line 2	Line 2: _____
3. Multiply Line 2 by 1.5 = Line 3	**Coverage Amount** Line 3: _____
4. Divide Line 3 by $1,000 = Line 4	Line 4: _____
5. Multiply Line 4 by the plan rate of 0.045 = Line 5	**Monthly Premium** Line 5: _____

For example, if your annual salary is $78,600 per year, round it up to $79,000. To determine your coverage amount, multiply $79,000 by 1.5 = $118,500. $118,500 is your coverage amount. Divide your coverage amount by $1,000 ($118,500 / $1,000 = 118.50). Multiply 118.50 by the plan rate of 0.045 (118.50 x 0.045 = $5.33) Your premium is $5.33 per month.

Features and Benefits

Travel Assistance

This service provides you and your dependents with access to appropriate medical care and other emergency services when you travel 100 miles or more from home. Travel Assistance also offers a range of professional, 24-hour medical, legal, and trip assistance information and coordination services to help your travel go smoothly. For more information, go here. To access, go to LifeBenefits.com/travel.

Optional Insurance – Group Term Life

Features and Benefits (cont'd)	**Legacy Planning Resources** Get the support you need to ensure your family's affairs are in order, including end-of-life planning, creation of key directives, and final arrangements for funeral services. Access legacy planning resources by going to Securian.com/legacy. **Beneficiary Financial Counseling** Beneficiaries will have access to professional guidance to help them make sound financial decisions regarding policy proceeds. Securian Financial will invite beneficiaries receiving $25,000 or more to take advantage of this program when the life insurance claim is paid. **Conversion** 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. You must apply within 30 days of leaving City service to be eligible. **Accelerated Benefit** If you become terminally ill with a life expectancy of 24 months or less, you may be eligible to receive up to 100% percent of the face amount to a maximum of $1 million (Basic and Supplemental Life combined). For additional information, see the below links.
Resources	**Certificate of Coverage** Certificate of Coverage **Evidence of Insurability** Evidence of Insurability
File a Claim	To file a claim, please contact the Benefits Unit at Benefits.Unit@seattle.gov or (206) 615-1340.

Optional Insurance – Group Term Life

Basic Group Life Insurance Costs*

Costs for Basic Life Insurance (based on employee's annual salary)	Employee's Annual Salary	Amount of Insurance	Employee Monthly Premium	City Monthly Premium	Total Monthly Premium
	$30,000.01 – $31,000	$46,500	$2.09	$1.40	$3.49
	$31,000.01 – $32,000	$48,000	$2.16	$1.44	$3.60
	$32,000.01 – $33,000	$49,500	$2.23	$1.49	$3.71
	GTL Limited	$50,000	$2.25	$1.50	$3.75
	$33,000.01 – $34,000	$51,000	$2.30	$1.53	$3.83
	$34,000.01 – $35,000	$52,500	$2.36	$1.58	$3.94
	$35,000.01 – $36,000	$54,000	$2.43	$1.62	$4.05
	$36,000.01 – $37,000	$55,500	$2.50	$1.67	$4.16
	$37,000.01 – $38,000	$57,000	$2.57	$1.71	$4.28
	$38,000.01 – $39,000	$58,500	$2.63	$1.76	$4.39
	$39,000.01 – $40,000	$60,000	$2.70	$1.80	$4.50
	$40,000.01 – $41,000	$61,500	$2.77	$1.85	$4.74
	$41,000.01 – $42,000	$63,000	$2.84	$1.89	$4.73
	$42,000.01 – $43,000	$64,500	$2.90	$1.94	$4.84
	$43,000.01 - $44,000	$66,000	$2.97	$1.98	$4.95
	$44,000.01 - $45,000	$67,500	$3.04	$2.03	$5.06
	$45,000.01 - $46,000	$69,000	$3.11	$2.07	$5.18
	$46,000.01 - $47,000	$70,500	$3.17	$2.12	$5.29
	$47,000.01 - $48,000	$72,000	$3.24	$2.16	$5.40
	$48,000.01 - $49,000	$73,500	$3.31	$2.21	$5.51
	$49,000.01 – $50,000	$75,000	$3.38	$2.25	$5.63
	$50,000.01 – $51,000	$76,500	$3.44	$2.30	$5.74
	$51,000.01 – $52,000	$78,000	$3.51	$2.34	$5.85
	$52,000.01 – $53,000	$79,500	$3.58	$2.39	$5.96
	$53,000.01 – $54,000	$81,000	$3.65	$2.43	$6.08
	$54,000.01 – $55,000	$82,500	$3.71	$2.48	$6.19
	$55,000.01 – $56,000	$84,000	$3.78	$2.52	$6.30
	$56,000.01 – $57,000	$85,500	$3.85	$2.57	$6.41
	$57,000.01 – $58,000	$87,000	$3.92	$2.61	$6.53
	$58,000.01 – $59,000	$88,500	$3.98	$2.66	$6.64
	$59,000.01 – $60,000	$90,000	$4.05	$2.70	$6.75
	$60,000.01 – $61,000	$91,500	$4.12	$2.75	$6.86
	$61,000.01 – $62,000	$93,000	$4.19	$2.79	$6.98
	$62,000.01 – $63,000	$94,500	$4.25	$2.84	$7.09
	$63,000.01 – $64,000	$96,000	$4.32	$2.88	$7.20
	$64,000.01 – $65,000	$97,500	$4.39	$2.93	$7.31
	$65,000.01 – $66,000	$99,000	$4.46	$2.97	$7.43
	$66,000.01 – $67,000	$100,500	$4.52	$3.02	$7.54

*Cost is $0.075 per $1,000: Employee cost is 60% or $0.045/$1,000; City cost is 40% or $0.030/$1,000

Optional Insurance – Group Term Life

Basic Group Life Insurance Costs* - *Continued*				
Employee's Annual Salary	**Amount of Insurance**	**Employee Monthly Premium**	**City Monthly Premium**	**Total Monthly Premium**
$67,000.01 – $68,000	$102,000	$4.59	$3.06	$7.65
$68,000.01 – $69,000	$103,500	$4.66	$3.11	$7.76
$69,000.01 – $70,000	$105,000	$4.73	$3.15	$7.88
$70,000.01 – $71,000	$106,500	$4.79	$3.20	$7.99
$71,000.01 – $72,000	$108,000	$4.86	$3.24	$8.10
$72,000.01 - $73,000	$109,500	$4.93	$3.29	$8.21
$73,000.01 - $74,000	$111,000	$5.00	$3.33	$8.33
$74,000.01 - $75,000	$112,500	$5.06	$3.38	$8.44
$75,000.01 - $76,000	$114,000	$5.13	$3.42	$8.55
$76,000.01 - $77,000	$115,500	$5.20	$3.47	$8.66
$77,000.01 - $78,000	$117,000	$5.27	$3.51	$8.78
$78,000.01 - $79,000	$118,500	$5.33	$3.56	$8.89
$79,000.01 - $80,000	$120,000	$5.40	$3.60	$9.00
$80,000.01 - $81,000	$121,500	$5.47	$3.65	$9.11
$81,000.01 - $82,000	$123,000	$5.54	$3.69	$9.23
$82,000.01 - $83,000	$124,500	$5.60	$3.74	$9.34
$83,000.01 - $84,000	$126,000	$5.67	$3.78	$9.45
$84,000.01 - $85,000	$127,500	$5.74	$3.83	$9.56
$85,000.01 - $86,000	$129,000	$5.81	$3.87	$9.68
$86,000.01 - $87,000	$130,500	$5.87	$3.92	$9.79
$87,000.01 - $88,000	$132,000	$5.94	$3.96	$9.90
$88,000.01 - $89,000	$133,500	$6.01	$4.01	$10.01
$89,000.01 - $90,000	$135,000	$6.08	$4.05	$10.13
$90,000.01 - $91,000	$136,500	$6.14	$4.10	$10.24
$91,000.01 - $92,000	$138,000	$6.21	$4.14	$10.35
$92,000.01 - $93,000	$139,500	$6.28	$4.19	$10.46
$93,000.01 - $94,000	$141,000	$6.35	$4.23	$10.58
$94,000.01 - $95,000	$142,500	$6.41	$4.28	$10.69
$95,000.01 - $96,000	$144,000	$6.48	$4.32	$10.80
$96,000.01 - $97,000	$145,500	$6.55	$4.37	$10.91
$97,000.01 - $98,000	$147,000	$6.62	$4.41	$11.03

*Cost is $0.075 per $1,000: Employee cost is 60% or $0.045/$1,000; City cost is 40% or $0.030/$1,000

Optional Insurance – Group Term Life

Supplemental Group Term Life Insurance

The City offers an additional life insurance option—Supplemental Group Term Life (GTL). If you are enrolled in Basic GTL, you may purchase Supplemental GTL for yourself and your eligible family members: spouse/domestic partner (DP) and children to age 26.

Coverage amount guidelines are in the below chart:

<table>
<tr><th></th><th>Minimum</th><th>Incremental Amount</th><th>Guaranteed Issue (GI)*</th><th>Maximum</th></tr>
<tr><td>Employee</td><td rowspan="2">$5,000</td><td rowspan="2">$5,000</td><td>The lesser of 4x your annual salary rounded to next lower $5,000 or $1 million when combined with basic life insurance.</td><td>The lesser of 4x your annual salary, rounded down to the next lower $5,000, or $2,500,000 when combined with basic life insurance</td></tr>
<tr><td>Spouse/DP</td><td>$50,000</td><td rowspan="2">$500,000 - Not to exceed 100% of employee basic and supplemental life combined</td></tr>
<tr><td>Child/ Children (up to age 26)</td><td colspan="3">$2,000, $5,000 or $10,000</td></tr>
</table>

** Refer to the Certificate of Coverage for specific details on Guaranteed Issue and coverage limits.*

Please contact your Benefits Representative within 30 days *of a salary increase if enrolled in the Maximum Supplemental Life amount and want to increase.*

Eligibility Requirements

Employee:

- You must be a Regular employee
- You must elect or be enrolled in Basic GTL
- You are guaranteed coverage (at the GI level stated in the above chart) if enrolling within 30 days of first becoming eligible. However, if you sign up for it later during an Open Enrollment period, you will be required to complete an online Evidence of Insurability form (medical history statement). See the online submittal instructions here. Securian Financial must approve the Evidence of Insurability before your life insurance takes effect.

  If you have a Family Status change during the year, you may newly elect or increase your Supplemental life insurance by up to $50,000. You may make the election or increase as long as the combined amount (Basic and Supplemental Life) does not exceed $1 million.

Optional Insurance – Group Term Life

Eligibility Requirements (cont'd)	Dependent: • Employee must also elect or be enrolled in Basic GTL • 'Spouse' means a person to whom you are legally married or your domestic partner designated in the Affidavit of Marriage/Domestic Partnership on file in your Benefits folder. • Child means your child, your stepchild, domestic partner's child, court-awarded custodial child or legally adopted child (**Note**: Evidence of Insurability is not required for Child Life.) If you have a Family Status change during the year, you may newly elect or increase your Supplemental Child life insurance coverage. • Spouse/DP is guaranteed coverage (at the GI level stated in the above chart) if enrolling within 30 days of first becoming eligible. However, if you sign up for it later during an Open Enrollment period, your spouse/domestic partner will be required to complete an online Evidence of Insurability form (medical history statement). See the online submittal instructions here. It must be approved by Securian Financial before life insurance takes effect. If you have a Family Status change during the year, you may newly elect or increase your Supplemental spouse/domestic partner life insurance by one increment of $5,000 provided the resulting amount does not exceed the guaranteed issue amount of $50,000 or 100% of the employee's amount of inforce basic and supplemental life insurance combined.

Optional Insurance – Group Term Life

Premium Cost

You pay the entire premium for Supplemental Term Life Insurance coverage and, for your family members to have coverage, you must first enroll yourself in Basic Life Insurance.

Costs for Supplemental Term Life Insurance for you and your spouse/domestic partner are based on **your** age (employee's age). Costs for covering eligible children are fixed and the monthly premium is the same regardless of how many children you cover.

The following tables show the cost of supplemental GTL insurance:

Supplemental GTL for Employee and Spouse/Domestic Partner	
Your Age	Monthly cost per $1,000 of coverage
18-29	$.024
30-34	$.035
35-39	$.047
40-44	$.066
45-49	$.112
50-54	$.171
55-59	$.266
60-64	$.407
65+	$.708
Supplemental GTL for Children *(one coverage amount and monthly cost covers all eligible children)*	
Amount of coverage	Monthly cost
$2,000	$0.36
$5,000	$0.90
$10,000	$1.80

Example: How to Calculate Cost of Supplemental GTL

Employee's Supplemental GTL		**Spouse/DP's Supplemental GTL**	
Amount Elected	1. $100,000	Amount Elected	1. $40,000
Line 1 divided by $1,000	2. 100	Line 1 divided by $1,000	2. 40
Select your rate from above	3. $.066	Select your rate from above	3. $.066
Line 2 multiplied by Line 3	4. $6.60	Line 2 multiplied by Line 3	4. $2.64
Monthly Premium:	**$6.60**	Monthly Premium:	**$2.64**

Optional Insurance – AD&D

AD&D	To supplement your Basic and Supplemental Life Insurance, you may purchase Accidental Death and Dismemberment (AD&D) Insurance for yourself, your spouse or domestic partner, and your children. AD&D Insurance pays a death benefit (principal sum or full insurance amount) if the insured person dies due to a covered accident. It also pays a percentage of the death benefit if the covered person loses a limb(s), sight, speech, hearing 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 a covered accident. You can cover yourself in $25,000 increments up to $500,000. Your family members' coverage 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 died. Charts showing costs and payout percentages can are on the next page.
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	Navia Benefit Solutions administers the City's Flexible Spending Account (FSA) Plans. The FSAs allow you to set aside pre-tax dollars from your paycheck for Health Care FSA ($120 annual minimum, $2,750 annual maximum) to pay for eligible expenses not covered through other benefit programs and eligible work-related expenses for Day Care FSA plan (up to $5,000 per household). 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 FSAs 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 ($2,750 annual maximum per employee) to pay for eligible expenses not covered by your health plans (e.g., deductibles, copays, or costs 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. Navia Benefit Solutions will carry over up to $550 of unused 2022 Health Care FSA account balances to 2023 accounts by the end of January 2023. If you don't elect a 2023 Health Care FSA, 2022 account balances under $120 will be forfeited.
Daycare FSA Account	**Daycare FSA** – allows you to set aside money on a pre-tax basis to pay for eligible daycare 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, or if your spouse who does not work becomes a full-time student ($5,000 annual maximum per household). Unused Daycare FSA funds will not carry over to the following plan year.

Optional Insurance - Flexible Spending Accounts

Examples of Qualifying Life Events *(not all-inclusive)*

Contact the Benefits Unit if you have any questions

If you experience a qualifying life event as described below, contact the Benefits Unit at Benefits.Unit@seattle.gov within 30 days of the event to see if you're eligible to make a change to your Health or Daycare FSA.

- Return to work from a Leave of Absence *(Note: returning from Leave is the qualifying event for birth or adoption and marks the 30-day window to elect Dependent Care FSA)*
- Change in legal marital status, which changes the number of your eligible dependents (marriage, divorce, etc.)
- Birth of a child, adoption of an eligible child or placement for adoption, or death of a dependent
- Change in employment status for you or your spouse/domestic partner which affects your daycare needs
- Daycare needs change. Examples include child reaching a maximum age of 13, change in daycare cost or coverage, or change of care provider

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 daycare expenses at www.naviabenefits.com.

Set up Your Online 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 Navia Benefits 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.

Kinside

All City of Seattle employees have access to Kinside's nationwide child care network. Browse up-to-date openings at preschools, after-school programs, summer camps, and more. Pay providers online and take advantage of up to 20% on child care discounts. Pay your provider online using your Daycare FSA dollars. No FSA? You may also pay online via ACH. No more clunky claims process.

1. **Create an Account**: If you already have a Flexible Spending Account, log-in through your online account at naviabenefits.com. For employees not enrolled in an FSA, visit join.kinside.com/city-of-seattle to create an account using your City of Seattle employee email address.

Optional Insurance - Flexible Spending Accounts

Benefit Card	2. **Start Your Search**: Enter your home address to view the daycares, after-school care, summer camps, and preschools closest to you, browse profiles, discounts, and more. Chat with a concierge for help with the heavy lifting to find the right care options for your family. 3. **Do you have a location in mind?** Enjoy one-click touring and save on enrollment at partner providers. Let a concierge assist you with booking and enrollment. 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** here 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.

Well-Being Programs	
Reach	Reach is the City's online and app-based well-being program for employees and spouses/domestic partners. Reach combines tools, educational content and engaging activities to support physical, emotional, and financial well-being goals. • Learn how to manage stress or achieve better work/life balance • Connect with health advocacy services for benefit and clinical questions • Get involved in your community • Make healthier choices and take action to improve your health • Create a budget, manage debt or plan for future retirement. To start using Reach, go to cityofseattle.limeade.com and register. For access to Reach on the go, download the Limeade app and enter the City of Seattle code: seattle.
Employee Assistance Program (EAP)	The EAP provides confidential counseling and mental health support for such issues 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 childcare referral, eldercare information, and financial and legal consultation. No enrollment is necessary. Employees and household members can receive six visits per issue per year. You may use select in-person counseling or access virtual support via Talkspace. Talkspace services include text, chat, and televideo counseling. A week of text correspondence counts as one of six visits. Employees may use six **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.
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. Regular City employees and their adult dependents with City medical coverage may enroll. Enroll at ww.com/us/cityofseattle with Employer ID: 62344, Employer Passcode: WW62344. Include the Employee Number, the last four 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 and the reimbursement form, go to https://www.seattle.gov/human-resources/benefits/employees-and-covered-family-members/well-being-programs

Well-Being Programs	
Hinge Health	Hinge Health is a program to help employees and their adult dependents with back and joint pain. The digital solution is available at no out-of-pocket cost. Hinge Health includes prevention, acute pain management, chronic pain recovery, and pre- or post-surgery support. Based on enrollment assessment results, member treatment options may include a virtual physical therapy visit for all joint and muscle groups, app-based exercise therapy, educational materials, expert medical opinion or a free tablet computer and wearable sensors. To enroll in Hinge Health, go to hingehealth.com/cityofseattle.
Quit for Life	The City of Seattle 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).

Work Life Programs	
Seattle Shares	Seattle Shares is the City of Seattle's employee giving and volunteer program. Employees are encouraged to give via our partner, United Way of King County (UWKC) during our annual campaign. Employees are also encouraged to give directly to the charity of their choice. Employees can go to charitynavigator.org to research charities and/or make donations via the charity navigator portal. Please see 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. 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.
MyTrips	MyTrips is your employee commute options program. MyTrips is here to assist with all your commute options including transit, vanpool, carpool, bike, and walk. Take a look at the program overview in this flyer. Explore your program and join the majority of employees who do not drive alone to work. Request a personalized trip plan, qualify for a Guaranteed Ride Home in the event of a personal, family or medical emergency, and earn rewards for campaigns by logging your trips in the Commute Calendar. Explore your options and find your commute today. New employees will receive a welcome email from MyTrips during onboarding. Existing employees, visit MyTrips, your employee commute options hub to find out more about your program and see what is new. Any questions, reach out to MyTrips at MyTrips@seattle.gov or 206-445-4401.

Leave Policies

Vacation

You earn vacation based on the number of hours (non-overtime) you are paid each pay period. Vacation hours are accumulated 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 after that 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.

Follow your department's protocol for requesting and taking a vacation.

Your unused vacation balance will be cashed out when you leave City employment unless your union has elected to participate in VEBA or you are eligible to defer your vacation leave into Deferred Compensation. Check with your HR representative.

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 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. You may also request sick leave 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.

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 workdays, 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

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

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 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 eight 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.

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 seattle.gov/human-resources/rules-and-resources/personnel-rules and any applicable union contract.

Below is the 2022 holiday schedule.

New Year's Day	Friday, 12/31/2021
Martin Luther King Jr. Day	Monday, 1/17/2022
President's Day	Monday, 2/21/2022
Memorial Day	Monday, 5/30/2022
Independence Day (observed)	Monday, 7/4/2022
Labor Day	Monday, 9/5/2022
Veterans' Day	Friday, 11/11/2022
Thanksgiving Day	Thursday, 11/24/2022
Day following Thanksgiving	Friday, 11/25/2022
Christmas Day (observed)	Monday, 12/26/2022

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 7.6 at seattle.gov/human-resources/rules-and-resources/personnel-rules. Represented employees should also see their collective bargaining agreements for provisions covering personal holidays.
Bereavement Leave	All employees, including temporary employees, are entitled to five days of paid time off for bereavement purposes due to the passing of a close relative. With supervisory approval, you make take vacation or discretionary time off not to exceed 5 days to mourn the death of a "relative other than a close relative" such as an aunt, friend, co-worker or other individual who is not a close relative.
Family and Medical Leave	The City provides up to 90 calendar days of unpaid Family and Medical Leave per rolling 12-month calendar year. Hours are pro-rated for part-time employees. Employees are eligible to use the leave after six months of employment. Eligible employees can elect to utilize their accrued paid leave such as vacation, sick leave, floating holiday, etc. during an approved City FML leave period. City FML leave is a protected leave, allowing for job restoration, continued health insurance benefits and protection against retaliation. 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. Any use of intermittent Family and Medical Leave for the non-medical care of your new child must be by mutual agreement between you and your supervisor. You must submit a record of birth or placement 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.

Leave Policies	
	Additionally, if you are taking Family and Medical Leave for your own serious health condition, you will need your health care provider's release to return to work. To apply for this leave, please contact your department's leave & ADA coordinator.
Jury Duty	If you serve on jury duty during normal work hours, you will be paid your regular straight-time pay upon surrendering to the City any compensation you receive from the Court, less transportation allowance.
Military Leave	The City offers the following paid and unpaid leave programs for employees needing to time off work due to military events: • Paid Military Leave: The City provides up to 21 working days, exclusive of normal days off, of paid leave per fiscal year (October – September) without loss of service credit for employees who are members of the US armed forces, National Guard, or reserves, and need leave to report for required military duty, training or drills. This leave provides employees with their City pay and benefits at the same pay rate and under the same conditions as if they were at work. • Military Leave of Absence (LOA): Unpaid Military Leave of Absence provides employees an unpaid leave of absence to enter active duty for the United States Military. It also guarantees a return to their position upon release from active duty, provided they meet the set criteria. • Military Spouse Leave of Absence (Spouse LOA): Refers to a 15-day unpaid leave provided to employees whose spouse is a member of the Armed Forces, National Guard, or Reserves and who has been notified of an impending call or order to active duty and before deployment, or whose military spouse is on leave from deployment. • Family Medical Leave (FML) Military Exigency: Eligible employees are granted up to 90 days (13 weeks) of unpaid, job-protected Family and Medical Leave in a 12-month rolling period for a "qualifying exigency" arising out of a foreign deployment of the employee's spouse, parent, son or daughter. • Family Medical Leave (FML) Military Caregiver Leave: Employees are granted up to 26 weeks of unpaid, job-protected Family and Medical Leave in a 12-month rolling period to care for their spouse, parent, child, or next of kin of a covered military service member with a serious injury or illness. Covered military members may be either a current servicemembers or a veteran of the armed forces.

Leave Policies	
Paid Family Care Leave	The City provides eligible employees up to four weeks (160 hours) of paid leave to care for a qualifying family member with a serious health condition under an approved Family and Medical Leave.,. Hours are pro-rated for part-time employees. Employees are eligible to use the leave completing consecutive six months of employment in a benefitted position or temporary assignment and if they have not exhausted their FML entitlement hours. The use of Paid Family Care Leave counts against the Family and Medical Leave entitlement hours. To apply for this leave, please contact your department's leave & ADA coordinator.
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. These hours are pro-rated for part time employees. Employees become eligible for this leave after completing 6 months of employment in a benefit eligible position and if they experience one of the following qualifying events: • 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, in addition to the leave application, must also submit a record of birth or placement to the City. The employee must use the leave by the first anniversary of the child's birth or placement. To apply for this leave, please contact your department's leave & ADA coordinator.
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/human-resources/rules-and-resources/personnel-rules. To apply for any of these leave programs, please contact your department's leave & ADA coordinator.

Washington State Paid Family and Medical Leave

Washington's Paid Family and Medical Leave is an insurance program funded through premiums paid by the City of Seattle and employees. It offers partially paid leave for qualifying medical, family and certain military connected events. The program covers between 12 and 18 weeks of paid leave for a qualifying event, depending on the circumstances. For more information, please visit the Washington State Employment Security Department's website at https://www.paidleave.wa.gov/.

To apply for this State benefit with the Washington State Employment Security Department (ESD), you can contact ESD directly at 1 (833) 717-2273 or submit your online application at www.paidleave.wa.gov.

Employee Rights and Responsibilities

Your Work Environment

As a City employee, you have several 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 http://sdhrweb/safety/workplaceviolence.asp.

Employment

Your position (job) may be represented under the terms of a collective bargaining agreement between the City and an authorized union. If so, 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 have 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 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.

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 paycheck to supplement your retirement income. Contributions are made through pre-tax or after-tax (Roth) payroll deductions and you are immediately 100% vested in any contributions you make. You may choose among 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 age 50 plus
2022	$20,500	$6,500

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:	*Active employees are eligible after reaching:*
	5 to 9 service years and age 62	5 to 9 service years and age 60
	10 to 19 service years and age 57	10 to 19 service years and age 57
	20 to 29 service years and age 52	20 or more service years and age 55
	30 or more service years and any age	
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	
City Retirement System *(continued)*	How does 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.
Retirement System Death Benefit	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 53.
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 and Plan benefits are paid. 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.

Glossary	
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 70th 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 Resources Benefits Unit can be reached at 206-615-1340.

Accolade	866-540-5418	https://login.myaccolade.com/login
Aetna	866-540-5418	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 Care/Daycare Flexible Spending Accounts	800-669-3539	naviabenefits.com
City's Benefits Unit	206-615-1340	seattle.gov/human-resources/benefits
Employee Self-Service		seattle.gov/ess/