



# Employee Benefits Guide

Employees Who Are  
Members of the Seattle  
Police Officers' Guild\*

**2025**

Updated January 2, 2025

\*City employees covered by a union contract with the Seattle Police Officers' Guild

## 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 [Workday](#), Training section.

If you need additional help or prefer to speak to someone confidentially, please email the Benefits Unit at [Benefits.Unit@seattle.gov](mailto: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? Within 30 days of marriage or new domestic partnership, add your new family member through [Workday](#). You have 60 days to add your child to medical, dental, or vision coverage due to a birth or adoption. You must make any FSA changes in [Workday](#) within 30 days of the life event. Contact your [department's benefits representative](#) if you have any questions.

**Are you dropping a family member** from your health care coverage and Flexible Spending Account? Make your change in [Workday](#) within 30 days of divorce, legal separation, or domestic partnership termination. Contact your department's benefits representative with any questions.

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 - [Workday](#)
- 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 [Workday](#).

**Access benefits information from home** at [seattle.gov/human-resources/benefits](https://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\* a Vision plan through VSP.

### Life Insurance

The City shares the cost of Basic Group Term Life insurance. Employees can supplement both the plan.

### 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 \$3,200 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 to 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) | <p><u>Do not</u> have to be:</p> <ul style="list-style-type: none"> <li>-single</li> <li>-living with you</li> <li>-dependent on you for support</li> </ul> <p>May have access to other coverage.</p> |
| Supplemental GTL                                       | Up to age 26 (through age 25) | <p><u>Do not</u> have to be:</p> <ul style="list-style-type: none"> <li>-single</li> <li>-living with you</li> <li>-dependent on you for support</li> </ul>   |
| AD&D   | Up to age 26 (through age 25) | <p><u>Do not</u> have to be:</p> <ul style="list-style-type: none"> <li>-single</li> <li>-living with you</li> <li>-dependent on you for support</li> </ul>   |

\*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 [Workday](#),
- 2) if you have no access to a computer, your Department's [Human Resources Representative](#)

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, add them in [Workday](#). See the Job Aid with step-by-step instructions [here](#). 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, remove them in [Workday](#).

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. Upload the Termination form when you remove them in [Workday](#).

### 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 assistance is needed.

## 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 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.

Flexible Spending Account coverage ends on the last day of employment.

### 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 have questions about COBRA coverage continuation for a terminated Health Care Flexible Spending Account benefit plan, please contact the Benefits Unit.

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 plan 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](http://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](mailto:Benefits.Unit@seattle.gov) for more information about the plans.

## Paying for Benefits

### Your Payroll Deductions

See page 22 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.

#### 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.

#### 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 worksite flu shot clinics and attend virtual 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.

# 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 a sizeable 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

|   |   |
|---|---|
| <b>Aetna</b>                                  | 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.  |
| <b>Preventive Plan</b>                        | This plan has no annual deductible (unless you see an out-of-network provider) and a \$5 copay for all office visits except preventive care (which is covered at 100%). Most other services are covered at 100% after a copay if you use an Aetna network provider.   |
| <b>Traditional Plan</b>                       | This plan has a \$100 annual deductible per person (\$300 per family). Most services are covered at 80% if you use an Aetna network provider. Most preventive care is not covered.  |
| <b>What If I Don't Use the Aetna Network?</b> | Both of the City's plans include the Aetna network of doctors; however, you choose whether to use a network or non-network provider when you require care. If you choose a doctor who is not in the network, you will pay a higher percentage of the cost of the visit. Another issue to keep in mind is that prices charged by a non-network provider are often higher than those charged by a network provider. If you use a non-network provider, you will pay 30% -40% of the network cost for a service, and your doctor may charge you an additional amount over the established network price. |
| <b>Aetna.com</b>                              | Locate detailed claim information, review your benefits, request changes, find service providers, and email member services at <a href="http://Aetna.com">Aetna.com</a> .   |
| <b>Simple Steps</b>                           | Members have access to a health risk assessment – <i>Simple Steps to a Healthier Life</i> . Following completion of a questionnaire, you will receive a health report and a personal action plan.   |
| <b>Urgent Care</b>                            | Log in to your account at <a href="http://Aetna.com">Aetna.com</a> . Select the Urgent Care tab for a list of walk-in clinics near you.   |
| <b>24 Hour Nurse Line</b>                     | Have health or wellness questions? Nurses are available through a toll-free telephone number 24 hours a day, 7 day a week. Aetna offers foreign language translation for non-English speaking members. Call 1- 800-556-1555 to speak to a nurse —24 hours a day, 365 days a year. For speech or hearing impaired, dial 711.   |



## Medical Plan Options

|  |  |
|--|--|
| <b>Kaiser Permanente</b>                 | <p>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.</p> <p>The City offers two plans through Kaiser Permanente.</p> |
| <b>Kaiser Permanente Standard Plan</b>   | <p>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.</p>   |
| <b>Kaiser Permanente Deductible Plan</b> | <p>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.</p>   |
| <b>Health Profile</b>                    | <p>The health care website is at <a href="http://KP.org/wa">KP.org/wa</a>. 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.</p>  |
| <b>Care Chat &amp; Online Visits</b>     | <p>Kaiser has a health risk assessment called <i>Health Profile</i>. Members complete the profile online and receive a report and personalized action plan. Free healthy lifestyle coaching is also available.</p> <p>Care Chat is a free online messaging feature that lets you get real-time care from a provider. Access through your account at <a href="http://www.kp.org/wa">www.kp.org/wa</a>.</p>  |
| <b>Consulting Nurse Service</b>          | <p>Not sure what kind of care you need? Call Kaiser's Consulting Nurse Service 24/7 at 800--297-6877 (TTY 711).</p>  |

## 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   |   | In-network                      | Out-of-network  |
| <b>Individual deductible</b>              | \$0                             | \$250   | \$100  | <b>Individual deductible</b>              | \$0                             | \$250   |
| <b>Family deductible</b>                  | \$0                             | \$750   | \$300  | <b>Family deductible</b>                  | \$0                             | \$750   |
| <b>Routine physical exam</b>              | Paid at 100%                    | Paid at 70% 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. | <b>Routine physical exam</b>              | Paid at 100%                    | Paid at 70% after satisfaction of deductible for mammogram and ob/gyn exams only. |
| <b>Office visit</b>                       | Paid at 100% after \$5 copay    | Paid at 70% after satisfaction of deductible                                      | Paid at 80% after satisfaction of deductible   | <b>Office visit</b>                       | Paid at 100% after \$5 copay    | Paid at 70% after satisfaction of deductible                                      |
| <b>Outpatient treatment at a hospital</b> | Physician charges paid at 100%. | After satisfaction of deductible, physician and other charges paid at 70%.        | After satisfaction of deductible, physician and other charges paid at 80%.                         | <b>Outpatient treatment at a hospital</b> | Physician charges paid at 100%. | After satisfaction of deductible, physician and other charges paid at 70%.        |
| <b>Inpatient treatment at a hospital</b>  | Paid at 100%                    | After satisfaction of deductible, physician and other charges paid at 70%.        | After satisfaction of deductible, physician and other charges paid at 80%.                         | <b>Inpatient treatment at a hospital</b>  | Paid at 100%                    | After satisfaction of deductible, physician and other charges paid at 70%.        |

## 2025 Medical Plans Comparison – Seattle Police Officers’ Guild

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/seattle-police-officers-guild-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  |
| <b>Deductible</b> (per calendar year)   |  |   |   |   |   |
| No deductible   | \$200 per person<br>\$600 per family<br>Deductible applies, except for prescriptions, preventive visits, ambulance, and DME. | \$100 per person<br>\$300 per family  | \$150 per person<br>\$450 per family  | Does not apply  | \$250 per person<br>\$750 per family  |
| <b>Annual Out of Pocket Maximum (OOP Max)</b> includes medical coinsurance. Excludes the deductible and prescription drug copays/coinsurance.     |  |   |   |   |   |
| Includes medical copays   |  | Excludes copays   |   | Excludes copays   |   |
| \$750 per person<br>\$1,500 per family  | \$2,000 per person<br>\$6,000 per family   | \$400 per person. Applies to 20% coinsurance.   | \$1,600 per person. Applies to 40% coinsurance. **  | \$500 per person<br>\$1,000 per family  | \$3,000 per person**<br>\$6,000 per family**  |
| <b>Total Out of Pocket Maximum</b> includes medical coinsurance and the deductible. Excludes prescription drug copays/coinsurance.                |  |   |   |   |   |
| Includes medical copays   |  | Excludes copays   |   | Excludes copays   |   |
| \$750 per person<br>\$1,500 per family  | \$2,000 per person<br>\$6,000 per family   | \$500 per person  | \$1,750 per person  | \$500 per person<br>\$1,000 per family  | \$3,250 per person<br>\$6,750 per family  |
| <b>Hospital Copay</b>   |  |   |   |   |   |
| None  | None, deductible applies.  | None  | None  | None  | None  |
| <b>Hospital Pre-admission Authorization</b>   |  |   |   |   |   |
| Except for maternity or emergency admissions, must be authorized by Kaiser Permanente   |  | Except for maternity or emergency admissions, your physician must contact Aetna prior to your admission | Member responsible for obtaining precertification of out-of-network care  | Except for maternity or emergency admissions, your physician must contact Aetna prior to your admission | Member responsible for obtaining precertification of out-of-network care  |
| <b>Choice of Providers</b>  |  |   |   |   |   |
| All care and services provided at Kaiser Permanente Facilities or network providers Members may self-refer to most Kaiser Permanente specialists. |  | Aetna contracted provider members. No primary care physician selection required. No 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 provider member. No primary care physician selection required. No referrals required.  | Any licensed, qualified provider of your choice. Expenses paid based on recognized charges**. You pay the difference between recognized and billed charges. |

| 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   |
| <b>COVERED EXPENSES</b>   |  |  |  |  |  |
| <b>Abortion</b>   |  |  |  |  |  |
| Covered in full   | Paid at 100% after \$20 copay, deductible applies  | Paid at 80% after deductible. Plan will pay up to \$10 K travel and lodging allowance if service not available within 100 miles of your residence. | Paid at 60% after deductible. Plan will pay up to \$10 K travel and lodging allowance if service not available within 100 miles of your residence. | Paid at 100%. Plan will pay up to \$10 K travel and lodging allowance if service not available within 100 miles of your residence.     | Paid at 70% after deductible. Plan will pay up to \$10 K travel and lodging allowance if service not available within 100 miles of your residence. |
| <b>Acupuncture</b>  |  |  |  |  |  |
| Paid at 100%. 8 visits per condition per year self-referred. Additional visits when approved by plan. | Paid at 100% after \$20 copay. 8 visits per condition per year self-referred. Additional visits when approved by plan. Deductible applies. | Paid at 80% after deductible<br><br>Maximum of 12 visits per calendar year for in- and out-of-network combined                                     | Paid at 60% after deductible   | Paid at 100% after \$5 copay<br><br>All acupuncture services are subject to ongoing review and approval by Aetna for medical necessity | Paid at 70% after deductible   |
| <b>Alcohol/Drug Abuse Treatment</b>   |  |  |  |  |  |
| Inpatient: paid at 100%<br>Outpatient: paid at 100%   | Inpatient: Paid at 100%, deductible applies<br>Outpatient: \$20 copay, deductible applies  | Paid at 80% after deductible   | Paid at 80% after deductible   | Inpatient: Paid at 100%<br><br>Outpatient: Paid at 100% after \$5 copay.   | Inpatient: Paid at 70% after deductible<br><br>Outpatient: Paid at 70% after deductible  |
| <b>Contraceptives</b>   |  |  |  |  |  |
| For contraceptive drugs and devices, see Prescription Drug benefit                                    |  | Paid at 80% after deductible<br><br>See Prescription Drug benefit  | Paid at 60% after deductible   | Paid at 100% after copay<br><br>See Prescription Drug benefit  | Paid at 70% after copay  |
| <b>Durable Medical Equipment (DME)</b>  |  |  |  |  |  |
| Paid at 80%   | Paid at 80%  | Paid at 80% after deductible   |  | Paid at 100%   | Paid at 70% after deductible   |
| <b>Emergency Medical Care</b>   |  |  |  |  |  |
| <b>&gt; Urgent Care Clinic</b>  |  |  |  |  |  |
| Paid at 100%  | Paid at 100% after \$20 copay, deductible applies.   | Paid at 100% after \$35 copay  | Paid at 60% after deductible   | Paid at 100% after \$35 copay  | Paid at 70% 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   |
| <b>Emergency Room (copays waived if admitted)</b>  |  |   |   |   |  |
| Kaiser Permanente facility: Paid at 100% after \$25 copay (waived if admitted).<br>Non-Kaiser Permanente facility: Paid at 100% after \$75 copay (waived if admitted.) | Kaiser Permanente facility: Paid at 100% after \$75 copay (waived if admitted).<br>Non-Kaiser Permanente facility: Paid at 100% after \$125 copay (waived if admitted.). Deductible applies. | Paid at 80% after deductible  | Paid at 80% after deductible<br>Non-emergency, paid at 60% after deductible | Paid at 100% after \$50 copay   | Paid at 100% after \$50 copay. Non-emergency paid 70% after \$50 co-pay.   |
| <b>Ambulance</b>   |  |   |   |   |  |
| Paid at 80%.<br>Kaiser Permanente-initiated, non-emergency transfers are paid at 100%  | Paid at 80%.<br>Kaiser Permanente-initiated, non-emergency transfers are paid at 100%  | Paid at 80% when medically necessary after deductible.<br>Non-emergency transport must be approved in advance by Aetna. |   | Paid at 100% when medically necessary.<br>Non-emergency transport must be approved in advance by Aetna. |  |
| <b>Hearing Aids (per ear, every 36 months)</b>   |  |   |   |   |  |
| 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.      |  |
| <b>Home Health Care</b>  |  |   |   |   |  |
| Paid at 100% when authorized.<br>No visit limit  | Paid at 100% when authorized.<br>No visit limit  | Paid at 90% after deductible<br>Maximum benefit of 130 visits per calendar year for in- and out-of-network combined.    |   | Paid at 100%  | Paid at 70% after deductible<br>Maximum benefit of 130 visits per calendar year for in- and out-of-network combined. |
| <b>Hospital Inpatient</b>  |  |   |   |   |  |
| Covered in full.   | Paid at 100%, deductible applies   | Paid at 80% after deductible  | Paid at 60% after deductible  | Paid at 100%  | Paid at 70% after deductible   |
| <b>Hospital Outpatient</b>   |  |   |   |   |  |
| Covered in full  | Paid at 100% after \$20 copay, deductible applies  | Paid at 80% after deductible  | Paid at 60% after deductible  | Paid at 100%  | Paid at 70% after deductible   |
| <b>Hospice</b>   |  |   |   |   |  |
| Paid at 100% when authorized   | Paid at 100% when authorized   | Paid at 90% after deductible  |   | Paid at 100%  | Paid at 70% 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               |
| <b>Maternity Care (delivery &amp; related hospital)</b>   |  |  |                              |  |                              |
| Paid at 100%  | Paid at 100%, deductible applies.  | Paid at 80% after deductible   | Paid at 60% after deductible | Paid at 100%   | Paid at 70% after deductible |
| <b>Maternity Care (prenatal and postpartum)</b>   |  |  |                              |  |                              |
| Paid at 100%  | Paid at 100% after \$20 copay. deductible applies. Routine care not subject to outpatient services copay   | Paid at 80% after deductible   | Paid at 60% after deductible | Paid 100% after \$5 copay  | Paid at 70% after deductible |
| <b>Mental Health Care (inpatient)</b>   |  |  |                              |  |                              |
| Covered in full.  | Covered in full, deductible applies  | Paid at 80% after deductible   | Paid at 60% after deductible | Paid at 100%   | Paid at 70% after deductible |
| <b>Mental Health Care (outpatient)</b>  |  |  |                              |  |                              |
| Paid at 100%  | Paid at 100% after \$20 copay, deductible applies  | Paid at 80% after deductible   | Paid at 60% after deductible | Paid at 100% after \$5 copay   | Paid at 70% after deductible |
| <b>Physician Office Visit</b>   |  |  |                              |  |                              |
| Paid at 100%  | Paid at 100% after \$20 copay, deductible applies  | Paid at 80% after deductible   | Paid at 60% after deductible | Paid at 100% after \$5 copay   | Paid at 70% after deductible |
| <b>Prescription Drugs (mail order)</b>  |  |  |                              |  |                              |
| Mailing service available, subject to a \$9 copay per 90-day supply.<br><br>Contraceptive drugs and devices are covered subject to the pharmacy copay | Mailing service available, Generic: \$30 copay per 90-day supply.<br>Brand: \$60 copay per 60-day supply.<br><br>Contraceptive drugs and devices are covered subject to the pharmacy copay | For 90-day supply:<br>Generic: \$10 copay<br>Preferred Brand name: \$20 copay<br>Non-preferred drugs: \$50 copay | Not Covered                  | For 90-day supply:<br>Generic: \$10 copay<br>Preferred Brand name: \$20 copay<br>Non-preferred drugs: \$50 copay | 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   |
| <b>Prescription Drugs (retail)</b>   |  |  |   |  |  |
| For a 30-day supply: \$3 copay.<br><br>Contraceptive drugs and devices are covered subject to the pharmacy copay.  | For a 30-day supply:<br><b>Generic:</b> \$15 copay<br><b>Brand:</b> \$30 copay<br><br>Contraceptive drugs and devices are covered subject to the pharmacy copay.   | For a 34-day supply:<br><b>Generic:</b> \$5 copay<br>Some generic maintenance drugs dispensed as greater of 34-day supply or 100 units.<br>Preferred brand-name: \$10 copay.<br>Non-preferred: \$25 copay.<br>Many contraceptive products are covered. IUD and Depo Provera are covered under the medical plan benefits.<br><br>Pharmacy out-of-pocket maximum of \$1,200 per individual or \$3,600 per family | Not covered   | For a 31-day supply:<br><b>Generic:</b> \$5 copay<br><b>Preferred brand name:</b> \$10 copay.<br>Non-preferred drugs: \$25 copay.<br>Many contraceptive products are covered. IUD and Depo Provera are covered under the medical plan benefit.<br><br>Pharmacy out-of-pocket maximum of \$1,200 per individual or \$3,600 per family | Not covered  |
| <b>Preventive Care</b>   |  |  |   |  |  |
| Paid at 100%.<br>Covers adult physical and well-child exams, most immunizations, digital rectal exam/prostate-specific antigen test, colorectal cancer screening, pap smear exam, and mammogram. | Paid at 100% after \$20 copay. Covers adult physical and well-child exams, most immunizations, digital rectal exam/prostate-specific antigen test, colorectal cancer screening, pap smear exam, and mammogram. | Paid at 80% after deductible for mammograms. Other preventive services not covered.  | Paid at 60% after deductible for mammograms. Other preventive services not covered. | Paid at 100% for routine physical exams, well child care, immunizations, well woman care and mammograms.   | Paid at 70% after deductible for well woman care and mammograms. No other preventive services are 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               |
| <b>Rehabilitation Services (inpatient)</b>   |   |   |                              |  |                              |
| Paid at 100%   | Paid at 100%<br>Deductible applies  | Paid at 80% after deductible  | Paid at 60% after deductible | Paid at 100%   | Paid at 70%                  |
| Maximum of 60 days per calendar year for occupational, speech, and physical therapy.   | Maximum of 60 days per calendar year for occupational, speech, and physical therapy.  |   |                              | Maximum 120 days per calendar year for skilled nursing and rehab services in- and out-of-network combined  |                              |
| <b>Rehabilitation Services (outpatient)</b>  |   |   |                              |  |                              |
| Paid at 100%   | Paid at 100% after \$20 copay, deductible applies                                     | Paid at 80% after deductible  | Paid at 60% after deductible | Paid at 100% after \$5 copay   | Paid at 70% after deductible |
| Maximum of 60 visits per calendar year for occupational, speech, and physical therapy  | Maximum of 60 visits per calendar year for occupational, speech, and physical therapy | Coinsurance does not apply to the annual out-of-pocket maximum. Maximum calendar year benefit of 35 visits for physical/massage, speech, occupational and cardiac/pulmonary therapy for in-network and out-of-network combined. |                              | The benefit includes physical/massage, speech, occupational, and cardiac/pulmonary therapy. Maximum of 20 visits for each of the above listed benefits per calendar year for in-network and out-of-network combined. |                              |
| <b>Skilled Nursing Facility</b>  |   |   |                              |  |                              |
| Paid at 100%. 60-day maximum per calendar year.  | Paid at 100%; 60-day maximum per calendar year, deductible applies.                   | Paid at 80% after deductible  | Paid at 60% after deductible | Paid at 100%   | Paid at 70% after deductible |
|  |   | Maximum of 90 days per calendar year for in- and out-of-network combined.   |                              | Maximum of 120 days per calendar year for in- and out-of-network combined  |                              |
| <b>Smoking Cessation</b>   |   |   |                              |  |                              |
| Paid at 100% for individual/group sessions through Quit For Life.  |   | Lifetime maximum of one 90-day supply of smoking cessation aids or drugs. See Prescription Drugs, retail.   | Not covered                  | Not covered  | Not covered                  |
| Nicotine replacement therapy included in Prescription Drugs benefit. No copay for all smoking cessation prescription drugs through mail-order. |   |   |                              |  |                              |
| <b>Spinal Manipulations</b>  |   |   |                              |  |                              |
| Paid at 100%   | Paid at 100% after \$20 copay, deductible applies.                                    | Paid at 80% after deductible  |                              | Paid at 100% after \$5 copay   | Paid at 70% after deductible |
| 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.   |                              |



| 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               |
| <b>Sterilization Procedures</b>                    |   |                                   |                              |  |                              |
| Covered in full                                    | \$20 copay, deductible applies                                      | Paid at 80% after deductible      | Paid at 60% after deductible | Inpatient: Paid at 100%<br>Outpatient: Paid at 100% after \$5 copay. | Paid at 70% after deductible |
| <b>Tooth Injury/Oral Surgery (due to accident)</b> |   |                                   |                              |  |                              |
| Not covered  | Not covered   | Paid at 80% after deductible      |                              | Inpatient: Paid at 100%<br>Outpatient: Paid at 100% after \$5 copay. | Paid at 70% after deductible |
| <b>Vision Exam/Hardware</b>                        |   |                                   |                              |  |                              |
| Vision exam every 12 months: Covered in full       | Vision exam every 12 months: Paid at 100% after \$20 copay          | Covered under VSP                 |                              | Covered under VSP  |                              |
| Additional coverage provided under VSP             | Hardware: not covered<br><br>Additional coverage provided under VSP |                                   |                              |  |                              |
| <b>X-ray and Lab Tests (Outpatient)</b>            |   |                                   |                              |  |                              |
| Paid at 100%                                       | Paid at 100%, deductible applies                                    | Paid at 80% after deductible      | Paid at 60% after deductible | Paid at 100%   | Paid at 70% after deductible |

\* Coverage for any service is subject to the carrier's determination of medical necessity and adherence to their clinical policy guidelines.

\*\* Applies to Aetna -- Recognized charges are the lower of the provider's usual charge for performing a service, and the charge Aetna determines to be the recognized charge percentage in the geographic area where the service is provided.

Plan details are your medical plan booklet at <http://www.seattle.gov/hum/benefits/employees-and-covered-family-members>. This document is not a contract.

# Health Care Premiums

## 2025 Premium Sharing

Effective January 1, 2025, 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, Spouse/Domestic Partner |                |
|--|-----------------------|---|----------------|
|  |                       | City Pays   | Employee Pays* |
| <b>Medical Plan</b>                    |                       |   |                |
| City of Seattle Preventive             | \$2,672.30            | \$2,538.68  | \$133.62       |
| City of Seattle Traditional<br>LEOFF 2 | \$2,382.58            | \$2,263.44  | \$119.14       |
| Kaiser Permanente Standard             | \$1,934.46            | \$1,837.74  | \$96.72        |
| Kaiser Permanente Deductible           | \$1,433.95            | \$1,362.25  | \$71.70        |

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.

\*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), add them in [Workday](#) and download a completed 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

#### **Imputed Income for Value of Health Coverage**

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

#### **Domestic Partner Coverage Information**

If your domestic partner or your domestic 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.)

## Health Care Premiums

**DP/Dependents Who are Not IRS Tax Dependents**

**Taxable Benefit Amount – (with DDWA)**

**2025 Monthly Taxable Values of City Coverage Provided to:**  
Your Non-IRS Tax Dependent Domestic Partner/  
or Your Domestic Partner’s Non-IRS Tax Dependent’s Child

| Type of Coverage                                    | Domestic Partner Taxable Amount | Taxable Amount Per Child |
|---|---------------------------------|--------------------------|
| Preventive Plan                                     | \$1,205.53                      | \$1,071.32               |
| Traditional Plan                                    | \$1,074.83                      | \$955.17                 |
| Kaiser Permanente Standard                          | \$872.68                        | \$775.52                 |
| Kaiser Permanente Deductible                        | \$646.89                        | \$574.87                 |
| DDWA Coverage                                       | \$66.30                         | \$46.41                  |
| Vision Coverage                                     | \$13.68                         | \$9.57                   |
| <b>Total Taxable Value with DDWA &amp; VSP Plan</b> |                                 |                          |
| Preventive Plan                                     | \$1,285.51                      | \$1,127.30               |
| Traditional Plan                                    | \$1,154.81                      | \$1,011.15               |
| Kaiser Permanente Standard                          | \$952.66                        | \$831.50                 |
| Kaiser Permanente Deductible                        | \$726.87                        | \$630.85                 |

# Health Care Premiums

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

**Taxable Benefit Amount – (with DHS)**

| <b>2025 Monthly Taxable Values of City Coverage Provided to:<br/>Your Non-IRS Tax Dependent Domestic Partner<br/>or Your Domestic Partner’s Non-IRS Tax Dependent’s Child</b> |  |                                 |
|---|--|---------------------------------|
| <b>Type of Coverage</b>   | <b>Domestic Partner Taxable Amount</b> | <b>Taxable Amount Per Child</b> |
| Preventive Plan   | \$1,205.53                             | \$1,071.32                      |
| Traditional Plan  | \$1,074.83                             | \$955.17                        |
| Kaiser Permanente Standard  | \$872.68                               | \$775.52                        |
| Kaiser Permanente Deductible  | \$646.89                               | \$574.87                        |
| DHS Coverage  | \$73.72                                | \$51.61                         |
| Vision Plan   | \$13.68                                | \$9.57                          |
| <b>Total Taxable Value with DHS &amp; VSP Plan</b>  |  |                                 |
| Preventive Plan   | \$1,292.93                             | \$1,132.50                      |
| Traditional Plan  | \$1,162.23                             | \$1,016.35                      |
| Kaiser Permanente Standard Plan   | \$960.08                               | \$836.70                        |
| Kaiser Permanente Deductible Plan   | \$734.29                               | \$636.05                        |

## 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, at a retail pharmacy you pay a \$5 copay for generic drugs, a \$10 copay for preferred drugs, and a \$25 copay for non-preferred brand-name drugs. There is a \$1,200 annual out-of-pocket maximum per member for retail drugs or \$3,600 per family.

If you fill your prescriptions through mail order, you pay a \$10 copay per 90-day supply for generic drugs, \$20 copay for preferred brand-name drugs, and \$50 for non-preferred brand-name drugs.

The Aetna formulary is *Standard Opt-Out with ACSF 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](https://www.aetna.com).

#### Kaiser Permanente Plans

You are responsible for a \$3 copay with the Standard plan. On the Deductible Plan, you pay a \$15 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.

You may order 90-day prescriptions by mail order; you pay a \$9 copay with the Standard Plan. With the Deductible Plan, you pay a \$30 copay for generic drugs, and a \$60 copay for preferred brand-name drugs.

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](https://www.kaiserpermanente.org/html/public/pharmacy/drug-formulary).

## Prescription Drug Coverage Comparison

| Plan Features                       | Kaiser Permanente Standard  | Kaiser Permanente Deductible  | Aetna Preventive   | Aetna Traditional  |
|-------------------------------------|-----------------------------|---|--|--|
| <b>Annual out-of-pocket Maximum</b> |                             |   | \$1,200  | \$1,200  |
| <b>Retail</b>                       |                             |   |  |  |
| • <b>Days Supply</b>                | 30-day                      | 30-day  | 34-day   | 31-day   |
| • <b>Coinsurance</b>                | You pay \$3 copay.          | You pay \$15 copay for formulary generic drugs; \$30 copay for brand name drugs.              | You pay \$5 copay for generic drugs; \$10 copay for brand name drugs, and \$25 for non-preferred drugs                               | You pay \$5 copay for generic drugs; \$10 copay for brand name drugs, and \$25 for non-preferred drugs                               |
| • <b>Out-of-Network</b>             | Not covered                 | Not covered   | Not covered  | Not covered  |
| <b>Mail Order</b>                   |                             |   |  |  |
| • <b>Coinsurance</b>                | \$9 copay per 90-day supply | \$30 copay per 90-day supply for formulary generic drugs and \$60 copay for brand-name drugs. | \$10 copay per 90-day supply for generic drugs and \$20 copay for preferred brand-name drugs and \$50 copay for non-preferred drugs. | \$10 copay per 90-day supply for generic drugs and \$20 copay for preferred brand-name drugs and \$50 copay for non-preferred drugs. |

## 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).*

### Payment of Routine Care Benefits

The DDWA Incentive program is designed to promote regular dental care by increasing from one incentive period to the next, the amount paid for preventive care and regular visits. During the first incentive period, the payment level for covered and allowable Preventive and Diagnostic (routine care) benefits will be 70 percent even if you had DDW coverage through a previous employer. This payment level increases by 10 percent — up to a maximum of 100 percent — each successive incentive period in which routine care benefits are used at least once by the eligible person(s). If the once-a-year visit is missed, the Incentive Level reimbursement will decrease by 10 percent for each period during which routine care benefits are not used. In no event, will the payment level be less than 70 percent.

### Orthodontia

DDWA offers orthodontia benefits for adults and children. Pre-treatment estimates are recommended. The orthodontia benefit is paid at a 50% level to a lifetime maximum of \$3,000 for each eligible person. **NOTE:** for individuals 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 medical Flexible Spending Account to pay your portion of orthodontia with pretax dollars.



## Dental Plan Options

### ID Cards

#### Delta Dental of Washington

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 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

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.

**Accessing Care**  
(Notify DHS once you've selected your care provider)

**Payment of Basic Services**

This plan has an office visit copay of \$5 for all employees for the first 3 years of employment. There are also copays for selected services. The plan comparison on the next page lists services and copay requirements.

**Orthodontia**

DHS offers both child and adult (age 25 and over) orthodontia. Orthodontia charges include: a copayment of \$400, a \$150 charge for the initial exam, study models and X-rays. **NOTE:** for members who are already in treatment when joining the City's DHS plan, there is **no** transition of care; the orthodontia benefit is available for new patients only.

**Plan Ahead**

Use your health care Flexible Spending Account to pay your portion of orthodontia with pretax dollars.

**ID Cards**

You will receive your DHS ID card about 2 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)  |
|---|--|---|
| <b>Calendar Year Deductible</b>   | \$0  | \$0   |
| <b>Annual Maximum Benefit</b>   | \$2,500 per person per year  | No Annual Maximum.  |
| <b>Diagnostic and Preventive</b><br>(routine and emergency exams, x-rays, cleaning, fluoride treatment, sealants)   | Class I:<br>Incentive payments levels*<br>1 <sup>st</sup> Year – 70%<br>2 <sup>nd</sup> Year – 80%<br>3 <sup>rd</sup> Year – 90%<br>4 <sup>th</sup> Year – 100%<br><br>Incentive level only increases if plan is used; will decrease if not used.          | \$5 office visit copay for first three years of employment.<br>Paid at 100%.<br>Two additional cleanings for pregnant women, up to four cleanings.  |
| <b>Fillings</b>   | Class II: Paid at incentive levels shown above   | Composite fillings for all teeth covered at no extra charge.  |
| <b>Crowns</b>   | Class II: Paid at incentive levels shown above   | \$50 noble, \$80 high noble or titanium, \$125 upgraded, specialized porcelain if applicable per unit. (Non-specialized porcelain is paid at 100%)  |
| <b>Prosthetic Services</b><br>(Dentures, Bridges)   | Class III: Constant 50%  | Dentures: Paid at 100% except for upgrades.<br>Bridges: \$50 noble, \$80 high noble or titanium, \$125 upgraded, specialized porcelain if applicable per unit. (Non-specialized porcelain paid at 100%)   |
| <b>Orthodontia</b><br><b>For DDWA:</b> transition of care available for new members already in treatment (see DDWA Orthodontia – prior page)<br><br><b>For DHS:</b> new cases only – no transition of care for new members already in treatment who join the City’s DHS | Available for Child & Adult<br>Plan pays 50% up to lifetime maximum of \$3,000.<br><br>Benefits provided for eligible employees, spouse/partner, and dependent unmarried children under age 26 (through 25)  | Available for Child & Adult<br>\$400 copay.<br>\$150 pre-orthodontic service copay, which includes:<br>Initial orthodontic exam: \$25<br>Study models/x-rays: \$125<br><br>Benefits provided for eligible employees, spouse/partner, and dependent unmarried children under age 26 (through 25) |
| <b>Choice of Providers</b>  | In-Network: Any contracted provider.<br>Out-of-Network: Expenses paid will be based on actual charges or Washington Dental Service’s maximum allowable fees for nonparticipating dentists, whichever is less. You will be responsible for any balance due. | In-Network: Any contracted provider or specialist in the DHS network.<br><br>Out-of-Network: No out-of-network coverage.  |

Plan booklets are located at <https://www.seattle.gov/human-resources/benefits/employees-and-covered-family-members/seattle-police-officers-guild-plans>. 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)                             |
|---|--|--|
| <b>Periodontics</b> (surgical and nonsurgical procedures for treatment of the tissues supporting the teeth) | Class II: Paid at incentive levels shown above   | Paid at 100% after applicable copay                      |
| <b>Endodontics</b> (procedures for pulpal and root canal treatment)   | Class II: Paid at incentive levels shown above. Root canal treatment of same tooth covered only once in a 2-year period. | Paid at 100% after applicable copay                      |
| <b>Oral Surgery</b> (routine and surgical extractions)  | Class II: Paid according to incentive payment levels shown above.  | Paid at 100%   |
| <b>Temporomandibular Joint (TMJ) Disorders</b>  | Not covered  | \$1,000 annual maximum<br>\$5,000 lifetime maximum       |
| <b>Dental Implants</b>  | Class III: Constant 50%  | Call DHS Office for details at 206-788-3444 – fees apply |
| <b>Other</b>  | Class III: Occlusal (night guard) covered at 50% if patient has advanced gum disease                                     | Occlusal (night guard) with \$350 copay                  |

### 2025 Monthly Dental Premiums for SPOG

| 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 | \$139.85                     | \$0  | \$0   |
| Dental Health Services     | \$155.50                     | \$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

|                   |   |
|-------------------|---|
| <b>Plan Ahead</b> | <p>The City offers a vision plan through VSP, which is fully paid by the City. 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 <a href="http://www.vsp.com">www.vsp.com</a>.</p> <p>Expenses in excess of the co-payments, in-network allowances and out-of-network scheduled amounts are not covered by the plan. Use your FSA to pay for these expenses with pre-tax dollars.</p> |
| <b>ID Cards</b>   | <p>VSP does not issue ID cards - your network doctor or facility will be able to access your eligibility and coverage. You can print an ID card, one once you set up your online account.</p>   |

| Plan Benefit<br><i>Benefit Frequency is every calendar year unless otherwise noted</i> | VSP Plan<br><i>(City pays premium)</i>                                  |
|--|---|
| <b>WellVision Exam</b>   | \$10 copay  |
| <b>Prescription Glasses</b>  | \$0 copay   |
| <b>Frames</b>  | <i>\$200 allowance for frame, lenses, lens enhancements or contacts</i> |
| <b>Lenses</b>  |   |
| <b>Lens Enhancements</b>   |   |
| <b>Contact Lenses</b><br><i>(instead of glasses)</i>                                   |   |

### Additional Vision Benefits

|  |  |
|--|--|
| <p><b>Extra Savings</b><br/><a href="http://www.vsp.com/specialoffers">www.vsp.com/specialoffers</a> to view updated discounts and member extras</p> | <p><b>Glasses and Sunglasses</b><br/>                     Extra \$20 for featured frame brands<br/>                     20% savings on additional glasses and sunglasses, including lens enhancements</p> <ul style="list-style-type: none"> <li>• <i>Must be within 12 months of your last WellVision exam from any VSP provider</i></li> </ul> |
|  | <p><b>Retinal Screening</b><br/>                     No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision exam</p>   |
|  | <p><b>Laser Vision Correction</b><br/>                     Average of 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities</p>   |

## Vision Coverage

Your Coverage with Out-of-Network Providers  
(Visit [www.vsp.com](http://www.vsp.com) for additional details)

|          |             |
|----------|-------------|
| Exam     | Up to \$40  |
| Glasses  | Up to \$200 |
| Contacts | Up to \$200 |

**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.*

### 2025 Monthly Vision Premiums for Employees Who are SPOG Members

| Vision Plan           | Total Monthly Premium Amount | Employee's Monthly Premium Contribution |     |
|-----------------------|------------------------------|---|-----|
|                       |                              | Employee with/without dependents        |     |
| <b>VSP Basic Plan</b> | \$28.85                      | \$0                                     | \$0 |

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

#### Vision coverage is also included in the Kaiser Permanente Plans

**The Deductible plan** pays for an exam only (after a \$20 copay).

**The Standard plan** offers a routine eye examination and a benefit of \$100 per 24-month period for hardware. Benefits may be used toward the following in any combination, during the benefit period, until the benefit maximum benefit of \$100 per 24-month period is exhausted.

- Eyeglass frames
- Eyeglass lenses (any type) including tinting and coating
- Corrective industrial (safety) lenses
- Sunglass lenses and frames when prescribed by an eye care provider for eye protection or light sensitivity
- Corrective contact lenses in the absence of eye pathology (disease of the eye), including associated fitting and evaluation examinations
- Replacement frames, for any reason, including loss or breakage
- Replacement contact lenses
- Replacement eyeglass lenses

## Optional Insurance Plans

### Optional Insurance Choices

The following is a list of your optional insurance choices.\* The City offers life 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.

- Life insurance for yourself and family members
- Accidental Death and Dismemberment (AD&D) insurance for yourself and family members

**\*NOTE:** the Seattle Police Officer's Guild provides ***Long-term Disability Insurance***. Enrollment is mandatory. Call (206) 767-1150 for details.

## 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 and submit an online [Evidence of Insurability](#) form (medical history statement) within 90 days of the end of the enrollment period. 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](http://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                    | <b>Coverage Amount</b><br>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 | <b>Monthly Premium</b><br>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 ( $118.50 \times 0.045 = \$5.33$ ) 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](http://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](https://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](mailto: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                |
|  | <b>GTL Limited</b>       | \$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* - <i>Continued</i> |                     |                          |                      |                       |
|--|---------------------|--------------------------|----------------------|-----------------------|
| 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               |
| \$98,000.01 - \$99,000                               | \$148,500           | \$6.68                   | \$4.46               | \$11.14               |
| \$100,000.01 – \$101,000                             | \$151,500           | \$6.82                   | \$4.55               | \$11.37               |
| \$101,000.01 – \$102,000                             | \$153,000           | \$6.89                   | \$4.59               | \$11.48               |
| \$102,000.01 – \$103,000                             | \$154,500           | \$6.95                   | \$4.64               | \$11.59               |
| \$103,000.01 – \$104,000                             | \$156,000           | \$7.02                   | \$4.68               | \$11.70               |

\*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* - <i>Continued</i> |                     |                          |                      |                       |
|--|---------------------|--------------------------|----------------------|-----------------------|
| Employee's Annual Salary                             | Amount of Insurance | Employee Monthly Premium | City Monthly Premium | Total Monthly Premium |
| \$104,000.01 – \$105,000                             | \$157,500           | \$7.09                   | \$4.73               | \$11.82               |
| \$105,000.01 – \$106,000                             | \$159,000           | \$7.16                   | \$4.77               | \$11.93               |
| \$106,000.01 – \$107,000                             | \$160,500           | \$7.22                   | \$4.82               | \$12.04               |
| \$107,000.01 – \$108,000                             | \$162,000           | \$7.29                   | \$4.86               | \$12.15               |
| \$108,000.01 – \$109,000                             | \$163,500           | \$7.36                   | \$4.91               | \$12.27               |
| \$109,000.01 – \$110,000                             | \$165,000           | \$7.43                   | \$4.95               | \$12.38               |
| \$110,000.01 – \$111,000                             | \$166,500           | \$7.49                   | \$5.00               | \$12.49               |
| \$111,000.01 – \$112,000                             | \$168,000           | \$7.56                   | \$5.04               | \$12.60               |
| \$112,000.01 – \$113,000                             | \$169,500           | \$7.63                   | \$5.09               | \$12.72               |
| \$113,000.01 – \$114,000                             | \$171,000           | \$7.70                   | \$5.13               | \$12.83               |
| \$114,000.01 – \$115,000                             | \$172,500           | \$7.76                   | \$5.18               | \$12.94               |
| \$115,000.01 – \$116,000                             | \$174,000           | \$7.83                   | \$5.22               | \$13.05               |
| \$116,000.01 – \$117,000                             | \$175,500           | \$7.90                   | \$5.27               | \$13.17               |
| \$117,000.01 – \$118,000                             | \$177,000           | \$7.97                   | \$5.31               | \$13.28               |
| \$118,000.01 – \$119,000                             | \$178,500           | \$8.03                   | \$5.36               | \$13.39               |
| \$119,000.01 – \$120,000                             | \$180,000           | \$8.10                   | \$5.40               | \$13.50               |
| \$120,000.01 – \$121,000                             | \$181,500           | \$8.17                   | \$5.45               | \$13.62               |
| \$121,000.01 – \$122,000                             | \$183,000           | \$8.24                   | \$5.49               | \$13.73               |
| \$122,000.01 – \$123,000                             | \$184,500           | \$8.30                   | \$5.54               | \$13.84               |
| \$123,000.01 – \$124,000                             | \$186,000           | \$8.37                   | \$5.58               | \$13.95               |
| \$124,000.01 – \$125,000                             | \$187,500           | \$8.44                   | \$5.63               | \$14.07               |
| \$125,000.01 – \$126,000                             | \$189,000           | \$8.51                   | \$5.67               | \$14.18               |
| \$126,000.01 – \$127,000                             | \$190,500           | \$8.57                   | \$5.72               | \$14.29               |

\*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* - <i>Continued</i> |                     |                          |                      |                       |
|--|---------------------|--------------------------|----------------------|-----------------------|
| Employee's Annual Salary                             | Amount of Insurance | Employee Monthly Premium | City Monthly Premium | Total Monthly Premium |
| \$127,000.01 – \$128,000                             | \$192,000           | \$8.64                   | \$5.76               | \$14.40               |
| \$128,000.01 – \$129,000                             | \$193,500           | \$8.71                   | \$5.81               | \$14.52               |
| \$129,000.01 – \$130,000                             | \$195,000           | \$8.78                   | \$5.85               | \$14.63               |
| \$130,000.01 – \$131,000                             | \$196,500           | \$8.84                   | \$5.90               | \$14.74               |
| \$131,000.01 – \$132,000                             | \$198,000           | \$8.91                   | \$5.94               | \$14.85               |
| \$127,000.01 – \$128,000                             | \$192,000           | \$8.64                   | \$5.76               | \$14.40               |
| \$128,000.01 – \$129,000                             | \$193,500           | \$8.71                   | \$5.81               | \$14.52               |
| \$129,000.01 – \$130,000                             | \$195,000           | \$8.78                   | \$5.85               | \$14.63               |
| \$130,000.01 – \$131,000                             | \$196,500           | \$8.84                   | \$5.90               | \$14.74               |
| \$131,000.01 – \$132,000                             | \$198,000           | \$8.91                   | \$5.94               | \$14.85               |
| \$132,000.01 – \$133,000                             | \$199,500           | \$8.98                   | \$5.99               | \$14.97               |
| \$133,000.01 – \$134,000                             | \$201,000           | \$9.05                   | \$6.03               | \$15.08               |
| \$134,000.01 – \$135,000                             | \$202,500           | \$9.11                   | \$6.08               | \$15.19               |

\*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:

|                               | Minimum                      | Incremental Amount | Guaranteed Issue (GI)*  | Maximum   |
|-------------------------------|------------------------------|--------------------|---|---|
| Employee                      | \$5,000                      | \$5,000            | The lesser of 4x your annual salary rounded to next lower \$5,000 or \$1 million when combined with basic life insurance. | The lesser of 6x your annual salary, rounded down to the next lower \$5,000, or \$2,500,000 when combined with basic life insurance |
| Spouse/DP                     |                              |                    | \$50,000  |   |
| Child/Children (up to age 26) | \$2,000, \$5,000 or \$10,000 |                    |   | \$500,000 - Not to exceed 100% of employee basic and supplemental life combined   |

*\* 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.**

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) within 90 days of the end of the enrollment period. 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.

### Eligibility Requirements

## 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) within 90 days of the end of the enrollment period. 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 in force 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:

| <b>Supplemental GTL for Employee and Spouse/Domestic Partner</b>   |                                      |
|--|--------------------------------------|
| 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                               |
| <b>Supplemental GTL for Children</b><br><i>(one coverage amount and monthly cost covers all eligible children)</i> |                                      |
| 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

| <b>Employee's Supplemental GTL</b> |               | <b>Spouse/DP's Supplemental GTL</b> |               |
|------------------------------------|---------------|-------------------------------------|---------------|
| 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:                   | <b>\$6.60</b> | Monthly Premium:                    | <b>\$2.64</b> |

## 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 be 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

|  |                                  |   |   |
|--|----------------------------------|---|---|
| <b>Cost of AD&amp;D for<br/>“Employee Only” and<br/>“Employee and Family”<br/>Coverage</b> | <b>Monthly Cost to Employee:</b> |   |   |
|  | <b>Principal Sum:</b>            | <b>Employee Only:</b>   | <b>Employee and Family</b>                              |
|  | \$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   |   |
| <b>Payout Amounts if<br/>“Employee and Family”<br/>Coverage is Selected</b>                | 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, \$3,200 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 [Workday](#) (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 (\$3,200 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](http://www.naviabenefits.com).

Navia Benefit Solutions will carry over up to \$640 of remaining unused 2025 Health Care FSA account balances to 2026. Any remaining unused balances **over** the carryover limit will be forfeited. If you don't elect a 2026 Health Care FSA, 2025 account balance under \$120 will also 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.

For detailed plan information, see the FSA Guide on the Flexible Spending Accounts [page](#).

## 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](mailto: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](http://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](http://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](http://www.naviabenefits.com).

### Kinside

All City of Seattle employees have access to Kinside's nationwide childcare 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 childcare 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](http://naviabenefits.com). For employees not enrolled in an FSA, visit [join.kinside.com/city-of-seattle](http://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. Navia will send you a Benefits Card automatically through U.S. Mail.

## 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

### Employee Assistance Program (EAP)

The City of Seattle partners with an Employee Assistance Program (EAP) services provider, ComPsych. 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 24/7 through ComPsych. Services also include childcare referral, eldercare information, financial and legal consultation and well-being coaching.

Employees and household members can receive eight visits per issue per year either in person or online.

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 and verify how to code your time sheet.) To reach ComPsych, call **1-888-272-7252**; TRS: Dial 711. Online at [www.guidanceresources.com](http://www.guidanceresources.com); Registration Web ID: SeattleEAP.

### Weight Watchers

The City of Seattle provides special savings on selected weight-loss solutions. Save 50% on Weight Watchers 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](http://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 Weight Watchers 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>.

### 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](http://charitynavigator.org) to research charities and/or make donations via the charity navigator portal. Please see [inweb/seattleshares](http://inweb/seattleshares) for more information.

### Career Quest Flash Mentorships

Career Quest Flash Mentorships are one-time meetings that help employees build relationships and expand their professional networks across the City of Seattle departments. Mentees can work with mentors to review resumes, prepare for interviews, and gain valuable career insights, while mentors benefit by enhancing their leadership skills and sharing knowledge. To be eligible, you must be a regular (full-time or part-time) City of Seattle employee or a paid college intern. We’re looking for individuals who are eager to learn, open to sharing knowledge, collaborative, and curious. [Sign up today](#) as a mentor, mentee, or both!

### Office of the Ombud

The Office of the Ombud is a confidential, informal, and independent resource that serves all current City of Seattle employees. The mission of the Office of the Employee Ombud is to ensure that employees have access to a resource for informally addressing workplace concerns in a fair and equitable manner.

To submit an anonymous report, please use the secure site at EthicsPoint (<https://oeointake.seattle.gov>). Once we receive your report, Ombud Office staff can contact you via the EthicsPoint portal or by phone or email, If you do not wish to use EthicsPoint, you can also call our intake line at 206-233-7850 or email the office at [ombud@seattle.gov](mailto:ombud@seattle.gov).



## Work Life Programs

### MyTrips

The City of Seattle encourages employees to use alternatives to driving alone to work. Seattle Police Officers, while not eligible for a City subsidized ORCA card, in some cases, may ride transit for free when showing their badge. Seattle Police Officers who do ride transit are eligible to use the other elements of their employee commute options program.

Visit your employee transit benefit website: [mytrips.seattle.gov](https://mytrips.seattle.gov) to find out more about your program. See [this table](#) for transit agency sworn officer free-ride policy.

# 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 | Days per Year | Hours per Year | Maximum Balance |
|-----------------------------|------------------|---------------|----------------|-----------------|
| Less than 08321             | 0 to 4           | 12            | 96             | 192             |
| 08321 to 18720              | 5 to 9           | 15            | 120            | 240             |
| 18721 to 29120              | 10 to 14         | 16            | 128            | 256             |
| 29121 to 39520              | 15 to 19         | 18            | 144            | 288             |
| 39521 to 41600              | 20               | 20            | 160            | 320             |
| 41601 to 43680              | 21               | 21            | 168            | 336             |
| 43681 to 45760              | 22               | 22            | 176            | 352             |
| 45761 to 47840              | 23               | 23            | 184            | 368             |
| 47841 to 49920              | 24               | 24            | 192            | 384             |
| 49921 to 52000              | 25               | 25            | 200            | 400             |
| 52001 to 54080              | 26               | 26            | 208            | 416             |
| 54081 to 56160              | 27               | 27            | 216            | 432             |
| 56161 to 58240              | 28               | 28            | 224            | 448             |
| 58241 to 60320              | 29               | 29            | 232            | 464             |
| 60321 and over              | 30               | 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

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:

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

- 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 12 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](http://seattle.gov/human-resources/rules-and-resources/personnel-rules) and any applicable union contract.

Below is the 2025 holiday schedule\*.

|                                    |                      |
|------------------------------------|----------------------|
| <b>New Year's Day</b>              | Wednesday, 1/1/2025  |
| <b>Martin Luther King Jr. Day</b>  | Monday, 1/20/2025    |
| <b>President's Day</b>             | Monday, 2/17/2025    |
| <b>Memorial Day</b>                | Monday, 5/26/2025    |
| <b>Juneteenth</b>                  | Thursday, 6/19/2025  |
| <b>Independence Day (observed)</b> | Friday, 7/4/2025     |
| <b>Labor Day</b>                   | Tuesday, 9/2/2025    |
| <b>Indigenous People's Day</b>     | Monday, 10/13/2025   |
| <b>Veterans' Day</b>               | Tuesday, 11/11/2025  |
| <b>Thanksgiving Day</b>            | Thursday, 11/27/2025 |
| <b>Day following Thanksgiving</b>  | Friday, 11/28/2025   |
| <b>Christmas Day (observed)</b>    | Thursday, 12/25/2025 |

The 2026 New Year's Day holiday will be January 1, 2026.

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

|                                 |  |
|---------------------------------|--|
| <b>Floating Holidays</b>        | <p>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!</p> <p>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 <a href="#">Personnel Rules 7.6</a> at <a href="http://seattle.gov/human-resources/rules-and-resources/personnel-rules">seattle.gov/human-resources/rules-and-resources/personnel-rules</a>. Represented employees should also see their collective bargaining agreements for provisions covering personal holidays.</p>   |
| <b>Bereavement Leave</b>        | <p>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 may 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.</p>  |
| <b>Family and Medical Leave</b> | <p>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.</p> <p>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.</p> <p>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.</p> |

## Leave Policies

### Jury Duty

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](#).

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.

The City offers the following paid and unpaid leave programs for employees needing to time off work due to military events:

### Military Leave

- **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](http://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](http://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>.

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### 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](http://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](http://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 |
|------|-----------------------------|---|
| 2025 | \$23,500                    | \$7,500   |

## Retirement

### Washington State Department of Retirement Systems

Membership in the Washington State Department of Retirement Systems is mandatory if you are a member of LEOFF 1 or LEOFF 2. For information about your plan, please contact the Washington State Department of Retirement Systems at (360) 664-7000 or (800) 857-6657, visit their website at [www.drs.wa.gov/member/systems/leoff/](http://www.drs.wa.gov/member/systems/leoff/), or email the Department of Retirement Systems at [recep@drs.wa.gov](mailto:recep@drs.wa.gov).

## Glossary

|  |   |
|--|---|
| <b>Balance billing</b>                             | 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 <b>Paying out-of-network claims</b> that bills more than Aetna’s allowable amount on page 53.   |
| <b>Coinsurance</b>                                 | 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. |
| <b>Copay</b>                                       | 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.   |
| <b>Deductible</b>                                  | 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.   |
| <b>Eligible Expenses</b>                           | Expenses as defined in the health plan as being eligible for coverage. This could involve specified health services fees or "reasonable and customary charges."   |
| <b>Formulary</b>                                   | 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.               |
| <b>Generic Drug</b>                                | 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."                           |
| <b>Network Provider</b>                            | A medical provider, such as a physician, who has a signed contract to participate in a health plan. Also known as a preferred provider.   |
| <b>Non-network Provider</b>                        | A provider who has not signed a contract with a health plan. Also known as a non-preferred provider.  |
| <b>Out-of-Pocket Cost</b>                          | The amount not covered by the plan that the plan member pays. This includes such things as coinsurance, deductibles, etc.   |
| <b>Out-of-Pocket Limit (Out-of-Pocket Maximum)</b> | 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

|                               |  |
|-------------------------------|--|
| <b>Pre-existing condition</b> | 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. |
| <b>Preferred Provider</b>     | A medical provider, such as a physician, who has a signed contract to participate in a health plan. Also known as a network provider   |
| <b>Preventive Care</b>        | Care that consists of routine physical examinations and immunizations. The emphasis is on preventing illnesses before they occur.  |
| <b>Recognized Charge</b>      | The charge determined by Aetna on a semiannual basis to be in the 70 <sup>th</sup> 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.

|  |                                 |  |
|--|---------------------------------|--|
| Aetna  | 866-983-0051                    | <a href="http://Aetna.com">Aetna.com</a><br>Custom Doc Find:<br><a href="http://aetna.com/dsepublic/#/cityofseattle">aetna.com/dsepublic/#/cityofseattle</a> |
| Kaiser Permanente                              | 888-901-4636                    | <a href="http://KP.org/wa">KP.org/wa</a>   |
| VSP  | 800-877-7195                    | <a href="http://vsp.com">vsp.com</a><br>Click on "Members"   |
| Delta Dental of Washington (DDWA)              | 206-522-2300 or<br>800-554-1907 | <a href="http://DeltaDentalWa.com">DeltaDentalWa.com</a>   |
| Dental Health Services                         | 206-788-3444<br>877-495-4455    | <a href="http://DentalHealthServices.com/cityofseattle">DentalHealthServices.com/cityofseattle</a>   |
| Nationwide Retirement Local Representative     | 855-550-1757<br>206-447-1924    | <a href="http://www.cityofseattledeferredcomp.com">www.cityofseattledeferredcomp.com</a>   |
| Employee Assistance Program - ComPsych         | 1-888-272-7252<br>TRS: Dial 711 | <a href="http://www.guidanceresources.com">www.guidanceresources.com</a><br>Registration Web ID: SeattleEAP  |
| Life and AD&D                                  |                                 | <a href="#">Your department's Benefits Representative</a>  |
| Health Care/Daycare Flexible Spending Accounts | 800-669-3539                    | <a href="http://naviabenefits.com">naviabenefits.com</a>   |
| City's Benefits Unit                           | 206-615-1340                    | <a href="http://seattle.gov/human-resources/benefits">seattle.gov/human-resources/benefits</a>   |
| Workday  |                                 | <a href="https://www.myworkday.com/seattle/d/home.html">https://www.myworkday.com/seattle/d/home.html</a>  |