



# Employee Benefits Guide

Temporary Benefits Eligible City  
of Seattle Employees\*

2024

Updated August 1, 2024

\* See next page for eligibility

## Benefits Eligibility for Temporary City Employees

| Benefits Program                    | TMP   | TMP   | TMP   | TMP  | TBE   | TBE   |
|-------------------------------------|---|---|---|--|---|---|
| Temporary Employment Type           | TMP: Interim/Short-term temporary assignment (assignment does <b>not</b> exceed 1,040 hours)*,***** | TMP: Less than half-time temporary (seasonal, on-call) that does <b>not</b> exceed 1,040 in the current year hrs*,***** | TMP: One or more Interim/Short term temp assignments. <b>has worked</b> 1,040 hrs*, **, ***** | Variable Hour Temporary Employee (worked 30 hours or more per week on average during previous 12 months)*****, ***** | Short-term/Interim temporary assignment (after assignment in effect for 1,040 worked hrs.)*** | TLT: Term-limited temporary assignment (1-3 years)*** |
| Medical                             | Not eligible  | Not eligible  | EE may purchase   | Yes  | Yes   | Yes   |
| Dental                              | Not eligible  | Not eligible  | EE may purchase   | Yes  | Yes   | Yes   |
| Vision (Basic)                      | Not eligible  | Not eligible  | EE may purchase   | Yes  | Yes   | Yes   |
| Vision (Buy-Up)                     | Not eligible  | Not eligible  | Not eligible  | Not eligible   | Not eligible  | Not eligible  |
| AD&D                                | Not eligible  | Not eligible  | Not eligible  | Not eligible   | Not eligible  | Not eligible  |
| Deferred Compensation               | Yes   | Yes   | Yes   | Yes  | Yes   | Yes   |
| Employee Assistance Program         | Yes   | Yes   | Yes   | Yes  | Yes   | Yes   |
| Flexible Spending Accounts          | Not eligible  | Not eligible  | Not eligible  | Not eligible   | Not eligible  | Not eligible  |
| Group Term Life (Basic)             | Not eligible  | Not eligible  | Not eligible  | Not eligible   | Yes   | Yes   |
| Group Term Life (Supplemental)      | Not eligible  | Not eligible  | Not eligible  | Not eligible   | Not eligible  | Not eligible  |
| Long-Term Disability (Basic)        | Not eligible  | Not eligible  | Not Eligible  | Not eligible   | Yes   | Yes   |
| Long-Term Disability (Supplemental) | Not eligible  | Not eligible  | Not eligible  | Not eligible   | Not eligible  | Not eligible  |
| SCERS membership                    | Not eligible  | Not eligible  | ****  | Not eligible   | ****  | ****  |
| Tobacco Cessation                   | Not eligible  | Not eligible  | Not eligible  | Not eligible   | Not eligible  | Not eligible  |

|                        | TMP  | TMP   | TMP   | TMP  | TBE  | TBE  |
|------------------------|--|---|---|--|--|--|
|                        | Interim/Short-term temporary assignment up to 1 year (assignment does <b>not</b> exceed 1,040 hours)*, ***** | Less than half-time temporary (seasonal, on-call) that does <b>not</b> exceed 1,040 hrs*, ***** | One or more Interim/Short term temp assignments. Within 1 year individual <b>has worked</b> 1,040 hrs*, **, ***** | Variable Hour Temporary Employee (worked 30 hours or more per week on average during previous 12 months)*****, ***** | Short-term/Interim temporary assignment of up to 1 year (after assignment in effect for 1,040 hrs.)*** | Term-limited temporary assignment (1-3 years)*** |
| WW Savings             | Not eligible   | Not eligible  | Not eligible  | Not eligible   | Not eligible   | Not eligible                                     |
| Sick Leave             | Yes  | Yes   | Yes   | Yes  | Yes  | Yes  |
| Vacation               | Not eligible   | Not eligible  | Not eligible  | Not eligible   | Yes  | Yes  |
| Holiday Pay            | Not eligible   | Not eligible  | Not eligible  | Not eligible   | Yes  | Yes  |
| Bereavement Leave      | Not eligible   | Not eligible  | Not eligible  | Not eligible   | Yes  | Yes  |
| Jury Duty Compensation | Not eligible   | Not eligible  | Not eligible  | Not eligible   | Yes  | Yes  |

*\*Receives premium pay. If conversion for a regular position is requested, the position becomes eligible for benefits.*

*\*\*See [Personnel Rule 11.21 A](#) for more information on health care coverage for temporary workers who receive Premium Pay.*

*\*\*\*Receives benefits in lieu of premium pay*

*\*\*\*\*A temporary worker may elect to join the Seattle City Employees' Retirement System:*

1. Within 6 calendar months of completing 1,044 hours of compensated straight-time service; or
2. Upon appointment to an eligible position if such appointment occurs after the work has completed 1,044 hours of City service but before they have completed 10,440 hours of City service; or
3. Within 6 calendar months of completing 10,440 hours of continuous compensated straight-time service.

*\*\*\*\*\*To follow Health Care Reform requirements*

*\*\*\*\*\*Temporary employees who receive premium pay in lieu of fringe benefits will accrue one hour of paid leave for every thirty hours worked.*

#### **Exclusions:**

- Work-study, interns and independent contractors are not eligible for benefits regardless of hours worked for the City.
- Benefits **do not include** health care or daycare flexible spending account programs, AD&D insurance, supplemental Group Term Life, supplemental Long-Term Disability, Long-Term Care insurance, Vision Buy-Up plan, Employee Assistance Program, tobacco cessation program, and Weight Watchers City pricing.

## For assistance understanding the information in this document

- **Need to speak with someone in a language other than English?** Call the Benefits Unit at 206-615-1340 and we will help you access Language Line Services. You will have access to an interpreter and a Benefits Unit staff member to answer your questions.
- **Hearing impaired?** If you use a TDD, the City provides interpretation services. Call 7-1-1 or 1-800-833-6384 on your TDD. You will reach the Washington Relay Service. Give them the number of the party you want to call. They will call the person for you, then interpret information from your TDD to the person you are calling.
- **Visually impaired?** This Employee Benefits Guide document is available in a larger font. To request an electronic copy, contact the Benefits Unit at 206-615-1340.
- **Would you rather *hear* the information than *read* it?** If your understanding improves by having someone read or paraphrase information for you, you can attend a benefits orientation. Orientations cover all City benefits and provide ample time for questions. You can meet with the presenter after the session if you have additional questions or questions you would like to ask confidentially. Orientations are every other week – enroll in [Employee Self-Service](#), Training section.

If you need additional help or prefer to speak to someone confidentially, please email the Benefits Unit at [Benefits.Unit@seattle.gov](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.

# TABLE OF CONTENTS

|   |           |
|---|-----------|
| <b>EMPLOYEE RESPONSIBILITIES .....</b>                      | <b>1</b>  |
| <b>ELIGIBILITY AND COVERAGE INFORMATION .....</b>           | <b>2</b>  |
| ELIGIBILITY FOR TEMPORARY BENEFITS-ELIGIBLE EMPLOYEES ..... | 3         |
| ELIGIBLE FAMILY MEMBERS .....                               | 3         |
| WHEN DOES COVERAGE BEGIN? .....                             | 4         |
| WAIVING COVERAGE .....                                      | 4         |
| CONTINUING ELIGIBILITY .....                                | 5         |
| HOW DO I ENROLL MY FAMILY MEMBERS? .....                    | 5         |
| CHANGING YOUR BENEFITS .....                                | 6         |
| CONTINUING COVERAGE UNDER COBRA .....                       | 7         |
| <b>BENEFITS AND FINANCIAL PLANNING .....</b>                | <b>10</b> |
| <b>MEDICAL PLAN OPTIONS.....</b>                            | <b>11</b> |
| HOW TO CHOOSE A MEDICAL PLAN .....                          | 11        |
| PREVENTIVE PLAN .....                                       | 12        |
| TRADITIONAL PLAN.....                                       | 12        |
| KAISER PERMANENTE STANDARD PLAN .....                       | 13        |
| KAISER PERMANENTE DEDUCTIBLE PLAN .....                     | 13        |
| <b>MEDICAL PLAN COMPARISON EXAMPLES .....</b>               | <b>14</b> |
| <b>HEALTH CARE PREMIUMS .....</b>                           | <b>27</b> |
| TAXABLE BENEFIT AMOUNT – (WITH DDWA) .....                  | 29        |
| TAXABLE BENEFIT AMOUNT – (WITH DHS) .....                   | 30        |
| <b>PRESCRIPTION DRUG COVERAGE .....</b>                     | <b>31</b> |
| PREVENTIVE AND TRADITIONAL PLANS (AETNA) .....              | 31        |
| KAISER PERMANENTE PLANS .....                               | 31        |
| <b>DENTAL PLAN OPTIONS.....</b>                             | <b>33</b> |
| DELTA DENTAL OF WASHINGTON .....                            | 33        |
| DENTAL HEALTH SERVICES .....                                | 34        |
| <b>VISION COVERAGE .....</b>                                | <b>37</b> |
| <b>OPTIONAL INSURANCE PLANS .....</b>                       | <b>39</b> |
| BASIC LONG-TERM DISABILITY INSURANCE .....                  | 39        |
| GROUP TERM LIFE (GTL) INSURANCE .....                       | 42        |
| <b>WORKERS' COMPENSATION .....</b>                          | <b>47</b> |
| <b>WELL-BEING PROGRAMS .....</b>                            | <b>48</b> |
| REACH .....   | 48        |
| EMPLOYEE ASSISTANCE PROGRAM (EAP) .....                     | 48        |
| HINGE HEALTH .....  | 48        |
| 2 <sup>ND</sup> .MD .....                                   | 49        |
| KINSIDE .....   | 49        |
| <b>WORK LIFE PROGRAMS.....</b>                              | <b>50</b> |
| OFFICE OF THE OMBUD .....                                   | 50        |
| MYTRIPS .....   | 50        |
| <b>LEAVE POLICIES .....</b>                                 | <b>51</b> |
| VACATION .....  | 51        |
| SICK LEAVE .....  | 53        |
| HOLIDAYS .....  | 54        |
| BEREAVEMENT LEAVE .....                                     | 55        |
| JURY DUTY .....   | 55        |
| MILITARY LEAVE.....   | 55        |
| PAID FAMILY CARE LEAVE .....                                | 56        |

|  |           |
|--|-----------|
| PAID PARENTAL LEAVE .....                                  | 56        |
| <b>WASHINGTON STATE PAID FAMILY AND MEDICAL LEAVE.....</b> | <b>57</b> |
| <b>RETIREMENT .....</b>                                    | <b>58</b> |
| DEFERRED COMPENSATION SAVINGS PLAN .....                   | 58        |
| CITY RETIREMENT SYSTEM.....                                | 59        |
| <b>GLOSSARY .....</b>                                      | <b>60</b> |
| <b>WHO TO CONTACT IF YOU HAVE QUESTIONS .....</b>          | <b>62</b> |

## Employee Responsibilities

Temporary Benefits Eligible 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.

**Are You a New Temporary Benefits Eligible employee?** You are responsible for making your benefits elections within 30 days of your hire date. It is important to note that if you **waive** City coverage when you are eligible as a temporary employee and later become a regular employee, you will have to wait until Open Enrollment to enroll.

**Are you adding a new family member** to your health care coverage? Contact your department's [benefits representative](#) within 30 days of marriage or new domestic partnership. You have 60 days to notify your representative of a birth or adoption for medical, dental, or vision coverage.

**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 insurance - [Employee Self-Service](#)
- Retirement – contact the [Retirement Office](#)
- Sick leave - see your [benefits representative](#).
- Deferred Compensation – contact [Nationwide](#) or call (206) 447-1924

**Are you moving?** Update your address in [Employee Self-Service](#).

**Access benefits information from home** at [seattle.gov/human-resources/benefits](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 vision coverage through VSP.

### Life Insurance & Long-Term Disability (LTD)

The City offers Basic Long-Term Disability insurance and shares the cost of Basic Group Term Life insurance.

### 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. This 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 Temporary Benefits-Eligible Employees

If you are a temporary benefits-eligible employee working full- or part-time (scheduled to work at least 80 hours per month), you are eligible to participate in selected benefits programs when you meet the eligibility requirements of your position:

- Term Limited Assignment – on your date of hire of your 1-3 year assignment
- One or More Interim/Short Term Assignments: after your short-term assignment of up to 1 year is in effect for 1,040 hours.

This is your “eligibility date.” **See page 4** for when your coverage begins.

The benefits you are eligible for are: the medical, dental, basic, basic life, basic LTD, and deferred compensation plans (see pages 1-2).

### 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 | Up to age 26<br>(through age 25) | <u>Do not</u> have to be:<br>-single<br>-living with you<br>-dependent on you for support<br><br>May have access to other coverage. |

\*If you enroll a dependent, Aight 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 if proof of his or her fully handicapped/incapacitated status has been documented by a physician.

## Eligibility and Coverage Information

### When do I enroll?

You must submit your benefits enrollment forms within **30 days of your benefits eligibility date** (see prior page).

### When does coverage begin?

Actual coverage in the plans in which you are enrolled will begin on either your eligibility date or the first day of the month following your eligibility date.

### How do I enroll?

You have two options to enroll yourself and your eligible dependents:

- 1) through [Employee Self-Service](#), which is preferred
- 2) if you are unable to enroll in Employee Self-Service or do not have access to a computer, contact your Department's [Human Resources Representative](#) to request a Benefits Election Form to complete and return to them.

If you miss the deadline, you will be defaulted into certain benefits and ineligible for others. You must wait for the next Open Enrollment period to make changes.

If you do not enroll in basic life insurance when first eligible, you will be required to complete a *Medical History Statement* or *proof of good health* for the insurance carrier, and you are not guaranteed coverage as you are when first eligible.

You may decline coverage, but will not be eligible for premium pay in lieu of benefits as a result of declining coverage.

### What if I miss the enrollment deadline?

If you fail to enroll within 30 days of becoming benefits-eligible, you will automatically be enrolled for dental and basic vision coverage. Your dental coverage will default to the Delta Dental of Washington plan.

Starting after January 2, 2018, if you are newly eligible for health coverage and don't actively elect or waive medical coverage, you will automatically be enrolled in the Aetna Traditional employee-only plan. This plan requires no premium contribution from you.

### Waiving coverage

If you waive coverage and later become a regular employee, your next opportunity to enroll will be during Open Enrollment.

## Eligibility and Coverage Information

### Continuing Eligibility

To remain eligible for City paid benefits, you must have at least 80 hours of paid time during the calendar month. If the number of hours worked per month is less than 80 hours, benefits will be terminated, you will be responsible for any charges incurred.

### 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, 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
  - Effective July 1, 2024, within 60 days of your child's birth or adoption event for life insurance changes.
  - Other examples of a Life Event or Family Status change can be found on Pages 6 and 7.

If you add a family member outside of Open Enrollment, you must complete a [Benefits Change Form](#) and submit it to your department's Benefits Representative. If you miss the enrollment deadline, you can enroll your family member(s) at the next open enrollment period, generally in the fall.

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

Visit <https://www.seattle.gov/human-resources/benefits> for more information. Call your department's [human resources or benefits representative](#) or the City's Benefits Unit at 206-615-1340 if you have questions.

## Eligibility and Coverage Information

### How do I disenroll my family members?

If you need to remove a family member from coverage outside of Open Enrollment, submit a completed Benefit Election Form to your department's [benefits representative](#).

If you end your spouse or domestic partner's coverage due to a legal separation, divorce, or termination of the domestic partnership, submit a completed Statement of Termination of Marriage/ Domestic Partnership form or a Notice of Termination of State Registered Domestic Partnership within 30 days of the legal separation, divorce or domestic partnership termination.

### Changing Your Benefits

There are two opportunities to change your benefit choices:

- Open Enrollment
- Within 30 days of a qualifying change in family or job status (within 60 days for birth or adoption)

#### 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.

#### Life Events/Family Status Changes that May Affect Your Benefits

You must enroll a new spouse or domestic partner within 30 days of your marriage or establishment of a domestic partnership. You have 60 days to add a child acquired through birth, adoption, or placement for adoption. *If you miss the deadline*, you can only add family members during the annual fall Open Enrollment period.

If you have a change in family status, you may be able to make a related change to your benefits. Here are several examples. Contact your department's benefits representative if any of the following occur:

- 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 his/her 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.

## Eligibility and Coverage Information

### When Coverage Ends

- Your spouse or domestic partner gains coverage due to 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, 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.

Your medical/dental/vision, Basic Long-Term Disability, and Basic Life coverages end on the last day of the calendar month in which you:

- Are no longer eligible
- Resign, retire, or are terminated
- Stop making any required payment.

### Continuing Coverage Under COBRA

To help you continue your health coverage, Congress passed the Consolidated Omnibus Reconciliation Act (COBRA) in 1986. Under COBRA, you are eligible to purchase medical only, dental/vision only, or medical/dental/vision coverage under certain circumstances when your group health plan coverage with the City ends.

If you are a City of Seattle employee and have City medical, dental and vision coverage, you and your covered family members have the right to elect COBRA continuation coverage for up to 18 months if your coverage is lost because of one of these qualifying events:

- 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:

## Eligibility and Coverage Information

### Coverage through Health Insurance Exchange

- Death of the employee
- Divorce or legal separation of the employee and spouse or dissolution of the domestic partnership
- A child loses coverage (turns 26)

The Life and disability plans have conversion options.

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. 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 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 27 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 plans for most employees.

### Life Insurance

Your basic life insurance after-tax premium deductions are taken from your second paycheck of the month for the next month's coverage.

## 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. Here are additional ways to cut costs and save money.

- Quit smoking and encourage your family to quit.
- 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, coinsurance and what is and is not covered by the various plans.
- Stay within the network. Look for doctors and healthcare providers within your plan's network.
- Review medical bills carefully. Billing errors can cost hundreds or even thousands of dollars. Contact the billing office if there is an error or you do not understand your bill. You may be able to negotiate fees and bills that you feel are too high.
- Enroll in Reach to support your physical, emotional, and financial well-being goals. Go to <http://cityofseattle.limeade.com/> and register. For access to Reach on the go, download the Limeade app and enter the City of Seattle code: seattle.



## Medical Plan Options

### Medical Plans

The City offers four different medical plans:

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

### How to Choose a Medical Plan

Plan features, coverages, and costs vary. The plans with Aetna offer 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 Temporary Benefits Eligible Employees:** Remember - You have 30 days from your hire date to enroll in the medical, dental, vision and Group Term Life plans. If you decline coverage when eligible as a temporary employee and later become a regular employee, you will have to wait until Open Enrollment to enroll.

## 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 a \$100 annual deductible per person (\$300 per family) and a \$15 copay for all office visits except preventive care (which is covered at 100%). The deductible applies to most services except where a copay applies. Most other services are covered at 90% after a copay if you use an Aetna network provider.  |
| <b>Traditional Plan</b>                       | This plan has a \$450 annual deductible per person (\$1,350 per family). Most services are covered at 80% if you use an Aetna network provider. Preventive care is now covered on this plan.  |
| <b>What If I Don't Use the Aetna Network?</b> | If you choose a provider who is not in the network, you will pay a higher percentage of the visit cost. Non-network provider prices are often higher than network provider prices. If you use a non-network provider, you will pay 40% of the network service cost, and your doctor may charge you an additional amount above the network price.                        |
| <b>Accolade</b>                               | Contact Accolade at 866-540-5418 or <a href="https://login.myaccolade.com/login">https://login.myaccolade.com/login</a> for customer service. Get support with treatment decisions, benefit coverage questions, help to find a doctor or specialist, claim denials or complaints, prescription plan, and formulary questions.   |
| <b>Aetna.com</b>                              | Locate detailed claim information at <a href="https://www.aetna.com">Aetna.com</a> .  |
| <b>Teladoc</b>                                | Talk to a doctor anytime by phone or video. Be treated for health issues, including cold and flu symptoms, allergies, and skin problems. You can also see a behavioral health provider and establish an ongoing relationship for issues such as depression and anxiety. Register at <a href="https://member.teladoc.com/signin">https://member.teladoc.com/signin</a> . |
| <b>Urgent Care</b>                            | Contact an Accolade Health Assistant at 866-540-5418 to find an urgent care facility near you. Or check your account at <a href="https://www.aetna.com">Aetna.com</a> .   |

## 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> <p>The health care website is at <a href="https://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>Accolade</b>                          | <p>Accolade is a third-party resource that offers healthcare advocacy services at no cost. Kaiser members may use Accolade to supplement the Kaiser care team, member service, and advice line. Contact Accolade at 866-540-5418 for health and benefits questions.</p>   |
| <b>Health Profile</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>  |
| <b>Care Chat &amp; Online Visits</b>     | <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="https://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   | Out-of-network  | Deductible Plan  | Standard Plan                            |
| <b>Individual deductible</b>              | \$100  | \$450  | \$450  | \$1,000   | \$200  | None                                     |
| <b>Family deductible</b>                  | \$300  | \$1,350  | \$1,350  | \$3,000   | \$600  | None                                     |
| <b>Routine physical exam</b>              | Paid at 100%   | Coinsurance may apply  | Paid at 100%   | Coinsurance may apply   | Paid at 100% after \$15 copay  | Paid at 100% after \$15 copay            |
| <b>Office visit</b>                       | Paid at 100% after \$15 copay  | Paid at 60% after satisfaction of deductible                               | Paid at 80% after satisfaction of deductible                               | Paid at 60% after satisfaction of deductible                              | Paid at 100% after \$15 copay and satisfaction of deductible (copay applies to deductible)                                   | Paid at 100% after \$15 copay            |
| <b>Outpatient treatment at a hospital</b> | Physician charges paid at 100% after \$15 co-pay. After satisfaction of deductible, other charges paid at 90%. | After satisfaction of deductible, physician and other charges paid at 60%. | After satisfaction of deductible, physician and other charges paid at 80%. | After satisfaction of deductible, physician and other charges paid at 60% | After satisfaction of deductible and \$15 copay (copay applies to the deductible), physician and other charges paid at 100%. | Paid at 100% after \$15 copay.           |
| <b>Inpatient Surgery</b>                  | Paid at 90% after \$200 inpatient copay  | Paid at 60% after \$200 inpatient copay and satisfaction of deductible.    | Paid at 80% after \$200 copay.   | Paid at 60% after \$200 inpatient copay and satisfaction of deductible.   | Paid at 100% after satisfaction of deductible.   | Paid at 100% after \$200 inpatient copay |

## 2024 Medical Plan Comparison - Most City of Seattle Employees

The purpose of this document is to help you make decisions; it is not a contract. Details are provided in your medical plan booklet at <https://www.seattle.gov/human-resources/benefits/employees-and-covered-family-members/most-employees-plans>.

| Kaiser Permanente*  |  | City of Seattle Traditional Plan*  |  | City of Seattle Preventive Plan*   |  |
|---|--|--|--|--|--|
| Standard Plan   | Deductible Plan  | Aetna In-Network   | Out-of-Network                                   | Aetna In-Network   | Out-of-Network                                 |
| <b>Deductible</b> (per calendar year)   |  |  |  |  |  |
| No Deductible   | \$200 per person<br>\$600 per family<br>Deductible applies as noted except for prescriptions, preventive visits, ambulance, and durable medical equipment. | \$450 per person<br>\$1,350 per family<br><br>Deductible applies to most services, except as noted. Deductible does not apply for prescriptions or when the Inpatient co-pay or emergency room co-pay applies. | \$1,000 per person<br>\$3,000 per family<br><br> | \$100 per person<br>\$300 per family<br><br>Deductible applies to most services, except as noted. Deductible does not apply for prescriptions or when the Inpatient co-pay or emergency room co-pay applies. | \$450 per person<br>\$1,350 per family<br><br> |
| <b>Annual Out of Pocket Maximum (OOP Max)</b> includes medical coinsurance. The OOP Max excludes the deductible and prescription drug copays/coinsurance. |  |  |  |  |  |
| Includes medical copays   |  | Excludes copays  |  | Excludes copays  |  |
| \$2,000 per person  | \$2,000 per person   | \$1,000 per person   | \$2,000 per person**                             | \$2,000 per person   | \$3,000 per person*                            |
| \$4,000 per family  | \$6,000 per family   | \$3,000 per family   | \$6,000 per family*                              | \$4,000 per family   | \$6,000 per family*                            |
| <b>Total Out of Pocket Maximum</b> includes medical coinsurance and the deductible. The total OOP Max excludes prescription drug copays/coinsurance.      |  |  |  |  |  |
| Includes medical copays   |  | Excludes copays  |  | Excludes copays  |  |
| \$2,000 per person  | \$2,000 per person   | \$1,450 per person   | \$3,000 per person                               | \$2,100 per person   | \$3,450 per person                             |
| \$4,000 per family  | \$6,000 per family   | \$4,350 per family   | \$9,000 per family                               | \$4,300 per family   | \$7,350 per family                             |
| <b>Hospital Copay</b>   |  |  |  |  |  |
| \$200 per admission   | Deductible applies   | \$200 copay per admission  | \$200 copay per admission                        | \$200 copay per admission  | \$200 copay per admission                      |
| <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 before your admission. The member is responsible for obtaining precertification of out-of-network care.                        |  | Except for maternity or emergency admissions, your physician must contact Aetna before your admission. The member is responsible for obtaining precertification of out-of-network care.                      |  |

| Kaiser Permanente*   |  | City of Seattle Traditional Plan*   |  | City of Seattle Preventive Plan*  |  |
|--|--|---|--|---|--|
| Standard Plan  | Deductible Plan  | Aetna In-Network  | Out-of-Network   | Aetna In-Network  | Out-of-Network   |
| <b>Choice of Providers</b>   |  |   |  |   |  |
| All care and services provided at Kaiser Permanente Facilities or network providers<br>Members may self-refer to most Kaiser Permanente specialists. |  | Aetna contracted providers. No primary care physician selection or referrals required.  | Any licensed, qualified provider of your choice. Expenses paid based on recognized charges*. You pay the difference between recognized and billed charges. | Aetna contracted providers. No primary care physician selection or referrals required.  | Any licensed, qualified provider of your choice. Expenses paid based on recognized charges*. You pay the difference between recognized and billed charges. |
| <b>COVERED EXPENSES</b>  |  |   |  |   |  |
| <b>Abortion</b>  |  |   |  |   |  |
| Paid at 100% after \$15 copay  | \$15 copay<br>Deductible applies   | Paid at 80% after deductible.<br>Plan will pay up to \$10k travel and lodging allowance if service not available within 100 miles of your residence.                            | Paid at 60% after deductible. Plan will pay up to \$10k travel and lodging allowance if service not available within 100 miles of your residence.          | Paid at 90% after deductible. Plan will pay up to \$10k travel and lodging allowance if service not available within 100 miles of your residence.                               | Paid at 60% after deductible. Plan will pay up to \$10k travel and lodging allowance if service not available within 100 miles of your residence.          |
| <b>Acupuncture</b>   |  |   |  |   |  |
| \$15 copay for up to 8 visits per medical diagnosis per calendar year. Additional visits when approved.  | \$15 copay for up to 8 visits per medical diagnosis per calendar year. Additional visits when approved.<br>Deductible applies. | Paid at 80% after deductible.<br><br>Up to 12 visits per calendar year in- and out-of-network combined  | Paid at 60% after deductible.  | Paid at 100% after \$15 copay.<br><br>Up to 20 visits per calendar year in- and out-of-network combined   | Paid at 60% after deductible.  |
| <b>Alcohol/Drug Abuse Treatment (inpatient)</b>  |  |   |  |   |  |
| Paid at 100% after \$200 copay per admission   | Paid at 100% after deductible  | Paid at 80% after \$200 copay; no deductible.<br><br>Review and coordination of care in complex situations, including residential treatment centers and partial hospitalization | Paid at 60% after \$200 copay; no deductible.  | Paid at 90% after \$200 copay; no deductible.<br><br>Review and coordination of care in complex situations, including residential treatment centers and partial hospitalization | Paid at 60% after \$200 copay; no 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                                |
| Alcohol/Drug Abuse Treatment (outpatient)  |  |  |   |   |   |
| Paid at 100% after \$15 copay  | Paid at 100% after \$15 copay<br>Deductible applies                                    | Paid at 80% after deductible.<br><br>Additional focus on review and coordination of care in complex situations, including psychological testing, neurological testing, and intensive outpatient. | Paid at 60% after deductible.   | Paid at 100% after \$15 copay.<br><br>Additional focus on review and coordination of care in complex situations, including psychological testing, neurological testing, and intensive outpatient. | Paid at 60% after deductible.                 |
| Contraceptives   |  |  |   |   |   |
| For contraceptive drugs and devices, see Prescription Drug benefit                     |  | IUDs and Depo Provera covered as medical benefits. No charge for preferred generic FDA-approved women's contraceptives in-network.<br><br>See Prescription Drug benefit.                         |   | IUDs and Depo Provera covered as medical benefits. No charge for preferred generic FDA-approved women's contraceptives in-network.<br><br>See Prescription Drug benefit.                          |   |
| Durable Medical Equipment  |  |  |   |   |   |
| Paid at 80%  | Paid at 80%  | Paid at 80% after deductible.<br><br>Breast pumps covered as preventive care at 100% no deductible through DME provider.<br><br>Includes 1 electric breast pump per 12 months                    | Paid at 60% after deductible.   | Paid at 90% after deductible.<br><br>Breast pumps covered as preventive care at 100% no deductible through DME provider.<br><br>Includes 1 electric breast pump per 12 months                     | Paid at 60% after deductible.                 |
| Emergency Medical Care   |  |  |   |   |   |
| Urgent Care Clinic   |  |  |   |   |   |
| Paid at 100% after \$15 copay  | \$15 copay<br>Deductible applies   | Paid at 80% after deductible.  | Paid at 60% after deductible.   | Paid at 100% after \$15 copay; no deductible.   | Paid at 60% after deductible.                 |
| Emergency Room (copays waived if admitted)   |  |  |   |   |   |
| Kaiser Permanente facility: \$100 copay<br>Non-Kaiser Permanente facility: \$150 copay | Kaiser Permanente facility: \$100 copay<br>Non-Kaiser Permanente facility: \$150 copay | Paid at 80% after \$150 copay; no deductible.<br>If non-emergency, paid at 60% after copay.  | Paid at 80% after \$150 copay; no deductible.<br>If non-emergency, paid at 60% after copay. | Paid at 90% after \$150 copay; no deductible.   | Paid at 90% after \$150 copay; no deductible. |

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| Deductible applies   |   | at 60% after copay.   |   | If non-emergency, paid at 60% after copay.  | If non-emergency, paid at 60% after copay.  |
| Ambulance  |   |   |   |   |   |
| Paid at 80%.   | Paid at 80%.  | Paid at 80% when medically necessary. Non-emergency transportation only covered if approved in advance by Aetna. Deductible does not apply.   |   | Paid at 90% when medically necessary. Non-emergency transportation only covered if approved in advance by Aetna. Deductible does not apply.   |   |
| Gender Reassignment Services   |   |   |   |   |   |
| Covered as any other service; copays/coinsurance depending on type and location of service provided.   | Covered as any other service; copays/coinsurance depend on type and location of service provided.   | Covered as any other service; copays/coinsurance depend on type and location of service provided. Plan will pay up to \$10k travel and lodging allowance if service not available within 100 miles of your residence.   | Covered as any other service; copays/coinsurance depend on type and location of service provided. Plan will pay up to \$10k travel and lodging allowance if service not available within 100 miles of your residence.   | Covered as any other service; copays/coinsurance depend on type and location of service provided. Plan will pay up to \$10k travel and lodging allowance if service not available within 100 miles of your residence.   | Covered as any other service; copays/coinsurance depend on type and location of service provided. Plan will pay up to \$10k travel and lodging allowance if service not available within 100 miles of your residence.   |
| Fertility Services   |   |   |   |   |   |
| Procedures covered include artificial insemination, ovulation induction and Advanced Reproductive Technologies. Copays/coinsurance depend on type and location of service provided. \$20,000 lifetime maximum benefit. | Procedures covered include artificial insemination, ovulation induction, and Advanced Reproductive Technologies. Copays/coinsurance depend on type and location of service provided. \$20,000 lifetime maximum benefit. | Procedures covered include artificial insemination, ovulation induction and Advanced Reproductive Technologies. Copays/coinsurance depend on type and location of service provided. \$20,000 lifetime maximum benefit. Plan will pay up to \$10k travel and lodging allowance if service is not available within 100 miles of your residence. | Procedures covered include artificial insemination, ovulation induction and Advanced Reproductive Technologies. Copays/coinsurance depend on type and location of service provided. \$20,000 lifetime maximum benefit. Plan will pay up to \$10k travel and lodging allowance if service is not available within 100 miles of your residence. | Procedures covered include artificial insemination, ovulation induction and Advanced Reproductive Technologies. Copays/coinsurance depend on type and location of service provided. \$20,000 lifetime maximum benefit. Plan will pay up to \$10k travel and lodging allowance if service is not available within 100 miles of your residence. | Procedures covered include artificial insemination, ovulation induction and Advanced Reproductive Technologies. Copays/coinsurance depend on type and location of service provided. \$20,000 lifetime maximum benefit. Plan will pay up to \$10k travel and lodging allowance if service is not available within 100 miles of your residence. |



|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>Hearing Aids</b> (per ear, every 36 months)      |  |  |  |  |  |
| Up to \$1,000                                       | Up to \$1,000                                | Paid 80% no deductible up to \$1,500 per ear max.<br>In-network coinsurance applies whether purchased in- or out-of-network.<br>Deductible does not apply. | Paid 80% no deductible up to \$1,500 per ear max.<br>In-network coinsurance applies whether purchased in- or out-of-network.<br>Deductible does not apply. | Paid 90% no deductible up to \$1,500 per ear max.<br>In-network coinsurance applies whether purchased in- or out-of-network.<br>Deductible does not apply. | Paid 90% no deductible up to \$1,500 per ear max.<br>In-network coinsurance applies whether purchased in- or out-of-network.<br>Deductible does not apply. |
| <b>Home Health Care</b>                             |  |  |  |  |  |
| Paid at 100% when authorized. No visit limit        | Paid at 100% when authorized. No visit limit | Paid at 80% after deductible.<br>Maximum benefit of 130 visits per calendar year for in- and out-of-network combined                                       | Paid at 60% after deductible.<br>Maximum benefit of 130 visits per calendar year for in- and out-of-network combined                                       | Paid at 90% after deductible.<br>Maximum benefit of 130 visits per calendar year for in- and out-of-network combined                                       | Paid at 60% after deductible.<br>Maximum benefit of 130 visits per calendar year for in- and out-of-network combined                                       |
| <b>Hospital Inpatient</b>                           |  |  |  |  |  |
| Paid at 100% after \$200 copay per admission        | Paid at 100% after deductible                | Facility: Paid at 80% after \$200 copay; no deductible.  | Facility: Paid at 60% after \$200 copay; no deductible.  | Facility: Paid at 90% after \$200 copay; no deductible.  | Facility: Paid at 60% after \$200 copay; no deductible.  |
| <b>Hospital Outpatient</b>                          |  |  |  |  |  |
| Paid at 100% after \$15 copay                       | \$15 copay<br>Deductible applies             | Facility: Paid at 80% after deductible.  | Facility: Paid at 60% after deductible.  | Facility: Paid at 90% after deductible.  | Facility: Paid at 60% after deductible.  |
| <b>Hospice</b>                                      |  |  |  |  |  |
| Paid at 100% when authorized                        | Paid at 100% when authorized                 | Paid at 80% after deductible.  | Paid at 60% after deductible.  | Paid at 90% after deductible.  | Not covered  |
| <b>Maternity Care</b> (delivery & related hospital) |  |  |  |  |  |
| Paid at 100% after \$200 copay per admission        | Deductible applies.                          | Facility: Paid at 80% after \$200 copay; copay waived for newborn hospital services. No deductible.  | Facility: Paid at 60% after \$200 copay; copay waived for newborn hosp. services. No deductible.   | Facility: Paid at 90% after \$200 copay; copay waived for newborn hospital services. No deductible.  | Facility: Paid at 60% after \$200 copay; copay waived for newborn hosp. services. No 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</b> (prenatal and postpartum)   |   |  |  |  |  |
| Paid at 100% after \$15 copay<br>Routine care not subject to outpatient services copay. | \$15 copay<br>Deductible applies.<br>Routine care not subject to outpatient services copay. | Other: Paid at 80% after deductible.<br><br>Pre-Natal (such as office visits):100% no copay, no deductible.  | Other: Paid at 60% after deductible.<br><br>Pre-Natal (such as office visits): 60% after deductible.   | Other: Deductible and coinsurance may apply.<br><br>Pre-Natal (such as office visits):100% no copay, no deductible.  | Other: Paid at 60% after deductible.<br><br>Pre-Natal (such as office visits): 60% after deductible.   |
| <b>Mental Health Care</b> (inpatient)   |   |  |  |  |  |
| Paid at 100% after \$200 copay  | Paid at 100% after deductible   | Paid at 80% after \$200 copay; no deductible.<br><br>Review and coordination of care in complex situations, including residential treatment centers and partial hospitalization.   | Paid at 60% after \$200 copay; no deductible.<br><br>Review and coordination of care in complex situations, including residential treatment centers and partial hospitalization.   | Paid at 90% after \$200 copay; no deductible.<br><br>Review and coordination of care in complex situations, including residential treatment centers and partial hospitalization.   | Paid at 60% after \$200 copay; no deductible.<br><br>Review and coordination of care in complex situations, including residential treatment centers and partial hospitalization.   |
| <b>Mental Health Care</b> (outpatient)  |   |  |  |  |  |
| Paid at 100% after \$15 copay per session.  | \$15 copay per session.<br>Deductible applies.  | Paid at 80% after deductible.<br><br>Ongoing consultation with a behavioral health provider by web, phone, or mobile device through Teladoc also available.<br><br>Additional focus on review and coordination of care in complex situations, including psychological testing, neurological testing, and intensive outpatient. | Paid at 80% after deductible.<br><br>Ongoing consultation with a behavioral health provider by web, phone, or mobile device through Teladoc also available.<br><br>Additional focus on review and coordination of care in complex situations, including psychological testing, neurological testing, and intensive outpatient. | Paid at 100% after \$15 copay; no deductible.<br><br>Ongoing consultation with a behavioral health provider by web, phone, or mobile device through Teladoc also available.<br><br>Additional focus on review and coordination of care in complex situations, including psychological testing, neurological testing, and intensive outpatient. | Paid at 60% after deductible.<br><br>Ongoing consultation with a behavioral health provider by web, phone, or mobile device through Teladoc also available.<br><br>Additional focus on review and coordination of care in complex situations, including psychological testing, neurological testing, and intensive outpatient. |

| Kaiser Permanente* |                 | City of Seattle Traditional Plan* |                | City of Seattle Preventive Plan* |                |
|--------------------|-----------------|-----------------------------------|----------------|----------------------------------|----------------|
| Standard Plan      | Deductible Plan | Aetna In-Network                  | Out-of-Network | Aetna In-Network                 | Out-of-Network |

| Physician Office Visit         |  |   |                               |  |                               |
|--------------------------------|--|---|-------------------------------|--|-------------------------------|
| Paid at 100% after \$15 copay. | Paid at 100% after \$15 copay.<br>Deductible applies | Paid at 80% after deductible (waived for preventive care).<br><br>Additional access to medical consultation with a physician by web, phone, or mobile device for selected short-term services through Teladoc also available. | Paid at 60% after deductible. | Paid at 100% after \$15 copay per visit (waived for preventive care).<br><br>Additional access to medical consultation with a physician by web, phone, or mobile device for selected short-term services through Teladoc also available. | Paid at 60% after deductible. |

| Kaiser Permanente*   |  | City of Seattle Traditional Plan*   |                | City of Seattle Preventive Plan*  |                |
|--|--|---|----------------|---|----------------|
| Standard Plan  | Deductible Plan  | Aetna In-Network  | Out-of-Network | Aetna In-Network  | Out-of-Network |
| Prescription Drugs (retail)  |  |   |                |   |                |
| For a 30-day supply:<br><b>Generic:</b> \$15 copay.<br>Generic contraceptive drugs paid at 100%.<br><b>Brand:</b> \$30 copay<br>Brand contraceptive drugs and devices subject to copay | For a 30-day supply:<br><b>Generic:</b> \$15 copay.<br>Generic contraceptive drugs paid at 100%.<br><b>Brand:</b> \$30 copay<br>Brand contraceptive drugs and devices subject to copay | <b>Retail:</b> 31-day supply<br><br><b>Health Care Reform (HCR):</b><br>certain preventive drugs covered at 100%.<br><br><b>Generic:</b> 30% coinsurance<br><b>Brand:</b> 40% coinsurance<br>The per script minimum coinsurance is \$10, or actual cost of the drug if less. Maximum is \$100 per drug.   | Not covered.   | <b>Retail:</b> 31-day supply<br><br><b>Health Care Reform (HCR):</b><br>certain preventive drugs covered at 100%.<br><br><b>Generic:</b> 30% coinsurance<br><b>Brand:</b> 40% coinsurance<br>The per script minimum coinsurance is \$10, or actual cost of the drug if less. Maximum is \$100 per drug. | Not covered.   |
| Smoking cessation prescription drugs not subject to pharmacy copay.  | Smoking cessation prescription drugs not subject to pharmacy copay.  | Coinsurance applies to the prescription drug \$1,200 out-of-pocket annual maximum per person, \$3,600 per family. Certain Health Care Reform preventive generic and brand drugs covered at 100% with a prescription including contraceptives, statins, and HIV. Prescription Allowance on all non-sedating antihistamines (for allergy symptoms) and Proton Pump Inhibitors (for heartburn relief and ulcer treatment). City pays \$20 per month, and plan participant pays remaining; some over-the-counter medications are also included. \$5 copay for generic diabetic drugs and supplies, \$15 copay for brand. Coinsurance for asthma, anti-high cholesterol, and tobacco cessation drugs 10% for generic and 20% for brand pharmacy. |                |   |                |
| Prescription Drugs (mail order)  |  |   |                |   |                |
| For a 90-day supply:<br><b>Generic:</b> \$45 copay.<br>Generic contraceptive drugs paid at 100%.<br><b>Brand:</b> \$90 copay   | For a 90-day supply:<br><b>Generic:</b> \$30 copay.<br>Generic contraceptive drugs paid at 100%.<br><b>Brand:</b> \$60 copay   | <b>Mail Order:</b> up to 90-day supply (32-90 day supply)<br><br><b>Health Care Reform (HCR):</b><br>certain preventive drugs covered at 100%.<br><br><b>Generic:</b> 30% coinsurance<br><b>Brand:</b> 40% coinsurance<br>The per script minimum is \$20; the maximum is \$200 per drug.  | Not Covered.   | <b>Mail Order:</b> up to 90-day supply (32-90 day supply)<br><br><b>Health Care Reform (HCR):</b><br>certain preventive drugs covered at 100%.<br><br><b>Generic:</b> 30% coinsurance<br><b>Brand:</b> 40% coinsurance<br>The per script minimum is \$20; the maximum is \$200 per drug.                | Not Covered.   |
| Contraceptive drugs and devices are covered subject to the pharmacy copay.   |  |   |                |   |                |

| Kaiser Permanente*  |                                | City of Seattle Traditional Plan*  |  | City of Seattle Preventive Plan*   |   |
|---|--------------------------------|--|--|--|---|
| Standard Plan   | Deductible Plan                | Aetna In-Network   | Out-of-Network                         | Aetna In-Network   | Out-of-Network                                |
| Preventive and Wellness Services  |                                |  |  |  |   |
| Paid at 100% after \$15 copay   | Paid at 100% after \$15 copay  | Paid at 100% Services recommended by the <a href="#">U.S. Preventive Services Task Force (USPSTF)</a> . Includes routine adult physical and well-child exams, immunizations, digital rectal exams/prostate-specific antigen test, lactation consultation, and breast and colorectal cancer screenings. |  | Paid at 100% Services recommended by the <a href="#">U.S. Preventive Services Task Force (USPSTF)</a> . Includes routine adult physical and well-child exams, immunizations, digital rectal exams/prostate-specific antigen test, lactation consultation, and breast and colorectal cancer screenings. |   |
| Rehabilitation Services (inpatient)   |                                |  |  |  |   |
| Paid at 100% after \$200 copay per admission                                  | Paid at 100% deductible.       | Paid at 80% after \$200 copay; no deductible.  | Paid at 60% after \$200 copay; no ded. | Paid at 90% after \$200 copay; no deductible.  | Paid at 60% after \$200 copay; no deductible. |
| Maximum of 60 days per calendar year (combined with other therapy benefits)   |                                |  |  | Maximum of 120 days per calendar year for skilled nursing and rehab services in- and out-of-network combined   |   |
| Rehabilitation Services (outpatient)  |                                |  |  |  |   |
| Paid at 100% after \$15 copay   | \$15 copay Deductible applies. | Paid at 80% after deductible.  | Paid at 60% after deductible.          | Paid at 100% after \$15 copay; no deductible.  | Paid at 60% after deductible.                 |
| Maximum of 60 visits per calendar year (combined with other therapy benefits) |                                | Twenty-five visits per calendar year for physical, massage and occupational therapy includes outpatient hospital services. Additional visits may be covered if deemed medically necessary.   |  | Twenty-five visits per calendar year for physical, massage and occupational therapy includes outpatient hospital services. Additional visits may be covered if deemed medically necessary.   |   |

| Kaiser Permanente*  |   | City of Seattle Traditional Plan*   |  | City of Seattle Preventive Plan*  |   |
|---|---|---|--|---|---|
| Standard Plan   | Deductible Plan   | Aetna In-Network  | Out-of-Network   | Aetna In-Network  | Out-of-Network  |
| <b>Skilled Nursing Facility</b>   |   |   |  |   |   |
| Paid at 100%. 60-day maximum per calendar year.   | Paid at 100% after deductible. 60-day maximum per calendar year.            | Paid at 80% after \$200 copay; no deductible.<br><br>Maximum of 90 days per calendar year for in- and out-of-network combined                   | Paid at 60% after \$200 copay; no deductible.  | Paid at 90% after \$200 copay; no deductible.<br><br>Maximum of 120 days per calendar year for rehab services and skilled nursing in- and out-of-network combined | Paid at 60% after \$200 copay; no deductible.   |
| <b>Smoking Cessation</b>  |   |   |  |   |   |
| Paid at 100% for individual or group sessions<br>Nicotine replacement therapy included in Prescription Drug benefit   | Paid at 100% for individual or group sessions                               | Lifetime maximum of one 90-day supply of aids or drugs.<br>Coinsurance 10% generic, 20% brand. See Prescription Drugs.                          | Not covered  | Smoking cessation prescription drugs covered subject to 10% generic, 20% brand drug coinsurance.  | Not covered   |
| <b>Spinal Manipulations (chiropractic)</b>  |   |   |  |   |   |
| Paid at 100% after \$15 copay<br><br>Self-referral to Kaiser Permanente designated providers. Must meet Kaiser Permanente protocol. Maximum of 10 visits per calendar year. | \$15 copay.<br>Deductible applies.  | Paid at 80% after deductible.<br><br>Maximum of 10 visits per calendar year for in-network and out-of-network combined.                         | Paid at 60% after deductible.  | Paid at 100% after \$15 copay; no deductible.   | Paid at 60% after deductible.   |
| <b>Sterilization Procedures</b>   |   |   |  |   |   |
| Inpatient: Paid at 100% after \$200 copay<br><br>Outpatient: Paid at 100% after \$15 copay  | Inpatient: Paid at 100%<br><br>Outpatient: \$15 copay<br>Deductible applies | Inpatient: Paid at 80% after \$200 copay.<br><br>Outpatient: Paid at 80% after deductible.<br><br>Tubal ligation: 100% no copay; no deductible. | Inpatient: Paid at 60% after \$200 copay.<br><br>Outpatient: Paid at 60% after deductible. | Inpatient: Paid at 90% after \$200 copay; no deductible.<br><br>Outpatient: Paid at 90% after deductible.<br><br>Tubal ligation: 100% no copay; no deductible.    | Inpatient: Paid at 60% after \$200 copay; no deductible.<br><br>Outpatient: Paid at 60% after deductible. |

| Kaiser Permanente*  |   | City of Seattle Traditional Plan*   |   | City of Seattle Preventive Plan*  |   |
|---|---|---|---|---|---|
| Standard Plan   | Deductible Plan   | Aetna In-Network  | Out-of-Network  | Aetna In-Network  | Out-of-Network  |
| <b>Temporomandibular Joint Services</b>   |   |   |   |   |   |
| Covered as any other service; copays/coinsurance depend on type and location of service provided. | Covered as any other service; copays/coinsurance depend on type and location of service provided. | Covered as any other service; copays/coinsurance depend on type and location of service provided.<br>\$5,000 lifetime maximum for non-surgical services in- and out-of-network combined | Covered as any other service; copays/coinsurance depend on type and location of service provided. | Covered as any other service; copays/coinsurance depend on type and location of service provided.<br>\$5,000 lifetime maximum for non-surgical services in- and out-of-network combined | Covered as any other service; copays/coinsurance depend on type and location of service provided. |
| <b>Tooth Injury/Oral Surgery (due to accident)</b>  |   |   |   |   |   |
| Not covered   | Not covered   | Inpatient: Paid at 80% after \$200 copay<br><br>Outpatient: Paid at 80% after deductible.   | Inpatient: Paid at 60% after \$200 copay<br><br>Outpatient: Paid at 60% after deductible.         | Inpatient: Paid at 90% after \$200 copay<br><br>Outpatient: Paid at 100% after \$15 copay for office visit.<br><br>Other charges paid at 90%  | Inpatient: Paid at 60% after \$200 copay<br><br>Outpatient: Paid at 60%                           |
| <b>Vision Exam/Hardware</b>   |   |   |   |   |   |
| Exam: Paid at 100% after \$15 copay. One exam every 12 months.<br>Hardware: Not covered.          | Exam: Paid at 100% after \$15 copay. One exam every 12 months.<br>Hardware is not covered.        | Covered under VSP.  |   | Covered under VSP.  |   |

| 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>X-ray and Lab Tests</b> |                                    |   |                               |  |                |
| Paid at 100%               | Paid at 100%<br>Deductible applies | Paid at 80% after deductible.<br><br>Provider responsible for obtaining precertification of high-tech radiology | Paid at 60% after deductible. | Paid at 90% after deductible.Paid at 60% after deductible.<br><br>Provider responsible for obtaining precertification of high-tech radiology |                |

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

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



# Health Care Premiums

## 2024 Premium Sharing

Effective January 1, 2024, you will pay the below monthly premium \*. The table also shows the total premium amount each month for each employee's coverage and the City's contribution.

|                              | Total Monthly Premium | Employee, with or without children |               | Employee with Spouse/Domestic Partner, with or without children |                 |
|------------------------------|-----------------------|------------------------------------|---------------|---|-----------------|
|                              |                       | City Pays                          | Employee Pays | City Pays   | Employee Pays** |
| <b>Medical Plan</b>          |                       |                                    |               |   |                 |
| City of Seattle Preventive   | \$1,929.24            | \$1,881.12                         | \$48.12       | \$1,830.74  | \$98.50         |
| City of Seattle Traditional  | \$1,747.52            | \$1,747.52                         | \$ 0.00       | \$1,715.18  | \$32.34         |
| Kaiser Permanente Standard   | \$1,395.08            | \$1,346.68                         | \$48.40       | \$1,295.18  | \$99.90         |
| Kaiser Permanente Deductible | \$1,285.71            | \$1,260.71                         | \$25.00       | \$1,228.79  | \$56.92         |

Your premium will be divided into two equal payments and taken from the first two paychecks of the month for the current month's coverage. (For example, deductions taken in January will pay for January coverage.) No premiums are deducted from the third paycheck. Premiums are deducted on a pre-tax basis, reducing your taxable income.

\*Provided they are IRS tax dependents.

## Health Care Premiums

### Enrolling Spouse/DP

To cover a spouse or domestic partner (and tax dependents of your domestic partner), you must complete a Benefit Election form and an Affidavit of Marriage/ Domestic Partnership.

### Spouse/DP/Dependents Who are IRS Tax Dependents

If they are IRS tax dependents, the rate information on the previous page applies. If you enroll your domestic partner and your domestic partner's children, you will be taxed on the value of their medical coverage if they are not your tax dependents. (The value of the benefits will be imputed to your gross income.)

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

#### After-Tax Premium Contributions

If you choose to cover a domestic partner **who is not your IRS tax dependent**, the portion of the premium deducted from your paycheck (your contribution) that pays for their coverage must be taken "after-tax" to comply with IRS regulations. The column headed "**Monthly Premium Contributions Taken After Taxes**" shows the portion of your monthly premium contribution that will be deducted from your paycheck after taxes are calculated.

| Medical Plans                | Monthly Premium Contribution Taken After Taxes for Domestic Partner |
|------------------------------|---|
| City of Seattle Preventive   | \$50.38   |
| City of Seattle Traditional  | \$32.34   |
| Kaiser Permanente Standard   | \$51.50   |
| Kaiser Permanente Deductible | \$31.92   |

#### Imputed Income for Value of Health Coverage

If your domestic partner or your partner's non-IRS tax dependent's children do not qualify as your IRS tax dependents, you will also be taxed on the City-paid **value** of their medical, dental and vision coverage as required by IRS regulations. The following amounts will be listed on your paycheck as taxable income each month and are subject to federal income and Social Security tax withholding. These values have been adjusted to reflect the premium amounts taken after-tax (as explained above), so you are not taxed twice.

## Health Care Premiums

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

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

### Domestic Partner Coverage Information

If your domestic partner or your partner's non-IRS tax dependent's children do not qualify as your IRS tax dependents, the following amounts will be listed on your paycheck as taxable income each month and are subject to federal income and Social Security tax withholding. (These values have been adjusted to reflect the premium amounts taken after-tax, so you are not taxed twice.)

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

| 2024 Monthly Taxable Values of City Coverage Provided to:<br>Your Non-IRS Tax Dependent Domestic Partner<br>Your Domestic Partner's Non-IRS Tax Dependent's Child |                                    |                             |
|---|------------------------------------|-----------------------------|
| Type of Coverage  | Domestic Partner<br>Taxable Amount | Taxable Amount Per<br>Child |
| Preventive Plan   | \$917.43                           | \$774.24                    |
| Traditional Plan  | \$844.31                           | \$701.32                    |
| Kaiser Permanente Standard  | \$648.34                           | \$559.87                    |
| Kaiser Permanente<br>Deductible   | \$613.06                           | \$515.98                    |
| DDWA Coverage   | \$57.30                            | \$40.11                     |
| Vision Coverage   | \$4.50                             | \$3.15                      |
| Total Taxable Value with DDWA & VSP Basic Plan  |                                    |                             |
| Preventive Plan   | \$979.23                           | \$817.50                    |
| Traditional Plan  | \$906.11                           | \$744.58                    |
| Kaiser Permanente Standard<br>Plan  | \$710.14                           | \$603.13                    |
| Kaiser Permanente<br>Deductible Plan  | \$674.86                           | \$559.24                    |

# Health Care Premiums

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

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

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

| <b>2024 Monthly Taxable Values of City Coverage Provided to:</b><br>Your Non-IRS Tax Dependent Domestic Partner<br>Your Domestic Partner's Non-IRS Tax Dependent's Child |  |                                     |
|--|--|-------------------------------------|
| <b>Type of Coverage</b>  | <b>Domestic Partner<br/>Taxable Amount</b> | <b>Taxable Amount Per<br/>Child</b> |
| Preventive Plan  | \$917.43                                   | \$774.24                            |
| Traditional Plan   | \$844.31                                   | \$701.32                            |
| Kaiser Permanente Standard Plan  | \$648.34                                   | \$559.87                            |
| Kaiser Permanente Deductible Plan  | \$613.06                                   | \$515.98                            |
| DHS Coverage   | \$67.75                                    | \$47.42                             |
| Basic Vision Plan  | \$4.50                                     | \$3.15                              |
| <b>Total Taxable Value with DHS &amp; VSP Basic Plan</b>   |  |                                     |
| Preventive Plan  | \$989.68                                   | \$824.81                            |
| Traditional Plan   | \$916.56                                   | \$751.89                            |
| Kaiser Permanente Standard Plan  | \$720.59                                   | \$610.44                            |
| Kaiser Permanente Deductible Plan  | \$685.31                                   | \$566.55                            |

## Prescription Drug Coverage

### Prescription Drug Retail Program

Aetna classifies medications into three tiers:

- Generic
- Preferred brand-name
- Non-preferred brand-name

Kaiser Permanente uses two classifications:

- Generic
- Preferred brand-name (no coverage for non-preferred brands)

#### Preventive and Traditional Plans (Aetna)

With the Aetna plans, you pay 30% of the actual cost for generic drugs, and 40% for preferred and non-preferred brand-name drugs, up to a maximum of \$100 per drug per month. There is a \$1,200 annual out-of-pocket maximum per member for retail and mail-order drugs.

The Aetna formulary name is *Aetna Standard Plans*. This formulary provides a list of drugs covered under your plan. You can search for specific drugs at: <https://www.aetna.com/individuals-families/find-a-medication.html>.

Present your medical plan ID card at any Aetna network retail pharmacy. Prescriptions filled at a non-network pharmacy will not be covered. You may contact the toll-free Member Services number on the back of your ID card to find a participating pharmacy or check the website [Aetna.com](https://www.aetna.com)

#### Kaiser Permanente Plans

You are responsible for a \$15 copay for generic drugs and a \$30 copay for brand-name drugs. All prescriptions must be filled at a Kaiser Permanente pharmacy. Prescriptions filled at any non-Kaiser Permanente pharmacy will not be covered.

The Kaiser Permanente formulary is the *Drug Formulary for Large Employers 1- or 2-Tier In-Network Pharmacy Benefit*. The formulary provides a list of drugs covered under your plan. You can search for specific drugs at [wa.kaiserpermanente.org/html/public/pharmacy/drug-formulary](https://www.kaiserpermanente.org/html/public/pharmacy/drug-formulary).

See the next page for more detailed information about prescription drug coverage.

## Prescription Drug Coverage Comparison

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

\*Coinsurance exceptions:

- City pays \$20 towards cost of proton pump inhibitors and non-sedating antihistamines and you pay the remaining amount, whether medication is purchased over-the-counter or is a brand name drug
- You pay 10% of cost for generic and 20% for brand drugs for anti-high cholesterol, asthma, and tobacco cessation drugs
- Diabetic drugs and supplies have special copays: \$5 copay for generic, \$15 copay for brand

## Dental Plan Options

There are two dental plans: Delta Dental of Washington (DDWA) and Dental Health Services (DHS).

### Delta Dental of Washington

If you select DDWA, you can receive services from any dentist, but your out-of-pocket expenses may be lower if you choose a dentist who belongs to the DDWA network. To locate a DDWA network provider, search <https://www.deltadental.com/us/en/find-a-dentist.html>. For claim issues or appeals, please call **(206) 522-2300** or 1-800-554-1907.

Selecting an in-network DDWA dentist means:

- The portion of the dental bill you pay is smaller than if you use a non-network dentist.
- You do not need to submit a claim - the dentist's office will submit the claim form.
- After you pay your portion of the bill, you will not be balance-billed more for a covered service. *(A non-DDWA dentist may bill you for the portion of the bill that DDWA does not cover).*

### Orthodontia

DDWA offers both child and adult (age 25 and over) coverage. Pre-treatment estimates are recommended. The orthodontia benefit is paid at a 50% level to a lifetime maximum of \$2,000. **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.

### ID Cards

You will receive your DDWA ID card about 2 weeks following your dental plan selection. However, a card is not needed to access care – simply let your provider know you are covered under a City of Seattle plan, and they will ask you some information to identify you and confirm your benefits and eligibility. You can also set up your online account or Go Mobile at <https://www.deltadentalwa.com/>.

## Dental Plan Options

|   |   |
|---|---|
|   | <p><b>Dental Health Services</b></p> <p>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 <b>must see</b> an in-network, DHS-participating dentist or clinic for services to be covered.</p> <p>Selecting a DHS dentist means:</p> <ul style="list-style-type: none"> <li>• There are no deductibles and no annual maximums</li> <li>• There are no incentive-level services</li> </ul> <p>To begin, visit: <a href="https://www.dentalhealthservices.com/">https://www.dentalhealthservices.com/</a> and click "Plan Members" – from here, you will be able to:</p> <ul style="list-style-type: none"> <li>• Search for a DHS dentist/clinic and to set up your online account.</li> <li>• 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 <b>Register Member</b> screen when setting up your account.</li> </ul> <p>If your personal email wasn't provided or didn't work on the <b>Register Member</b> screen, contact DHS directly at 206-788-3444 to request your Member Number.</p> |
| <b>Accessing Care</b><br>(Notify DHS once you've selected your care provider) |   |
| <b>Payment of Basic Services</b>  | <p>This plan has an office visit copay of \$10 for all covered members, and there are also co-pays for selected services. The plan comparison on the following page lists services and copay requirements.</p>  |
| <b>Orthodontia</b>  | <p>DHS offers both child and adult (age 25 and over) orthodontia. Coverage includes a copayment of \$1,800 per adult or \$1,000 per child; a \$150 charge for the initial exam, study models, and x-rays; and a \$10 copay for each visit during the course of ortho treatment. <b>NOTE:</b> There is no transition of care for members who are already in treatment when joining the City's DHS plan. The orthodontia benefit is available for <u>new patients only</u>.</p>   |
| <b>ID Cards</b>   | <p>You will receive your DHS ID card about two weeks following your dental plan selection.</p>  |
| <b>Plan Comparison</b>  | <p>The table on the next page compares the coverages offered by the two dental plans.</p>   |



| Dental Plan Comparison  |   |   |
|---|---|---|
| Plan Features   | Delta Dental of Washington (DDWA)   | Dental Health Services (DHS)  |
| <b>Calendar Year Deductible</b>   | \$50 per person, \$150 per family (No deductible for preventive services)   | \$0   |
| <b>Annual Maximum Benefit</b>   | \$2,000 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: 100%   | No copay<br>Two additional cleanings for pregnant women, up to four cleanings.  |
| <b>Fillings</b>   | Class II: Incentive payments levels*<br>1 <sup>st</sup> Year – 80%<br>2 <sup>nd</sup> Year – 90%<br>3 <sup>rd</sup> Year – 100%   | No copay for general filling<br>Covers composite fillings in all teeth (posterior composite fillings additional \$15)   |
| <b>Crowns</b>   | Class II: Constant 70%  | \$145 noble, \$175 high noble or titanium, \$200 upgraded, specialized porcelain if applicable per unit. (Non-specialized porcelain is \$75.)   |
| <b>Prosthodontic Services</b><br>(Dentures, Bridges)  | Class III: Constant 50%   | \$125 plus \$10 office visit copay (dentures)<br>\$75 plus \$10 office visit copay (bridges)  |
| <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   | Available for Child & Adult   |
|   | Plan pays 50% up to lifetime maximum of \$2,000; deductible doesn't apply   | Adult (age 25 and over) \$1,800 plus \$150 for initial exam, study models and x-rays covers full course of treatment plus \$10 copay for each visit<br><br>Orthodontia cases (less than age 25) \$1,000 copay \$150 for initial exam, study models and x-rays covers full course of treatment only; plus, \$10 copay for each visit |
| <b>Choice of Providers</b>  | In-Network: Any contracted provider.<br>Out-of-Network: Expenses paid will be based on actual charges or DDWA's maximum allowable fees for non-participating dentists, whichever is less. You will be responsible for any balance due | In-Network: Any contracted provider in the DHS network.<br><br>Out-of-Network: No out-of-network coverage available.  |

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

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

## Dental Plan Comparison

| Plan Features   | Delta Dental of Washington (DDWA)   | Dental Health Services (DHS)  |
|---|---|---|
| <b>Periodontics</b> (surgical and nonsurgical procedures for the treatment of the tissues supporting the teeth) | Class II: Paid according to incentive payment levels shown above*   | Paid at 100% after a \$25 copay for periodontal scaling and maintenance at a general dentist. If referred to a periodontist, the member pays 20%. Up to 4 visits for specific situations. |
| <b>Endodontics</b> (procedures for pulpal and root canal treatment)   | Class II: Paid according to incentive payment levels shown above, Root canal treatment of the same tooth covered only once in 2 years.* | Paid at 100% after applicable copay (\$50 for anterior, \$75 for bicuspid, or \$100 for molar root canal) If referred to an endodontist, member pays 20%.                                 |
| <b>Oral Surgery</b> (routine and surgical extractions)  | Class II: Paid according to incentive payment levels shown above*   | Paid at 100% after a \$10 office visit copay for a general dentist. If referred to an oral surgeon, the member pays 20%   |
| <b>Temporomandibular Joint (TMJ) Disorders</b>  | Not covered   | \$1,000 annual maximum<br>\$5,000 lifetime maximum  |
| <b>Dental Implants</b>  | Constant 50%  | Call DHS Office at 206-788-3444 for details – copayments apply  |
| <b>Other</b>  | Class III: Occlusal (nightguard) covered at 50% if the patient has advanced gum disease.  | Occlusal (nightguard) with \$350 copay  |

### 2024 Monthly Dental Premiums for Most City Employees

| Dental Plan                | Total Monthly Premium Amount | Employee's Monthly Premium Contribution        |   |
|----------------------------|------------------------------|--|---|
|                            |                              | Coverage for Employee with or without children | Coverage for Employee with Spouse/Domestic Partner with or without children |
| Delta Dental of Washington | \$120.66                     | \$0  | \$0   |
| Dental Health Services     | \$142.65                     | \$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

### ID Cards

The City offers a vision plan through VSP – the Basic Plan, which is fully paid for 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 [www.vsp.com](http://www.vsp.com).

VSP does not issue ID cards - your network doctor or facility will be able to access your eligibility and coverage. Once you set up your online account, you can print an ID card.

## Vision Plan

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

\* Progressive lenses are no-lined multi-focal with a clear, smooth transition between focals

\*\* Photochromic lenses are clear indoors and darken automatically when exposed to sunlight

# Vision Coverage

## Additional Vision Benefits

|  |  |
|--|--|
| <b>Extra Savings</b><br><a href="http://www.vsp.com/specialoffers">www.vsp.com/specialoffers</a> to view updated discounts and member extras | <b>Glasses and Sunglasses</b><br>Extra \$20 for featured frame brands<br>20% savings on additional glasses and sunglasses, including lens enhancements <ul style="list-style-type: none"> <li>Must be within 12 months of your last WellVision exam from any VSP provider</li> </ul> |
|  | <b>Retinal Screening</b><br>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision exam  |
|  | <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  |

| Your Coverage with Out-of-Network Providers<br>(Visit <a href="http://www.vsp.com">www.vsp.com</a> for additional details) |             |
|--|-------------|
| Exam   | Up to \$45  |
| Frames   | Up to \$70  |
| Single Vision Lenses   | Up to \$30  |
| Lined Bifocal Lenses   | Up to \$50  |
| Lined Trifocal Lenses  | Up to \$65  |
| Progressive Lenses   | Up to \$50  |
| Contact Lenses   | Up to \$105 |

**Coordination of Benefits\*:** When there are 2 City of Seattle VSP plans in place, the secondary City VSP plan will typically pay at least the copayments remaining after the primary City VSP plan makes payment.

*\*While having 2 VSP plans may cover some of the out-of-pocket (either City plan or a City plan and another VSP plan), there is no guarantee that all out-of-pocket expenses will be paid in full by a secondary plan. Claim payment determination is made by VSP.*

## 2024 Monthly Vision Premiums for Most City Employees

| Vision Plan    | Total Monthly Premium Amount | Employee's Monthly Premium Contribution |     |
|----------------|------------------------------|---|-----|
|                |                              | Employee with/without dependents        |     |
| VSP Basic Plan | \$9.47                       | \$0                                     | \$0 |

## Optional Insurance Plans

### Basic Long-Term Disability Insurance

The basic benefits package provided by the City includes a Long-Term Disability (LTD) policy that will pay you a portion of your monthly pay if you are sick or injured and cannot work. If you are disabled according to the plan definition, the benefit will combine with other income sources, if any, to pay you up to \$400 per month after a 90-day waiting period while you are unable to perform with reasonable continuity the material duties of your own occupation (first 24 months) or any occupation (after 24 months).

### Benefit Amount

You do not need to enroll in this plan, you are automatically enrolled as a temporary employee with benefits.

|   | Basic LTD |
|---|-----------|
| Percentage of monthly pre-disability earnings | 60%       |
| Maximum monthly benefit                       | \$400     |
| Minimum monthly benefit                       | \$100     |

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

### When am I Considered Disabled

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

### Waiting Period

**Benefit Waiting Period:** The Benefit waiting period for Basic LTD is 90 days. See the [Certificate of Coverage](#) for more detailed information.

### Limitations

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

## Optional Insurance – Long-Term Disability

### Benefit Amount

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

|   | Basic LTD |
|---|-----------|
| Percentage of monthly pre-disability earnings | 60%       |
| Maximum monthly benefit                       | \$400     |
| Minimum monthly benefit                       | \$100     |

Below is the basic LTD benefit.

|  | Basic LTD  |
|--|--|
| Enter monthly earnings   | (1) \$667<br><i>Note: if monthly earnings exceed \$67, enter \$667 above</i> |
| Percentage of earnings   | (2) 60%  |
| Multiply amount on Line 1 by percentage on Line 2 – this is your monthly LTD benefit | $\$667 \times 60\% = \$400$  |

The Basic LTD plan premium is paid by the City.

*Note: since premiums for Basic LTD are paid by the City, paid LTD benefits are partially tax-free.*

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

### When am I Considered Disabled?

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

## Optional Insurance – Long-Term Disability

### Waiting Period

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

### Limitations

A disability that results from a pre-existing condition for which you receive medical treatment 3 months prior to your coverage effective date will not be covered unless you have been insured for 12 months. The pre-existing condition limitation applies if you elect coverage now or during a future Open Enrollment.

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

### When Benefits End

LTD Benefits end automatically on the earliest of:

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

## Optional Insurance – Group Term Life

### Group Term Life (GTL) Insurance

The City provides one level of optional Term Life Insurance to temporary employees who are eligible for benefits. The City and you pay for Basic Life Insurance. You can sign up for Group Term Life Insurance within 30 days of becoming benefits eligible, or during an Open Enrollment period. For more information, see the [Certificate of Insurance](#).

### 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 |
| 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 within 30 days of the Family Status change. Effective July 1, 2024, you have within 60 days for a birth or adoption. 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](https://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 x 0.045 = \$5.33) Your premium is \$5.33 per month.

### Features and Benefits

#### Travel Assistance

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

### Resources

#### 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.

#### 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               |

\*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

## Workers' Compensation

If you are injured at work, you will be covered by the City's self-insured Workers' Compensation program. You are covered as soon as you start work. For more information on this program, contact your department's Human Resources Representative.

## Well-Being Programs

### Reach

Reach is the City’s online and app-based well-being program for employees and spouses/domestic partners. Reach combines tools, educational content and engaging activities to support physical, emotional, and financial well-being goals.

- Learn how to manage stress or achieve better work/life balance
- Connect with health advocacy services for benefit and clinical questions
- Get involved in your community
- Make healthier choices and take action to improve your health
- Create a budget, manage debt or plan for future retirement.

To start using Reach, go to [cityofseattle.limeade.com](http://cityofseattle.limeade.com) and register. For access to Reach on the go, download the Limeade app and enter the City of Seattle code: seattle.

### Employee Assistance Program (EAP)

Effective July 1, 2024, the City of Seattle is partnering with a new 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.

### Hinge Health

Hinge Health is a program to help employees and their adult dependents with back and joint pain. The digital solution is available at no out-of-pocket cost.

Hinge Health includes prevention, acute pain management, chronic pain recovery, and pre- or post-surgery support. Based on enrollment assessment results, member treatment options may include a virtual physical therapy visit for all joint and muscle groups, app-based exercise therapy, educational materials, expert medical opinion or a free tablet computer and wearable sensors.

To enroll in Hinge Health, go to [hingehealth.com/cityofseattle](http://hingehealth.com/cityofseattle).

## Well-Being Programs

### 2<sup>nd</sup> .MD

You and your covered family members have access to a second opinion with a medical expert. 2<sup>nd</sup> .MD helps you and your covered family members get an expert second opinion – at no cost to you. Get virtual expert medical consultation from a board-certified, elite doctor from a top medical institution. If you have questions about a diagnosis, treatment option, surgery, or medication connect with a specialist to get advice. Conditions include cancer, heart disease and stroke, digestive problems, immunological disorders, women’s health concerns, and musculoskeletal issues.

To get started, call 1-866-537-1324, download the 2<sup>nd</sup>.MD app and activate your account online at [2nd.md/cityofseattle](https://2nd.md/cityofseattle).

### 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. You may pay online via ACH. No more clunky claims process.

1. **Create an Account:** Visit [join.kinside.com/city-of-seattle](https://join.kinside.com/city-of-seattle) to create an account using your City of Seattle employee email address.
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.

## Work Life Programs

### 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).

### MyTrips

MyTrips is your employee commute options program. MyTrips is here to assist with all your commute options including transit, vanpool, carpool, bike, and walk. Take a look at the program overview in this [flyer](#). Explore your program and join the majority of employees who do not drive alone to work. Request a personalized trip plan, qualify for a Guaranteed Ride Home in the event of a personal, family, or medical emergency, and earn rewards for campaigns by logging your trips in the Commute Calendar. Explore your options and find your commute today.

New employees will receive a welcome email from [MyTrips](#) during onboarding. Existing employees, visit [MyTrips](#), your employee commute options hub to find out more about your program and see what is new.

Any questions, reach out to MyTrips at [MyTrips@seattle.gov](mailto:MyTrips@seattle.gov) or 206-445-4401.



## Leave Policies

### Vacation

You earn vacation based on the number of hours (non-overtime) you are paid each pay period. Vacation hours are accumulated on a maximum of 80 hours per pay period. (See the vacation accrual chart below\*.) Approximately 2,088 hours of regular pay status equal one year of full-time employment. Your vacation accrual rate is 12 days per year for your first four years of service. The accrual rate gradually increases to 23 days per year after 14 years of service, with an additional day per year of service after 19 years 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.

#### Vacation Accrual Chart Effective June 4, 2024\*

| Hours of Regular Pay Status | Years of Service | Days per Year | Hours per Year | Maximum Balance |
|-----------------------------|------------------|---------------|----------------|-----------------|
| Less than 06241             | 0 to 3           | 12            | 96             | 192             |
| 06241 to 14560              | 4 to 7           | 16            | 128            | 256             |
| 14561 to 27040              | 8 to 13          | 20            | 160            | 320             |
| 27041 to 37440              | 14 to 18         | 23            | 184            | 368             |
| 37441 to 39520              | 19               | 24            | 192            | 384             |
| 39521 to 41600              | 20               | 25            | 200            | 400             |

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.

**Vacation Accrual Chart Effective June 4, 2024 (Continued)\***

| <b>Hours of Regular Pay Status</b> | <b>Years of Service</b> | <b>Days per Year</b> | <b>Hours per Year</b> | <b>Maximum Balance</b> |
|------------------------------------|-------------------------|----------------------|-----------------------|------------------------|
| 39521 to 41600                     | 20                      | 25                   | 200                   | 400                    |
| 41601 to 43680                     | 21                      | 26                   | 208                   | 416                    |
| 43681 to 45760                     | 22                      | 27                   | 216                   | 432                    |
| 45761 to 47840                     | 23                      | 28                   | 224                   | 448                    |
| 47841 to 49920                     | 24                      | 29                   | 232                   | 464                    |
| 49921 and over                     | 25                      | 30                   | 240                   | 480                    |

\* The above vacation accrual rates do not apply to the below groups. Please check with your department's human resources representative or union contract for your vacation accrual rate.

- Police uniformed officers (SPOG, SPMA)
- Fire uniformed (Local 27, Local 2898)
- Local 77 I.B.E.W.
- Local 79
- SPEOG
- Library

SPOG, Local 27, and Local 77 I.B.E.W. may find their vacation accrual rate in their Employee Benefits Guide at <https://www.seattle.gov/human-resources/benefits/employees-and-covered-family-members>.

## 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.

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

Below is the 2024 holiday schedule\*.

|                                    |                       |
|------------------------------------|-----------------------|
| <b>New Year's Day</b>              | Monday, 1/1/2024      |
| <b>Martin Luther King Jr. Day</b>  | Monday, 1/15/2024     |
| <b>President's Day</b>             | Monday, 2/19/2024     |
| <b>Memorial Day</b>                | Monday, 5/27/2024     |
| <b>Juneteenth</b>                  | Wednesday, 6/19/2024  |
| <b>Independence Day (observed)</b> | Thursday, 7/4/2024    |
| <b>Labor Day</b>                   | Monday, 9/2/2024      |
| <b>Indigenous People's Day</b>     | Monday, 10/14/2024    |
| <b>Veterans' Day</b>               | Monday, 11/11/2024    |
| <b>Thanksgiving Day</b>            | Thursday, 11/28/2024  |
| <b>Day following Thanksgiving</b>  | Friday, 11/29/2024    |
| <b>Christmas Day (observed)</b>    | Wednesday, 12/25/2024 |

The 2025 New Year's Day holiday will be January 1, 2025.

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

### Bereavement Leave

All employees, including temporary employees, are entitled to five days of paid time off for bereavement purposes due to the passing of a close relative. With supervisory approval, you 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.

### Jury Duty

If you serve on jury duty during normal work hours, you will be paid your regular straight-time pay upon surrendering to the City any compensation you receive from the Court, less transportation allowance.

### Military Leave

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

- **Paid Military Leave:** The City provides up to 21 working days, exclusive of normal days off, of paid leave per fiscal year (October – September) without loss of service credit for employees who are members of the US armed forces, National Guard, or reserves, and need leave to report for required military duty, training or drills. This leave provides employees with their City pay and benefits at the same pay rate and under the same conditions as if they were at work.
- **Military Leave of Absence (LOA):** Unpaid Military Leave of Absence provides employees an unpaid leave of absence to enter active duty for the United States Military. It also guarantees a return to their position upon release from active duty, provided they meet the set criteria.
- **Military Spouse Leave of Absence (Spouse LOA):** Refers to a 15-day unpaid leave provided to employees whose spouse is a member of the Armed Forces, National Guard, or Reserves and who has been notified of an impending call or order to active duty and before deployment, or whose military spouse is on leave from deployment.
- **Family Medical Leave (FML) Military Exigency:** Eligible employees are granted up to 90 days (13 weeks) of unpaid, job-protected Family and Medical Leave in a 12-month rolling period for a “qualifying exigency” arising out of a foreign deployment of the employee’s spouse, parent, son or daughter.
- **Family Medical Leave (FML) Military Caregiver Leave:** Employees are granted up to 26 weeks of unpaid, job-protected Family and Medical Leave in a 12-month rolling period to care for their spouse, parent, child, or next of kin of a covered military service member with a serious injury or illness. Covered military members may be either current servicemembers or veterans 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](#).

## 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](https://www.paidleave.wa.gov/).

## 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 |
|------|-----------------------------|---|
| 2024 | \$23,000                    | \$7,500   |



## Retirement

### City Retirement System

There are three opportunities when a temporary employee may elect membership in the Seattle City Employees' Retirement System

1. At the completion of 1,044 hours of City employment, the equivalent of 6 months' full-time work
2. After completing 10,440 hours of City employment, the equivalent of 5 years' full-time work
3. When appointed to a regular position of City employment, you may join the Retirement System and purchase prior credit, provided this occurs before completion of 10,440 hours of City employment.

Contact the Retirement Office (206-386-1292) for more information.

### Retirement System Death Benefit

Temporary employees who participate in the Retirement System are automatic members of the Death Benefit Program. The intended purpose of this policy is to be an adjunct to your burial insurance. The benefit is \$2,000 and payable only to the beneficiary. The premium is \$12.00 per year, deducted from the first paycheck of the year. The policy has no cash value for the retiree.

## 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.

|  |                                 |  |
|--|---------------------------------|--|
| Accolade                                   | 866-540-5418                    | <a href="https://login.myaccolade.com/login">https://login.myaccolade.com/login</a>  |
| Aetna                                      | 866-540-5418                    | <a href="https://www.aetna.com">Aetna.com</a><br>Custom Doc Find:<br><a href="https://www.aetna.com/dsepublic/#/cityofseattle">aetna.com/dsepublic/#/cityofseattle</a> |
| Kaiser Permanente                          | 888-901-4636                    | <a href="https://www.kp.org/wa">KP.org/wa</a>  |
| VSP  | 800-877-7195                    | <a href="https://www.vsp.com">vsp.com</a><br>Click on “Members”  |
| Delta Dental of Washington (DDWA)          | 206-522-2300 or<br>800-554-1907 | <a href="https://www.DeltaDentalWa.com">DeltaDentalWa.com</a>  |
| Dental Health Services                     | 206-788-3444<br>877-495-4455    | <a href="https://www.DentalHealthServices.com/cityofseattle">DentalHealthServices.com/cityofseattle</a>  |
| Nationwide Retirement Local Representative | 855-550-1757<br>206-447-1924    | <a href="https://www.cityofseattledeferredcomp.com">www.cityofseattledeferredcomp.com</a>  |
| Employee Assistance Program - ComPsych     | 1-888-272-7252<br>TRS: Dial 711 | <a href="https://www.guidanceresources.com">www.guidanceresources.com</a><br>Registration Web ID: SeattleEAP   |
| Life, LTD                                  |                                 | <a href="#">Your department’s Benefits Representative</a>  |
| City’s Benefits Unit                       | 206-615-1340                    | <a href="https://seattle.gov/human-resources/benefits">seattle.gov/human-resources/benefits</a>  |
| Employee Self-Service                      |                                 | <a href="https://seattle.gov/ess/">seattle.gov/ess/</a>  |