



Douglas County

Benefit Handbook

2018

WELCOME

Dear Douglas County Employee:

Our medical plan is remaining with PEBB with two plan options, a PPO and a High Deductible Health Plan. The dental program is remaining with Delta Dental of Washington.

The Douglas County medical and dental plans outlined in this booklet will begin effective January 1, 2018. If you are making changes to dependent enrollment or moving to a different medical plan, enrollment forms for both the medical and dental program must be received by November 28th.

We wish to thank the Benefits Committee for their work in reviewing options and appreciate their continued effort by periodically reviewing our program through our Brokers at OneDigital Employee Benefits.

To all employees, we appreciate your dedication as we work together serving the citizens of Douglas County. We welcome your thoughts and input, and thank you for being part of the Douglas County team as we transition to a successful year in 2018.

Douglas County Board of Commissioners

IMPORTANT FOR 2018

SmartHealth Wellness Program – Participation in the SmartHealth Wellness program will qualify you for either a \$125 reduction in the subscriber's deductible on the UMP Classic program or an additional \$125 deposit into your HSA if enrolled on the UMP HDHP program.

To participate:

1. Go to www.SmartHealth.hca.wa.gov and select "Get started."
2. Take the SmartHealth Well-being Assessment. It takes about 15-20 minutes and is worth 800 points.
3. Join activities that interest you to earn more points. Reach 2,000 points by September 30th to qualify for the \$125 wellness incentive.

Spouse Surcharge – PEBB charges an additional monthly \$50 surcharge in addition to your premium if you have a spouse or domestic partner enrolled on your PEBB medical coverage, and your spouse or domestic partner has chosen not to enroll in medical coverage through his or her employer.

Tobacco Use Surcharge - A monthly \$25-per-account surcharge will be required in addition to your premium if you or a family member enrolled on your PEBB medical coverage uses a tobacco product. You can waive this surcharge if you respond that all tobacco users are enrolled in your PEBB medical plan's tobacco cessation program.

- **REVISED: DENTAL PROGRAM** – New this year, preventive care visit charges will not apply towards the annual \$2,000 maximum. This gives you the full amount if you need Basic or Major care services.
- **NEW: EMPLOYEE ASSISTANCE PROGRAM** – An employee assistance program is available to all employees. For more information go to www.mutualofomaha.com/eap or call 800-316-2796
- **NEW: WILL PREPARATION** - Will Preparation service through Willing is available to all employees. Create your free will at www.willing.com/MutualofOmaha

INSURANCE BENEFITS OFFERED

Brief information regarding your insurance benefits is contained in this Benefit Handbook. Enrollment forms for the various programs are available from the Human Resources office.

BENEFITS START DATE FOR NEWLY HIRED EMPLOYEES

The first day of the month following the first month in which 80 hours are worked.

MEDICAL INSURANCE

Employees may choose from two PEBB plans, a PPO plan and a High Deductible Health Plan with a Health Savings Account.

DENTAL INSURANCE

Our dental program is offered through Delta Dental and covers preventive dental care as well as basic and major dental care.

VOLUNTARY VISION

Employees may purchase, at their own expense, vision insurance that covers vision hardware and vision exams through Vision Service Plan (VSP).

LIFE / ACCIDENTAL DEATH INSURANCE

Premiums of \$2.04 are paid by the County for the employee for a Life benefit of \$12,000 and Accidental Death benefit of \$12,000. The employee may purchase \$1,000 of life insurance for a flat rate of \$0.30 for spouse and dependents, when you submit a completed enrollment form to your Human Resources office.

VOLUNTARY TERM LIFE AND ACCIDENTAL DEATH INSURANCE

Employees may purchase, at their own expense, additional term life insurance at affordable rates. Coverage is available for both the employee and dependents (spouse and children).

VOLUNTARY AFLAC

Employees may purchase, at their own expense, additional supplemental insurance products through AFLAC.

HRA/VEBA

Employers contributions per contract/policy.

DEPARTMENT OF RETIREMENT SYSTEMS

Employees participate in the Washington DRS program.

OTHER BENEFITS

Douglas County employees have access to Numerica Credit Union.

Douglas County employees have access to Washington State Department of Retirement Systems, Naco and Mass Mutual Deferred Compensation Plans.

YMCA and Worx Gym offer a corporate rate membership for Douglas County employees.

Douglas County offers the option for United Way charitable contributions.

Draw Pay – you can receive a draw paycheck on the 20th of the month. The normal payday is once a month on the 5th. If the 5th or the 20th of the month falls on a weekend, you will receive your check on the Friday prior to the 5th or the 20th.

Direct Deposit –paychecks are directly deposited to the financial institution of your choice.

SECTION 125 PLAN

PREMIUM CONVERSION PLAN: You will automatically be enrolled in the Section 125 plan so that your share of medical/dental premiums are deducted pre-tax (from gross pay). You may decline participation in the Section 125 plan by submitting a written request rejecting participation.

MEDICAL SPENDING ACCOUNT: In addition, you may set aside, through payroll deduction, up to \$600 per year of pre-tax money to pay for eligible out-of-pocket medical/dental/vision expenses for any family member.

DEPENDENT CARE ACCOUNT: You may also set aside, through payroll deduction, up to \$5,000 per benefit year of pre-tax money to pay for child care services for children to age 13.

Benefit elections/enrollment for those who participate in the Section 125 plan are irrevocable for the entire plan year unless you have a change in status. Change in status events include: loss of other coverage, FMLA leave, a change in marital status, change in number of dependents, or change in employment status, and more.

Important Note: 1) As a political subdivision, Douglas County is exempt from federal ERISA law. 2) This Benefit Booklet is not a Summary Plan Description (SPD) as defined by ERISA. Please review thoroughly the SPD issued by each carrier for the coverage in which you are enrolled. If this Benefit Booklet and/or the SPD are in conflict with or silent as to a particular matter that is addressed in the Master Group Contract, the Master Group Contract will control. You may request to review or receive a copy of the Master Group Contract at any time by making this request to the Human Resources Office. While it is hoped that the plans summarized in this Benefit Booklet will continue indefinitely, your employer reserves the right to change or terminate any plan or plans in the future. 3) Each insurance company retains discretionary authority to administer their plan according to their interpretation of the contract/agreement.

CUSTOMER SERVICE

If you have questions regarding specific benefits or claim problems, call the following numbers:

COVERAGE	GROUP NUMBER	CUSTOMER SERVICE	WEB ADDRESS
MEDICAL			
Uniform Medical Plan through PEBB	900 C97	888-849-3681	www.hca.wa.gov/ump
HSA BANK			
HealthEquity		1-877-873-8823	www.healthequity.net/pebb
DENTAL			
DELTA DENTAL OF WA	03941	800-554-1907	www.deltadentalwa.com
VISION			
VISION SERVICE PLAN	30002568	800-877-7195	www.vsp.com
LIFE AND VOLUNTARY LIFE			
MUTUAL OF OMAHA - Group Term Life Voluntary Term Life	G000AHXG GVTL-AHXG		www.mutualofomaha.com
EMPLOYEE ASSISTANCE PLAN			
Mutual of Omaha	Douglas County	800-316-2796	www.mutualofomaha.com/eap
SECTION 125 PLAN			
AFLAC – Connie Wright	0LQU7	509-630-7445	www.aflac.com connie_wright@us.aflac.com
UNION PLANS			
Inland Empire Teamsters Trust NW Administrators Local Teamsters Office		800-872-8979 206-329-4900 509-663-2753	www.nwadmin.com

If you have difficulty obtaining answers to questions or resolving issues using the numbers listed above, contact Jessica Carr or Toni Gore at **OneDigital**, 888-858-5115 or jcarr@onedigital.com / tgore@onedigital.com.

Enrollment Instructions

INSTRUCTIONS

- Choose the medical plan in which you wish to participate.
- Obtain the enrollment form(s) from the Human Resources office (medical, dental, voluntary vision, etc.)
- Fill out the enrollment form(s) in full, sign and date the form, submit to the Human Resources office.
- If your plan costs are greater than the County's contribution, the additional premium will be deducted pre-tax from your payroll.

2018 RATES

MEDICAL	UMP CLASSIC PPO			UMP CDHP HSA PLAN		
Deductible (individual)	\$250			\$1,400 if enrolled as employee only, \$2,800 if enrolled as employee and dependents		
Coinsurance (insurance company pays)	85%			85%		
Coinsurance Maximum (member liability)	\$2,000			\$4,200 if enrolled as employee only, \$8,400 if enrolled as employee and dependents		
Office Visit Copay	85% after deductible			85% after deductible		
	County Pays Monthly	Employee Pays Monthly	Total Premium	County Pays Monthly*	Employee Pays Monthly	Total Premium
Employee	\$751.05	\$ 0.00	\$ 751.05	\$680.37	\$ 0.00	\$ 680.37
Employee & Spouse	\$751.05	\$ 689.66	\$1,440.71	\$680.37	\$ 612.87	\$1,293.24
Employee & Children	\$751.05	\$ 517.24	\$1,268.29	\$680.37	\$ 474.60	\$1,154.97
Employee, Spouse and Children	\$751.05	\$1,206.91	\$1,957.96	\$680.37	\$1,027.68	\$1,708.05
DENTAL	DELTA DENTAL OF WASHINGTON					
	County Pays Monthly		Employee Pays Monthly		Total Premium	
Employee only	\$55.98		\$0.00		\$ 55.98	
Employee and Dependents (1 or more)	\$55.98		\$100.77		\$156.75	
VOLUNTARY VISION	VSP					
	County Pays Monthly		Employee Pays Monthly		Total Premium	
Employee	\$0.00		\$11.06		\$11.06	
Employee and 1 Dependent	\$0.00		\$17.70		\$17.70	
Employee and Children	\$0.00		\$18.07		\$18.07	
Employee, Spouse and Children	\$0.00		\$29.14		\$29.14	

*For those enrolled on the UMP CDHP HSA PLAN, the County also contributes an additional \$70.68 per month to the Health Savings Account.

2018 RATES, UNIFORMED SHERIFF'S GUILD

MEDICAL	UMP CLASSIC PPO			UMP CDHP HSA PLAN		
Deductible (individual)	\$250			\$1,400 if enrolled as employee only, \$2,800 if enrolled as employee and dependents		
Coinsurance (insurance company pays)	85%			85%		
Coinsurance Maximum (member liability)	\$2,000			\$4,200 if enrolled as employee only, \$8,400 if enrolled as employee and dependents		
Office Visit Copay	85% after deductible			85% after deductible		
	County Pays Monthly	Employee Pays Monthly	Total Premium	County Pays* Monthly	Employee Pays Monthly	Total Premium
Employee	\$ 751.05	\$ 0.00	\$ 751.05	\$ 680.37	\$ 0.00	\$ 680.37
Employee & Spouse	\$1,337.26	\$103.45	\$1,440.71	\$1,201.30	\$ 91.94	\$1,293.24
Employee & Children	\$1,190.59	\$ 77.70	\$1,268.29	\$1,083.78	\$ 71.19	\$1,154.97
Employee, Spouse and Children	\$1,776.92	\$181.04	\$1,957.96	\$1,553.90	\$154.15	\$1,708.05
DENTAL	DELTA DENTAL OF WASHINGTON					
	County Pays Monthly	Employee Pays Monthly		Total Premium		
Employee only	\$55.98	\$0.00		\$55.98		
Employee and Dependents (1 or more)	\$141.63	\$15.12		\$156.75		
VOLUNTARY VISION	VSP					
	County Pays Monthly	Employee Pays Monthly		Total Premium		
Employee	\$11.06	\$0.00		\$11.06		
Employee and 1 Dependent	\$16.70	\$1.00		\$17.70		
Employee and Children	\$17.02	\$1.05		\$18.07		
Employee, Spouse and Children	\$26.73	\$2.14		\$29.14		

*For those enrolled on the UMP CDHP HSA PLAN, the County also contributes an additional \$70.68 per month to the Health Savings Account.

2018 RATES, TEAMSTERS MAINTENANCE

Benefits begin the first of the month following four months of employment.

TEAMSTERS Inland Empire Teamsters Trust Composite Plan A		
County Pays Monthly	Employee Pays Monthly	Total Premium
\$762.92	\$412.08	\$1,175.00

2018 RATES, TEAMSTERS PRO TECH and CLERICAL

Benefits begin the first of the following month in which 80 hours are worked.

TEAMSTERS NW Administrators			
	County Pays Monthly	Employee Pays Monthly	Total Premium
Totals	\$776.04	\$391.63	\$1,167.67

All Teamsters members are required to participate in teamster's benefits.

UNION AND GUILD DUES

Teamsters

Professional Techs	\$59-\$82 per month
Maintenance Techs	\$38-57 per month
Both units	\$200.00 initiation fee

Current Expense – 1.45% of average monthly salary up to a maximum of \$53.46 per month.

Uniformed Guild Dues – 1.5% of monthly salary

Non-Uniformed Guild Dues – 1.5% of monthly salary

SUMMARY OF MEDICAL BENEFITS

	PEBB UMP CLASSIC	PEBB CDHP HSA PLAN	PEBB UMP RETIREE WITH MEDICARE
PLAN FEATURES			
Plan Type			
Calendar Year Deductible			
Per Person	\$250	\$1,400 employee only	\$250
Per Family	\$750	\$2,800 if enrolled as a family	\$750
Calendar Year Out-Of-Pocket Expense Maximum for each member (includes deductible, copay and coinsurance)			
Per Person	\$2,000	\$4,200 employee only	\$2,500
Per Family	\$4,000	\$8,400 if enrolled as a family	\$5,000
If you use a non-contracted provider	Generally covered at 60% of allowed Preferred Provider fee after deductible	Generally covered at 60% of allowed Preferred Provider fee after deductible	Generally covered at 60% of allowed Preferred Provider fee after deductible
Dependent Children Covered	To age 26	To age 26	To age 26
Organ Transplant Waiting Period	None	None	none
PHYSICIAN SERVICES			
Physician Office Visits	85% after deductible	85% after deductible	85% after deductible
Visits to Specialists	85% after deductible	85% after deductible	85% after deductible
Lab, X-ray, and Diagnostic Services (non-facility)	85% after deductible	85% after deductible	85% after deductible
Preventive Care			
Well Baby/ Well Child Care	Covered in full	Covered in full	Covered in full
Routine Physical Exam			
Urgent Care Visit (billed as office visit)	85% after deductible	85% after deductible	85% after deductible
Spinal Manipulation (Chiropractic Care)	85% after deductible, 10 visit limit	85% after deductible, 10 visit limit	85% after deductible, 10 visit limit
Naturopath	85% after deductible	85% after deductible	85% after deductible

SUMMARY OF MEDICAL BENEFITS (cont.)

	PEBB UMP CLASSIC	PEBB CDHP HSA PLAN	PEBB UMP RETIREE WITH MEDICARE
Massage Therapy	85% after deductible, 16 visit limit	85% after deductible, 16 visit limit	85% after deductible, 16 visit limit
Annual Maximum	Unlimited	Unlimited	Unlimited
HOSPITAL SERVICES			
Inpatient Services	85% after deductible and \$200 per day copay not to exceed \$600 per calendar year	85% after deductible	85% after deductible and \$200 per day copay not to exceed \$600 per calendar year
Outpatient Surgery	85% after deductible	85% after deductible	85% after deductible
Emergency Care	85% after deductible and \$75 copay	85% after deductible	85% after deductible and \$75 copay
Lab, X-ray, and Diagnostic Services	85% after deductible Complex imaging requires prior authorization	85% after deductible Complex imaging requires prior authorization	85% after deductible Complex imaging requires prior authorization
Ground Ambulance	80% after deductible	80% after deductible	80% after deductible
OTHER SERVICES			
Maternity Care (Employee and Spouse only)	Covered as any other condition	Covered as any other condition	Covered as any other condition
Mental Health			
Inpatient	85% after deductible and \$200 per day copay not to exceed \$600 per calendar year	85% after deductible	85% after deductible and \$200 per day copay not to exceed \$600 per calendar year
Outpatient	85% after deductible	85% after deductible	85% after deductible
Chemical Dependency	85% after deductible and \$200 per day copay not to exceed \$600 per calendar year	85% after deductible	85% after deductible and \$200 per day copay not to exceed \$600 per calendar year
Inpatient	85% after deductible	85% after deductible	85% after deductible
Outpatient			
Physical, Speech, Massage and Occupational Therapy	85% after deductible, 60 visit limit	85% after deductible, 60 visit limit	85% after deductible, 60 visit limit
Diabetic Supplies	85% after deductible	85% after deductible	85% after deductible
Durable Medical Equipment	85% after deductible	85% after deductible	85% after deductible

SUMMARY OF MEDICAL BENEFITS (cont.)

	PEBB UMP CLASSIC	PEBB CDHP HSA PLAN	PEBB UMP RETIREE WITH MEDICARE
SUPPLEMENTAL BENEFITS			
Routine Eye Exam	Covered at 100%, one each calendar year	Covered at 100%, one each calendar year	Covered at 100%, one each calendar year
Vision Hardware	\$150 hardware allowance per every 2 calendar years	\$150 hardware allowance per every 2 calendar years	\$150 hardware allowance per every 2 calendar years
Prescription Drugs (up to a 30-day supply)	\$100 Deductible Per Person Brand and non-Preferred Brand		\$100 Deductible Per Person Brand and non-Preferred Brand
Value Generic	95% to \$10	85% after deductible	95% to \$10
Generic	90% to \$25	85% after deductible	90% to \$25
Preferred Brand	70% to \$75	85% after deductible	70% to \$75
Non-Preferred Brand	50%	85% after deductible	50%
Specialty	90% Generic, 70% Brand, 50% non-preferred brand to \$150	85% after deductible	90% Generic, 70% Brand, 50% non-preferred brand to \$150
Mail Order (up to a 90-day supply)	\$100 Deductible Per Person Brand and non-Preferred Brand		\$100 Deductible Per Person Brand and non-Preferred Brand
Value Generic	95% to \$30	85% after deductible	95% to \$30
Generic	90% to \$75	85% after deductible	90% to \$75
Preferred Brand	70% to \$225	85% after deductible	70% to \$225
Non-Preferred Brand	50%	85% after deductible	50%

You may search for PPO providers online at www.hca.wa.gov/ump.

Prior authorization is required for non-emergent complex imaging and hospitalizations.

This is a brief summary of medical benefits provided for the convenience of Douglas County employees and their dependents. If the information contained in this summary is incorrect, the Master Contract will control.

IMPORTANT INFORMATION REGARDING HIGH DEDUCTIBLE HEALTH PLAN (HEALTH SAVINGS ACCOUNT)

During open enrollment you may enroll on the new High Deductible Health Plan (HDHP) medical plan. By enrolling in the High Deductible Health Plan you will be eligible to open a tax advantaged Health Savings Account (HSA) at a bank.

PEBB contributes into the HSA Bank account \$58.00 per month if enrolled as employee only or \$116.00 per month if enrolled as employee and dependent.

In order to open an HSA tax advantaged bank savings account:

1. You must be enrolled in the County's High Deductible Health Plan.
2. You may not be covered by any additional non-HDHP insurance plan (no double-coverage through a spouse's plan).
3. You must not be eligible to be claimed as a dependent on a tax return by another person.
4. You must be under age 65 and not entitled to Medicare.

Important Items to Note:

1. If you enroll with yourself **plus** any dependents covered on the plan, the individual deductible / coinsurance maximum **do not apply**. Only the family deductible and coinsurance apply (even if only one person enrolled accesses care).
2. You will receive a PEBB CDHP ID card for the HDHP medical plan which you will give to the provider at the time of service. You will also have a debit card for the HSA bank account which you can use to pay any out-of-pocket expenses. You must give the provider PEBB card first so that expenses will be applied towards your deductible for the year.
3. The IRS sets limits for how much you can contribute to the HSA bank account in a calendar year. For 2018 the limits are \$3,450 Individual (self-only) and \$6,900 Family. (There is a tax penalty if you over-contribute to the HSA). If you are over 55 you can contribute an additional \$1,000 as a catch-up contribution. (As long as you are enrolled on the plan as of December 1, 2017, you may contribute up to the full annual limit for 2017; however you must remain on the HDHP through December 1, 2018.)
4. Distributions from your HSA account must be for 213(d) medical expenses (see a sample of eligible expenses on the next page).
5. When you are on the HSA plan you can also participate in the Flexible Spending Plan (FSA) but on a limited basis. The FSA plan can be used only for dependent care expenses and expenses related to Orthodontia, Dental, Vision and Preventive care for yourself, spouse or dependents.
6. When you are on the HSA plan you can also participate in the VEBA but on a limited basis. The VEBA plan can be used only for expenses related to Orthodontia, Dental, Vision and Preventive care.
7. Investment opportunities may be available once the balance in the HSA account reaches a certain amount.

Health Savings Account Eligible Expenses

Acupuncture	Hypnosis
Adaptive equipment (e.g. raised toilet seat)	Individual Counseling
Ambulance fees	Lab work
Bandage tape	Lactation consultants
Bandages	Lamaze
Blood pressure monitor	Laser eye surgery
Braces (knee, ankle, wrist)	Medical abortion
Breast pumps & supplies	Medical alert bracelet & current year membership fees
Chiropractic services	Mileage (to receive medical care)
Co-insurance	Non-cosmetic surgery
Contact lens solution	Naturopathic Visits
Contacts	Occupational Therapy
Contraceptives	Orthotics
Copays and deductibles	Physical exams
CPAP machine	Physical therapy
Crutches	Pregnancy test
Dental services (excludes veneers and other cosmetic procedures)	Prenatal vitamins
Diabetes testing supplies	Prescription drugs
Diabetic supplies	Prescription glasses
Doctor visits	Psychotherapy
Doula services (must be licensed and some postpartum doula expense are excluded)	Reading glasses
Drug addiction treatment	Saline Nasal Spray
Eye drops	Service animals
Eye exams	Speech Therapy
Fertility treatment	Sterilization procedures
Flu shots	Sunscreen SPF 30 or greater (proof of SPF required)
Hearing aid supplies	Thermometer
Hearing aids	Vaccinations
Home medical equipment	Walker
Hormone therapy	Wheelchair & repair
	X-rays

Over-the-Counter Medicines and Drugs Requiring a Prescription:

Allergy medication	Hydrogen Peroxide
Analgesics	Ipecac syrup
Antacids	Lactose intolerance pills
Anti diarrheal	Laxative
Antibiotic ointment	Lice Treatment Products
Antifungal foot cream	Motion Sickness pills/bracelet
Anti-gas medication	Pain relievers
Anti-itch cream/gel	Parasitic Treatment
Antiseptic	Rubbing Alcohol
Asthma relief	Smoking cessation products
Burn cream	Stool softener
Chloraseptic sprays	Throat lozenges
Cold Sore Treatment	Urinary Tract Infection Treatments
Cold/cough medication	Wart treatment
Diaper rash ointment	Yeast infection treatment
Ear Wax Removal Kits	
First aid supplies	
Hemorrhoid medication	

RETIREE INFORMATION

All employees upon termination of employment qualify for COBRA Continuation of Coverage. Employees who qualify under PERS or LEOFF will continue their coverage under COBRA before enrolling

on the Douglas County Retiree Plan. See retiree benefit information on pages 6 through 8.

RETIREE (NON-MEDICARE) PLAN RATES	UMP CLASSIC PPO	UMP CDHP HSA PLAN
Employee	\$657.86	\$588.91
Employee & Spouse	\$1,310.70	\$1,166.83
Employee & Children	\$1,147.49	\$1,036.93
Employee, Spouse and Children	\$1,800.33	\$1,556.52

RETIREE (MEDICARE) PLAN RATES	PREMIUM
Retiree (Medicare Eligible)	\$333.64
Retiree & Spouse (1 Medicare Eligible)	\$986.48
Retiree & Spouse (2 Medicare Eligible)	\$662.26
Retiree & Children (1 Medicare Eligible)	\$823.27
Retiree & Children (2 Medicare Eligible)	\$662.26
Retiree Spouse and Children (1 Medicare Eligible)	\$1,476.11
Retiree Spouse and Children (2 Medicare Eligible)	\$1,151.89
Retiree Spouse and Children (3 Medicare Eligible)	\$990.88

A Medicare supplement or MedAdvantage plan may be less expensive and provide same, or better, coverage based upon your

individual circumstances. Call Jill Krueger at OneDigital (253) 858-5115 for more information.

INDIVIDUAL MEDICAL COVERAGE

In some instances, you may be able to insure your dependent spouse or domestic partner and/or dependent children for medical coverage less expensively with an **individual** medical insurance policy. If you would like to review available options call Jill Krueger at OneDigital (253) 858-5115 for more information.

APPLE HEALTH FOR KIDS

In Washington State, a program is offered to provide subsidized health insurance coverage to children under age 19, and qualification is based on the family income level. The program is funded by federal tax dollars, and almost all states have taken advantage of

these dollars and developed similar programs.

If you have questions regarding Apple Health for Kids and other state programs you might qualify for, please call **1-855-923-4633** or visit **www.wahealthplanfinder.org**.

CHIPRA NOTIFICATION

If you are eligible for health coverage from your employer, but are unable to afford the premiums, Washington State has premium assistance programs that can help pay for coverage. The state uses funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can use the contact information below to find out how to apply. If you qualify, you can ask if there is a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the

plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

WASHINGTON – Medicaid

Website: <http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm>
Phone: 1-877-543-7669

For more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services www.cms.hhs.gov
1-877-267-2323, Ext. 61565

HIPAA SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

WOMEN'S HEALTH & CANCER RIGHTS

REGARDING THE WOMEN'S HEALTH & CANCER RIGHTS ACT OF 1998

Under federal law, group health plans and health insurance issuers providing benefits for a mastectomy must also provide, in connections with the mastectomy for which the participant or beneficiary is receiving benefits, coverage for:

1. All stages of reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and physical complications of mastectomy, including lymphedemas in a manner determined in consultation between the attending physician and the patient.

These benefits may be subject to annual deductibles and coinsurance provisions that are appropriate and consistent with the other benefits under your plan or coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Human Resources

SUMMARY OF DENTAL BENEFITS

Delta Dental of Washington provides coverage in all 50 states. If your dentist is a Delta Dental of Washington Member Dentist or a Delta Dental of Washington Preferred Dentist, your dentist will submit claims directly to Delta Dental of Washington. If you choose a non-member

dentist, you may be responsible for submitting claims to Delta Dental of Washington. Claim payments for non-member dentists will be made based on a usual and customary fee schedule. **For the best level of benefits, use a PPO dentist as shown below.**

PLAN FEATURES	DELTA DENTAL OF WASHINGTON
Deductible	\$0
Annual Maximum	\$2,000 per member
Class I- Diagnostic & Preventive Exams, Prophys, Fluoride (to age 20), X-rays, Sealants (sealants covered through age 18)	100% (services do not accumulate towards the Annual Maximum)
Class II- Basic Fillings, Extractions, Restorations, Oral Surgery, Endodontics, Periodontics	80% (90% Delta Dental PPO dentist*)
Class III- Major Crowns, Inlays & Onlays, Dentures, Bridges, Implants	50%
Orthodontia Child and Adult Orthodontia	Covered at 50% to a lifetime maximum of \$2,000
Dependents Covered To	Age 26

If your dental work will be extensive (in excess of \$300), ask your dentist to complete and submit a standard ADA claim form to Delta Dental, for a "predetermination". This will allow you to know in advance exactly what procedures are covered, the amount Delta Dental will pay toward the treatment, and your

financial responsibility.*A Delta Dental contracted dentist in your area can be found at www.deltadental.com, by entering your zip code. Select Delta Dental PPO for a list of the providers who contract at the higher benefit level.

DELTA DENTAL OF WASHINGTON Sample List of Local PPO (Preferred Provider) Dentists (May Change At Any Time)		
Cashmere	Reynolds, Dr. Thomas L.	Hinckley, Dr. Jeffery
Busk, Janie	Reynolds, Dr Timothy	Holmberg Dr. Erik L.
Busk, Ryan	Williams, Dr. Laura	Jeffrey, Dr. Mathew
Hankins, Dr. Leroy D.	Leavenworth	Jurges, Dr. Erich
Chelan	O'Brien, Dr. Bradford	Kelly, Dr. Aaron P.
Bibbins, Dr. Scott. J	Schiefelbein, Dr. John M.	Melton, Dr. Frederick
Boers, Dr. Daniel	Wenatchee	Miller, Dr. Daryl W.
Doten, Dr. Jason	Ball, Dr. Marc L.	Nelson, Dr. Eric Paul
Gavin, Dr. Charles R.	Barker, Dr. Joseph W	Park, Dr. Hyun
Harrison, Dr. Todd	Bibbins, Dr. Scott	Ping, Dr. Gregory
Hinckley, Dr. Jeffery C	Boers, Dr. Daniel	Ramirez, Dr. Anna
Jurges, Dr. Erich	Busk, Dr. Janie	Raymond, Dr. John
Ramirez, Dr. Anna	Busk, Dr. Ryan	Ronngren, Dr. Heather
Ronngren, Dr. Heather	Cacchioni, Dr. Dino	Schroeder, Dr. Cara E.
Walker, Dr. Mark	Card Jr, Dr. Bill	Shank Bovio, Dr. Britt
Webb, Dr. James	Cox, Stanley	Skousen, Dr. Nathaniel
Wilcox, Dr. Virgil	Davies, Dr. Chase	Summers, Dr. David
Willis, Debra	Divis, Dr. John R.	Todd, Dr. Chelsie
East Wenatchee	Dela Cruz, Dr. Asia	Tveten, Dr. Brandon
Anantatmula, Dr. Brian	Doten, Dr. Jason	Tveten, Dr. Jason
Anderton, Dr. Mark R	Edwards, Dr. Ruston	Vanbibberg, Dr. Justin
Davis, Dr. James E.	Enzler, Dr. Jay	Walker, Mark
Johnson, Dr. Andrew P.	Feldman, Dr. Steven C.	Webb, Dr. James D
Johnson, Dr. Kevin	Fletcher, Dr. Brian	Wilcox, Dr. Virgil
Larson, Dr. Trevor	Green, Dr. Tyler	Vanbibberg, Dr. Justin
Willis, Dr. Debra	Gundersen, Dr. Tyler B.	Willis, Dr. Debra
	Harrison, Dr. Phillip E	

For additional PPO dentists in other areas, you may check online at www.deltadentalwa.com.

SUMMARY OF VOLUNTARY VISION BENEFITS

VISION SERVICE PLAN (VSP)

BENEFIT	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Examination - once every 12 months	Paid in full after \$10 copay	\$50 allowance
MATERIALS BELOW ARE SUBJECT TO A \$25 COPAYMENT		
Basic Lenses - once every 12 months		
Single vision	Paid in full after copay	\$50 allowance
Bifocal	Paid in full after copay	\$75 allowance
Trifocal	Paid in full after copay	\$100 allowance
Frames once every 24 months	\$130 allowance (\$150 allowance for selected name-brand frames)	\$70 allowance
Contacts (in lieu of lenses and frames) once every 12 months	\$130 allowance (no copay applies)	\$105 allowance

Frames: The VSP program covers a wide selection of quality frames. Because of the cosmetic nature of frames, VSP has a limit on the cost of frames provided under the program. Patients who select frames that exceed the limit will be responsible for the difference. You can find out from your eye doctor which ones will be within your limit when you are looking at frames.

Contact lenses (necessary) – VSP furnishes contact lenses when the member doctor secures prior approval for any of the following conditions: a) following cataract surgery; b) to correct extreme visual acuity problems that cannot be corrected with spectacle lenses; c) certain conditions of anisometropia; and d) keratoconus. If the request is approved, the contact lenses are fully covered by VSP when services are obtained from a VSP member doctor.

TIPS FOR USING YOUR VSP COVERAGE

When using a VSP participating provider give them only the employee’s social security number. There is no ID card and no paperwork since they view your eligibility in the computer. If you see a non-participating provider, you pay the bill in full, and then get reimbursed the allowed amount by VSP. For reimbursement call VSP, 800-877-7195, and get a “claim number”. On the receipt, they need to see the claim number, the employee’s social security number, your name and your date of birth. Send the receipt to VSP, Attention Non Member Claims, PO Box 997100, Sacramento, CA 95899-7100.

For a list of participating providers call VSP Customer Service, 800-877-7195, or log into the VSP website, www.vsp.com.

Shop around for your glasses. Participating providers charge different prices, and discounts at national store chains such as Costco or Wal-Mart can be substantial. Everyone has different needs, but there are rare cases where a participating provider marks up the non-covered aspects of your hardware (progressive lenses, tinting, etc.) to the point where the cost is more than if you went to a non-participating discount store and were reimbursed at the limited schedule.

HEARING AID DISCOUNT PROGRAM

TruHearing MemberPlus Membership is available to all VSP members and their covered dependents.

The program includes:

- Members save up to \$1,300 per hearing aid purchase
- 3 visits with hearing professional after purchase of hearing aids for fitting, adjustments, and cleanings.
- 3-year repair warranty
- 48 batteries per purchased hearing aid.

To learn more visit www.truhearing.com or call 877-372-4040.

EMPLOYEE ASSISTANCE PROGRAM

An Employee Assistance Program is available to all employees and their dependents through Mutual of Omaha.

EAP provides support for:

- Emotional well-being
- Family and relationship matters
- Legal and Financial situations
- Work and life transitions

Benefits include:

- Unlimited telephone access 24hrs per day / 7 days per week
- Referral assistance for Financial resources, Dependent and Elder care, Substance Abuse and other additions
- Network of licensed mental health providers
- Three face-to-face sessions per household per year
- Legal Assistance through will preparation, online forms and library, financial consultation via phone

For more information go to www.mutualofomaha.com/eap or call 800-316-2796. All calls are confidential.

GROUP TERM LIFE INSURANCE

Group Life/Accidental Death and Dismemberment (AD&D) insurance is provided through Mutual of Omaha.

Basic Life Amount: \$12,000

Accidental Death and Dismemberment (AD&D) amount: \$12,000

Dependent Life: \$1,000 (Children covered until 21 or 25 if full-time student.)

Age Reduction - Life Insurance Benefit will reduce to 65% of benefit at age 70, to 45% of benefit at age 75 and to 30% of benefit at age 80.

Claimants should contact the Payroll Department for help in filing a claim.

Will Preparation service through Willing is included with this program. Create your free will at www.willing.com/MutualofOmaha

VOLUNTARY TERM LIFE INSURANCE

Voluntary term life insurance through Mutual of Omaha is purchased at your own expense through payroll deduction. It is a convenient and affordable way to supplement your family's

life insurance protection. Detailed contract provisions apply. Read the contract for specific answers. If the following information conflicts with the contract, the contract will control.

	Employee	Spouse	Child (to age 26)
Maximum The maximum amount of insurance that can be purchased.	Six times annual salary up to \$500,000. Purchased in units of \$10,000	50% of employee amount up to \$250,000. Purchased in units of \$5,000	50% of employee amount up to \$10,000. Purchased in units of \$1,000
Minimum	\$10,000	\$5,000	\$2,000 per child
Guarantee Issue Amount The amount of insurance that can be purchased without answering health questions (offered only when you are first eligible to sign up).	Up to \$100,000	Up to \$50,000	Up to \$10,000
Accelerated Benefit	Covered persons who are terminally ill can receive up to 75% of their benefit up to \$500,000 prior to death if diagnosed with a qualifying medical condition		
Waiver of Premium	If you become disabled, your premium will be waived until you return to work or your coverage terminates (prior to age 60).		
Note	If you do not apply for coverage for you or your dependent(s) during the 31-day initial enrollment period, you will need to complete an evidence of insurability form for all amounts of coverage. Age Reduction - Life Insurance Benefit will reduce to 65% of benefit at age 70, to 45% of benefit at age 75 and to 30% of benefit at age 80.		
Portability and Conversion	You may elect to continue life insurance if your employment terminates for any reason other than injury, sickness or retirement. You have 30 days from the date of separation of employment to elect this conversion feature. See Human Resources for the paperwork or for more information. Rates may change.		
AGE	EMPLOYEE RATE (monthly rate per \$10,000 of coverage)	SPOUSE RATE (monthly rate per \$10,000 of coverage)	
20-24	\$0.56	\$0.56	
25-29	\$0.71	\$0.71	
30-34	\$0.82	\$0.82	
35-39	\$0.98	\$0.98	
40-44	\$1.45	\$1.45	
45-49	\$2.35	\$2.35	
50-54	\$3.91	\$3.91	
55-59	\$5.23	\$5.23	
60-64	\$7.87	\$7.87	
65-69	\$12.53	\$12.53	
Accidental Death and Disability	\$0.25	\$0.25	
CHILDREN (to age 21 or 25 if student)	\$0.22 per thousand, \$0.03 per thousand AD&D		

PREMIUM CALCULATION WORKSHEET				
	Benefit Amount	# of Units	Rate	Monthly Cost
Employee (1 unit = \$10,000)	\$ _____	= _____ units	x \$ _____	= \$ _____
Spouse (1 unit = \$5,000)	\$ _____	= _____ units	x \$ _____	= \$ _____
Children (1 unit = \$1,000)	\$ _____	= _____ units	x \$ _____	= \$ _____
TOTAL MONTHLY COST				= \$ _____

FLEXIBLE SPENDING ACCOUNT

PREMIUM CONVERSION PROGRAM

The premium conversion program allows employees to avoid Social Security tax and federal income tax on monthly amounts that are payroll deducted for group insurance (medical, dental, vision and life) premiums. There are no forms to fill out. Participation in the program is automatic unless you request in writing not to participate in the premium conversion program (contact the Human Resources office).

MEDICAL & DENTAL REIMBURSEMENT ACCOUNT PROGRAM (HEALTH FSA)

The medical and dental reimbursement account program lets you use pre-tax dollars (up to \$600) to pay medical and dental care expenses that you have paid out-of-pocket. Your contribution will be deducted from your pre-tax salary in equal

amounts for the plan year. You may submit claims for reimbursement at any time once the expense has been incurred.

If you are enrolled in the High Deductible Health Plan (HSA) you may use the FSA only for dental and vision expenses.

DEPENDENT CARE REIMBURSEMENT ACCOUNT PROGRAM (DEPENDENT CARE FSA)

The dependent day care account program lets you use pre-tax dollars (up to \$5,000) to pay daycare expenses. Your contribution will be deducted from your pre-tax salary in equal amounts for the plan year. The following example illustrates the benefit of using a flexible reimbursement account.

Example

<i>Without Flexible Reimbursement Account</i>		<i>With Flexible Reimbursement Account</i>	
Gross Monthly Salary	2,500	Gross Monthly Salary	\$2,500
Income Tax @ 15% plus		Qualifying Insurance Premiums	- 200
FICA @ 7.65%	- 566	Qualifying Health Care Expenses	- 50
		Qualifying Dependent Care Expenses	- 350
Net Income (after taxes)	\$1,934	Gross Taxable Income	\$1,900
Qualifying Insurance Premiums	-200	Income Tax @ 15% plus	
Qualifying Health Care Expenses	-50	FICA @ 7.65%	-430
Qualifying Dependent Care Expenses	-350		
Net Spendable Income	\$1,334	Net Spendable Income	\$1,470

As the above example shows, with only \$600 in monthly qualified expenses, you would have an extra \$136 each month (\$1,631 per year) in take home pay, dollars that would otherwise go to pay taxes.

Eligible Expenses

Expenses covered but not paid by insurance such as copays, deductible, coinsurance (the percentage of charges not covered) within the plan year, and:

- Non-reimbursed medical expenses for preventive, diagnostic, and therapeutic care
- Medicine or other drugs prescribed by a medical doctor, and over the counter drugs used to treat a specific condition
- Non-reimbursed dental expenses for preventive, diagnostic and orthodontic care
- Medicine or other drugs prescribed by a dentist
- Non-reimbursed vision expenses

Non-eligible Expenses

- Expenses reimbursed through any insurance policy or plan
- Expenses incurred before you enroll in the plan
- Expenses you claim as a deduction or credit for income tax purposes

FLEXIBLE SPENDING ACCOUNT

(continued)

PLAN RULES

The IRS requires that you use all the money you contribute to your account or forfeit the remainder at the end of the plan year.

You must incur the expense during the plan year.

You have 60 days from the end of the plan year to submit claims.

Making Changes

Your dollar selection to fund your health FSA or dependent care FSA will be effective for the entire plan year, unless you have a change of family status as shown below. The plan year is January 1 through December 31.

You may change your benefit selection during the plan year within 31 days of a change in family status. These changes include: marriage, legal separation or divorce, birth, adoption or change in custody of a minor child, change in your spouse's employment status, death of your spouse or child, change between full-time and part-time status by an employee or spouse, unpaid leave of absence by employee or spouse, or significant change in coverage of employee or spouse due to spouse's employment.

Making Claims

When you incur an eligible expense during the year, file a request for reimbursement form (available in the Human Resources office). Enclose proof of payment, such as an invoice, receipt or cancelled check.

DEPENDENT CARE SPENDING ACCOUNT

The Dependent Care Spending Account is a tax-effective way to pay childcare or other dependent care services that enable you or you and your spouse to work outside the home.

You may use this account to pay for eligible day care expense incurred for:

A child up to age 13 for whom you claim a deduction on your income tax form, or

A spouse or disabled dependent age 13 or older (your parent, for instance) who is physically or mentally incapable of self-care, who normally spends at least eight hours in your home each day, and for whom you pay more than half the cost of support.

Eligible day care expenses include costs for nursery schools, day care providers, babysitters and other types of day care. A provider cannot be another dependent of yours, such as an older child. Nursery schools and day care centers must comply

with state and local regulations if their expenses are to be eligible for reimbursement.

You may set aside up to \$5,000 each plan year in your Dependent Care Spending Account through automatic payroll deductions or \$2,500 if you are married filing a separate return.

Dependent Care Spending Account vs. the Dependent Care Tax Credit

For many employees, the Dependent Care Spending Account is a better method than taking the dependent care tax credit on the income tax return. Generally, the tax credit is more beneficial if your adjusted gross income is less than \$24,000.

Government Rules on Unused Funds

Federal tax law says that any money left in your account at the end of the plan year must be forfeited.

FAMILY AND MEDICAL LEAVE ACT

NOTIFICATION

The Family and Medical Leave Act of 1993 (FMLA) is a federal law that became effective on August 5, 1993 for most companies and nonprofit organizations with 50 or more employees.

FMLA applies to all employees who have:

- 12 months of employment with the company *and*
- 1,250 hours or more of service in the preceding 12 months.

FMLA provides 12 weeks of unpaid leave in any 12 month period for the following reasons (Federal requirements):

- To care for oneself, a child, spouse, or parent with a “serious health condition”, or “covered service member” who is injured in the line of duty;
- To the immediate family members (spouse, children, or parents) of military personnel or reservists who have “any qualifying exigency” arising out of the service member’s active duty or call to active duty in support of a contingency operation.
- Birth, adoption or placement of a child for foster care.

A SERIOUS HEALTH CONDITION IS DEFINED AS

- One that requires continuing treatment from a health care provider.
- Conditions that require an absence from work or regular daily activities for more than 3 days.

- Treatment for pregnancy and certain chronic conditions such as diabetes and asthma even though treatment may last less than three days.
- Conditions and medical treatments that are not ordinarily incapacitating on a day to day basis such as chemotherapy and radiation treatment, kidney dialysis, and physical therapy for severe arthritis.
- Mental illness may qualify.
- Specifically excluded are common colds, flu, upset stomach, routine dental problems and stress.

EMPLOYEE RESPONSIBILITIES

- Provide a 30-day notice for foreseeable leaves for birth, adoption, foster placement, or planned medical treatment.
- Continue to pay any required health plan contributions.

IT IS IMPORTANT TO REMEMBER

- With employer’s approval, leave may be taken intermittently or by working a reduced week. However, an exception exists for an employee or family member’s serious health condition whereby leave is taken whenever medically necessary.
- An employer is allowed to substitute an employee’s accrued paid leave for any of the 12-week period.
- The employer is allowed to recover the cost of health benefits paid during the leave if the employee does not return to work.
- During the leave, the employee is ineligible for unemployment compensation.

COBRA

If you enroll yourself and any dependents in medical and/or dental coverage, you will be mailed an Initial Notice of COBRA Rights by your employer. **Both employee and spouse (if married) should carefully read through this information.** Should any of the following qualifying events occur while you are an active employee, you will be offered continued coverage rights through Federal COBRA law:

1. Termination of employment (for reasons other than gross misconduct), 18 months of continued coverage.
2. A reduction in your hours of employment; or
3. You are a retiree and your employer has filed for reorganization under Chapter 11 of the Bankruptcy Code, 18 months of continued coverage.

If you are the spouse or dependent child of an employee enrolled in a group medical, dental, and vision plans, you have the right to choose continuation of coverage for yourself if you lose group coverage for any of the following reasons:

1. Termination of your spouse's employment (for reasons other than gross misconduct), 18 months of continued coverage.
2. Death of your spouse, 36 months of continued coverage
3. Divorce or legal separation from your spouse, 36 months of continued coverage
4. Your spouse becomes eligible for Medicare (resulting in the loss of dependent coverage under this plan), 36 months of continued coverage.
5. Your retired spouse's employer files for Chapter 11 reorganization, 18 months of continued coverage.
6. Your child ceases to be a dependent or attains the maximum age allowed by the carrier, 36 months of continued coverage.
7. Your spouse's hours of employment are reduced, 18 months of continued coverage.

