



Employee Benefits Guide

2019



Dear Seattle Housing Authority Employee,

As a regularly appointed employee, the Seattle Housing Authority (SHA) offers you benefits that help provide for you and your family's health care, disability and survivor needs. SHA goal is to offer a range of options that can help you address your unique financial needs.

This employee benefits guide includes information to help guide you in choosing the insurance plans that best fit your situation. You will find information on employee benefits and programs, answers to commonly asked questions, and important due dates. This booklet also covers other work/life programs that are designed to help you manage your life and promote a satisfying and productive relationship between you and SHA. More detailed information is available on the SHA website at www.seattlehousing.org under "Work at SHA".

Seattle Housing Authority is subject to the City of Seattle's eligibility rules and regulations for the benefits that we receive through them, such as medical, dental, vision, Accidental Death & Dismemberment, Basic and Supplemental Life Insurance, and Basic & Supplemental Long Term Disability. Any request from an employee that is outside the guidelines set by the City of Seattle requires written approval from the City.

The City of Seattle intends to continue these plans indefinitely but reserves the right to amend or terminate them at any time in whole or part, for any reason, according to the amendment and termination procedures described in the legal documents. This booklet does not create a contract of employment with Seattle Housing Authority or its employees.

Please note: We've made every attempt to ensure the accuracy of this information. If there is any discrepancy between this booklet, the insurance contracts, other legal documents, or the terms of an authorized collective bargaining agreement, the contracts, legal documents and applicable collective bargaining agreements will always govern.

Human Resources

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Employee Responsibilities

Employees are responsible for making benefit elections or changes by their deadlines, including Open Enrollment. They must notify Human Resources at (206) 615-3328 of any family or employment status changes that impact benefits such as marriage, legal separation, divorce, new or terminated domestic partnership, a 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, with information on how to verify eligibility by submitting required documents.

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

Adding a new family member to your health care coverage and Flexible Spending Account? Contact Human Resources at (206) 615-3328 within 30 days of marriage or a new domestic partnership. You have 60 days from the effective date to notify Human Resources of a birth or adoption for medical, dental or vision coverage; any FSA changes must be made within 30 days.

Dropping a family member from your health care coverage and Flexible Spending Account? Contact Human Resources at (206) 615-3328, within 30 days of divorce, legal separation or domestic partnership termination.

Planning a leave of absence? Contact Human Resources at (206) 615-3328 about how it could affect your SHA benefits.

Designating or changing your beneficiary?

- Life, Accidental Death & Dismemberment insurance, HAIG Life insurance and last paycheck,- contact Human Resources at (206) 615-3328.
- Retirement (PERS) – contact WA State Retirement at (800) 547-6657.
- WA State Deferred Compensation – contact (800) 423-1524.

Moving? Contact Human Resources at (206) 615-3323.

Access your benefits information from home at www.seattlehousing.org under “Work at SHA”.

Eligibility and Coverage Information

Seattle Housing Authority (SHA) provides employees and their families a range of benefits options to support individual financial planning.

Medical - SHA offers regular employees and their family members* a choice among four healthcare plans: City of Seattle Preventive (Aetna), City of Seattle Traditional (Aetna), Kaiser Permanente Standard and Kaiser Permanente Deductible.

Dental - SHA offers regular employees and their family members* dental coverage through Delta Dental of Washington and Dental Health Services.

Vision - SHA offers regular employees and their families members* Basic and Buy-Up Vision plans through Vision Service Plan.

Life Insurance & Long-Term Disability (LTD) - SHA offers Basic Long-Term Disability insurance and shares the cost of Group Term Life insurance, both of which can be supplemented by the employee.

Accidental Death & Dismemberment (AD&D) - SHA offers an employee-paid group AD&D insurance plan.

Flexible Spending Accounts (FSAs) - Employees can pay for employment-related dependent care costs and/or eligible health care expenses with up to \$2,600.00 for the health care account or \$5,000 for the day care account per year in pre-tax dollars. You may carry over up to \$500 in unused health care FSA dollars into the next year as long as it results in a balance of \$120.

HAIG Free Life Insurance - The Housing Authority Insurance Group (HAIG) is offering free life insurance (\$5,000.00) to SHA employees. This policy is underwritten by Guardian Life Insurance Company of America and subject to certain conditions and restrictions.

Long-Term Care (LTC) Insurance - SHA offers an employee-paid LTC program with guaranteed acceptance for new employees. New employees have 30 days from the first of the month following their date of hire to sign up for Long Term Care Insurance. Under the LTC, new employees may either elect just the guaranteed coverage at the time of hire, but also have the option of choosing a higher level of coverage which will need medical underwriting and approval. Employees can enroll under the LTC any time after the 30 days of new hire and are subject to underwriting approval.

Retirement (PERS) - Most SHA employees are members of the Public Employees Retirement System (PERS) administered by the Washington Department of Retirement Systems (DRS). Membership is defined by Washington State statutes, and is mandatory if you are hired into an "eligible" position.

Deferred Compensation - SHA offers a "457 (B) tax deferred savings plan through the State of Washington which allows employees to save pre-tax dollars to supplement retirement funds.

Employee Assistance Program (EAP) - SHA provides a 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 requesting documents that confirm the eligibility of your dependent. Thank you for participating! For additional information about the verification process, go to www.seattle.gov/personnel/benefits/life/dependenteligibility.asp.

Eligibility and Coverage Information

Eligibility for Regular Employees

If you are a regularly appointed employee in a full- or part-time position (scheduled to work at least 80 hours per month), you are eligible to participate in the medical, dental, vision, life, AD&D, LTD, HAIG Free Life insurance, FSA, deferred compensation, LTC and EAP plans.

Eligible Family Members

The following family members are eligible to participate in the medical, dental, vision, supplemental life insurance, accident coverage, LTC insurance and EAP programs:

- Your spouse or domestic partner;
- Your birth or adopted children, or children placed for adoption;
- Children of your domestic partner who live with you;
- Stepchildren; or
- Any child for whom you are legal guardian or for whom coverage is required by a Qualified Medical Child Support Order.

Child Eligibility

Please check child eligibility requirements below. *,**

Plan	Age	Other
Medical, Dental, Vision, and Flexible Spending Account	Up to age 26 (through age 25)	<u>Do not</u> have to be: -single -living with you -dependent on you for support -May have access to other coverage
Supplemental GTL	Up to age 26 (through age 25)	<u>Do not</u> have to be: -single -living with you -dependent on you for support
AD&D	Up to age 26 (through age 25)	<u>Do not</u> have to be: -single -living with you -dependent on you for support
Long-Term Care	Age 18 and Older	N/A

*If you enroll a dependent, Aight Solutions, the City's business partner, will send a letter to your home within 2-3 weeks requesting documents that confirm the eligibility of your dependents. Additional information at

www.seattle.gov/personnel/benefits/life/dependenteligibility.asp

**Coverage may continue for a handicapped/incapacitated child if the child becomes disabled prior to the limiting age, provided that proof of his or her fully handicapped/incapacitated status has been documented by a physician.

Eligibility and Coverage Information

New Employee Enrollment

If you are a new employee, you must enroll in/apply for medical, dental, vision, life, AD&D and/or supplemental Long Term Disability (LTD) coverage **within 30 days of your hire date**. 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, except for Long Term Care (LTC). You can enroll in LTC anytime; however, for guaranteed acceptance into the Long-Term Care Program, you must enroll **within 30 days**.

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 life or LTC insurance when first eligible, you will be required to complete a *Medical History Statement (or proof of good health)* or *Evidence of Insurability* for the insurance carrier, and you are not guaranteed coverage as you are when first eligible. Supplemental disability insurance has a longer preexisting condition exclusion period if you do not enroll when first eligible and apply at a later date.

When Coverage Begins

You must enroll within 30 days of hire. Coverage begins for you and your eligible family members on your first day of employment if that date is:

- the first calendar day of the month designated as an SHA business day, or
- the first calendar day of the month designated or recognized as the first working day for the shift to which you are assigned, whichever is later.

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

What if I miss the enrollment deadline?

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

Starting with hire dates 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.

You also will need to meet additional requirements to enroll in Life Insurance and Long-Term Disability Supplemental Insurance (LTD) coverage at a later date. You will be required to submit a Medical History Statement and have it approved by the insurance company to be eligible for Life Insurance coverage. You will have an additional waiting period for LTD.

Waiving Coverage

You have the option to decline medical coverage within 30 days of your hire date, during Open Enrollment, or within 30 days of a qualifying event. If you waive coverage, you may not cover dependents under the City's medical plans. You will not be charged premium payments if you decline medical coverage and will still be enrolled in the dental and basic vision plans because there is no employee premium contribution.

Employees who decline coverage which is considered affordable and adequate under the Patient Protection and Affordable Care Act will not qualify for government subsidies to purchase individual health insurance. In addition, an employee who refuses employer coverage and doesn't obtain coverage on his or her own will be subject a federal penalty.

Eligibility and Coverage Information

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
 - Other examples of a Life Event or Family Status change can be found on Page 9.

If you add a family member outside of Open Enrollment, you must complete a SHA Benefits Election Form and submit it to Human Resources department. If you miss the enrollment deadline, you can enroll your family member(s) at the next open enrollment period, which is 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 requesting documents that confirm the eligibility of your dependents. Additional information about the dependent eligibility verification process is at seattle.gov/personnel/benefits/life/dependenteligibility.asp

Visit www.seattlehousing.org under "Work at SHA" to access detailed information or contact Human Resources at (206) 615-3328, if you have questions.

If you need to remove a family member from coverage outside of Open Enrollment, submit a completed SHA Benefit Election Form to Human Resources.

How do I disenroll my family members?

If you end your spouse or domestic partner's coverage due to a legal separation, divorce, or termination of the marriage/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.

There are two opportunities to change your benefit choices:

- Open Enrollment
- Within 30 days of a qualifying change in family or job status.

Eligibility and Coverage Information

Changing Your Benefits

Open Enrollment

Open Enrollment is held once each year in the fall for the upcoming calendar year. During Open Enrollment, you can change your benefits plans, add and drop family members, and add or drop coverages. If you make changes during Open Enrollment, your new coverage is effective on January 1 of the new (next) plan year. Increases in your Life insurance coverage are subject to the approval of your *Medical History Statement* by the life insurance carrier.

Open Enrollment is also the time to enroll in the Flexible Spending Account program (Health Care and Dependent Care). You must re-enroll every year, even if you had an account the previous year.

Life Events that 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, placement for adoption, legal guardianship, marriage or domestic partnership. *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 Human Resources at 615-3328 if any of the following occur:



- You adopt a child. You may add coverage for that child (you may add coverage for your other children 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.
- 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.

Eligibility and Coverage Information

When Coverage Ends

Your medical/dental/vision, Basic and Supplemental Long-Term Disability, Basic and Supplemental Life, AD&D and Long Term care 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 an SHA 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:

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

The Life, AD&D, and disability plans have conversion options. You can continue your Long-Term Care coverage by completing the *Election To Continue Your Long Term Care Insurance Coverage* form which is available in Human Resources.

Coverage through Health Insurance Exchange

As an alternative to COBRA, you may choose an individual medical plan through the health insurance exchange. Depending on your income and the number of dependents you cover, you may find a plan on the exchange that fits your coverage needs. Please note that if you enroll on an exchange plan, you will not be able eligible for coverage on a City retiree medical plan in the future. More information at www.wahealthplanfinder.org.

Coverage through a City Retiree Plan

When you are eligible to retire, contact Human Resources at (206) 615-3328 for information about the City's retiree medical plans. 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 Human Resources for more information about the plans.

Paying for Benefits

Payroll Deductions



Medical, Dental and Vision

If you elect medical coverage, SHA 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.

Dental and the Basic Vision plans are fully paid by SHA for most employees. You can elect a Buy-Up Vision plan; you pay the premium for you and your eligible family members. The premium is deducted pre-tax in equal amounts from the first and second paychecks of the month.

Life Insurance

Your basic and supplemental after-tax premium deductions are taken from your first paycheck of the month for the current month's coverage.

Supplemental Long-Term Disability

Your Supplemental LTD after-tax premium deduction is taken from your first paycheck of the month for the current month's coverage. The amount you pay for Supplemental LTD coverage may vary each month because it is a percentage of your monthly earnings.

Accidental Death and Dismemberment

Your AD&D after-tax premium deduction is taken from your first paycheck of the month for that month's coverage.

Long-Term Care

Your LTC after-tax premium deduction is taken on the second paycheck of the month for the next month's coverage.

Flexible Spending Accounts (Health Care & Dependent Care)

Your FSA pre-tax deduction is taken every paycheck.

Benefits and Financial Planning

Because everyone's medical and financial situations are different, SHA 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 in advance, and save for your out-of-pocket costs. If you can accurately anticipate some medical, dental and/or vision expenses for the following year – such as prescriptions, glasses, orthodontia, office visit copays and deductibles. The Health Care FSA is a tool to support your financial planning and maximize the value you get for dollars spent on health care. You can elect the Health Care FSA during Open Enrollment to set aside pre-tax dollars to pay for eligible out-of-pocket medical expenses for you and your family. Here are additional ways to cut costs and save money.

- Quit smoking and encourage your family to quit.
- Be more active and eat nutrient dense food. Many diseases and conditions are preventable, and healthy behavior reduces your future health care costs and enhances your life now.
- Go to check ups and screenings. Have regularly scheduled physical examinations by your doctor, dentist, eye doctor, and so on. Take advantage of free medical screenings, flu shots and go to SHA's wellness fair and the City's benefits fairs.
- Choose the best health plan for you and your family. There is more to selecting a good health plan than just the payroll deduction. If you are shopping for a health plan, compare the premiums along with the copayments and co-insurance and what is and is not covered by the various plans.
- Stay within the network. Look for doctors and health care providers that are within your plan's network. If you participate in an Aetna plan and require a specialist, make sure you use an Aexcel specialist, which will save you 10%.
- Review medical bills carefully. Billing errors can cost hundreds or even thousands of dollars. Contact the billing office if there is an error or you do not understand your bill. You may be able to negotiate fees and bills that you feel are too high.

Medical Plan Options

Medical Plans

SHA employees have four different medical plans offered by the City of Seattle, from which to choose:

- City of Seattle Preventive Plan
- City of Seattle Traditional Plan
- Kaiser Permanente Standard Plan
- Kaiser Permanente Deductible Plan

How to Choose a Medical Plan

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

Plans offering higher coverage (City Preventive and Kaiser Permanente Standard) have lower copays but higher monthly premiums. The City 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 (City plans with Aetna), or are you willing to stay within a network (Kaiser Permanente) and receive a higher level of coverage?
- Would you rather pay higher monthly premiums to have a small annual deductible (City 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 City Traditional plans)?

The following very brief plan descriptions may help you make these choices.

New Employees: Remember - You have 30 days from your hire date to enroll in the medical, dental, vision and most optional insurance plans. If you fail to elect or waive coverage in the medical, dental or vision plans, SHA will default you to a plan.

Medical Plan Options

Aetna	<p>The City has two plans with Aetna — the Preventive Plan and the Traditional Plan. The plans use the Aetna provider network, and Aetna administers the claims.</p> <p>Preventive Plan This plan has a \$100 annual deductible per person (\$300 per family) and a \$15 copay for all office visits except preventive care (which is covered at 100%). The deductible applies to most services except where a copay applies. Most other services are covered at 90% after a copay if you use an Aetna network provider.</p> <p>Traditional Plan This plan has a \$400 annual deductible per person (\$1,200 per family). Most services are covered at 80% if you use an Aetna network provider. Most preventive care is not covered.</p> <p>What If I Don't Use the Aetna Network? Both of the City's plans include the Aetna network of doctors; however, you choose whether to use a network or non-network provider when you require care. If you choose a doctor who is not in the network, you will pay a higher percentage of the cost of the visit. Another issue to keep in mind is that prices charged by a non-network provider are often higher than those charged by a network provider. If you use a non-network provider, you will pay 40% of the network cost for a service, and your doctor may charge you an additional amount over the established network price.</p> <p>Aetna's Aexcel Network Aetna has a special sub-network, called the Aexcel network, which consists of doctors who specialize in the following areas: cardiology, cardiothoracic surgery, gastroenterology, general surgery, obstetrics/ gynecology, orthopedics, otolaryngology, neurology, neurosurgery, plastic surgery, vascular surgery and urology. Doctors were selected for this special network because they meet screening criteria in the areas of experience, performance, effectiveness and efficiency. If you need care in one of these areas and you do not choose a doctor from the Aexcel network to provide that care, you will pay 10% higher coinsurance. You do not need a referral to see a specialist.</p> <p>Aetna Navigator Locate detailed claim information, review your benefits, request changes, find service providers, and email member services at Aetna.com</p> <p>Simple Steps Members have access to a health risk assessment – Simple Steps to a Healthier Life. Following completion of a questionnaire, you will receive a health report and a personal action plan.</p> <p>Teledoc 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 member.teladoc.com/registrations.</p> <p>Urgent Care Log in to your account at Aetna.com. Select the Urgent Care tab for a list of walk-in clinics near you.</p>
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Medical Plan Options

Kaiser Permanente	<p>Kaiser Permanente (formerly Group Health Cooperative) is a health maintenance organization which provides an integrated system of health care services. All services are delivered 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>
Kaiser Permanente Standard Plan	<p>The City offers two plans through Kaiser Permanente.</p> <p>This is a managed care plan with no deductible and an office copay of \$15. Most services are covered at 100% after payment of a copay. Preventive care is covered.</p>
Kaiser Permanente Deductible Plan	<p>This is a managed care plan with 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, most services are covered at 100% after the copayment.</p>
Health Profile	<p>The health care website is at KP.org/wa. Members can request appointments and exchange emails with their provider, view their online medical record, 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 for use with most cell phones.</p> <p>The plan 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 available.</p>
CareClinic	<p>CareClinic is a walk-in health clinic in 15 Bartell Drugs locations. These clinics are for minor illnesses and injuries, like colds or coughs, eye or ear infections, vaccines for children, and sprains. Visit careclinic.org for locations.</p>
Care Chat and Online Visits	<p>Care Chat is a free online messaging feature that lets you get real-time care from a provider. Access through your account at kp.org/wa. Online visits are available for common medical issues such as a cold or the flu. Visit KP.org/wa/onlinevisit.</p>
Consulting Nurse Service	<p>Not sure what kind of care you need? Call Kaiser's Consulting Nurse Service 24/7 at 1-800-297-6877 (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 each service are compared by plan. For a more complete summary of benefits by plan, see the table that follows this example.

	Preventive Plan		Traditional Plan		Kaiser Permanente	
	In-network	Out-of-network	In-network	Out-of-network	Deductible Plan	Standard Plan
Individual deductible	\$100	\$450	\$400	\$1,000	\$200	None
Family deductible	\$300	\$1,350	\$1,200	\$3,000	\$600	None
Routine physical exam	Paid at 100%	Paid at 60% after satisfaction of deductible for mammogram and ob/gyn exams only.	Paid at 80% after satisfaction of deductible for mammogram only. No other preventive care covered.	Paid at 60% after satisfaction of deductible for mammogram only. No other preventive care covered.	Paid at 100% after \$15 copay and satisfaction of deductible (copay applies to deductible)	Paid at 100% after \$15 copay
Office visit	Paid at 100% after \$15 copay	Paid at 60% after satisfaction of deductible	Paid at 80% after satisfaction of deductible	Paid at 60% after satisfaction of deductible	Paid at 100% after \$15 copay and satisfaction of deductible (copay applies to deductible)	Paid at 100% after \$15 copay
Outpatient treatment at a hospital	Physician charges paid at 100% after \$15 co-pay. After satisfaction of deductible, other charges paid at 90%.	After satisfaction of deductible, physician and other charges paid at 60%.	After satisfaction of deductible, physician and other charges paid at 80%.	After satisfaction of deductible, physician and other charges paid at 60%	After satisfaction of deductible and \$15 copay (copay applies to the deductible), physician and other charges paid at 100%.	Paid at 100% after \$15 copay.
Inpatient Surgery performed by a specialist in one of the 12 Aexcel specialty areas	Aexcel specialist: Paid at 90% after \$200 inpatient copay Non-Aexcel specialist: Paid at 80% after \$200 inpatient copay	Paid at 60% after \$200 inpatient copay and satisfaction of deductible.	Aexcel specialist: Paid at 80% after \$200 copay. Non-Aexcel specialist: Paid at 70% 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

2019 Medical Benefits Highlights

The purpose of this document is to help you make decisions; it is not a contract. Details are provided in medical plan booklet which can be found at www.seattlehousing.org under "Work at SHA".

Kaiser Permanente*		City of Seattle Traditional Plan*		City of Seattle Preventive Plan*	
Standard Plan	Deductible Plan	Aetna In-Network	Out-of-Network	Aetna In-Network	Out-of-Network
Deductible (per calendar year)					
No Deductible	\$200 per person \$600 per family Deductible applies as noted except for prescriptions, preventive visits, ambulance, and durable medical equipment.	\$400 per person \$1,200 per family Deductible applies to most services, except as noted. Deductible does not apply for prescriptions or when the Inpatient co-pay or emergency room co-pay applies.	\$1,000 per person \$3,000 per family	\$100 per person \$300 per family Deductible applies to most services, except as noted. Deductible does not apply for prescriptions or when the Inpatient co-pay or emergency room co-pay applies.	\$450 per person \$1,350 per family
Annual Out of Pocket Maximum (OOP Max) includes medical coinsurance. Excludes the deductible and prescription drug copays/coinsurance.					
Includes medical copays		Excludes copays		Excludes copays	
\$2,000 per person \$4,000 per family	\$2,000 per person \$6,000 per family	\$1,000 per person \$3,000 per family	\$2,000 per person** \$6,000 per family*	\$2,000 per person \$4,000 per family	\$3,000 per person* \$6,000 per family*
Total Out of Pocket Maximum includes medical coinsurance and the deductible. Excludes prescription drug copays/coinsurance.					
Includes medical copays		Excludes copays		Excludes copays	
\$2,000 per person \$4,000 per family	\$2,000 per person \$6,000 per family	\$1,400 per person \$4,200 per family	\$3,000 per person \$9,000 per family	\$2,100 per person \$4,300 per family	\$3,450 per person \$7,350 per family
Hospital Copay					
\$200 per admission	Deductible applies	\$200 copay per admission	\$200 copay per admission	\$200 copay per admission	\$200 copay per admission
Hospital Pre-admission Authorization					
Except for maternity or emergency admissions, must be authorized by Kaiser Permanente		Except for maternity or emergency admissions, your physician must contact Aetna prior to your admission. Member responsible for obtaining precertification of out-of-network care.		Except for maternity or emergency admissions, your physician must contact Aetna prior to your admission Member responsible for obtaining precertification of out-of-network care.	

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

Kaiser Permanente*		City of Seattle Traditional Plan*		City of Seattle Preventive Plan*	
Standard Plan	Deductible Plan	Aetna In-Network	Out-of-Network	Aetna In-Network	Out-of-Network
Contraceptives					
For contraceptive drugs and devices, see Prescription Drug benefit		IUDs and Depo Provera covered as medical benefits. See Prescription Drug benefit.		IUDs and Depo Provera covered as medical benefits. See Prescription Drug benefit.	
Durable Medical Equipment					
Paid at 80%	Paid at 80%	Paid at 80%	Paid at 60%	Paid at 90%	Paid at 60%
		Breast pump covered at 100% through DME provider		Breast pump covered at 100% through DME provider	
Emergency Medical Care					
> Urgent Care Clinic					
Paid at 100% after \$15 copay	\$15 copay Deductible applies	Paid at 80%	Paid at 60%	Paid at 100% after \$15 copay (no fee for preventive care)	Paid at 60%
> Emergency Room (copays waived if admitted)					
Kaiser Permanente facility: \$100 copay Non-Kaiser Permanente facility: \$150 copay	Kaiser Permanente facility: \$100 copay Non-Kaiser Permanente facility: \$150 copay Deductible applies	Paid at 80% after \$150 copay	Paid at 80% after \$150 copay. If non-emergency, paid at 60% after copay.	Paid at 90% after \$150 copay	Paid at 90% after \$150 copay If non-emergency, paid at 60% after copay
> Ambulance					
Paid at 80%.	Paid at 80%.	Paid at 80% when medically necessary. Non-emergency transportation must be approved in advance by Aetna.		Paid at 90% when medically necessary. Non-emergency transportation must be approved in advance by Aetna.	
Gender Reassignment Services					
Covered as any other service; copays/coinsurance depending on type and location of service provided.	Covered as any other service; copays/coinsurance depend on type and location of service provided.	Covered as any other service; copays/coinsurance depend on type and location of service provided.	Covered as any other service; copays/coinsurance depend on type and location of service provided.	Covered as any other service; copays/coinsurance depend on type and location of service provided.	Covered as any other service; copays/coinsurance depend on type and location of service provided.
Hearing Aids (per ear, every 36 months)					
Up to \$1,000	Up to \$1,000	Up to \$1,000	Up to \$1,000	Up to \$1,000	Up to \$1,000
		In-network coinsurance applies whether purchased in- or out-of-network. Deductible does not apply.		In-network coinsurance applies whether purchased in- or out-of-network. Deductible does not apply.	
Home Health Care					
Paid at 100% when authorized. No visit limit	Paid at 100% when authorized. No visit limit	Paid at 80%	Paid at 60%	Paid at 90%	Paid at 60%
		Maximum benefit of 130 visits per calendar year for in- and out-of-network combined		Maximum benefit of 130 visits per calendar year for in- and out-of-network combined	

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
Hospital Inpatient					
Paid at 100% after \$200 copay per admission	Paid at 100% after deductible	Paid at 80% after \$200 copay. Physician services paid at 70% if Aexcel** specialist not used in specialty areas.	Paid at 60% after \$200 copay	Paid at 90% after \$200 copay. Physician services paid at 80% if Aexcel** specialist not used in specialty areas.	Paid at 60% after \$200 copay
Hospital Outpatient					
Paid at 100% after \$15 copay	\$15 copay Deductible applies	Paid at 80% after deductible. Physician services paid at 70% if Aexcel** specialist is not used in specialty areas.	Paid at 60% after satisfaction of deductible	Paid at 90% after deductible. Physician services paid at 80% if Aexcel** specialist is not used in specialty areas.	Paid at 60% after satisfaction of deductible
Hospice					
Paid at 100% when authorized	Paid at 100% when authorized	Paid at 80%	Paid at 60%	Paid at 90%	Not covered
Infertility Services					
Procedures covered are artificial insemination and ovulation induction. Copays/coinsurance depend on type and location of service provided. \$10,000 lifetime maximum benefit.	Procedures covered are artificial insemination and ovulation induction. Copays/coinsurance depend on type and location of service provided. \$10,000 lifetime maximum benefit.	Procedures covered are artificial insemination and ovulation induction. Copays/coinsurance depend on type and location of service provided. \$10,000 lifetime maximum benefit.	Procedures covered are artificial insemination and ovulation induction. Copays/coinsurance depend on type and location of service provided. \$10,000 lifetime maximum benefit.	Procedures covered are artificial insemination and ovulation induction. Copays/coinsurance depend on type and location of service provided. \$10,000 lifetime maximum benefit.	Procedures covered are artificial insemination and ovulation induction. Copays/coinsurance depend on type and location of service provided. \$10,000 lifetime maximum benefit.
Maternity Care (delivery & related hospital)					
Paid at 100% after \$200 copay per admission	Deductible applies.	Paid at 80% after \$200 copay	Paid at 60% after \$200 copay	Paid at 90% after \$200 copay	Paid at 60% after \$200 copay

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

Kaiser Permanente*		City of Seattle Traditional Plan*		City of Seattle Preventive Plan*	
Standard Plan	Deductible Plan	Aetna In-Network	Out-of-Network	Aetna In-Network	Out-of-Network
Physician Office Visit					
Paid at 100% after \$15 copay.	Paid at 100% after \$15 copay. Deductible applies	Paid at 80% Additional access to medical consultation with a physician by web, phone or mobile device for selected short-term services through Teladoc.	Paid at 60%	Paid at 100% after \$15 copay per visit (waived for preventive care) Additional access to medical consultation with a physician by web, phone or mobile device for selected short-term services through Teladoc.	Paid at 60%
Prescription Drugs (retail)					
For a 30-day supply: Generic: \$15 copay. Generic contraceptive drugs paid at 100%. Brand: \$30 copay Brand contraceptive drugs and devices subject to copay	For a 30-day supply: Generic: \$15 copay. Generic contraceptive drugs paid at 100%. Brand: \$30 copay Brand contraceptive drugs and devices subject to copay	For a 31-day supply: Generic: 30% coinsurance. Generic contraceptive drugs paid at 100%. Brand: 40% coinsurance The minimum coinsurance is \$10, or actual cost of the drug if less. Maximum is \$100 per drug.	Not covered	For a 31-day supply: Generic: 30% coinsurance Generic contraceptive drugs paid at 100%. Brand: 40% coinsurance The minimum coinsurance is \$10, or actual cost of the drug if less. Maximum is \$100 per drug.	Not covered
Smoking cessation prescription drugs not subject to pharmacy copay.	Smoking cessation prescription drugs not subject to pharmacy copay.	Coinsurance applies to the prescription \$1,200 out-of-pocket annual maximum per person, \$3,600 per family. Prescription Allowance on all non-sedating antihistamines (for allergy symptoms) and Proton Pump Inhibitors (for heartburn relief and ulcer treatment). City pays \$20 per month, and plan participant pays remaining; some over the counter medications are also included. \$5 copay for generic diabetic drugs and supplies, \$15 copay for brand. Many contraceptive products are covered. IUDs and Depo Provera covered under the medical plan benefit. Coinsurance for asthma, anti-high cholesterol, and tobacco cessation drugs 10% for generic and 20% for brand pharmacy.			
Prescription Drugs (mail order)					
For a 90-day supply: Generic: \$45 copay. Generic contraceptive drugs paid at 100%. Brand: \$90 copay	For a 90-day supply: Generic: \$30 copay. Generic contraceptive drugs paid at 100%. Brand: \$60 copay	For a 90-day supply: Generic: 30% coinsurance. Generic contraceptive drugs paid at 100%.	Not Covered	For a 90-day supply: Generic: 30% coinsurance. Generic contraceptive drugs paid at 100%.	Not Covered

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

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
Smoking Cessation					
Paid at 100% for individual or group sessions 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. 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
Spinal Manipulations					
Paid at 100% after \$15 copay Self-referral to Kaiser Permanente designated providers. Must meet Kaiser Permanente protocol. Maximum of 10 visits per calendar year.	\$15 copay. Deductible applies.	Paid at 80% Maximum of 10 visits per calendar year for in-network and out-of-network combined.	Paid at 60%	Paid at 100% after \$15 copay Maximum of 20 visits per calendar year for in-network and out-of-network combined.	Paid at 60%
Sterilization Procedures					
Inpatient: Paid at 100% after \$200 copay Outpatient: Paid at 100% after \$15 copay	Inpatient: Paid at 100% Outpatient: \$15 copay Deductible applies	Inpatient: Paid at 80% after \$200 copay Outpatient: Paid at 80%	Inpatient: Paid at 60% after \$200 copay Outpatient: Paid at 60%	Inpatient: Paid at 90% after \$200 copay Outpatient: Paid at 90%	Inpatient: Paid at 60% after \$200 copay Outpatient: Paid at 60%
Temporomandibular Joint Services					
Covered as any other service; copays/coinsurance depend on type and location of service provided.	Covered as any other service; copays/coinsurance depend on type and location of service provided.	Covered as any other service; copays/coinsurance depend on type and location of service provided. \$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. \$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.

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

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

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

*** Applies to Aetna – Aexcel network, a specialty network of doctors in 13 specialty areas. The coinsurance level will drop 10% for non-Aexcel doctors in the 13 specialty areas (coinsurance applies to in-network, out-of-pocket maximum). Call 1-877-292-2480 for more information about the Aexcel network.

Plan details are in your medical plan booklet at www.seattlehousing.org under the “Work at SHA.” This document is not a contract.

Health Care Premiums

2019 Premium Sharing

Effective January 1, 2019, you will pay the monthly premium amount listed below. The table also shows the total premium amount each month for each employee's coverage, and SHA's contribution.

	Total Monthly Premium	Employee, with or without children		Employee with Spouse/Domestic Partner, with or without children	
		SHA Pays	Employee Pays*	SHA Pays	Employee Pays*
Medical Plan					
City of Seattle Preventive	\$1,412.87	\$1,364.75	\$48.12	\$1,314.37	\$98.50
City of Seattle Traditional	\$1,279.79	\$1,279.79	\$ 0.00	\$1,247.45	\$32.34
Kaiser Permanente Standard	\$1,161.69	\$1,113.29	\$48.40	\$1,061.79	\$99.90
Kaiser Permanente Deductible	\$1,070.61	\$1,045.61	\$25.00	\$1,013.69	\$56.92

Your premium will be divided into two equal payments and taken from the first two pay checks 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 an SHA 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 his/her coverage must be taken "after tax" to comply with IRS regulations.

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

In addition, 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 SHA-paid **value** of their medical, dental and vision coverage as required by IRS regulations. The amounts will be listed on your paycheck as taxable income 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

2019 Monthly Taxable Values of SHA Coverage Provided to:		
Your Non-IRS Tax Dependent Domestic Partner		
Your Domestic Partner's Non-IRS Tax Dependent's Child		
Type of Coverage	Domestic Partner Taxable Amount	Taxable Amount Per Child
Aetna Preventive Plan	\$632.02	\$545.92
Aetna Traditional Plan	\$585.79	\$494.50
Kaiser Permanente Standard	\$509.59	\$448.87
Kaiser Permanente Deductible	\$485.18	\$413.68
DDWA Coverage	\$49.08	\$34.36
Vision Coverage	\$4.32	\$3.02
Buy-Up Vision Plan	\$9.05	\$6.34
Total Taxable Value with DDWA & VSP Basic Plan		
Aetna Preventive Plan	\$685.42	\$583.30
Aetna Traditional Plan	\$639.19	\$531.88
Kaiser Permanente Standard Plan	\$562.99	\$486.25
Kaiser Permanente Plan	\$538.58	\$451.06
Total Taxable Value with DDWA and VSP Buy-Up Plan		
Aetna Preventive Plan	\$690.15	\$586.62
Aetna Traditional Plan	\$643.92	\$535.20
Kaiser Permanente Standard Plan	\$567.72	\$489.57
Kaiser Permanente Deductible Plan	\$543.31	\$454.38

Health Care Premiums

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

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

Taxable Benefit
Amount – (with
DHS)

2019 Monthly Taxable Values of City Coverage Provided to: Your Non-IRS Tax Dependent Domestic Partner Your Domestic Partner's Non-IRS Tax Dependent's Child		
Type of Coverage	Domestic Partner Taxable Amount	Taxable Amount Per Child
Aetna Preventive Plan	\$632.02	\$545.92
Aetna Traditional Plan	\$585.79	\$494.50
Kaiser Permanente Standard Plan	\$509.59	\$448.87
Kaiser Permanente Deductible Plan	\$485.19	\$413.68
DHS Coverage	\$68.62	\$48.04
Basic Vision Plan	\$4.32	\$3.02
Buy-Up Vision Plan	\$9.05	\$6.34
Total Taxable Value with DHS & VSP Basic Plan		
Aetna Preventive Plan	\$704.96	\$596.98
Aetna Traditional Plan	\$658.73	\$545.56
Kaiser Permanente Standard Plan	\$582.53	\$499.93
Kaiser Permanente Deductible Plan	\$558.12	\$464.74
Total Taxable Value With DHS & VSP Buy-Up Plan		
Aetna Preventive Plan	\$709.96	\$600.30
Aetna Traditional Plan	\$663.46	\$548.88
Kaiser Permanente Standard Plan	\$587.26	\$503.25
Kaiser Permanente Deductible Plan	\$562.85	\$468.06

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)

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.

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 at Aetna.com.

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.

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

Preventive and Traditional Plans (Aetna)

Kaiser Permanente Plans

Prescription Drug Coverage Comparison

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

*Coinsurance exceptions:

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

Dental Plan Options

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

Delta Dental of Washington

If you select DDWA, you can receive services from any dentist, but your out-of-pocket expenses may be lower if you choose a dentist who belongs to the DDWA network.

Selecting a DDWA dentist means:

- The portion of the dentist 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, the dentist will not bill you 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 orthodontia benefits for children. Pre-treatment estimates are recommended. The orthodontia benefit is paid at a 50% level to a lifetime maximum of \$1,500 for each eligible child. There is no adult orthodontia coverage.

Plan-Ahead

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

Dental Plan Options

Dental Health Services

The Dental Health Services Plan provides greater benefits for services received in network than if you enroll in DDWA, but the DHS network of participating dentists is smaller and you must see a participating network dentist in order for services to be covered.

Selecting a Dental Health Services dentist means:

- There are no deductibles or annual maximums.
- Coverage does not decrease if you do not visit your dentist regularly.

Payment of Basic Services

This plan has an office visit copay of \$10 for all employees. There are also copays for selected services. The plan comparison on the next page lists services and copay requirements.

Orthodontia

DHS offers both child and adult (age 25 and over) orthodontia. Orthodontia charges include: a copayment of \$1,800 per adult or \$1,000 per child for orthodontic treatment; a \$150 charge for the initial exam, study models and X-rays; and \$10 copay for each visit during the course of treatment.

Plan-Ahead

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

Dental Plan Comparison

The table on the next page compares the coverages offered by the two dental plans.

Dental Plan Comparison

Plan Features	Delta Dental of Washington (DDWA)	Dental Health Services (DHS)
Calendar Year Deductible	\$50 per person, \$150 per family (No deductible for preventive services)	\$0
Annual Maximum Benefit	\$2,000 per person per year	No Annual Maximum.
Diagnostic and Preventive (routine and emergency exams, x-rays, cleaning, fluoride treatment, sealants)	Class I: 100%	\$10 office visit copay Two additional cleanings for pregnant women, up to four cleanings.
Fillings	Class II: Incentive payments levels 1 st Year – 80% 2 nd Year – 90% 3 rd Year – 100%	\$10 office visit copay Covers composite fillings in all teeth (posterior composite fillings additional \$15)
Crowns	Class II: Constant 70%	\$145 noble, \$175 high noble or titanium, \$200 upgraded, specialized porcelain if applicable per unit. (Non-specialized porcelain is \$75.)
Prosthetic Services (Dentures, Bridges)	Class III: Constant 50%	\$125 plus \$10 office visit copay (dentures) \$75 plus \$10 office visit copay (bridges)
Orthodontia	Child(ren) Only	Available for Child & Adult
	Plan pays 50% up to lifetime maximum of \$1,500; deductible doesn't apply	Adult (age 25 and over) \$1,800 plus \$150 for initial exam, study models and x-rays covers full course of treatment plus \$10 copay for each visit (new cases). Orthodontia cases (less than age 25) \$1,000 copay \$150 for initial exam, study models and x-rays covers full course of treatment plus \$10 copay for each visit (new cases)
Choice of Providers	In-Network: Any contracted provider. Out-of-Network: Expenses paid will be based on actual charges or Delta Dental of Washington's maximum allowable fees for nonparticipating dentists, whichever is less. You will be responsible for any balance remaining.	In-Network: Any contracted provider in the DHS network. Out-of-Network: No out-of-network coverage.

Dental Plan Comparison (continued)

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

2019 Monthly Dental Premiums

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	\$107.62	\$0	\$0
Dental Health Services	\$150.46	\$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.

Vision Coverage

<p>Vision Service Plan (VSP)</p>	<p>SHA employees have two vision plans, offered by the City of Seattle, from which to choose—both through Vision Service Plan.” The Basic plan is fully paid by SHA and, the employee pays the vision Buy-Up plan.</p>
<p>Plan Ahead</p>	<p>The Buy-Up plan provides more frequent coverage of lenses, frames and contact lenses and includes coverage of progressive lenses. You and each covered family member can choose one enhanced eyewear option; an additional \$75 frame allowance, or an additional \$25 contact lens allowance or fully covered anti-reflective coating, or fully covered progressive lenses, or fully covered photochromic adaptive lenses.</p> <p>If you use a VSP provider, you will receive the benefits listed in the following table. If you use a non-VSP provider, the Plan will reimburse you for expenses in the amounts shown.</p> <p>Lens options such as scratch coating, anti-reflective coating, and high density plastic are not covered by the Basic plan. Some lens options are covered by the Buy-Up plan. If you want any features not covered by a vision plan, plan ahead and use your FSA to pay for it with pre-tax dollars.</p>

Vision Benefits

Plan Feature	Coverage by Provider	
	VSP Provider	Non-VSP Provider
<p>Eye exam:</p> <p>Basic and Buy-Up Plans: Covered each calendar year</p>	<p>\$10 copay. Exam covered in full.</p>	<p>Covered up to \$45.</p>
<p>Prescription Glasses:</p> <p>Basic Plan: Lenses or contacts covered every year. Frames covered <i>every other</i> year.</p> <p>Buy-Up Plan: Prescription glasses or contact lenses covered <i>every</i> year</p>	<p>\$25 copay.</p> <p>Frames covered in full up to contract allowance of \$175.</p> <p>Basic Plan: Single vision, lined bifocal, lined trifocal lenses are covered in full; progressive lenses <i>not</i> covered in full, but receive a 20-25% savings.</p> <p>Buy-up Plan: Single vision, lined bifocal, lined trifocal, and progressive lenses are covered in full.</p>	<p>\$25 copay.</p> <p>Frames covered up to \$70. Lenses covered up to \$30 - \$65 depending on type of lens.</p> <p>Basic Plan: Single vision, lined bifocal, lined trifocal lenses are covered as shown above; progressive lenses <i>not</i> covered</p> <p>Buy-up Plan: Single vision, lined bifocal, lined trifocal covered as shown above; progressive lenses covered up to \$50.</p>

Vision Coverage

Vision Benefits (continued)

Plan Feature	Coverage by Provider	
	VSP Provider	Non-VSP Provider
<p>Contact Lenses:</p> <p>Basic Plan: Contact lenses (<i>instead of glasses</i>) covered <i>every other year</i>.</p> <p>Buy-Up Plan: Contact lenses or prescription glasses covered <i>every year</i>.</p>	<p>Basic Plan: Elective contact lenses covered up to \$175; contact lens fitting and evaluation exam covered in full after up to a \$60 copay.*</p> <p>Buy-Up Plan: Elective contact lenses covered up to \$175; contact lens fitting and evaluation exam covered in full after up to a \$60 copay.*</p>	<p>Basic Plan: Elective contact lenses covered up to \$105; includes contact lens evaluation exam, fitting and materials.*</p> <p>Buy-Up Plan: Elective contact lenses covered up to \$105; includes contact lens evaluation exam, fitting and materials.*</p>
<p>Other:</p>	<p>Basic Plan: Lens options such as scratch coating, anti-reflective coating, or high-density plastic are not covered.</p> <p>Buy-Up Plan Easy Options: Choice of one option per year per member – additional \$75 frame allowance, or additional \$25 contact lens allowance, or fully covered anti-reflective coating, or fully covered progressive lenses or fully covered photochromic adaptive lenses.</p>	

*Medically necessary contacts are covered in full when patient meets specific requirements as determined by VSP doctor at the time of service (up to \$210 at a Non-VSP Provider).

2019 Monthly Vision Premiums

Vision 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
Vision Service Basic Plan (VSP)	\$9.47	\$0	\$0
Buy-Up Plan	\$19.85	\$10.38	\$10.38

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

Optional Insurance

Optional Insurance Choices

The following is a list of all your optional insurance choices. SHA offers paid Basic Long-Term Disability Insurance and shares the cost of Group Term Life Insurance with you. Accidental Death and Dismemberment and Long-Term Care insurance premiums are paid in full by the employee. You can purchase additional insurance coverage within 30 days of your hire date, or during an Open Enrollment period, or within 30 days of a qualifying change in family status.

- Accidental Death and Dismemberment (AD&D) insurance for yourself and family members
- Supplemental Long-Term Disability insurance for yourself
- Life insurance for yourself and family members
- Supplemental Life insurance for yourself and family members
- Long-Term Care insurance for yourself and family members

Optional Insurance – AD&D

Accidental Death and Dismemberment (AD&D)

To supplement your Basic and Supplemental Life Insurance, you may purchase Accidental Death and Dismemberment (AD&D) Insurance for yourself, spouse/domestic partner and/or children. AD&D Insurance pays a death benefit (principal sum or full insurance amount) if the insured person dies due to an accident; it also pays a percentage of the death benefit if the covered person loses a limb(s) or becomes paralyzed. For example, a person who is covered by AD&D Insurance would receive 50% of the principal sum (full insurance amount) if he/she lost a limb from an injury relating to an accident.

You can cover yourself in \$25,000 increments up to \$500,000. The amount of coverage for your family members is a percentage of your coverage amount. For example, John Smith has “Employee and Family” coverage for himself and his two children (no spouse). If one of his children dies, he receives a payout of 20% of the principal sum. If John had a spouse, he would receive 15% of the principal sum if his child were to die. Charts showing costs and payout percentages can be found on the next page.

In addition, the plan has travel assistance benefits for you and your covered family members when you travel 100 miles or more from home or internationally. Locate the travel assistance program guide and wallet card at <https://www.seattlehousing.org/work-at-sha/employee-benefits/optional-insurance/accidental-death-and-dismemberment-insurance>

How to Decide if You Need AD&D

If you don't have life insurance or other insurance plans to cover your family if something should happen to you, you may consider purchasing AD&D coverage.

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

Optional Insurance – AD&D

Accidental Death & Dismemberment Costs

Cost of AD&D for “Employee Only” and “Employee and Family” Coverage	Monthly Cost to Employee:		
	Principal Sum:	Employee Only:	Employee and Family
	\$25,000	\$.75	\$1.00
	\$50,000	\$1.50	\$2.00
	\$75,000	\$2.25	\$3.00
	\$100,000	\$3.00	\$4.00
	\$125,000	\$3.75	\$5.00
	\$150,000	\$4.50	\$6.00
	\$175,000	\$5.25	\$7.00
	\$200,000	\$6.00	\$8.00
	\$225,000	\$6.75	\$9.00
	\$250,000	\$7.50	\$10.00
	\$275,000	\$8.25	\$11.00
	\$300,000	\$9.00	\$12.00
	\$325,000	\$9.75	\$13.00
	\$350,000	\$10.50	\$14.00
	\$375,000	\$11.25	\$15.00
	\$400,000	\$12.00	\$16.00
	\$425,000	\$12.75	\$17.00
	\$450,000	\$13.50	\$18.00
\$475,000	\$14.25	\$19.00	
\$500,000	\$15.00	\$20.00	
Payout Amounts if “Employee and Family” Coverage is Selected	Family includes employee and:	Percentage of principal sum you receive if your spouse/partner dies	Percentage of principal sum you receive if a child dies
	Spouse/DP Only (no children)	60%	0%
	Spouse/DP & Children	50%	15%
	Children Only (no spouse/DP)	0%	20%

Optional Insurance – Long Term Disability

Basic Long-Term Disability (LTD)

The basic benefits package provided by SHA 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 work.

SHA offers the opportunity to purchase additional LTD coverage. The additional LTD protection will combine with other income sources, if any, to provide you with 60% of your monthly base pay over \$667 up to a maximum \$8,333 of monthly base pay.

Supplemental LTD

If you do not sign up for Supplemental LTD coverage as a new employee, you can elect to add Supplemental LTD earnings protection during a subsequent Open Enrollment period; however, you may have a longer waiting period for pre-existing conditions.

How Much Will Additional Disability Coverage Cost?

The cost for this additional level of earnings protection is figured according to the following formula:

Subtract \$667 from your base monthly pay.
Multiply the remaining amount by .00585.

For example, if your base monthly pay is \$2,000, your monthly premium would be \$7.79 per month.
($\$2,000 - \$667 = \$1,333 \times .00585 = \$7.79/\text{month}$)

Your monthly cost will increase each time your pay increases.

How to Decide if You Need Supplemental LTD

When deciding whether or not to purchase Supplemental LTD, ask yourself the following questions:

1. If I were unable to work for a period of time, would I be able to support myself/family on the basic benefit of \$400 per month?
2. Do I have personal savings or other sources of income to maintain my current lifestyle if I am unable to work?

If you answer “no” to either of these questions, you may want to consider purchasing Supplemental LTD coverage.

If you are currently eligible to receive a retirement benefit from the Washington State Public Employees’ Retirement System, and you were to leave employment if you became disabled, you may not want to elect this coverage because the maximum LTD benefit you would receive under those circumstances would be \$100 per month.”

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

Optional Insurance – Group Term Life

Group Term Life (GTL) Insurance

SHA benefits program includes two levels of optional Term Life Insurance: Basic and Supplemental. SHA and you pay for Basic Life Insurance; you pay the full cost for Supplemental Life Insurance. You can sign up for Group Term Life Insurance within 30 days of your hire date, during an Open Enrollment period, or within 30 days of a qualifying change in family status. The plan includes travel assistance benefits for you and your covered family members when you travel 100 miles or more from home or internationally; for more information, see <https://www.seattlehousing.org/work-at-sha/employee-benefits/optional-insurance/life-insurance>

Basic Life Insurance

This optional coverage provides you with a Term Life Insurance benefit amount equal to one-and-a-half times your annual salary. SHA contributes 40% of the cost and you pay the remaining 60% of the cost. A table with information regarding the monthly cost of Basic Term Life Insurance follows.

If you sign up for Basic Term Life Insurance as a new employee, you are guaranteed coverage. However, if you sign up for it later, you will be required to complete a Medical History Statement, which must be approved by the insurance company before your life insurance takes effect. If you have certain health conditions, you could be denied coverage.

How Much Will Coverage Cost?

Your coverage amount is equal to your annual salary, rounded up to the next \$1,000 increment, multiplied by 1.5. Your monthly premium equals \$0.054 times each \$1,000 of coverage.

For example, if your salary is \$78,600 per year, round it up to \$79,000. Your coverage amount is \$118,500 (Calculation: $\$79,000 \times 1.5 = \$118,500$). Your premium is \$6.40 per month (Calculation: $\$0.054 \times 118$).

This policy includes a conversion privilege which allows you to continue some level of coverage if you leave SHA employment. Conversion is guaranteed, which means you can continue the policy regardless of any existing medical condition. It is more costly because of this provision, but could allow you to maintain coverage when you otherwise might not qualify for new life insurance coverage.

Limited Basic Life Insurance

IRS rules state that the value of Basic Life Insurance over \$50,000, which is paid for by SHA, is taxable. Because SHA pays 40% of the cost for your Basic Term Life Insurance, you may have some taxable value. If you do, the amount on which you pay taxes will be shown on your second paycheck each month. You may limit your Basic Term Life Insurance coverage amount to \$50,000 to avoid the additional taxes by signing a notarized Waiver form available at Human Resources department.

Optional Insurance – Group Term Life

Basic Group Life Insurance Costs					
Costs for Basic Life Insurance (based on employee's annual earnings)	Employee's Annual Earnings	Amount of Insurance	Employee Monthly Premium	City Monthly Premium	Total Monthly Premium
		\$30,000.01 – \$31,000	\$46,500	\$2.51	\$1.67
	\$31,000.01 – \$32,000	\$48,000	\$2.59	\$1.73	\$4.32
	\$32,000.01 – \$33,000	\$49,500	\$2.67	\$1.78	\$4.45
	GTL Limited	\$50,000	\$2.70	\$1.80	\$4.50
	\$33,000.01 – \$34,000	\$51,000	\$2.75	\$1.84	\$4.59
	\$34,000.01 – \$35,000	\$52,500	\$2.84	\$1.89	\$4.73
	\$35,000.01 – \$36,000	\$54,000	\$2.92	\$1.94	\$4.86
	\$36,000.01 – \$37,000	\$55,500	\$3.00	\$2.00	\$5.00
	\$37,000.01 – \$38,000	\$57,000	\$3.08	\$2.05	\$5.13
	\$38,000.01 – \$39,000	\$58,500	\$3.16	\$2.11	\$5.27
	\$39,000.01 – \$40,000	\$60,000	\$3.24	\$2.16	\$5.40
	\$40,000.01 – \$41,000	\$61,500	\$3.32	\$2.21	\$5.53
	\$41,000.01 – \$42,000	\$63,000	\$3.40	\$2.27	\$5.67
	\$42,000.01 – \$43,000	\$64,500	\$3.48	\$2.32	\$5.80
	\$43,000.01 – \$44,000	\$66,000	\$3.56	\$2.38	\$5.94
	\$44,000.01 – \$45,000	\$67,500	\$3.65	\$2.43	\$6.08
	\$45,000.01 – \$46,000	\$69,000	\$3.73	\$2.48	\$6.21
	\$46,000.01 – \$47,000	\$70,500	\$3.81	\$2.54	\$6.35
	\$47,000.01 – \$48,000	\$72,000	\$3.89	\$2.59	\$6.48
	\$48,000.01 – \$49,000	\$73,500	\$3.97	\$2.65	\$6.62
	\$49,000.01 – \$50,000	\$75,000	\$4.05	\$2.70	\$6.75
	\$50,000.01 – \$51,000	\$76,500	\$4.13	\$2.75	\$6.88
	\$51,000.01 – \$52,000	\$78,000	\$4.21	\$2.81	\$7.02
	\$52,000.01 – \$53,000	\$79,500	\$4.29	\$2.86	\$7.15
	\$53,000.01 – \$54,000	\$81,000	\$4.37	\$2.92	\$7.29
	\$54,000.01 – \$55,000	\$82,500	\$4.46	\$2.97	\$7.43
	\$55,000.01 – \$56,000	\$84,000	\$4.54	\$3.02	\$7.56
	\$56,000.01 – \$57,000	\$85,500	\$4.62	\$3.08	\$7.70
	\$57,000.01 – \$58,000	\$87,000	\$4.70	\$3.13	\$7.83
	\$58,000.01 – \$59,000	\$88,500	\$4.78	\$3.19	\$7.97
	\$59,000.01 – \$60,000	\$90,000	\$4.86	\$3.24	\$8.10
	\$60,000.01 – \$61,000	\$91,500	\$5.94	\$3.29	\$8.23
	\$61,000.01 – \$62,000	\$93,000	\$5.27	\$3.35	\$8.37
	\$62,000.01 – \$63,000	\$94,500	\$5.35	\$3.40	\$8.50
	\$63,000.01 – \$64,000	\$96,000	\$5.43	\$3.46	\$8.64
	\$64,000.01 – \$65,000	\$97,500	\$5.51	\$3.51	\$8.78
	\$65,000.01 – \$66,000	\$99,000	\$5.35	\$3.56	\$8.91
	\$66,000.01 – \$67,000	\$100,500	\$5.43	\$3.62	\$9.05
	\$67,000.01 – \$68,000	\$102,000	\$5.51	\$3.67	\$9.18

Optional Insurance – Group Term Life

Basic Group Life Insurance Costs - *Continued*

Employee's Annual Earnings	Amount of Insurance	Employee Monthly Premium	City Monthly Premium	Total Monthly Premium
\$68,000.01 – \$69,000	\$103,500	\$5.59	\$3.73	\$9.32
\$69,000.01 – \$70,000	\$105,000	\$5.67	\$3.78	\$9.45
\$70,000.01 – \$71,000	\$106,500	\$5.75	\$3.83	\$9.58
\$71,000.01 – \$72,000	\$108,000	\$5.83	\$3.89	\$9.72
\$72,000.01 – \$73,000	\$109,500	\$5.91	\$3.94	\$9.85
\$73,000.01 – \$74,000	\$111,000	\$5.99	\$4.00	\$9.99
\$74,000.01 – \$75,000	\$112,500	\$6.08	\$4.05	\$10.13
\$75,000.01 – \$76,000	\$114,000	\$6.16	\$4.10	\$10.26
\$76,000.01 – \$77,000	\$115,500	\$6.24	\$4.16	\$10.40
\$77,000.01 – \$78,000	\$117,000	\$6.32	\$4.21	\$10.53
\$78,000.01 – \$79,000	\$118,500	\$6.40	\$4.27	\$10.67
\$79,000.01 – \$80,000	\$120,000	\$6.48	\$4.32	\$10.80
\$80,000.01 – \$81,000	\$121,500	\$6.56	\$4.37	\$10.93
\$81,000.01 – \$82,000	\$123,000	\$6.64	\$4.43	\$11.07
\$82,000.01 – \$83,000	\$124,500	\$6.72	\$4.48	\$11.20
\$83,000.01 – \$84,000	\$126,000	\$6.80	\$4.54	\$11.34
\$84,000.01 – \$85,000	\$127,500	\$6.89	\$4.59	\$11.48
\$85,000.01 – \$86,000	\$129,000	\$6.97	\$4.64	\$11.61
\$86,000.01 – \$87,000	\$130,500	\$7.05	\$4.70	\$11.75
\$87,000.01 – \$88,000	\$132,000	\$7.13	\$4.75	\$11.88
\$88,000.01 – \$89,000	\$133,500	\$7.21	\$4.81	\$12.02
\$89,000.01 – \$90,000	\$135,000	\$7.29	\$4.86	\$12.15
\$90,000.01 – \$91,000	\$136,500	\$7.37	\$4.91	\$12.28
\$91,000.01 – \$92,000	\$138,000	\$7.45	\$4.97	\$12.42
\$92,000.01 – \$93,000	\$139,500	\$7.53	\$5.02	\$12.55
\$93,000.01 – \$94,000	\$141,000	\$7.61	\$5.08	\$12.69
\$94,000.01 – \$95,000	\$142,500	\$7.70	\$5.13	\$12.83
\$95,000.01 – \$96,000	\$144,000	\$7.78	\$5.18	\$12.96
\$96,000.01 – \$97,000	\$145,500	\$7.86	\$5.24	\$13.10
\$97,000.01 – \$98,000	\$147,000	\$7.94	\$5.29	\$13.23

Optional Insurance – Group Term Life

Supplemental Life Insurance

SHA offers an additional life insurance option—Supplemental Term Life. As long as you are enrolled for Basic Term Life Insurance, you may purchase Supplemental Life Insurance for yourself and your eligible family members. You pay the entire cost for Supplemental Term Life Insurance coverage. In order for your family members to be covered, you must first enroll yourself.

This coverage is subject to various election rules:

- You may purchase up to four times your base salary in Supplemental Term Life Insurance for yourself. The amount is rounded down to the nearest \$5,000 increments. For example, if your salary is \$34,000 and you purchase four times your base salary ($\$34,000.00 \times 4 = \$136,000.00$), the maximum you can elect is \$135,000.00.
- To cover your spouse/domestic partner, you may purchase in multiples of \$5,000 up to a maximum of 50% of the amount of coverage you purchase on yourself. For example, if you purchase \$120,000 of Supplemental Term Life Insurance on yourself, you may purchase up to \$60,000 of coverage for your spouse/domestic partner.
- You may purchase \$2,000, \$5,000 or \$10,000 of coverage for each of your children. Children may be covered up to age 26 (through age 25).

Election rules also state:

- If the Supplemental Term Life Insurance maximum of four times your basic salary exceeds \$1,000,000 when added to the amount of your Basic Life Insurance, you will need to complete and submit a Medical History Statement regardless of when you enroll.
- If you do not sign up when first eligible, you must submit a Medical History Statement and your coverage will be subject to approval.
- When you are first eligible, you can purchase up to \$50,000 in Supplemental insurance for your spouse/domestic partner without a Medical History Statement. If you want to purchase more than \$50,000 on your spouse/domestic partner, he or she must submit a Medical History Statement. If you wait for Open Enrollment, a Medical History Statement will be required and must be approved for any amount.

Optional Insurance— Group Term Life

How to Decide if You Need Life Insurance

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

When deciding if you should buy life insurance, ask yourself the following questions:

- Am I solely or largely responsible for the financial well-being of my family?
- Would my family need additional income to live on if something happened to me?
- Should I elect coverage now because no Medical History Statement is required but would be required later, and I might not qualify?

If you answered **yes** to these questions, you may want to consider purchasing supplemental life insurance.

The following tables show the cost of supplemental GTL insurance for you, your spouse/partner, and your children.

Costs for Covering Yourself and Your Spouse/ Domestic Partner for Supplemental Life Insurance

Supplemental GTL for Employee and Spouse/Domestic Partner	
Your Age	Monthly cost/\$1,000 of coverage
18-29	\$.026
30-34	\$.039
35-39	\$.052
40-44	\$.073
45-49	\$.123
50-54	\$.188
55-59	\$.292
60-64	\$.447
65+	\$.778

Costs for Covering Your Children

Supplemental GTL for Children	
Amount of coverage	Monthly cost*
\$2,000	\$0.36
\$5,000	\$0.90
\$10,000	\$1.80

*Cost covers all children.

Optional Insurance – HAIG Free Life Insurance

HAIG Free Life insurance

Housing Authority Insurance Group (HAIG) offers a free \$5,000.00 life insurance policy to active eligible SHA employees only. The coverage amount will be reduced for an active employee at age 65 to \$3,250 and age 70 to \$2,500.00. This policy is written with the Guardian Life Insurance Company of America, with the policy holder being Housing Authority Insurance, Inc. This free HAIG life insurance plan covers you for as long as you are an active employee, and does not cover you when you retire, or separate from SHA employment.

Please be sure to submit your HAIG beneficiary form within 30 days from your date of hire. Please note that you will not be given another opportunity to sign up for the free life insurance until the annual open enrollment.

The Seattle Housing Authority and/or HAIG intends to provide this life insurance indefinitely but reserves the right to amend or terminate this insurance at any time with or without notice.

Optional Insurance – Long-Term Care

Long-Term Care

Long Term Care is defined as the type of care received when someone needs assistance with what is known as the Activities of Daily Living – basic activities like dressing, bathing, eating and moving around that can be impaired by an accident, illness or advancing age. Long Term Care is not limited to the elderly. Accidents or unexpected illness can happen at any time and at any age. We are offering long term care insurance through Unum Insurance Company, which holds a superior industry rating. The insurance is voluntary, guaranteed renewable and portable.

Coverage may be purchased for the employee, employee's spouse or domestic partner, employee's parent or grandparent, employee's sibling or child age 18 and over, or the spouse's/domestic partner's parent or grandparent. The cost of the insurance will be based on the applicant's age at the time the coverage goes into effect.

Coverage for the employee for benefits up to and including \$6,000 per month, and for 3 or 6 years of duration of benefits, on a Guarantee Issue basis is automatically approved for new employees who choose to enroll in the coverage. Coverage for benefits higher than \$6,000, benefits for an unlimited duration, or benefits not on a Guarantee Issue basis will require the completion of a medical questionnaire for evidence of insurability. Coverage levels for anyone other than the new employee will require the completion of a medical questionnaire. *Note: any level of coverage applied for which requires the completion of a medical questionnaire is not guaranteed, but subject to review and approval.* Long Term Care packets are available upon request in Human Resources.

How to Determine if You Need Long-Term Care Insurance

You should consider purchasing Long-Term Care Insurance if you have a history of disabling hereditary illness in your family (such as Alzheimer's), if you have an existing medical condition that will worsen over time, or if your family would have to use savings or sell assets to pay for long-term care.

For more information or to request an enrollment kit, please contact Human Resources at (206) 615-3328.

Optional Insurance - Flexible Spending Accounts

Flexible Spending Accounts

SHA's Flexible Spending Account (FSA) Plans allow you to set aside pre-tax dollars from your paycheck (\$120 annual minimum, \$2,650.00 annual maximum for Health Care FSA plan or \$5,000.00 for Dependent Care FSA plan) to pay for eligible expenses not covered through other benefit programs. When you put money into an FSA, you do not pay federal or Social Security taxes on it. As a result, your taxable income is reduced and your taxes are lower.

You can sign up for flexible spending accounts within 30 days of your hire date, during an Open Enrollment period, or within 30 days of a qualifying change in family status. There are two types of FSA Plans:

Health Care FSA Account

Health Care FSA – allows you to set aside money (\$2,650.00 annual maximum) to pay for expenses not covered by your health plans (e.g., deductibles, copays, or expenses for orthodontia that exceed the plan maximum). Health care premiums are not eligible expenses because they are already deducted from your paycheck on a pre-tax basis. You must submit receipts for reimbursement by March 31, of the following year.

Day Care FSA Account

You may carry over up to \$500 of unused health care FSA funds into the following plan year if it results in a minimum account balance of \$120. Amounts above \$500 left in the account at the end of the year cannot be refunded.

Dependent Day Care FSA – allows you to set aside money to pay for eligible dependent care expenses for your child, disabled spouse, or tax dependent parent(s) (or anyone who qualifies as a dependent on your IRS tax form) while you and your spouse/domestic partner work (\$5,000 annual maximum). Money left in the account at the end of the year cannot be refunded.

As you incur eligible expenses, you submit bills and receipts, and receive reimbursement up to the amount you elect to have withheld from your paychecks throughout the year. There are restrictions on the amount you can contribute and the types of expenses that can be reimbursed.

Commute Trip Reduction Program

Commute Trip Reduction Program.

Visit the Ourhouse Rideshare Program Page at <https://seattlehousingorg.sharepoint.com/hr/SitePages/Transportation-Benefits.aspx>

to learn more about Commute Trip Reduction benefits including ORCA Passport and Vanpool programs, resources for employees who bike to work, Zipcar, and Guaranteed Ride Home.

Transit Pass Subsidy and Tax Savings Program

SHA employees can get a discounted membership to Zipcar. SHA will pay the application fee, 3 free hours of use per month and all yearly membership fee. Your monthly costs as a member will vary depending on how much you use the Zipcar vehicles – see the Rideshare Program brochure for details or visit <https://seattlehousingorg.sharepoint.com/hr/SitePages/Other-commute-resources.aspx>

Zipcar

Use a rideshare mode to get to work, then use Zipcar to go to doctor's appointments, do special errands during the day, or drive home after working an extended day. Zipcar vehicles are located throughout Seattle and Bellevue, and you'll have access to the entire Zipcar fleet on evenings and weekends. For more details or to enroll in the Zipcar program, log on to <http://www.zipcar.com>. Once approved, your Zipcard should arrive within several business days.

Bike to Work

SHA offers bike racks, lockers and showers as a benefit to employees at several SHA worksites along with yearly events to appreciate our cyclists at SHA. For more information visit <https://seattlehousingorg.sharepoint.com/hr/SitePages/Other-commute-resources.aspx> or reach out to the [#Bikers](#) group in Outlook.

Employee Assistance Program

Employee Assistance Program (EAP)

SHA offers you and your family the services of an Employee Assistance Program (EAP) through Wellspring Family Services. An Employee Assistance Program provides short-term, confidential counseling for you and your family at no out-of-pocket expense to you. You may use the EAP as soon as you are hired as a regular SHA employee. Simply call 1-800-553-7798 (Local: 206-654-4144; TTY: 866-704-6355).

Here are some examples of what EAP can help with:

- Consumer information
- Legal matters
- Financial concerns
- Effective communication
- Emotional concerns
- Addictions and disorders
- Adult and elder care assistance
- Parenting resources and support
- Stress management
- Domestic violence resources and support
- Grief and loss
- Identity theft response
- Personal and professional relationships

You and your family members are each entitled to six face-to-face counseling visits, per issue, per year at no cost to you. The EAP can assist you with issues such as aging and care giving, parenting support and education, stress, anxiety and depression, financial and legal concerns, addictions, family and relationships and many other issues. All discussions between you and the EAP therapist are confidential. Personal information is never shared with anyone, including your employer, at any time without your direct knowledge and approval. *(Exceptions are made only in cases governed by law to protect individuals threatened by violence.)*

You can also access a wealth of information or schedule an appointment via their website at www.wfseap.org. Just type **Seattle Housing Authority** in the user name box. The Wellspring Family Services website contains more information about the program as well as over 80 topics on health and life-styles, daily features and news articles, and resource links (e.g. news, books, reviews, self-help assessments, symptom information, medications, etc). You may also make an EAP appointment via the website.

Retirement

Public Employees' Retirement System (PERS)

Public Employees' Retirement System (PERS) membership is defined by Washington State statutes, and is mandatory if you are hired into an "eligible" position. Most SHA employees are members of the Washington Department of Retirement Systems (DRS), Public Employees Retirement System (PERS). However, if you are retired from or have been a member of the Seattle, Spokane or Tacoma Employee's Retirement System, your PERS enrollment must be verified and approved by DRS. It is the employee's responsibility to indicate that on their Retirement Status form.

Seattle Housing Authority offers two programs to help you prepare financially for retirement.

- **PERS Plan 1** is for employees who established membership before October 1, 1977.
- **PERS Plan 2** is for employees who established membership on or after October 1, 1977.
- **PERS Plan 3** went into effect September 1, 2002.

Your retirement benefits can be view at www.drs.wa.gov or you may request a PERS handbook at Human Resources.

WA State Deferred Compensation

You can sign up for deferred compensation at any time. Remember, however, that access to this money once it is deferred is governed by very strict IRS regulations, and is not readily available to you. For more information, or to sign up for Deferred Compensation, please contact 800-423-1524, or check their website at <http://www.drs.wa.gov/>.

Leave Benefits

Annual Leave/Vacation

Please refer to the SHA Manual of Operations E-Section (E12.1-2) on the SHA Intranet [Ourhouse](#) for more details on the following leave benefits.

SHA provides you with paid annual leave so you can take time away from work for rest and relaxation.

Annual leave begins to accrue with the first day of employment. All eligible employees will accrue annual leave based on paid hours each bi-weekly pay period. Part time employee accruals are pro-rated based on paid hours each pay period. Paid hours include regular work hours or any type of paid time off, including annual leave, sick leave, merit leave, additional leave, holidays, personal holidays, compensatory time taken, etc. Any overtime/compensatory hours worked are not factored towards leave accruals.

Annual Leave Accrual Rate

During Service Year	Full-Time Hours Accrued Each Pay Period (80 hours)	Total Hours Earned During FT Pay Period Year	Part-Time Accrued Each Pay Period (40 hours)	Part-Time Accrued Each Pay Period (48 hours)	Part-Time Accrued Each Pay Period (50 hours)	Part-Time Accrued Each Pay Period (60 hours)	Part-Time Accrued Each Pay Period (70 hours)
1	3.84	100	1.92	2.30	2.40	2.88	3.36
2	4.00	104	2.00	2.40	2.50	3.00	3.50
3	4.15	108	2.08	2.49	2.59	3.11	3.63
4	4.31	112	2.16	2.59	2.69	3.23	3.77
5	4.46	116	2.23	2.68	2.79	3.35	3.90
6	4.62	120	2.31	2.77	2.89	3.47	4.04
7	4.77	124	2.39	2.86	2.98	3.58	4.17
8	4.92	128	2.46	2.95	3.08	3.69	4.31
9	5.08	132	2.54	3.05	3.18	3.81	4.45
10	5.23	136	2.62	3.14	3.27	3.92	4.58
11	5.23	136	2.62	3.14	3.27	3.92	4.58
12	5.23	136	2.62	3.14	3.27	3.92	4.58
13	5.23	136	2.62	3.14	3.27	3.92	4.58
14	5.54	144	2.77	3.32	3.46	4.16	4.85
15	5.54	144	2.77	3.32	3.46	4.16	4.85
16	5.54	144	2.77	3.32	3.46	4.16	4.85
17	5.85	152	2.93	3.51	3.66	4.39	5.12
18	5.85	152	2.93	3.51	3.66	4.39	5.12
19	5.85	152	2.93	3.51	3.66	4.39	5.12
20	6.15	160	3.08	3.69	3.84	4.61	5.38
21	6.15	160	3.08	3.69	3.84	4.61	5.38
22	6.15	160	3.08	3.69	3.84	4.61	5.38
23	6.46	168	3.23	3.88	4.04	4.85	5.65
24	6.77	176	3.39	4.06	4.23	5.08	5.92
25 +	7.69	200	3.85	4.61	4.81	5.77	6.73

Leave Benefits (Continued)

Sick Leave

SHA provides you with paid sick leave, which may be used for medical, dental or vision appointments, for preventative care or treatment, or for when you or a close relative living with and/or dependent upon you are sick or injured.

If you are a full-time employee you will accrue 3.69 hours of sick leave per pay period. If you are a part-time employee your accrual is pro-rated. You begin accruing sick leave every pay period. There is no maximum limit to the sick leave that you can accrue or carry over into subsequent years.

Holidays

SHA provides nine (9) established holidays to all eligible employees each year. The established holidays are: New Year's Day; Martin Luther King's Birthday; Presidents' Day; Memorial Day; Independence Day; Labor Day; Thanksgiving Day; the day after Thanksgiving, and Christmas Day. When any of these holidays falls on a Saturday, Friday is given off; where they fall on a Sunday, Monday is given off.

You must work or have paid leave on the day before a holiday in order to receive holiday pay. For example, if a holiday falls on a Monday and your last scheduled work day is Friday, you must either work on Friday or use your accrued paid leave in order to be paid for the Monday holiday. Please refer to the SHA Manual of Operations on the SHA Intranet [Ourhouse](#) for more details.

Personal Holidays

Each new year you will also be given three personal holidays which can be taken at your discretion, with the prior permission of your supervisor. Personal holidays must be taken in full day increments. They must be used by the end of the Payroll year, and unused days may **not** be carried over to the next year. To be eligible to receive paid time off for all three personal holidays, you must begin employment by June 1 of the calendar year. If you are hired after June 1, and before November 11, two personal holidays will be allowed to be used by the end of the calendar year. If you are hired on November 11 or later, no personal holidays will be given for that year.

Bereavement Leave

Two days of SHA-paid bereavement leave may be taken, and up to five consecutive days of sick leave may be used in the event of a death in the employee's family. If you are a member of a bargaining unit, please refer to your union contract for details. Exceptions to taking the five days of sick leave consecutively may be made with supervisor approval, for example in the case where the funeral or memorial service occurs over a week after the date of death. The employee's family shall include the employee's spouse or domestic partner, and the following relations to the employee, spouse or domestic partner: parents (natural parent, stepparent, or adoptive parent), parents-in-law, children (natural child, stepchild, adoptive child or foster child), siblings (natural sibling, stepsibling or adoptive sibling), grandparent or grandchild. Additional leave may be taken with supervisor approval.

Employees may request one day of funeral leave to attend a funeral or memorial service for relations other than the employee's immediate family, to include: (1) the employee's uncle, aunt, cousin, niece or nephew; (2) the spouse/domestic partner of the employee's sibling, child or grandchild; (3) the uncle, aunt, cousin, niece or nephew of the employee's spouse/domestic partner, or (4) the spouse/domestic partner of the sibling of the employee's spouse/domestic partner.

The employee shall give notice to his or her immediate supervisor as soon as possible and shall, if requested by the employee's supervisor, provide substantiation to support the request.

Other Leave Benefits (Continued)

Voluntary Leave Transfer

You are permitted to voluntarily donate your annual leave and/or sick leave to a fellow employee who has exhausted, or is about to exhaust all his/her paid leave, and who must take additional time off because of his/her own illness or injury, or because of an illness or injury of a close relative who is living with and/or is dependent upon the employee, or while taking Family Medical Leave (FMLA), or when an employee experiences a death in the family which qualifies under the SHA bereavement policy. If you want to donate leave, you must retain a balance of 240 hours of sick leave, or a balance of 80 hours of annual leave.

If you want to receive donated leave, you must have used up (or are about to use up) all of your accrued annual leave, sick leave and personal holidays. You also cannot be receiving workers' compensation payments, long-term disability payments, or payments under the Teamster's Local 117 union contract. Please refer to policy [E12.1-5](#) for additional details about the Voluntary Leave Transfer program.

Family Medical Leave (FMLA)

The Family and Medical Leave Act (FMLA) allows you to take up to 12 weeks of unpaid Family Medical Leave for personal or medical reasons, birth or adoption of a child, care of a spouse or domestic partner, or parent or child who has a serious health condition. You must be with SHA for one year to be eligible for Family Leave **and** have worked at least 1,250 hours during the 12-month period immediately preceding the beginning of the leave.

Also, SHA will permit an employee who is a "spouse, son, daughter, parent, or next of kin" to take up to 26 work weeks of leave to care for a "member of the Armed Forces, including a member of the National Guard of Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness." Please refer to [E12.1-6](#) in the Employment section of the Manual of Operations for additional rules and procedures regarding FMLA leaves.

Medical Leave Without Pay

In exceptional circumstances, you may be able to take a medical leave without pay (LWOP) due to an illness or injury. You must have exhausted all your Sick Leave, Annual Leave and FMLA Leave before you can request a Medical Leave.

Personal Leave Without Pay

You may request a personal leave without pay in exceptional circumstances to care for a member of your domiciled family due to an extended illness or injury; for an extension of travel, vacation or social service activities; or for other personal reasons. You must have exhausted all other means of paid leave (including FMLA, where appropriate), before a personal leave without pay is granted.

Jury Duty, Trial Witness Leave

SHA recognizes that you have a civic and legal responsibility to serve as a juror, or to appear as a trial witness from time to time, and will provide you with paid leave to perform these civic duties. You must bring a copy of your summons to your supervisor when you first receive a jury duty order, so that your supervisor can plan for your absence. If you are asked to serve as a trial witness, you must bring a copy of your subpoena. You will receive your normal base pay while serving as a juror or trial witness. In order to receive your normal salary you must turn over your civic duty compensation minus costs for transportation, parking, and other fees paid.

Other Leave Benefits (Continued)

Military Leave

You are entitled to Military Leave with pay not to exceed twenty-one (21) working days during each year beginning October 1 and ending September 30 in order to take part in active training duty in such manner and at such time as you may be ordered to active duty or active training duty.

Please see employee policy [E12 1-4 on Personal and Other Leaves](#), for additional information regarding extended military leave.

Parental Leave

Full-time, eligible employees may receive up to 160 hours of Paid Parental Leave (“PPL”) following the birth of a child, placement of a child for foster care, or adoption of a child (a “qualifying event”). Eligibility for PPL is defined in SHA’s Paid Parental Leave Policy. The PPL allowance is pro-rated for employees who work less than full-time. Leave must be must be requested and begin within the first twelve weeks of the birth or placement of an adopted or foster child in the home.

Sabbatical Leave

SHA provides unpaid Sabbatical Leave for eligible employees so they can take time away from work to rest, relax and recharge. An eligible employee may make a written request for sabbatical leave, and his/her Director may grant an unpaid sabbatical leave of absence not to exceed six weeks.

Administrative Leave

The Executive Director or a designee, at his/her discretion, may authorize paid Administrative leave for activities related to SHA. Administrative leave must be authorized in advance, and is not charged against your annual or sick leave.

Please check the SHA policy (Manual operations – Benefits) for more details on Leave benefits.

Glossary

Balance billing	The amount over and above your co-insurance amount that you may be required to pay if you use a non-network provider. See the explanation for Paying an Out-of-network provider at the end of this Glossary.
Coinsurance	The arrangement by which both the Plan and the employee share a specified ratio of the covered expenses under the policy. For example, the Aetna Open Choice Traditional Plan pays 80% of most covered expenses while the employee pays the remaining 20% of covered expenses once the deductible has been met.
Copay	A fee paid at the time a medical or dental service is provided. A copay may be a percentage of charges, but is usually a flat fee. In general, copayments may not be applied toward the coinsurance or out-of-pocket deductibles.
Deductible	The amount of covered expenses that must be incurred before benefits are paid by the Plan. The deductible is set on an annual basis and there are individual and family deductibles.
Eligible Expenses	Expenses as defined in the health plan as being eligible for coverage. This could involve specified health services fees or "reasonable and customary charges."
Formulary	A list of preferred brand-name and generic drugs. Drugs are selected for inclusion based on evaluation criteria developed by each Plan. Formularies are different depending on the Plan, and may change to include new drugs, or to drop brand-name drugs as generic equivalents become available.
Generic Drug	A drug which contains the same active ingredients in the same amounts as the brand-name product, although it may differ in color, shape or size from the brand-name product. It is produced after the brand name drug's patent has expired. It is also called a "generic equivalent."
Network Provider	A medical provider, such as a physician, who has signed a contract to participate in a health plan. Also known as a preferred provider.
Non-network Provider	A provider who has not signed a contract with a health plan. Also known as a non-preferred provider.
Out-of-Pocket Cost	The amount not covered by the plan that the plan member pays. This includes such things as coinsurance, deductibles, etc.
Out-of-Pocket Limit (Out-of-Pocket Maximum)	The amount of copays and/or coinsurance an individual will be required to pay within a calendar year before most covered expenses are covered in full.
Pre-existing condition	A physical condition that existed prior to the effective date of a policy. In many health policies these are not covered until after a stated period of time has elapsed. SHA's medical plans cover all pre-existing conditions.
Preferred Provider	A medical provider, such as a physician, who has signed a contract to participate in a health plan. Also known as a network provider
Preventive Care	Care that consists of routine physical examinations and immunizations. The emphasis is on preventing illnesses before they occur.
Recognized Charge	The charge determined by Aetna on a semi-annual basis to be in the 70 th 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 or want more information, contact the following organizations by phone or obtain information through their web sites.

Aetna Medical Insurance Traditional Group #: 10029010012 Preventive Group #: 10029020012	(877) 292-2480	www.aetnavigators.com to find a doctor: www.aetna.com/docfind/custom/cityofseattle/
Kaiser Permanente Medical Insurance (formerly Group Health Cooperative) Standard Group #: 0284958 Deductible Group #: 0961055	(888) 901-4636	www.kp.org/wa
Vision Service Plan VSP Group #: 12080805-0027	(800) 877-7195	www.vsp.com
Dental Health Services (DHS) DHS Group #: W203	(206) 788-3444 (877) 495-4455	www.dentalhealthservices.com/cityofseattle/
Delta Dental of Washington (DDW) WDS Group #: 160	(206) 522-2300 (800) 554-1907	www.deltadentalwa.com
WA State Retirement Systems (PERS)	(800) 547-6657	www.drs.wa.gov
WA State Deferred Compensation Program	(800) 423-1524 (360) 664-7000	www.drs.wa.gov/dcp
Employee Assistance Program Wellspring Family Services	(800) 553-7798 (206) 654-4144	www.wellspringeap.org user name: Seattle Housing Authority
Long Term Care UNUM Provident	(800) 421-0344	www.unum.com
Life, AD&D, LTD	(206) 615-3328	Human Resources on Ourhouse
Flexible Spending Accounts Navia Benefits Solution	(425) 452-3500 (800) 669-3539	www.naviabenefits.com Company Code: SHA

Visit the SHA website at www.seattlehousing.org under "Work at SHA" for more information on Benefits.

Schedule of Deductions

Please refer to the chart below to see when your benefit deductions are taken out of your paycheck.

Please make sure to review your paycheck when you make changes to your benefits to ensure that the correct amounts are deducted.

Deduction	1st Check of the Month	2nd Check of the Month	3rd Check of the Month
AD&D Insurance	X		
Bus/Flex Pass		X	
Charities	X	X	
Deferred Comp	X	X	
Disability (LTD)	X		
Federal Income Tax	X	X	X
FICA	X	X	X
Flex Spending Accounts	X	X	
Life Insurance (GTL)	X		
Long Term Care (LTC)		X	
Medical	X	X	
Medicare	X	X	X
Parking		X	
PERS (Retirement)	X	X	X
Union/Local Dues	X	X	X
Vision Service Buy Up Plan	X	X	