



Employee Benefits Guide

2021



Dear Seattle Housing Authority Employee,

As a regularly appointed employee, the Seattle Housing Authority (SHA) offers 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 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 work/life programs that are designed to 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". For additional information regarding the benefits, please review the [Manual of Operations_Benefits](#).

SHA 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.

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 notifying Human Resources at (206) 615-3328 of any family or employment status changes that impact benefits such as marriage, divorce, new or terminated domestic partnership, a birth or adoption, dependent gains or loss of coverage, or a death in the family.

Enrolling Dependents: If you add a dependent to SHA 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. For additional information about the verification process, go to www.seattle.gov/personnel/benefits/life/dependenteligibility.asp.

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

Newly promoted to benefit eligible position: You are responsible for making your benefits elections within 30 days of your promotion date.

Adding a new family member: 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. Eligible FSA changes must be made within 30 days.

Dropping a family member: Contact Human Resources at (206) 615-3328, within 30 days of divorce, legal separation, death or domestic partnership termination. If the premiums for a domestic partner or partner's child are taken after taxes, you may drop a domestic partner or partner's child any time if they are not claimed as your IRS tax dependent.

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: You may change beneficiary designation at any time.

- Life, Accidental Death & Dismemberment insurance, HAIG Life insurance and last paycheck – Forms can be found at www.seattlehousing.org under "Work at SHA".
- Retirement (PERS) – contact WA State Retirement at (800) 547-6657.
- WA State Deferred Compensation – contact (800) 423-1524.

Moving: Complete the Personal Information Change Form. Form is posted on Our House. Submit to Human Resources.

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

SHA Benefits Overview

SHA provides employees and their families a range of benefits options:

- **Medical:** Regular employees and their family members have a choice among four healthcare plans: City of Seattle Preventive (Aetna), City of Seattle Traditional (Aetna), Kaiser Permanente Standard and Kaiser Permanente Deductible.
- **Vision:** Regular employees and their family members enroll in VSP Basic or Buy-Up Vision plans
- **Dental:** Regular employees and their family members choose dental coverage through Delta Dental of Washington and Dental Health Services.
- **Accidental Death & Dismemberment (AD&D):** Choose AD&D insurance plan at Individual or Family coverage level. Employees elect the death benefit amount.
- **Long-Term Disability (LTD):** Basic and Supplemental LTD insurance. SHA covers the cost of Basic LTD and employees cover the cost of Supplemental LTD.
- **Long-Term Care (LTC) Insurance:** Employee-paid LTC program has guaranteed acceptance for new employees. Long-Term is offered through Unum and requires a Unum enrollment form. Requests over the guarantee issue will require a medical history and approval by Unum.
- **Life Insurance:** Basic and Supplemental Life Insurance are available. Employees may enroll spouse, domestic partners or child(ren) in Supplemental Life Insurance, as long as employee is enrolled in Basic Life Insurance. SHA and employees share the cost of Group Term Life insurance.
- **HAIG Free Life Insurance:** The Housing Authority Insurance Group (HAIG) offers free life insurance (\$5,000) to eligible SHA employees.
- **Flexible Spending Accounts (FSAs):** Employees can pay for eligible health care expenses and/or employment-related dependent care costs with pre-tax dollars up to \$2,750 for the health care account or \$5,000 (annual family limit) for the day care account. You may carry over up to \$550 in unused health care FSA dollars into the next year as long as it results in a balance of \$120.
- **Commuter Trip Reduction:** SHA offers discounted ORCA cards, Zipcar memberships and bike to work facilities.
- **Employee Assistance Program (EAP):** EAP provides professional, confidential counseling service and a variety of other work/life resources to employees and their family members with personal or work-related circumstances.
- **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:** DRS offers a "457 (B) tax deferred savings plan which allows employees to save pre-tax dollars to supplement retirement funds.
- **Paid Holidays:** 9 paid holidays and 3 personal holidays. Personal Holidays maybe pro-rated your first year.
- **Paid and Unpaid Leave:** A variety of leave options.

Eligibility and Coverage Information

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 insurance, AD&D, LTD, FSA, Deferred Compensation, LTC and EAP plans.

The following family members are eligible to participate in the medical, dental, vision, supplemental life insurance, AD&D 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.

Plan	Child's 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

**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.

New Hire and Promotion Enrollments

If you are a new employee or recently promoted, you must enroll in medical, dental, vision, life insurance, FSA account(s), AD&D and/or supplemental Long Term Disability (LTD) coverage **within 30 days of your hire/promotion date. If you miss the deadline, you will be defaulted into certain benefits and ineligible for others.** If you do not enroll within 30 days of your hire/promotion date, you must wait for the next Open Enrollment period to make changes, unless you experience a qualified family status change.

Coverage begins on your first day of employment/promotion 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/promotion 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/promotion date, you will automatically be enrolled in Aetna Traditional Medical Plan, Delta Dental and basic vision coverage. These plans are at no cost to you. Your dependents will not be enrolled in the default benefit plans and you will lose the opportunity to enroll in optional benefits guarantee coverage.

You have the option to decline medical coverage within 30 days of your hire/promotion date 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 still be enrolled in dental and basic vision plans at no cost to you.

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.

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 optional benefit plan coverages are subject to the approval of a *Medical History Statement* by the benefit carrier.

IRS regulations require employees to re-enroll in the Flexible Spending Account programs (Health Care and Dependent Care) even if you had an account the previous year.

Qualified Family Status Changes that Affect Your Benefits

You must submit a SHA Benefit Enrollment Form within 30 days of the qualified family status change. 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 Open Enrollment period or experience another qualified family status change.

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 within 30 days of the following occurrences:

- 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 their eligible children.
- Your spouse, or domestic partner loses coverage due to termination of employment, change in employment status, or beginning an unpaid leave of absence. You may add your spouse or partner to the plan.
- Your spouse or domestic partner gains coverage due to 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.
- Death of spouse, domestic partner, or child(ren)

Making Changes to Optional Benefits

- **AD&D and Supplemental LTD** – Request to drop or decrease coverage at any time throughout the year. Enroll or request to increase coverage only during new hire or Open Enrollment period.

- **Basic and Supplemental Life Insurance and LTC** – Enroll during new hire or Open Enrollment period or you've experienced a qualified family status change. Change coverage levels at any time throughout the year.
- **FSA Healthcare** – Mid-year changes only allowed with a qualified family status change.
- **FSA Daycare** – Enroll or change when your daycare situation or rates change.
- ** Any elected coverage amount over the guarantee coverage or enrollment after the 30-day new hire/promotion enrollment period will need a Medical History Statement and be subject to approval by the insurance company.

Going Out on Leave of Absences:

An employee has to be on paid status going into the month in order to qualify for benefits. Employees on unpaid leave whose benefits were terminated will have coverage reinstated according to their return date as follows:

- If returning the first through the 15th of the month, coverage is effective the first of that month, however, employees must work at least 80 hours in the month they return to work;
- If returning the 16th through the end of the month, coverage is reinstated the first of the following month.
- An employee who is absent without pay for 15 (fifteen) consecutive calendar days, or less, will not have a lapse in coverage.

Medical, Dental and Vision coverage – Employees on Family Medical Leave Act (FML) or WA Paid Family Medical Leave (PFML) will continue to have medical, dental and vision coverage whether on paid or unpaid status. However, employees are responsible to pay any outstanding medical, vision service buy up plan, and option benefit premiums directly to SHA. According to the FML regulations, coverage may be terminated if employee informs the employer of intent not to return to work at the end of the leave period, or if the employee fails to return to work when the FML leave entitlement is exhausted, or the employee's premium payment is more than 30 days late. If the employee fails to return to work after taking FML leave, the employee has a potential liability for re-payment of health insurance premiums during the unpaid FML.

SPECIAL NOTE FOR EMPLOYEES WITH DOMESTIC PARTNERSHIPS (not tax dependent):

- If you are an employee who maintains medical, dental and vision coverage for your domestic partner or the children of your domestic partner you must make arrangements to pay the FICA and Medicare taxes that will continue to be assessed and owed on the value of this benefit. To make arrangements for uninterrupted coverage of your partner and/or their children, you should contact Human Resources immediately at (206) 615-3328.

ACA continuation: Employees transitioning from FML/PFML to LWOP may continue coverage till the end of the current year if they meet ACA eligibility.

COBRA: Employees on leave without pay and not eligible under FML/PFML can elect to purchase medical/dental/vision coverage through COBRA. The Seattle Housing Authority will send a COBRA letter to employees and their eligible dependents who are no longer eligible for their health benefits.

OPTIONAL INSURANCES: Employees who are on leave without pay, and not eligible under FML/PFML, have to meet the benefit eligibility requirements to continue optional insurances. If employees fail to meet the benefit eligibility requirements, they have the option to self-pay their optional insurances as noted below. Employees can self-pay their optional insurances by paying their portion and SHA's portion directly to Seattle Housing Authority.

- **Accidental Death & Dismemberment (AD&D)** – Coverage will be discontinued the last day of the month that the employee was on paid status. It will be re-instated when the employee returns to work and meets the eligibility requirements.
- **Long Term Disability (LTD) Basic and Supplemental:** Employees have the option to self-pay their LTD coverage up to 6 months. If not self-paid, there will be a gap in coverage and the employee will be subject to the pre-existing provision of the plan going forward, should a claim be filed.

- **Group Term Life (GTL) Basic and Supplemental Life insurance:** Employees have the option to self-pay their Life Insurance coverage up to 6 months. After 6 months, employees have the option to convert to an individual policy, but if they go back to work (after converting to an individual policy), they will have to re-apply for coverage, which is subject to underwriting approval.

If an employee does not convert to individual coverage, and goes back to work, the life insurance will be re-instated when they returns to work.

If the employee chooses not to self-pay the premiums, the employee must provide a Medical History Statement to the insurance carrier prior to being re-instated.

- **Long Term Care:** Employees have the option to self-pay the premiums. If the employee decided not to self-pay, they are subject to the approval of a Medical History Statement by the benefit carrier.
- **Flexible Spending Account:** An employee has the option to prepay the FSA deduction, or to catch-up when coming back from leave if the employee is still eligible for benefits. Otherwise, the employee can complete a change form to adjust the deduction if there is a qualifying “change of status”.
- **Sick Leave and Annual Leave (Vacation):** Employees continue to accrue sick leave and vacation as long as they are on paid status.
- **Retirement (PERS):** Taking unpaid leave, unpaid FML and paid PFML may affect an employee’s retirement service credit. Please contact the Department of Retirement Systems (DRS) to see if you have the option to apply for up to 24 months of service credit while on leave for a disability. For more information, contact DRS at 1-800-547-6657.
- **Anniversary Date:** Employee who is on leave without pay (LWOP) not under FML or PFML for 30 consecutive days will have their anniversary date adjusted.
- **Holiday:** SHA policy states an employee who is on an unpaid leave of absence on the last scheduled workday preceding a holiday will not receive holiday pay. Employees should review their union contracts for specific details.

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.

Under the federal law known as COBRA (Consolidated Omnibus Reconciliation Act), 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 SHA ends.

If you are an SHA employee and have 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.

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, LTC, and disability plans have conversion options.

As an alternative to COBRA, you may choose an individual medical plan through Washington's Affordable Care Act agency (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 in an exchange plan, you may not be eligible for coverage in a City retiree medical plan in the future. More information at www.wahealthplanfinder.org.

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.

Medical Plan Options

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

- City of Seattle Preventive Plan (Aetna)
- City of Seattle Traditional Plan (Aetna)
- Kaiser Permanente Standard Plan
- Kaiser Permanente Deductible Plan

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)?

After considering the questions, the following very brief plan descriptions may help you make these choices:

Aetna: The City has two plans with Aetna - Preventive Plan and Traditional Plan. The plans use the Aetna provider network and Aetna administers the claims.

Preventive Plan: This plan has a \$100 annual deductible per person (\$300 per family) and a \$15 copay for all office visits except preventive care (which is covered at 100%). The deductible applies to most services except where a copay applies. Most other services are covered at 90% after a copay if you use an Aetna network provider.

Traditional Plan: This plan has a \$400 annual deductible per person (\$1,200 per family). Most services are covered at 80% if you use an Aetna network provider. Most preventive care is not covered. You will be enrolled in this plan if you fail to enroll in a medical plan within 30 days of your hire/promotion date as a new employee.

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 service. If you use a non-network provider your doctor may charge you an additional amount over the established network price.

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. 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.

Aetna also offers:

- Aetna Navigator: Locate detailed claim information, print ID cards, review your benefits, find service providers, and email member services at Aetna.com
- Health Risk Assessment: You receive a health report and a personal action plan.
- Disease Management Program: Get solid support managing your condition.
- Telephone/video chats with a doctor: Register at <https://member.teladoc.com/aetna>.
- 24-hours nurse line for your health questions. 1-800-556-1555.

Aetna mobile app: Find urgent care facilities, electronic ID card, and pay claims all from your mobile phone.

Kaiser Permanente: Kaiser is a health maintenance organization (HMO) 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.

The City offers two plans through Kaiser Permanente- Standard and Deductible

Standard Plan: 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.

Deductible Plan: 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.

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.

The plan has a health risk assessment called *Health Profile*. Members complete the profile online and receive a report and personalized action plan. Free healthy lifestyle coaching is available.

- CareClinic are walk-in health clinics located in selected Bartell Drugs. 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.
- 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.
- Not sure what kind of care you need? Call Kaiser's Consulting Nurse Service 24/7 at 1-800-297-6877 (TTY 711).
- You can also download the Kaiser mobile app to find urgent care facilities, electronic ID card, and pay claims all from your mobile phone.

Medical Plan Comparison Examples

The following table compares the plans in four different scenarios. For a more complete summary of benefits by plan, see the Medical Benefits Highlights on pages 13-21

	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	<u>Aexcel specialist:</u> Paid at 90% after \$200 inpatient copay <u>Non-Aexcel specialist:</u> Paid at 80% after \$200 inpatient copay	Paid at 60% after \$200 inpatient copay and satisfaction of deductible.	<u>Aexcel specialist:</u> Paid at 80% after \$200 copay. <u>Non-Aexcel specialist:</u> 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

2021 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	\$2,000 per person	\$1,000 per person	\$2,000 per person**	\$2,000 per person	\$3,000 per person*
\$4,000 per family	\$6,000 per family	\$3,000 per family	\$6,000 per family*	\$4,000 per family	\$6,000 per family*
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	\$2,000 per person	\$1,400 per person	\$3,000 per person	\$2,100 per person	\$3,450 per person
\$4,000 per family	\$6,000 per family	\$4,200 per family	\$9,000 per family	\$4,300 per family	\$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
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%

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
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 Review and coordination of care in complex situations including residential treatment centers and partial hospitalization.
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 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.
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% Additional access to medical consultation with a physician by web, phone or mobile device for selected short-term services through Teladoc.	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% Additional access to medical consultation with a physician by web, phone or mobile device for selected short-term services through Teladoc.

Kaiser Permanente*		City of Seattle Traditional Plan*		City of Seattle Preventive Plan*	
Standard Plan	Deductible Plan	Aetna In-Network	Out-of-Network	Aetna In-Network	Out-of-Network
Prescription Drugs (retail)					
For a 30-day supply: 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 Contraceptive drugs and devices are covered subject to the pharmacy 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%. Brand: 40% coinsurance Minimum is \$20 or double the cost of the drug if less. The maximum is \$200 per drug.	Not Covered	For a 90-day supply: Generic: 30% coinsurance. Generic contraceptive drugs paid at 100%. Brand: 40% coinsurance Minimum is \$20 or double the cost of the drug if less. The maximum is \$200 per drug.	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
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 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
Smoking Cessation					
Paid at 100% for individual or group sessions. Nicotine replacement therapy included in Prescription Drug benefit		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

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
Spinal Manipulations					
Paid at 100% after \$15 copay	\$15 copay. Deductible applies.	Paid at 80%	Paid at 60%	Paid at 100% after \$15 copay	Paid at 60%
Self-referral to Kaiser Permanente designated providers. Must meet Kaiser Permanente protocol. Maximum of 10 visits per calendar year.		Maximum of 10 visits per calendar year for in-network and out-of-network combined.		Maximum of 20 visits per calendar year for in-network and out-of-network combined.	
Sterilization Procedures					
Inpatient: Paid at 100% after \$200 copay	Inpatient: Paid at 100%	Inpatient: Paid at 80% after \$200 copay	Inpatient: Paid at 60% after \$200 copay	Inpatient: Paid at 90% after \$200 copay	Inpatient: Paid at 60% after \$200 copay
Outpatient: Paid at 100% after \$15 copay	Outpatient: \$15 copay Deductible applies	Outpatient: Paid at 80%	Outpatient: Paid at 60%	Outpatient: Paid at 90%	Outpatient: Paid at 60%
Temporomandibular Joint Services					
Covered as any other service; copays/coinsurance depend on type and location of service provided.	Covered as any other service; copays/coinsurance depend on type and location of service provided.	Covered as any other service; copays/coinsurance depend on type and location of service provided.	Covered as any other service; copays/coinsurance depend on type and location of service provided.	Covered as any other service; copays/coinsurance depend on type and location of service provided.	Covered as any other service; copays/coinsurance depend on type and location of service provided.
		\$5,000 lifetime maximum for non-surgical services in- and out-of-network combined		\$5,000 lifetime maximum for non-surgical services in- and out-of-network combined	
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.	

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
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.

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.

Vision Coverage

SHA employees have two vision plans, offered by the City of Seattle through Vision Service Plan (VSP): The Basic plan is fully paid by SHA and the employee pays the cost for vision Buy-Up plan. You will be enrolled in the basic plan if you fail to enroll in a medical plan within 30 days of your hire/promotion date. If you use a VSP provider, the provider will submit the claim on your behalf. If you use a non-VSP provider, you will need to submit a manual claim for reimbursement.

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

Your VSP Vision Benefits Summary

VSP Coverage Effective Date: 01/01/2019

CITY OF SEATTLE - MOST CITY EMPLOYEES and VSP provide you with a choice of affordable vision plans – choose the plan that's right for you.

Basic Plan			VSP Provider Network: VSP Choice			Buy-up Plan			VSP Provider Network: VSP Choice		
Benefit	Description	Copay	Benefit	Description	Copay	Benefit	Description	Copay	Benefit	Description	Copay
Your Coverage with a VSP Provider											
WellVision Exam	Focuses on your eyes and overall wellness Every calendar year	\$10	WellVision Exam	Focuses on your eyes and overall wellness Every calendar year	\$10	WellVision Exam	Focuses on your eyes and overall wellness Every calendar year	\$10	WellVision Exam	Focuses on your eyes and overall wellness Every calendar year	\$10
Prescription Glasses			Prescription Glasses			Prescription Glasses			Prescription Glasses		
Frame	\$175 allowance for a wide selection of frames \$195 allowance for featured frame brands 20% savings on the amount over your allowance Up to \$100 allowance at Costco Every other calendar year	Included in Prescription Glasses	Frame	\$175 allowance for a wide selection of frames \$195 allowance for featured frame brands 20% savings on the amount over your allowance Up to \$100 allowance at Costco Every calendar year	Included in Prescription Glasses	Frame	\$175 allowance for a wide selection of frames \$195 allowance for featured frame brands 20% savings on the amount over your allowance Up to \$100 allowance at Costco Every calendar year	Included in Prescription Glasses	Frame	\$175 allowance for a wide selection of frames \$195 allowance for featured frame brands 20% savings on the amount over your allowance Up to \$100 allowance at Costco Every calendar year	Included in Prescription Glasses
Lenses	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year	Included in Prescription Glasses	Lenses	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year	Included in Prescription Glasses	Lenses	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year	Included in Prescription Glasses	Lenses	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year	Included in Prescription Glasses
Lens Enhancements	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every calendar year	\$55 \$95 - \$105 \$150 - \$175	Lens Enhancements	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every calendar year	\$55 \$95 - \$105 \$150 - \$175	Lens Enhancements	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every calendar year	\$55 \$95 - \$105 \$150 - \$175	Lens Enhancements	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every calendar year	\$55 \$95 - \$105 \$150 - \$175
Contacts (instead of glasses)	\$175 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year	Up to \$60	Contacts (instead of glasses)	\$175 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year	Up to \$60	Contacts (instead of glasses)	\$175 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year	Up to \$60	Contacts (instead of glasses)	\$175 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year	Up to \$60
Easy Options											
Premium Plan Options	You and each member on your plan can choose one of these enhanced eyewear options when purchasing your glasses or contacts; 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. Every calendar year									Included in Prescription Glasses	

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. You will be enrolled in this plan if you fail to enroll in a medical plan within 30 days of your hire/promotion date.

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.
- A non-DDWA dentist may bill you for the portion of the bill that DDWA does not cover.
- A DDWA ID card is not need to access care.

DDWA offers orthodontia benefits for children only. Pre-treatment estimates are recommended.

Dental Health Services

DHS 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 service 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.

This plan has an office visit copay of \$10. There are copays for selected services.

DHS offers both child and adult (age 25 and over) orthodontia.

Dental Plan Comparison

Plan Features	Delta Dental of Washington (DDWA)	Dental Health Services (DHS)
Calendar Year Deductible	\$50 per person, \$150 per family	\$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.)
Prosthodontic 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: You will be responsible for any balance remaining over the maximum allowable fees for nonparticipating dentists.	In-Network: Any contracted provider in the DHS network. Out-of-Network: No out-of-network coverage.
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

2021 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	\$113.46	\$0	\$0
Dental Health Services	\$147.45	\$0	\$0

Health Care Premiums

Effective January 1, 2021, you will pay the monthly premium amount listed below. The table shows the total monthly premium for 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	\$1,615.62	\$1,567.50	\$48.12	\$1,517.12	\$98.50
City of Seattle Traditional	\$1,463.45	\$1,463.45	\$ 0.00	\$1,431.11	\$32.34
Kaiser Permanente Standard	\$1,234.80	\$1,186.40	\$48.40	\$1,134.90	\$99.90
Kaiser Permanente Deductible	\$1,137.99	\$1,112.99	\$25.00	\$1,081.07	\$56.92

*Provided they are IRS tax dependents.

Enrolling Non-IRS Tax Dependents

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

After Tax Premium Contributions

If you choose to cover a domestic partner **who is not your IRS tax dependent**, the portion of the premium deducted from your paycheck (your contribution) that pays for their coverage must be taken “after tax” to comply with IRS regulations.

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.

2021 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	\$733.12	\$626.80
Aetna Traditional Plan	\$677.37	\$567.77
Kaiser Permanente Standard	\$547.32	\$479.06
Kaiser Permanente Deductible	\$519.95	\$441.50
DDWA Coverage	\$51.96	\$36.37
Dental Health Services	\$67.52	\$47.27
Vision Coverage	\$4.34	\$3.04
Buy-Up Vision Plan	\$9.09	\$6.36

If the premiums for a domestic partner or partner’s child are taken after taxes, you may drop a domestic partner or partner’s child any time (without a change if family status) if they are not claimed as your IRS tax dependent.

Optional Insurance

The following is a list of 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.

- 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

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 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.

You can cover yourself in \$25,000 increments up to \$500,000. Spouse/domestic partner maximum coverage is \$300,000. Child maximum coverage is \$100,000.

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 Working at SHA: Employment Benefits webpage.

This policy includes a conversion privilege which allows you to continue some level of coverage if you leave SHA employment. Conversion is guaranteed, however, the cost increases significantly.

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%

AD&D 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

Optional Insurance – Long Term Disability

Basic Long-Term Disability (LTD) policy is provided by SHA at no cost to you. Basic Long-Term Disability benefit pays a monthly benefit if you are sick or injured and cannot work. If you are disabled according to the plan definition, the benefit will pay you up to \$400 per month after a 90-day disability waiting period.

SHA offers the opportunity to purchase additional LTD coverage. The additional LTD protection will combine 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.

If you do not sign up for Supplemental LTD coverage within 30 days of date of hire/promotion, you can enroll in Supplemental LTD during open enrollment, however, you may have a longer waiting period for pre-existing conditions.

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 .00384.

For example, if your base monthly pay is \$2,000, your monthly premium would be \$5.12 per month. ($\$2,000 - \$667 = \$1,333 \times .00384 = \$5.12/\text{month}$)

Your monthly cost will increase each time your pay increases.

This policy includes a conversion privilege which allows you to continue some level of coverage if you leave SHA employment. Conversion is guaranteed, however, the cost increases significantly.

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.

Optional Insurance – 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. Long Term Care is not limited to the elderly. Accidents or unexpected illness can happen at any time and at any age. SHA offers Long Term Care through Unum Insurance Company. 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. Cost for employee and spouse/domestic partner will be a payroll deduction. Coverage for all other family members are paid directly to Unum.

Guaranteed coverage for new/promoted employees is up to and including \$6,000 per month, and for 3 or 6 years of duration of benefits, Coverage for an unlimited duration or benefits not on a Guarantee Issue basis will require the completion of a Medical History Statement. 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 by Unum.*

Optional Insurance – Group Term Life

Basic Life Insurance benefit includes two options. SHA contributes 40% of the cost and you pay the remaining 60% of the cost. Choose one of the options below, or you may waive coverage:
½ times your annual salary **OR** limited value of \$50,000.

IRS rules state that the value of Basic Life Insurance over \$50,000 is taxable. Because SHA pays 40% of the cost for your Basic Term Life Insurance, you may have some taxable value. You may limit your Basic Term Life Insurance coverage amount to \$50,000 to avoid the additional taxes.

When you sign up for Basic Term Life Insurance as a new/promoted 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.

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>

This policy includes a conversion privilege which allows you to continue some level of coverage if you leave SHA employment. Conversion is guaranteed, however, the cost increases significantly.

2021 Basic Group Life Insurance Costs				
Employee's Annual Earnings	Amount of Insurance	Employee Monthly Costs	Employer Monthly Costs	Total Monthly Premium*
\$30,000.01 – \$31,000	\$46,500	\$2.09	\$1.40	\$3.49
\$31,000.01 – \$32,000	\$48,000	\$2.16	\$1.44	\$3.60
\$32,000.01 – \$33,000	\$49,500	\$2.23	\$1.49	\$3.71
GTL Limited	\$50,000	\$2.25	\$1.50	\$3.75
\$33,000.01 – \$34,000	\$51,000	\$2.30	\$1.53	\$3.83
\$34,000.01 – \$35,000	\$52,500	\$2.36	\$1.58	\$3.94
\$35,000.01 – \$36,000	\$54,000	\$2.43	\$1.62	\$4.05
\$36,000.01 – \$37,000	\$55,500	\$2.50	\$1.67	\$4.16
\$37,000.01 – \$38,000	\$57,000	\$2.57	\$1.71	\$4.28
\$38,000.01 – \$39,000	\$58,500	\$2.63	\$1.76	\$4.39
\$39,000.01 – \$40,000	\$60,000	\$2.70	\$1.80	\$4.50
\$40,000.01 – \$41,000	\$61,500	\$2.77	\$1.85	\$4.74
\$41,000.01 – \$42,000	\$63,000	\$2.84	\$1.89	\$4.73
\$42,000.01 – \$43,000	\$64,500	\$2.90	\$1.94	\$4.84
\$43,000.01 - \$44,000	\$66,000	\$2.97	\$1.98	\$4.95
\$44,000.01 - \$45,000	\$67,500	\$3.04	\$2.03	\$5.06
\$45,000.01 - \$46,000	\$69,000	\$3.11	\$2.07	\$5.18
\$46,000.01 - \$47,000	\$70,500	\$3.17	\$2.12	\$5.29
\$47,000.01 - \$48,000	\$72,000	\$3.24	\$2.16	\$5.40
\$48,000.01 - \$49,000	\$73,500	\$3.31	\$2.21	\$5.51
\$49,000.01 – \$50,000	\$75,000	\$3.38	\$2.25	\$5.63
\$50,000.01 – \$51,000	\$76,500	\$3.44	\$2.30	\$5.74
\$51,000.01 – \$52,000	\$78,000	\$3.51	\$2.34	\$5.85
\$52,000.01 – \$53,000	\$79,500	\$3.58	\$2.39	\$5.96
\$53,000.01 – \$54,000	\$81,000	\$3.65	\$2.43	\$6.08
\$54,000.01 – \$55,000	\$82,500	\$3.71	\$2.48	\$6.19
\$55,000.01 – \$56,000	\$84,000	\$3.78	\$2.52	\$6.30
\$56,000.01 – \$57,000	\$85,500	\$3.85	\$2.57	\$6.41
\$57,000.01 – \$58,000	\$87,000	\$3.92	\$2.61	\$6.53
\$58,000.01 – \$59,000	\$88,500	\$3.98	\$2.66	\$6.64
\$59,000.01 – \$60,000	\$90,000	\$4.05	\$2.70	\$6.75
\$60,000.01 – \$61,000	\$91,500	\$4.12	\$2.75	\$6.86
\$61,000.01 – \$62,000	\$93,000	\$4.19	\$2.79	\$6.98
\$62,000.01 – \$63,000	\$94,500	\$4.25	\$2.84	\$7.09
\$63,000.01 – \$64,000	\$96,000	\$4.32	\$2.88	\$7.20
\$64,000.01 – \$65,000	\$97,500	\$4.39	\$2.93	\$7.31
\$65,000.01 – \$66,000	\$99,000	\$4.46	\$2.97	\$7.43

Employee's Annual Earnings	Amount of Insurance	Employee Monthly Costs	Employer Monthly Costs	Total Monthly Premium*
\$66,000.01 – \$67,000	\$100,500	\$4.52	\$3.02	\$7.54
\$67,000.01 – \$68,000	\$102,000	\$4.59	\$3.06	\$7.65
\$68,000.01 – \$69,000	\$103,500	\$4.66	\$3.11	\$7.76
\$69,000.01 – \$70,000	\$105,000	\$4.73	\$3.15	\$7.88
\$70,000.01 – \$71,000	\$106,500	\$4.79	\$3.20	\$7.99
\$71,000.01 – \$72,000	\$108,000	\$4.86	\$3.24	\$8.10
\$72,000.01 - \$73,000	\$109,500	\$4.93	\$3.29	\$8.21
\$73,000.01 - \$74,000	\$111,000	\$5.00	\$3.33	\$8.33
\$74,000.01 - \$75,000	\$112,500	\$5.06	\$3.38	\$8.44
\$75,000.01 - \$76,000	\$114,000	\$5.13	\$3.42	\$8.55
\$76,000.01 - \$77,000	\$115,500	\$5.20	\$3.47	\$8.66
\$77,000.01 - \$78,000	\$117,000	\$5.27	\$3.51	\$8.78
\$78,000.01 - \$79,000	\$118,500	\$5.33	\$3.56	\$8.89
\$79,000.01 - \$80,000	\$120,000	\$5.40	\$3.60	\$9.00
\$80,000.01 - \$81,000	\$121,500	\$5.47	\$3.65	\$9.11
\$81,000.01 - \$82,000	\$123,000	\$5.54	\$3.69	\$9.23
\$82,000.01 - \$83,000	\$124,500	\$5.60	\$3.74	\$9.34
\$83,000.01 - \$84,000	\$126,000	\$5.67	\$3.78	\$9.45
\$84,000.01 - \$85,000	\$127,500	\$5.74	\$3.83	\$9.56
\$85,000.01 - \$86,000	\$129,000	\$5.81	\$3.87	\$9.68
\$86,000.01 - \$87,000	\$130,500	\$5.87	\$3.92	\$9.79
\$87,000.01 - \$88,000	\$132,000	\$5.94	\$3.96	\$9.90
\$88,000.01 - \$89,000	\$133,500	\$6.01	\$4.01	\$10.01
\$89,000.01 - \$90,000	\$135,000	\$6.08	\$4.05	\$10.13
\$90,000.01 - \$91,000	\$136,500	\$6.14	\$4.10	\$10.24
\$91,000.01 - \$92,000	\$138,000	\$6.21	\$4.14	\$10.35
\$92,000.01 - \$93,000	\$139,500	\$6.28	\$4.19	\$10.46
\$93,000.01 - \$94,000	\$141,000	\$6.35	\$4.23	\$10.58
\$94,000.01 - \$95,000	\$142,500	\$6.41	\$4.28	\$10.69
\$95,000.01 - \$96,000	\$144,000	\$6.48	\$4.32	\$10.80
\$96,000.01 - \$97,000	\$145,500	\$6.55	\$4.37	\$10.91
\$97,000.01 - \$98,000	\$147,000	\$6.62	\$4.41	\$11.03

*Cost is \$0.075 per \$1,000

Employee cost is 60% or \$0.045 per \$1,000

Employer cost is 40% or \$0.030 per \$1,000

Supplemental Group Term Life

SHA offers additional life insurance option—Supplemental Term Life. You must enroll in Basic Term Life Insurance to purchase Supplemental Life Insurance for yourself and your eligible family members. You pay the entire cost for Supplemental Term Life Insurance coverage. 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. The guarantee employee coverage during the new hire/promotion 30 day enrollment period is 4x times your base salary, up to \$1,000,000. Maximum coverage is \$2,500,000.
- To cover your spouse/domestic partner, you may purchase in multiples of \$5,000 up to a maximum of 100% of the amount of coverage you purchase on yourself. The guarantee spouse/domestic partner coverage during the new hire/promotion 30 day enrollment period is \$50,000.
- 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). Costs for covering eligible children are fixed, and the monthly premium is the same regardless of how many children you cover.
- Any elected coverage amount over the guarantee coverage or enrollment after the 30-day new hire/promotion enrollment period will need a Medical History Statement and be subject to approval by the insurance company.
- You may enroll in Life insurance within 30 days of a qualified family status change.

Costs for Supplemental Term Life Insurance for you and your spouse/domestic partner are based on **your** age. The following tables show the cost of supplemental GTL insurance for you, your spouse/domestic partner, and your children.

Supplemental GTL for Employee and Spouse/Domestic Partner	
Age	Monthly cost/\$1,000 of coverage
Under 30	\$.024
30-34	\$.035
35-39	\$.047
40-44	\$.066
45-49	\$.112
50-54	\$.171
55-59	\$.266
60-64	\$.407
65+	\$.708

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

Optional Insurance – HAIG Free Life Insurance

Housing Authority Insurance Group (HAIG) offers a free \$5,000 life insurance policy to active, eligible SHA employees. The coverage amount will be reduced for an active employee at age 65 to \$3,250 and age 70 to \$2,500.00. 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.

Submit your HAIG beneficiary form within 30 days from your date of hire/promotion. Please note that you will not be given another opportunity to sign up for the free life insurance until the HAIG 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 - Flexible Spending Accounts

SHA's Flexible Spending Account (FSA) Plans allow you to set aside pre-tax dollars from your paycheck (\$120 annual minimum, \$2,750 annual maximum for Health Care FSA plan or \$5,000 for Dependent Care FSA plan) to pay for eligible expenses not covered through other benefit programs. Pre-tax deductions reduce your taxable income and lower your tax base.

You can sign up for flexible spending accounts within 30 days of your hire/promotion date or during Open Enrollment. There are two types of FSA Plans:

Health Care FSA – allows you to set aside money (\$2,750 annual maximum) to pay for IRS eligible expenses not covered by your health plans (e.g., deductibles, copays, over-the-counter items, or expenses for orthodontia). For eligible healthcare expenses, visit the Navia website: <https://www.naviabenefits.com/participants/benefits/> You must submit receipts for reimbursement by March 31, of the following year. Mid-year changes are only allowed within 30 days of a qualified family status change.

You may carry-over up to \$550 of unused health care FSA funds into the following plan year if it results in a minimum account balance of \$120. Amounts above \$550 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 family maximum). Money left in the account at the end of the year cannot be refunded. Enroll or change contributions at any time if your daycare rates or situation changes.

IRS regulations require employees to re-enroll in FSA accounts each open enrollment for the following plan year.

Commute Trip Reduction Program

Visit the Our House Rideshare Program Page at <https://seattlehousingorg.sharepoint.com/hr/SitePages/Transportation-Benefits.aspx> to learn more about Commute Trip Reduction benefits including ORCA Passport, Zipcar, and bike to work options.

ORCA passports are accepted for fares by transit authorities from Pierce to Snohomish county, Link Rail, Sounder, Light Rail, Monorail, Via to Transit, along with Seattle water taxis. ORCA passports include Vanpool programs and Guaranteed Ride Home. Ferry fares can be included, provided your commute is at least must be 75% by ferry.

SHA employees can get a discounted membership to Zipcar. SHA will pay the application fee, 3 free hours of use per month and 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>. For more details or to enroll in the Zipcar program, log on to <http://www.zipcar.com>.

SHA offers bike racks, lockers and showers as a benefit to employees at several SHA worksites along with yearly appreciation events. 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

SHA offers you and your family the services of an Employee Assistance Program (EAP) through Wellspring Family Services at no out-of-pocket expense to you. An Employee Assistance Program provides short-term, confidential counseling and for in the moment support. 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 – submit any question!
- 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
- 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. 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 and your family members are each entitled to 30 minutes of free legal or financial advice, per issue, per year. Access a variety of legal and financial documents by creating a free online account.

Wellspring offers 60 minutes with a highly trained Fraud Resolution Specialist. Identity Theft Benefits include: free ID Theft Emergency Response Kit, assistance restoring identity and good credit, and a legal referral to an attorney for a free consultation.

You can access a wealth of information or schedule an EAP appointment at www.wfseap.org. Just type **SHA** in the user name box. The Wellspring Family Services website contains 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.).

Retirement

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.

DRS offers two programs to help you prepare financially for retirement. Plan choices are irrevocable.

- **PERS Plan 2.** Benefit is $2\% \times \text{Service Credit Years} \times \text{Highest Salary}$ for 60 consecutive months. Contribution rate is set by DRS.
- **PERS Plan 3** Benefit is $1\% \times \text{Service Credit Years} \times \text{Highest Salary}$ for 60 consecutive months, plus your investments. You choose contribution rate and investment strategy. You can only change your contribution rate if you leave SHA employment. Change investment strategy at any time.

Your retirement benefits can be view at www.drs.wa.gov.

If employees do not submit the DRS Member information Form within 90 days from date of hire/promotion to elect Plan 3, employee will default (remain) to Plan 2.

Deferred Compensation is an additional, optional retirement saving plan. SHA does not contribute to Deferred Compensation. \$30 monthly minimum contribution. Change, stop or start contributions 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>.

Schedule of Deductions

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

Deduction	1st Check of the Month	2nd Check of the Month	3rd Check of the Month
AD&D Insurance (post-tax deduction)	X		
Bus/Flex Pass (pre-tax deduction)		X	
Deferred Comp (pre-tax deduction)	X	X	
Disability (LTD) (post-tax deduction)	X		
Federal Income Tax	X	X	X
FICA	X	X	X
Flex Spending Accounts (pre-tax deduction)	X	X	X
Life Insurance (GTL) (post-tax deduction)	X		
Long Term Care (LTC) (post-tax deduction)		X	
Medical (pre-tax deduction)	X	X	
Medicare	X	X	X
Parking (pre-tax deduction)		X	
PERS (Retirement) (pre-tax deduction)	X	X	X
Union/Local Dues (post-tax deduction)	Varies by Union. Review the CBA for details		
Vision Service Buy Up Plan (pre-tax deduction)	X	X	
Employee premiums will be deducted from PFML benefit payments			

Leave Benefits

Annual Leave/Vacation

SHA provides you with paid annual leave so you can take time away from work for rest, personal business, and relaxation. Annual leave begins to accrue with the first day of employment/promotion. 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. Any overtime/compensatory hours worked are not factored towards leave accruals. Non-exempt staff may take Annual leave in ¼ hour increments. Exempt staff and employees working alternative schedules take Annual Leave in 8 hour increments. Annual Leave is paid out at 100% upon termination. Annual Leave balance must be at 240 or below, by the last working day, of the last payroll of each year.

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

Sick Leave

SHA provides 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. Sick leave may be used in instances of domestic violence to ensure safety.

If you are a full-time employee you will accrue 3.69 hours of sick leave based on paid hours each bi-weekly 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. Non-exempt staff may take Annual leave in ¼ hour increments. Exempt staff and employees working alternative schedules take Annual Leave in 8 hour increments. Sick Leave is paid out at 25% upon termination.

Holidays

SHA provides nine (9) established holidays each year for regular employees. 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 an established holiday falls on a Saturday, the holiday will be observed on the preceding Friday. When an established holiday which falls on a Sunday, the holiday will be observed on the following Monday.

You must work or have paid leave on the day before a holiday in order to receive holiday pay, unless otherwise noted in a union contract. Holidays are taken in 8 hour increments.

Personal Holidays

Regular employees accrue three personal holidays, provided their employment date begins on or before June 1. If you are hired after June 1, but before November 11, two personal holidays will be afforded 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. Personal holidays must be taken in 8 hour increments. Personal holidays must be used by the last working day, of the last payroll of each year. Unused days may **not** be carried over to the next year.

Bereavement Leave

Two days (8 hour increments) 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, see your union contract for details. 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 8 hour day of paid 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 thier immediate supervisor as soon as possible and shall, if requested by the employee's supervisor, provide substantiation to support the request.

Family Medical Leave (FML)

The Family and Medical Leave Act (FML) allows you to take up to 12 weeks of unpaid Family Medical Leave for medically necessary reasons, birth or adoption of a child, care of your spouse or domestic partner, or parent or child who has a serious health condition. You must be with SHA for 12 months 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.

FML permits 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."

Washington Paid Family Medical Leave (PFML)

You may qualify for up to 12 weeks of paid leave for "qualifying events," such as your own serious health condition or to care for sick family member; up to 16 weeks combined family and medical leave; and possibly two additional weeks for certain pregnancy complications. You must have worked at least 820 hours for a Washington employer for four out of five complete calendar quarters and 340 with SHA in that time frame. PFML allows partial wage replacement. SHA does not allow employees to supplement PFML benefits with any other paid leave option to achieve full wages while on PFML.

Personal Leave without Pay

You may request a personal leave without pay in exceptional circumstances 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 FML or PFML, where appropriate), before a personal leave without pay is granted.

Unpaid Leave for Reason of Faith or Conscience

Two days (8 hour increments) of unpaid leave in a calendar year may be taken by employees, after consultation with the employee's supervisor, for a reason of faith or conscience, or to participate in an organized activity conducted under the auspices of a religious denomination, church, or religious organization. Request for unpaid leave under this section may be denied if the employee's absence would impose an undue hardship or the employee is necessary to maintain public safety

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.

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.

Sabbatical Leave

SHA provides unpaid Sabbatical Leave for eligible employees (10 years of employment with SHA) to take time away from work to rest, relax and recharge. An eligible employee may make a written request for sabbatical leave to their Director, who may grant an unpaid sabbatical leave of absence not to exceed six weeks.

Domestic Violence Leave

An employee may take reasonable unpaid intermittent leave from work or leave on a reduced schedule to ensure the health and safety, seek treatment, obtain social services, or participate in other actions for relief and safety of the employee or immediate family from domestic violence or stalking.

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 #: 10029030001 Preventive Group #: 10029030021	(866) 540-5418	www.aetnavigators.com to find a doctor: www.aetna.com/docfind/custom/cityofseattle/
Kaiser Permanente Medical Insurance 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: SHA
Long Term Care UNUM Provident	(800) 421-0344	www.unum.com
Life, AD&D, LTD	(206) 615-3328	Optional Benefit page on www.seattlehousing.org
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. Review the Manual of Operations_Benefits located on Our House for policy and procedure details.