





## Dear Seattle Housing Authority Employee,

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

This employee benefits guide includes information to assist you in choosing the insurance plans that best fits 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 [Employee benefits | Seattle Housing Authority](#). For additional information regarding the benefits, please review the Manual E12-Benefits located on SharePoint.

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. Required Annual Notices can be found on the SHA website at [Legal & ACA notices | Seattle Housing Authority](#).

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 guide, 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.

Need to speak with someone in a language other than English? Call the Benefits Team at 206-615-3328 and we will help you access Language Line Services. You will have access to an interpreter and a Benefits Team staff member to answer your questions.

Hearing impaired? Call 7-1-1 or 1-800-833-6384 on your TDD. You will reach the Washington Relay Service. Give them the number of the party you want to call. They will call the person for you, then interpret information from your TDD to the person you are calling.

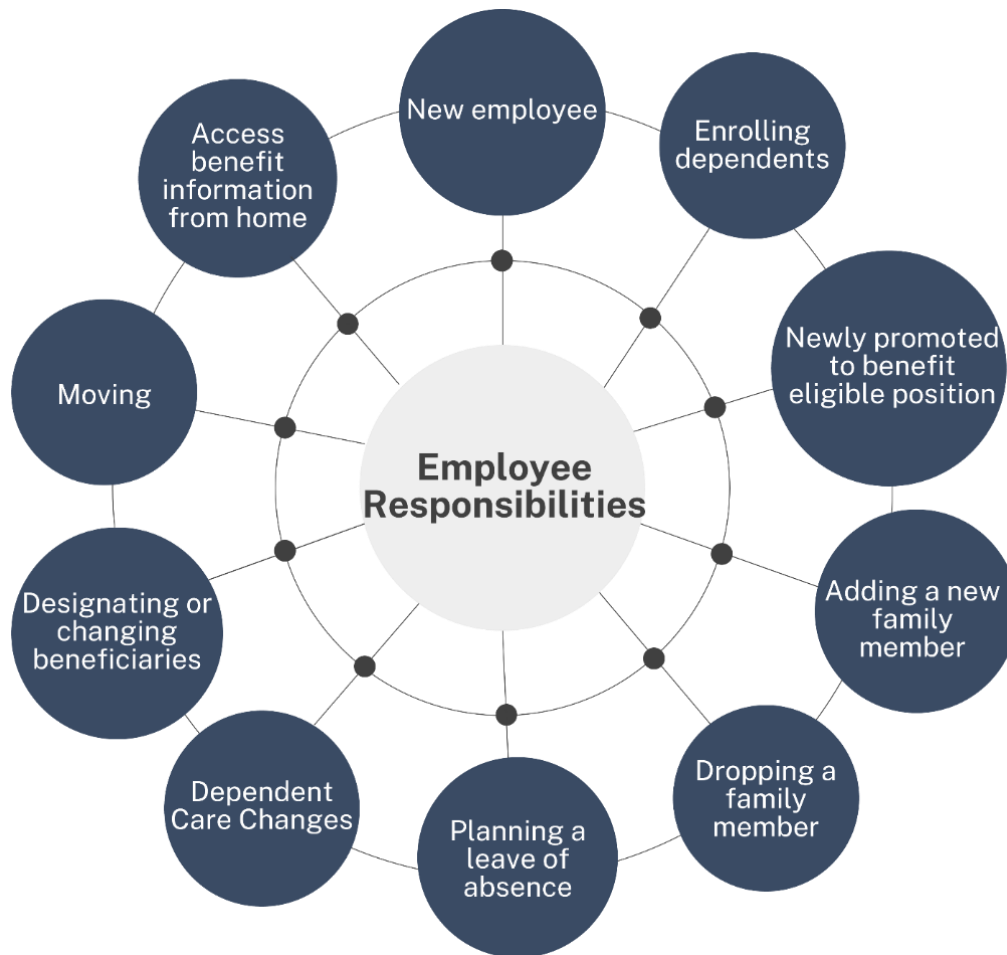
Would you rather hear the information than read it? If your understanding improves by having someone read or paraphrase information for you, you can request a one-on-one benefits orientation. Orientations cover all SHA benefits and provide ample time for questions. To request a benefit orientation, please reach out to the [Benefits Team](#).

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## EMPLOYEE RESPONSIBILITIES

Employees are responsible for notifying the Benefits Team 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, a death in the family, or a leave of absence.



### Benefit Team Contact Information:

Office: (206) 615-3328

Fax: (206) 615-3411

Email: [HR-Benefits@seattlehousing.org](mailto:HR-Benefits@seattlehousing.org)

Employee Benefits Webpage: <https://www.seattlehousing.org/work-sha/employee-benefits>

## Employee Responsibilities

|   |  |
|---|--|
| <b>New employee</b>                                 | You are responsible for making your benefit elections within 30 days of your hire date.  |
| <b>Enrolling dependents</b>                         | 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 <a href="#">Verifying Dependent Eligibility</a> . Failure to finalize the verification process may result in dependents losing coverage.  |
| <b>Newly promoted to benefits eligible position</b> | You are responsible for making your benefits elections within 30 days of your promotion date.  |
| <b>Adding a new family member</b>                   | Contact the Benefits Team within 30 days of marriage or a new domestic partnership. You have 60 days from the effective date to notify the Benefits Team of a birth or adoption. Eligible FSA changes must be made within 30 days.   |
| <b>Dropping a family member</b>                     | Contact the Benefits Team 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 as long as they are not claimed as your IRS tax dependent.   |
| <b>Planning a leave of absence</b>                  | Contact the Benefits Team about how it could affect your SHA benefits.   |
| <b>Dependent care changes</b>                       | You must make any dependent care FSA changes within 30 days of a qualified change such as rate change, dependent care no longer needed or new dependent care event.  |
| <b>Designating or changing your beneficiary</b>     | <p><b>You may change beneficiary designation at any time.</b></p> <ul style="list-style-type: none"> <li>• Life Insurance, Accidental Death &amp; Dismemberment, and HAIG Life Insurance and SHA Final Pay – Forms can be found at <a href="#">Beneficiary Forms   Seattle Housing Authority</a>.</li> <li>• Retirement (PERS) – contact Dept. of Retirement Systems (DRS) at (800) 547-6657 or through online account.</li> <li>• WA State Deferred Compensation – contact (800) 547-6657 or through DRS online account.</li> </ul> |
| <b>Moving</b>                                       | To update your personal information, follow the instructions on the <a href="#">How to update personal information</a> webpage.  |
| <b>Access your benefit information from home</b>    | Access information at <a href="#">Employee benefits   Seattle Housing Authority</a>  |

## SHA BENEFITS OVERVIEW



SHA provides benefited employees and their families with a range of benefit options.

### BENEFITS OVERVIEW

|  |   |
|--|---|
| <b>Medical</b>   | Employees and their family members have a choice among four healthcare plans: <ol style="list-style-type: none"> <li>1. Aetna Preventive</li> <li>2. Aetna Traditional</li> <li>3. Kaiser Permanente Standard</li> <li>4. Kaiser Permanente Deductible</li> </ol>   |
| <b>Vision</b>  | Employees and their family members enroll in Vision Service Plan (VSP) Basic or Buy-Up Vision plan.   |
| <b>Dental</b>  | Employees and their family members choose dental coverage through Delta Dental of Washington or Dental Health Services.   |
| <b>Accidental Death &amp; Dismemberment (AD&amp;D)</b> | Employees may elect to enroll in the AD&D insurance plan at Individual or Family coverage level. Employees elect the principal sum (death payment) amount. Employees pay 100% of the cost of AD&D coverage.   |
| <b>Long-Term Disability (LTD)</b>                      | Basic and Supplemental LTD insurance. SHA covers the cost of Basic LTD and employees cover the cost of Supplemental LTD.  |
| <b>Legacy Long-Term Care (LTC)</b>                     | Legacy LTC members are employees who enrolled in coverage before new enrollments were discontinued and are responsible for maintaining their existing policy. Any request to change coverage, such as increases beyond the original guaranteed issue, will require a medical history statement and approval by Unum. Legacy members are subject to the WA Cares payroll tax even if they are enrolled in Unum LTC benefits.   |
| <b>Life Insurance</b>                                  | Basic and Supplemental Life Insurance are available. New employees and their spouse/domestic partner may enroll in guaranteed acceptance options or apply for other coverage by submitting an Evidence of Insurability. Employees may enroll spouse, domestic partner or child(ren) in Supplemental Life Insurance, as long as the employee is enrolled in Basic Life Insurance. SHA and employees share the cost of Group Term Life Insurance. Coverage includes Legal, Financial, Grief, Legacy Planning, and Travel Assistant resources from Securian. |
| <b>HAIG Free Life Insurance</b>                        | The Housing Authority Insurance Group (HAIG) offers free life insurance (\$5,000). You must be a full-time, regular SHA   |

|  |   |
|--|---|
|  | employee to be eligible. Coverage amounts are reduced at age 65 to \$3,250 and at age 70 to \$2,500.  |
| <b>Flexible Spending Accounts (FSAs)</b> | Employees can pay for eligible health care expenses and/or employment-related day care costs with pre-tax dollars up to \$3,300 for the health care account and/or \$7,500 (annual family limit) for the day care account. Health Care FSA are eligible for \$660 carry over to the next plan year. |
| <b>Commute Trip Reduction</b>            | SHA offers ORCA cards, Zipcar memberships and bike to work facilities.  |
| <b>Employee Assistance Program (EAP)</b> | ComPsych 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.   |
| <b>Retirement (PERS)</b>                 | SHA employees who met eligibility requirements are members of the Public Employees Retirement System (PERS) administered by the Department of Retirement Systems (DRS). Membership is defined by Washington State statutes and is mandatory if you are hired in an “eligible” position.             |
| <b>Deferred Compensation Plan (DCP)</b>  | DRS offers a 457 (B) tax deferred savings plan which allows employees to save pre-tax dollars to supplement retirement funds with both traditional pre-tax and Roth investment options.   |
| <b>Paid Holidays</b>                     | 12 paid holidays and 3 personal holidays. Personal Holidays may be pro-rated your first year.   |
| <b>Paid &amp; Unpaid Leave</b>           | A variety of SHA accrued leave, federal and state leave options.  |

## ELIGIBILITY & COVERAGE INFORMATION

If you are an employee in a non-temporary, full or part-time position (scheduled to work at least 80 hours per month), you are eligible to participate in the medical, vision, dental, AD&D, LTD, group life insurance, FSA, EAP (all-employee eligible), and DCP plans.

The following family members are eligible to participate in the medical, vision, dental, AD&D, supplemental life 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
- Any child for whom you are legal guardian or for whom coverage is required by a Qualified Medical Child Support Order

Please check the child eligibility requirements in the table below. \*,\*\*

| Plan   | Child's Age                      | Other  |
|--|----------------------------------|--|
| <ul style="list-style-type: none"> <li>▶ Medical</li> <li>▶ Vision</li> <li>▶ Dental</li> <li>▶ Flexible Spending Account</li> </ul> | Up to age 26<br>(through age 25) | Do not have to be: <ul style="list-style-type: none"> <li>• Single</li> <li>• Living with you</li> <li>• Dependent on you for support</li> </ul> May have access to other coverage |
| <ul style="list-style-type: none"> <li>▶ Supplemental Life Insurance</li> <li>▶ AD&amp;D</li> </ul>                                  | Up to age 26<br>(through age 25) | Do not have to be: <ul style="list-style-type: none"> <li>• Single</li> <li>• Living with you</li> <li>• Dependent on you for support</li> </ul>                                   |

\* If you enroll a dependent, Alight Solutions will send a letter to your home within 2-3 weeks requesting documents that confirm your dependents' eligibility. Additional information is [here](#).

\*\*Coverage may continue for a handicapped/incapacitated child if the child becomes disabled prior to the limiting age and provided that proof of his or her fully handicapped/incapacitated status has been documented by a physician. The child must depend on the insured employee for support and maintenance to be eligible for life and AD&D coverage. Employees are responsible for contacting insurance carriers for approval. Approvals must be submitted to the Benefits Team.

## NEW HIRE & PROMOTION ENROLLMENTS

If you are a new employee or have recently been promoted, you must enroll in your benefits within 30 days of your hire or promotion date. Employees are required to apply for dental and vision coverage, and may either enroll in or waive medical, AD&D, Supplemental Long-Term Disability (LTD), life insurance, and FSA account(s).

If you do not complete your elections within the 30-day window, you will be defaulted into certain benefits and become ineligible for others. After the deadline, changes can only be made during the next Open Enrollment period 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.

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

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.

### 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, Vision-Basic, and Delta Dental 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 guaranteed coverage.**

## 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 plan, add or drop family members, or enroll in optional benefits. If you make changes during Open Enrollment, your new coverage is effective on January 1 of the new (next) plan year. Increases or new enrollments in optional Life Insurance or Long-Term Care plans are subject to the approval of a *Medical History Statement* by the insurance carrier.



**FSA enrollments do not continue automatically year-to-year.** IRS regulations require employees to re-enroll in the Flexible Spending Account programs during each Open Enrollment, (Health Care and Day Care) even if you had an account in the current year.

### Qualified Family Status Changes that Affect Your Benefits

If you have a change in family status, you may be able to make a related change to your benefits. Contact the Benefits Team as soon as possible when experiencing a life event.

You must submit the SHA Benefit Change 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, or legal guardianship. *If you miss the deadline, you can only add family members during the annual Open Enrollment period or experience another qualified family status change.*

Here are the more common qualified life events, but the list is not extensive:

- You adopt, foster, or birth 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, legally separate, or dissolve a domestic partnership. You must drop the spouse or domestic partner from the plan.
- Your child no longer meets the age requirements for medical/vision/dental. Your child will be dropped from coverage.
- Death of spouse, domestic partner, or child(ren)
- Moving from established domestic partnership to married – not a qualifying life event
- You waive medical coverage but experience a qualifying event

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

### **Removing Family Members**

If you need to remove a family member from coverage outside of Open Enrollment, contact the Benefits Team for the required dependent change form. If you end your spouse or domestic partner's coverage due to a legal separation, divorce, or termination of the domestic partnership, submit a completed dependent change form and the Statement of Termination of Marriage/Domestic Partnership form within 30 days of the legal separation, divorce or domestic partnership termination.

### **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. May change coverage level due to qualified family status event.
- **Legacy LTC** → Change or drop coverage levels at any time throughout the year.\*\*
- **Basic and Supplemental Life Insurance** → Enroll or increase coverage during Open Enrollment\*\* or within 30 days of a qualified family status change. Decrease or drop coverage at any time.

- **FSA Health Care** → Mid-year changes only allowed within 30 days of a qualified family status change. Must enroll during new hire period or Open Enrollment. Must renew every open enrollment for an FSA account the next plan year.
- **FSA Day Care** → Enroll or change within 30 days of when your daycare situation or rates change.  
*\*\* Any elected coverage amounts over the guaranteed coverage or enrollment after the 30 day new hire/promotion enrollment period requires a Medical History Statement and is subject to approval by the insurance company.*

## Going Out on Leave of Absences



An employee must be on paid status 80 hours in the month to qualify for benefits (unless approved for FML/PFML). Employees on unpaid leave whose benefits were terminated will have coverage reinstated according to their return date as follows

- If returning the 1<sup>st</sup> through the 15<sup>th</sup> 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 16<sup>th</sup> through the end of the month, coverage is reinstated on 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.

## Special Note for Employees with Domestic Partnerships (Not Tax Dependent)

If you are an employee who maintains medical, vision, and dental 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 the Benefits Team immediately.

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

**COBRA:** Employees on leave without pay (LWOP) and not eligible under FML/PFML can elect to purchase medical/ vision/dental coverage through COBRA. SHA will send a COBRA packet to employees and their eligible dependents who are no longer eligible for their health benefits.

**Retirement:** When you are eligible to retire, reach out to the Benefit Team for information on retiree medical plans and retirement checklist. 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. Retirement requires collecting PERS retirement benefits the month after leaving SHA employment.

**Medical, Dental and Vision Coverage:** Employees on Family Medical Leave Act (FML) or WA Paid Family Medical Leave (PFML) will continue to have medical, vision, and dental and coverage whether on paid or unpaid status. However, employees are responsible to pay any

outstanding medical, vision service buy-up plan, and optional benefit premiums directly to SHA. According to the FML/PFML 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/PFML 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/PFML leave, the employee has a potential liability for re-payment of health insurance premiums during the unpaid FML.

**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 12 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 | <p>Employees have the option to self-pay their Life Insurance coverage up to 12 months. After 12 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.</p> <p>If an employee converted to an individual policy, and goes back to work, the employee must provide a Medical History Statement to the insurance carrier prior to being re-instated.</p> <p>If the employee chooses not to self-pay the premiums, coverage will be reinstated when they return to work.</p> |
| Legacy Long-Term Care (LTC)                                 | Employees have the option to self-pay the premiums. If the employee decides not to self-pay, coverage will be reinstated upon return to work.  |
| Flexible Spending Account (FSA)                             | 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 & Annual Leave (Vacation) | Employees continue to accrue sick leave and vacation as long as they are on paid status, except for PFML absences.   |
| 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                     | An employee who is on leave without pay (LWOP) not under L&I, 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 (including FML-LWOP) 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/vision/dental, 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 terminate,
- Stop making any required payments.



Under the federal law known as COBRA (Consolidated Omnibus Reconciliation Act), you are eligible to purchase medical only, vision/dental only, or medical/dental/vision coverage under certain circumstances when your group health plan coverage with SHA ends.

If you are a SHA employee and have medical, vision, and dental 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 and LTD plans have conversion options. The Legacy LTC benefit is portable.

Healthcare Flexible Spending Account is closed on the last day of employment, and the Daycare Flexible Spending Account will close at the end of the plan year. You may continue FSA through COBRA if the account is underspent.

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](http://www.wahealthplanfinder.org).

## **BENEFITS & FINANCIAL PLANNING**

Because everyone's medical and financial situations are different, SHA offers a variety of plans to help protect employees and their families from the financial hardship that medical expenses can bring. The plans are designed to cover much of the cost of medically necessary health care services. However, employees still bear a portion of their medical service costs in the form of premiums, deductibles, copayments and coinsurance.

Since health care costs may be unanticipated, it makes sense to plan and save for your out-of-pocket costs. The Health Care FSA is a tool to support your financial planning and maximize the value you get for dollars spent on health care. You can elect the Health Care FSA during each Open Enrollment to set aside pre-tax dollars to pay for eligible out-of-pocket healthcare expenses for you and your family, such as prescriptions, glasses, orthodontia, office visit copays and deductible, feminine products, and a variety of other healthcare products.



Review medical bills carefully. Billing errors can cost hundreds or even thousands of dollars. Contact the billing office if there is an error or you do not understand your bill. You may be able to negotiate fees and bills that you feel are too high.



Quit smoking and encourage your family to quit.



Stay within the network. Look for doctors and healthcare providers within your plan's network.



Be more active and eat nutrient-dense foods. Many diseases and conditions are preventable, and healthy behavior reduces your future health care costs and enhances your life now.



Choose the best health plan for you and your family. There is more to selecting a good health plan than just the payroll deduction. If you are shopping for a health plan, compare the premiums, copayments, coinsurance and what is and is not covered by the various plans.



Go to check-ups and screenings. Have regularly scheduled physical examinations by your doctor, dentist, eye doctor, and so on. Take advantage of free medical screenings, flu shots and vaccinations.

## Ways to Reduce Costs & Save Money

## MEDICAL PLAN OPTIONS

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



1. Aetna Preventive Plan
2. Aetna Traditional Plan
3. Kaiser Permanente Standard Plan
4. Kaiser Permanente Deductible Plan

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

Plans offering higher coverage (Aetna Preventive and Kaiser Permanente Standard) have lower copays but higher monthly premiums. The Aetna Traditional Plan has a larger annual deductible and lower or no monthly premiums.

When making your decisions, you should consider cost, choice, and coverage. Here are some questions to ask yourself:

- Do you want a plan that allows you to choose any doctor, hospital, or clinic (Aetna plans), or are you willing to stay within a network (Kaiser Permanente) and receive a higher level of coverage?
- Would you rather pay higher monthly premiums to have a small annual deductible (Aetna Preventive Plan), or no annual deductible (Kaiser Permanente Standard Plan), and smaller copays?
- Would you rather pay lower or no monthly premiums, and have higher coinsurance and deductibles (Kaiser Permanente Deductible and Aetna Traditional plans)?

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.

Both of the City's plans use the Choice POS II (Open Access) network of doctors; however, you choose whether to use a network or non-network provider when you require care. If you use a non-network provider your doctor may charge you an additional amount over the established network price.

**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 \$450 annual deductible per person (\$1,350 per family). Most services are covered at 80% if you use an Aetna network provider. Preventive care is 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.

#### Member Resources & Services

- Aetna Navigator: Locate detailed claim information, print ID cards, review your benefits, find service providers, and email member services at Aetna.com
- Telephone/video chats with a doctor: Register at <https://member.teladoc.com/signin>
- 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.

Aetna appeal process: [Aetna Appeals Process \(seattlehousing.org\)](https://seattlehousing.org/aetna-appeals-process)

#### Kaiser Permanente

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

Kaiser is a health maintenance organization CORE (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.

**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.

## Member Resources & Services

- The health care website is at [KP.org/wa](http://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.
- 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.
- 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](http://kp.org/wa).
- 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.
- The following is not covered under the health plan benefits and can change at any time:
  - Calm - #1 app for medication and sleep
  - Headspace – 1 on 1 emotional support coaching by text 24/7
  - Wellness Coaching – by phone
  - One Pass Select Affinity Program - no cost fitness classes
- [Kp.org/diabetes](http://Kp.org/diabetes)
- [Kp.org/maternity](http://Kp.org/maternity)
- [Kp.org/socialhealth](http://Kp.org/socialhealth)

## 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 20-30.

|   | Preventive Plan  |  | Traditional Plan   |   | Kaiser Permanente   |  |
|---|--|--|--|---|---|--|
|   | In-Network   | Out-of-Network   | In-Network   | Out-of-Network  | Deductible Plan   | Standard Plan                            |
| <b>Individual Deductible</b>              | \$100  | \$450  | \$450  | \$1,000   | \$200   | None                                     |
| <b>Family Deductible</b>                  | \$300  | \$1,350  | \$1,350  | \$3,000   | \$600   | None                                     |
| <b>Routine Physical Exam</b>              | Paid at 100%   | Coinsurance<br>May apply   | Paid at 100%   | Coinsurance<br>May apply  | Paid at 100%<br>after \$15 copay  | Paid at 100%<br>after<br>\$15 copay      |
| <b>Office Visit</b>                       | Paid at 100%<br>after \$15 copay   | Paid at 60%<br>after<br>satisfaction of<br>deductible                      | Paid at 80%<br>after<br>satisfaction of<br>deductible                      | Paid at 60%<br>after satisfaction<br>of deductible                        | Paid at 100%<br>after \$15 copay<br>and satisfaction<br>of deductible<br>(copay applies to<br>deductible)                   | Paid at 100%<br>after<br>\$15 copay      |
| <b>Outpatient Treatment at a Hospital</b> | Physician charges paid at 100% after \$15 co-pay. After satisfaction of deductible, other charges paid at 90%. | After satisfaction of deductible, physician and other charges paid at 60%. | After satisfaction of deductible, physician and other charges paid at 80%. | After satisfaction of deductible, physician and other charges paid at 60% | After satisfaction of deductible and \$15 copay (copay applies to the deductible), physician and other charges paid at 100% | Paid at 100% after \$15 copay.           |
| <b>Inpatient Surgery</b>                  | Paid at 90% after \$200 inpatient copay  | Paid at 60% after \$200 inpatient copay and satisfaction of deductible.    | Paid at 80% after \$200 copay.   | Paid at 60% after \$200 inpatient copay and satisfaction of deductible.   | Paid at 100% after satisfaction of deductible.  | Paid at 100% after \$200 inpatient copay |

## 2026 Medical Plan Comparison - Seattle Housing Authority Employees

The purpose of this document is to help you make decisions; it is not a contract. Details are provided in your medical plan booklet at [Medical plans | Seattle Housing Authority](#).

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

| Kaiser Permanente*  |   | City of Seattle Traditional Plan*  |  | City of Seattle Preventive Plan*   |  |
|---|---|--|--|--|--|
| Standard Plan   | Deductible Plan   | Aetna In-Network   | Out-of-Network   | Aetna In-Network   | Out-of-Network   |
| <b>Choice of Providers</b>  |   |  |  |  |  |
| All care and services provided at Kaiser Permanente Facilities or network providers Members may self-refer to most Kaiser Permanente specialists. |   | Aetna contracted providers. Any licensed, qualified No primary care physician selection or referrals required.   | provider of your choice. Expenses paid based on recognized charges*. You pay the difference between recognized and billed charges. | Aetna contracted providers. No primary care physician selection or referrals required.   | Any licensed, qualified provider of your choice. Expenses paid based on recognized charges*. You pay the difference between recognized and billed charges. |
| <b>COVERED EXPENSES</b>   |   |  |  |  |  |
| <b>Abortion</b>   |   |  |  |  |  |
| Paid at 100%  | Paid at 100%  | Paid at 100%. Plan will pay up to \$10k travel and lodging allowance if service not available within 100 miles of your residence.  | Paid at 100%. Plan will pay up to \$10k travel and lodging allowance if service not available within 100 miles of your residence.  | Paid at 100%. Plan will pay up to \$10k travel and lodging allowance if service not available within 100 miles of your residence.  | Paid at 100%. Plan will pay up to \$10k travel and lodging allowance if service not available within 100 miles of your residence.                          |
| <b>Acupuncture</b>  |   |  |  |  |  |
| \$15 copay for up to 8 visits per medical diagnosis per calendar year. Additional visits when approved.   | \$15 copay for up to 8 visits per medical diagnosis per calendar year. Additional visits when approved. Deductible applies. | Paid at 80% after deductible. Up to 12 visits per calendar year in- and out-of-network combined  | Paid at 60% after deductible.  | Paid at 100% after \$15 copay. Up to 20 visits per calendar year in- and out-of-network combined   | Paid at 60% after deductible.  |
| <b>Alcohol/Drug Abuse Treatment (inpatient)</b>   |   |  |  |  |  |
| Paid at 100% after \$200 copay per admission  | Paid at 100% after deductible   | Paid at 80% after \$200 copay; no deductible. Review and coordination of care in complex situations, including residential treatment centers and partial hospitalization | Paid at 60% after \$200 copay; no deductible.  | Paid at 90% after \$200 copay; no deductible. Review and coordination of care in complex situations, including residential treatment centers and partial hospitalization | Paid at 60% after \$200 copay; no deductible.  |

| Kaiser Permanente*   |  | City of Seattle Traditional Plan*  |   | City of Seattle Preventive Plan*  |   |
|--|--|--|---|---|---|
| Standard Plan  | Deductible Plan  | Aetna In-Network   | Out-of-Network  | Aetna In-Network  | Out-of-Network  |
| <b>Alcohol/Drug Abuse Treatment (outpatient)</b>                                       |  |  |   |   |   |
| Paid at 100% after \$15 copay  | Paid at 100% after \$15 copay<br>Deductible applies  | Paid at 80% after deductible.<br>Additional focus on review and coordination of care in complex situations, including psychological testing, neurological testing, and intensive outpatient. | Paid at 80% after deductible.   | Paid at 100% after \$15 copay.<br>Additional focus on review and coordination of care in complex situations, including psychological testing, neurological testing, and intensive outpatient. | Paid at 100% after \$15 copay.  |
| <b>Contraceptives</b>  |  |  |   |   |   |
| For contraceptive drugs and devices, see Prescription Drug benefit                     |  | IUDs and Depo Provera covered as medical benefits. No charge for preferred generic FDA-approved women's contraceptives in-network.<br><br>See Prescription Drug benefit.                     |   | IUDs and Depo Provera covered as medical benefits. No charge for preferred generic FDA-approved women's contraceptives in-network.<br><br>See Prescription Drug benefit.                      |   |
| <b>Durable Medical Equipment</b>   |  |  |   |   |   |
| Paid at 80%  | Paid at 80%  | Paid at 80% after deductible.<br><br>Breast pumps covered as preventive care at 100% no deductible through DME provider.<br><br>Includes 1 electric breast pump per 12 months                | Paid at 60% after deductible.   | Paid at 90% after deductible.   | Paid at 60% after deductible.   |
| <b>Emergency Medical Care</b>  |  |  |   |   |   |
| <b>Urgent Care Clinic</b>  |  |  |   |   |   |
| Paid at 100% after \$15 copay  | \$15 copay<br>Deductible applies   | Paid at 80% after deductible.  | Paid at 60% after deductible.   | Paid at 100% after \$15 copay; no deductible.   | Paid at 60% after deductible.   |
| <b>Emergency Room (copays waived if admitted)</b>                                      |  |  |   |   |   |
| Kaiser Permanente facility: \$100 copay<br>Non-Kaiser Permanente facility: \$150 copay | Kaiser Permanente facility: \$100 copay<br>Non-Kaiser Permanente facility: \$150 copay<br>Deductible applies | Paid at 80% after \$150 copay; no deductible.<br>If non-emergency, paid at 60% after copay.  | Paid at 80% after \$150 copay; no deductible.<br>If non-emergency, paid at 60% after copay. | Paid at 90% after \$150 copay; no deductible.   | Paid at 90% after \$150 copay; no deductible.<br>If non-emergency, paid at 60% after copay. |

| Kaiser Permanente*   |   | City of Seattle Traditional Plan*   |   | City of Seattle Preventive Plan*  |   |
|--|---|---|---|---|---|
| Standard Plan  | Deductible Plan   | Aetna In-Network  | Out-of-Network  | Aetna In-Network  | Out-of-Network  |
| <b>Ambulance</b>   |   |   |   |   |   |
| Paid at 80%.   | Paid at 80%.  | Paid at 80% when medically necessary. Non-emergency transportation only covered if approved in advance by Aetna. Deductible does not apply.   |   | Paid at 90% when medically necessary. Non-emergency transportation only covered if approved in advance by Aetna. Deductible does not apply.   |   |
| <b>Gender Reassignment Services</b>  |   |   |   |   |   |
| Covered as any other service; copays/coinsurance depending on type and location of service provided.   | Covered as any other service; copays/coinsurance depend on type and location of service provided.   | Covered as any other service; copays/coinsurance depend on type and location of service provided. Plan will pay up to \$10k travel and lodging allowance if service not available within 100 miles of your residence.   | Covered as any other service; copays/coinsurance depend on type and location of service provided. Plan will pay up to \$10k travel and lodging allowance if service not available within 100 miles of your residence.   | Covered as any other service; copays/coinsurance depend on type and location of service provided. Plan will pay up to \$10k travel and lodging allowance if service not available within 100 miles of your residence.   | Covered as any other service; copays/coinsurance depend on type and location of service provided. Plan will pay up to \$10k travel and lodging allowance if service not available within 100 miles of your residence.   |
| <b>Fertility Services</b>  |   |   |   |   |   |
| Procedures covered include artificial insemination, ovulation induction and Advanced Reproductive Technologies. Copays/coinsurance depend on type and location of service provided. Regular cost shares apply to services associated with Artificial Insemination and accrue to medical out-of-pocket max. All other fertility treatments and pharmacy benefit. \$20,000 lifetime maximum benefit. | Procedures covered include artificial insemination, ovulation induction, and Advanced Reproductive Technologies. Copays/coinsurance depend on type and location of service provided. Regular cost shares apply to services associated with Artificial Insemination and accrue to medical out-of-pocket max. All other fertility treatments and pharmacy benefit. \$20,000 lifetime maximum benefit. | Procedures covered include artificial insemination, ovulation induction and Advanced Reproductive Technologies. Copays/coinsurance depend on type and location of service provided. \$20,000 lifetime maximum benefit. Plan will pay up to \$10k travel and lodging allowance if service is not available within 100 miles of your residence. | Procedures covered include artificial insemination, ovulation induction and Advanced Reproductive Technologies. Copays/coinsurance depend on type and location of service provided. \$20,000 lifetime maximum benefit. Plan will pay up to \$10k travel and lodging allowance if service is not available within 100 miles of your residence. | Procedures covered include artificial insemination, ovulation induction and Advanced Reproductive Technologies. Copays/coinsurance depend on type and location of service provided. \$20,000 lifetime maximum benefit. Plan will pay up to \$10k travel and lodging allowance if service is not available within 100 miles of your residence. | Procedures covered include artificial insemination, ovulation induction and Advanced Reproductive Technologies. Copays/coinsurance depend on type and location of service provided. \$20,000 lifetime maximum benefit. Plan will pay up to \$10k travel and lodging allowance if service is not available within 100 miles of your residence. |

| Kaiser Permanente*  |   | City of Seattle Traditional Plan*   |   | City of Seattle Preventive Plan*  |   |
|---|---|---|---|---|---|
| Standard Plan   | Deductible Plan   | Aetna In-Network  | Out-of-Network  | Aetna In-Network  | Out-of-Network  |
| <b>Hearing Aids</b> (per ear, every 36 months)  |   |   |   |   |   |
| Paid at 100%  | Paid at 100%  | Paid 80% no deductible<br>In-network coinsurance applies whether purchased in- or out-of-network.<br>Deductible does not apply. | Paid 80% no deductible<br>In-network coinsurance applies whether purchased in- or out-of-network.<br>Deductible does not apply. | Paid 90% no deductible<br>In-network coinsurance applies whether purchased in- or out-of-network.<br>Deductible does not apply. | Paid 90% no deductible<br>In-network coinsurance applies whether purchased in- or out-of-network.<br>Deductible does not apply. |
| <b>Home Health Care</b>   |   |   |   |   |   |
| Paid at 100% when authorized. No visit limit  | Paid at 100% when authorized.<br>No visit limit   | Paid at 80% after deductible.<br>Maximum benefit of 130 visits per calendar year for in- and out-of-network combined            | Paid at 60% after deductible.<br>Maximum benefit of 130 visits per calendar year for in- and out-of-network combined            | Paid at 90% after deductible.<br>Maximum benefit of 130 visits per calendar year for in- and out-of-network combined            | Paid at 60% after deductible.<br>Maximum benefit of 130 visits per calendar year for in- and out-of-network combined            |
| <b>Hospital Inpatient</b>   |   |   |   |   |   |
| Paid at 100% after \$200 copay per admission  | Paid at 100% after deductible   | Facility: Paid at 80% after \$200 copay; no deductible.   | Facility: Paid at 60% after \$200 copay; no deductible.   | Facility: Paid at 90% after \$200 copay; no deductible.   | Facility: Paid at 60% after \$200 copay; no deductible.   |
| <b>Hospital Outpatient</b>  |   |   |   |   |   |
| Paid at 100% after \$15 copay   | \$15 copay<br>Deductible applies  | Facility: Paid at 80% after deductible.   | Facility: Paid at 60% after deductible.   | Facility: Paid at 90% after deductible.   | Facility: Paid at 60% after deductible.   |
| <b>Hospice</b>  |   |   |   |   |   |
| Paid at 100% when authorized  | Paid at 100% when authorized  | Paid at 80% after deductible.   | Paid at 60% after deductible.   | Paid at 90% after deductible.   | Not covered   |
| <b>Maternity Care</b> (delivery & related hospital)                                     |   |   |   |   |   |
| Paid at 100% after \$200 copay per admission  | Deductible applies.   | Facility: Paid at 80% after \$200 copay; copay waived for newborn hospital services. No deductible.                             | Facility: Paid at 60% after \$200 copay; copay waived for newborn hosp. services. No deductible.                                | Facility: Paid at 90% after \$200 copay; copay waived for newborn hospital services. No deductible.                             | Facility: Paid at 60% after \$200 copay; copay waived for newborn hosp. services. No deductible.                                |
| <b>Maternity Care</b> (prenatal and postpartum)   |   |   |   |   |   |
| Paid at 100% after \$15 copay<br>Routine care not subject to outpatient services copay. | \$15 copay<br>Deductible applies.<br>Routine care not subject to outpatient services copay. | Other: Paid at 80% after deductible.<br>Pre-Natal (such as office visits): 100% no copay, no deductible.                        | Other: Paid at 60% after deductible.<br>Pre-Natal (such as office visits): 60% after deductible.                                | Other: Deductible and coinsurance may apply.<br>Pre-Natal (such as office visits): 100% no copay, no deductible.                | Other: Paid at 60% after deductible.<br>Pre-Natal (such as office visits): 60% after deductible.                                |

| Kaiser Permanente*                         |   | City of Seattle Traditional Plan*   |   | City of Seattle Preventive Plan*  |   |
|--|---|---|---|---|---|
| Standard Plan                              | Deductible Plan                                   | Aetna In-Network  | Out-of-Network                                | Aetna In-Network  | Out-of-Network                                |
| <b>Mental Health Care (inpatient)</b>      |   |   |   |   |   |
| Paid at 100% after \$200 copay             | Paid at 100% after deductible                     | Paid at 80% after \$200 copay; no deductible.   | Paid at 60% after \$200 copay; no deductible. | Paid at 90% after \$200 copay; no deductible.   | Paid at 60% after \$200 copay; no deductible. |
|  |   | 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.   |   |
| <b>Mental Health Care (outpatient)</b>     |   |   |   |   |   |
| Paid at 100% after \$15 copay per session. | \$15 copay per session. Deductible applies.       | Paid at 80% after deductible.   | Paid at 80% after deductible.                 | Paid at 100%  | Paid at 100%                                  |
|  |   | Ongoing consultation with a behavioral health provider by web, phone, or mobile device through Teladoc also available.<br><br>Additional focus on review and coordination of care in complex situations, including psychological testing, neurological testing, and intensive outpatient. |   | Ongoing consultation with a behavioral health provider by web, phone, or mobile device through Teladoc also available.<br><br>Additional focus on review and coordination of care in complex situations, including psychological testing, neurological testing, and intensive outpatient. |   |
| <b>Physician Office Visit</b>              |   |   |   |   |   |
| Paid at 100% after \$15 copay.             | Paid at 100% after \$15 copay. Deductible applies | Paid at 80% after deductible (waived for preventive care).  | Paid at 60% after deductible.                 | Paid at 100% after \$15 copay per visit (waived for preventive care).   | Paid at 60% after deductible.                 |
|  |   | Additional access to medical consultation with a physician by web, phone, or mobile device for selected short-term services through Teladoc also available.   |   | Additional access to medical consultation with a physician by web, phone, or mobile device for selected short-term services through Teladoc also available.   |   |

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

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

| Kaiser Permanente*   |   | City of Seattle Traditional Plan*   |   | City of Seattle Preventive Plan*  |   |
|--|---|---|---|---|---|
| Standard Plan  | Deductible Plan   | Aetna In-Network  | Out-of-Network  | Aetna In-Network  | Out-of-Network  |
| <b>Smoking Cessation</b>   |   |   |   |   |   |
| Paid at 100% for individual or group sessions<br>Nicotine replacement therapy included in Prescription Drug benefit                    | Paid at 100% for individual or group sessions   | Lifetime maximum of one 90-day supply of aids or drugs.<br>Coinsurance 10% generic, 20% brand. See Prescription Drugs.  | Not covered   | Smoking cessation prescription drugs covered subject to 10% generic, 20% brand drug coinsurance.  | Not covered   |
| <b>Spinal Manipulations (chiropractic)</b>   |   |   |   |   |   |
| Paid at 100% after \$15 copay  | \$15 copay. Deductible applies.   | Paid at 80% after deductible.   | Paid at 60% after deductible.   | Paid at 100% after \$15 copay; no deductible.   | Paid at 60% after deductible.   |
| 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.  |   |
| <b>Sterilization Procedures</b>  |   |   |   |   |   |
| 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; no ded.   | Inpatient: Paid at 60% after \$200 copay; no deductible.  |
| Outpatient: Paid at 100% after \$15 copay  | Outpatient: \$15 copay Deductible applies   | Outpatient: Paid at 80% after deductible.<br><br>Tubal ligation: 100% no copay; no deductible.  | Outpatient: Paid at 60% after deductible.   | Outpatient: Paid at 90% after deductible.<br><br>Tubal ligation: 100% no copay; no deductible.  | Outpatient: Paid at 60% after deductible.   |
| <b>Temporomandibular Joint Services</b>  |   |   |   |   |   |
| Covered as any other service; copays/coinsurance depend on type and location of service provided.                                      | Covered as any other service; copays/coinsurance depend on type and location of service provided. | Covered as any other service; copays/coinsurance depend on type and location of service provided.<br><br>\$5,000 lifetime maximum for non-surgical services in- and out-of-network combined | Covered as any other service; copays/coinsurance depend on type and location of service provided. | Covered as any other service; copays/coinsurance depend on type and location of service provided.<br><br>\$5,000 lifetime maximum for non-surgical services in- and out-of-network combined | Covered as any other service; copays/coinsurance depend on type and location of service provided. |

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

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

## HEALTH CARE PREMIUMS



Effective January 1, 2026, 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* |
| <b>Medical Plans</b>         |                       |                                    |                |   |                |
| City of Seattle Preventive   | \$2,329.36            | \$2,281.24                         | \$48.12        | \$2,230.86  | \$98.50        |
| City of Seattle Traditional  | \$2,097.88            | \$2,097.88                         | \$0.00         | \$2,065.54  | \$32.34        |
| Kaiser Permanente Standard   | \$1,748.23            | \$1,699.83                         | \$48.40        | \$1,648.33  | \$99.90        |
| Kaiser Permanente Deductible | \$1,611.18            | \$1,586.18                         | \$25.00        | \$1,554.26  | \$56.92        |

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

\*Provided they are IRS tax dependents.

## ENROLLING NON-IRS TAX DEPENDENTS

To cover a spouse or domestic partner (and tax dependents of your domestic partner), you must complete a SHA Benefit Change/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                | 2026 Monthly Premium Contribution Taken After Taxes for Domestic |
|------------------------------|--|
| 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 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 amount will be listed on your paycheck as taxable income and are subject to federal income and Social Security tax withholding (these values have been adjusted to reflect the premium amounts taken after-tax so you are not taxed twice).

| 2026 Monthly Taxable Values of SHA Coverage Provided to:<br>Your Non-IRS Tax Dependent Domestic Partner<br>Your Domestic Partner's Non-IRS Tax Dependent Child(ren) |                                 |                           |
|---|---------------------------------|---------------------------|
| Type of Coverage  | Domestic Partner Taxable Amount | Child(ren) Taxable Amount |
| Aetna Preventive Plan   | \$1,119.45                      | \$935.87                  |
| Aetna Traditional Plan  | \$1,021.24                      | \$842.87                  |
| Kaiser Permanente Standard  | \$826.48                        | \$702.39                  |
| Kaiser Permanente Deductible  | \$777.24                        | \$647.32                  |
| DDWA Coverage   | \$59.62                         | \$41.74                   |
| Dental Health Services  | \$67.76                         | \$47.34                   |
| Vision Plan Basic   | \$4.53                          | \$3.17                    |
| Vision Plan Buy-Up  | \$10.25                         | \$7.18                    |

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 of family status) as long as they are not claimed as your IRS tax dependent.

## PRESCRIPTION DRUG COVERAGE

### Prescription Drug Retail Program

#### ***Aetna***

Aetna classifies medication into three tiers:

1. Generic
2. Preferred brand-name
3. Non-preferred brand-name.



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

The Aetna formulary name is Aetna Standard Plans. This formulary provides a list of drugs covered under your plan. You can search for specific drugs at:

<https://www.aetna.com/individuals-families/find-a-medication.html>.

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

#### ***Kaiser Permanente***

Kaiser Permanente uses two classifications:

1. Generic
2. Preferred brand-name (no coverage for non-preferred brand)

You are responsible for a \$15 copay for generic drugs and \$30 copay for brand-named drugs.

All prescriptions must be filled at a Kaiser Permanente pharmacy. Prescriptions filled at any non-Kaiser Permanente pharmacy will not be covered.

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

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

## Prescription Drug Coverage Comparison

| Plan Features                       | KP Standard   | KP Deductible   | Aetna Preventive   | Aetna Traditional   |
|-------------------------------------|---|---|--|---|
| <b>Annual Out-of-Pocket Maximum</b> | Rx copays do not apply to out-of-pocket maximum                       | Rx copays do not apply to out-of-pocket maximum                       | \$1,200  | \$1,200   |
| <b>Retail</b>                       |   |   |  |   |
| ▸ 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   |
| <b>Mail Order</b>                   |   |   |  |   |
| ▸ Days' Supply                      | 90-day  | 90-day  | 90-day   | 90-day  |
| ▸ Coinsurance                       | Generic: \$45 copay<br>Brand: \$90 copay                              | Generic: \$30 copay<br>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  |

\*Coinsurance exceptions:

- SHA 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 offers two vision plans through Vision Service Plan (VSP) – the Basic Plan, which is fully paid for by SHA, and the Buy-Up plan, paid by the employee. 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.

VSP Buy-Up Plan offers one upgrade to a service that is included in VSP Basic, when you use an in-network provider.

The plan does not cover expenses above the co-payments, in-network allowances and out-of-network scheduled amounts. Use your Healthcare FSA to pay for these expenses with pre-tax dollars.

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

### Vision Plan Comparison

| Plan Benefit<br><i>Benefit Frequency is every plan year unless otherwise noted</i> | Plan Type   |   |
|--|---|---|
|  | VSP Basic<br>(City pays premium)  | VSP Buy-Up<br>(Employee pays premium)   |
| <b>WellVision Exam</b>   | \$10 copay  | Same as Basic Plan  |
| <b>Essential Medical Eye Care</b>  | \$20 per exam   | Same as Basic Plan  |
| <b>Prescription Glasses</b>  | \$25 copay  | Same as Basic Plan  |
| <b>Computer Vision Care</b><br><i>Every calendar year</i>                          | Not applicable  | \$25 copay<br>\$100 frame allowance or \$120 featured frame brands allowance<br>20% savings on amount over allowance<br>Single vision, lined bifocal, lined trifocal, and occupational lenses |
| <b>Frames</b><br><i>Basic Plan: every other year</i>                               | \$175 allowance for select frames<br>\$195 allowance for featured frame brands<br>20% savings on amounts over allowance                                     | \$200 allowance for select frames<br>\$220 allowance for featured frame brands<br>20% savings on amounts over allowance   |
| <b>Lenses</b>  | Copay included in Prescription Glasses<br><i>Includes: single vision, lined bifocal, and lined trifocal<br/>Polycarbonate lenses for dependent children</i> |   |
| <b>Lens Enhancements</b>   | Standard progressive* lenses: \$55<br>Premium progressive* lenses: \$95-\$105<br>Custom progressive* lenses: \$150-175                                      |   |
| <b>Contact Lenses</b><br><i>(instead of glasses)</i>                               | \$175 allowance for contacts (no copay)<br>\$60 Copay: contact lens exam (fitting and evaluation)   |   |


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

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

**Easy Options: Buy-Up Plan Only** (Copay included in prescription glasses)

|   |  |
|---|--|
| <p><b>Premium Plan Options</b><br/> <i>You and each covered member on your plan can choose one of these eyewear options when purchasing glasses or contacts</i></p> | <p>Additional \$75 frame allowance or,<br/>                 Additional \$25 contact lens allowance or,<br/>                 Fully-covered anti-reflective coating or,<br/>                 Fully-covered progressive* lenses or,<br/>                 Fully-covered photochromic** adaptive lenses</p> |
|---|--|

**Additional Vision Benefits**


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

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

|                       |             |
|-----------------------|-------------|
| Exam                  | Up to \$45  |
| Frames                | Up to \$70  |
| Single Vision Lenses  | Up to \$30  |
| Lined Bifocal Lenses  | Up to \$50  |
| Lined Trifocal Lenses | Up to \$65  |
| Progressive Lenses    | Up to \$50  |
| Contact Lenses        | Up to \$105 |

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

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

| <p><b>Vision Plan</b></p>  | <p><b>SHA Premium Amount</b></p> | <p><b>2026 Employee's Monthly Premium Contribution</b></p> |   |
|---|----------------------------------|--|---|
|   |                                  | <p>Coverage for Employees with or without Children</p>     | <p>Coverage for Employees with Spouse/Domestic Partner with or without Children</p> |
| <p>VSP Basic Plan</p>   | <p>\$9.53</p>                    | <p>\$0</p>   | <p>\$0</p>  |
| <p>VSP Buy-Up Plan</p>  | <p>\$21.58</p>                   | <p>\$12.04</p>   | <p>\$12.04</p>  |

## 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 dental 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

DDWA offers orthodontia benefits for adults and children. Pre-treatment estimates are recommended. The orthodontia benefit is paid at a 50% level to a lifetime maximum of \$2,000. **NOTE:** for children who are already in treatment when joining the SHA DDWA plan, DDWA will prorate claim payments(s) based on the original banding date and remaining balance. The dental office needs to contact DDWA customer service for patient-specific details.

To locate a DDWA network provider, search <https://www.deltadental.com/us/en/find-a-dentist.html>. For claim issues or appeals, please call (206) 522-2300 or 1-800-554-1907.

You will receive your DDWA ID card about 2 weeks following your dental plan selection. However, a card is not needed to access care – simply let your provider know you are covered under a City of Seattle plan, and they will ask you some information to identify you and confirm your benefits and eligibility.

### Dental Health Services

If you select DHS, you can only receive services from an in-network dentist or dental practice – there is no out-of-network benefit available. 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 services to be covered.

Selecting a Dental Health Services dentist means:

- There are no deductibles or annual maximums

- There are no incentive-level services

You will receive your DHS ID card about two weeks following your dental plan selection.

To begin, visit: <https://www.dentalhealthservices.com/> and click "Plan Members" – from here, you will be able to:

- Search for DHS dentist/clinic and to set up your online account
- If your personal email won't work on the Register Member screen, contact DHS directly at (206) 788-3444 to request your Member Number.

This plan has an office visit copay of \$10 for all covered members, and there are also copays for selected services. The plan comparison on the following pages lists services and copay requirements.



### Dental Plan Comparison

| Plan Features  | Delta Dental of Washington (DDWA)  | Dental Health Services (DHS)   |
|--|--|--|
| <b>Calendar Year Deductible</b>  | \$50 per person, \$150 per family (No deductible for preventive services)  | \$0  |
| <b>Annual Maximum Benefit</b>  | \$2,000 per person per year  | No Annual Maximum  |
| <b>Diagnostic and Preventive</b> (routine and emergency exams, x-rays, cleaning, fluoride treatment, sealants) | Class I: 100%  | No copay<br><br>Two additional cleanings for pregnant women, up to four cleanings.   |
| <b>Fillings</b>  | Class II: Incentive payment levels*<br>1 <sup>st</sup> Year – 80%<br>2 <sup>nd</sup> Year – 90%<br>3 <sup>rd</sup> Year – 100% | No copay for general filling<br>Covers composite fillings in all teeth (posterior composite fillings additional \$15)                        |
| <b>Crowns</b>  | Class II: Constant 70%   | \$145 noble, \$175 high noble or titanium, \$200 upgraded, specialized porcelain if applicable per unit. (Non-specialized porcelain is \$75) |
| <b>Prosthetic Services</b> (Dentures, Bridges)   | Class III: Constant 50%  | \$125 plus \$10 office copay (dentures)<br>\$75 plus \$10 office visit copay (bridges)   |

| Plan Features  | Delta Dental of Washington (DDWA)   | Dental Health Services (DHS)  |
|--|---|---|
| <p><b>Orthodontia</b></p> <p><b>For DDWA:</b> a transition of care available for new members already in treatment (see DDWA Orthodontia – prior page)</p> <p><b>For DHS:</b> new cases only – no transition of care for new members already in treatment who join the City's DHS</p> | <p>Available for Child &amp; Adult</p> <p>Plan pays 50% up to lifetime maximum of \$2,000; deductible doesn't apply</p>   | <p>Available for Child &amp; Adult</p> <p>Adult (age 25 and over) \$1,800 plus \$150 for initial exam, study models and x-rays cover full course of treatment plus \$10 copay for each visit</p> <p>Orthodontia cases (less than age 25) \$1,000 copay \$150 for initial exam, study models and x-rays covers full course of treatment only; plus, \$10 copay for each office visit</p> |
| <p><b>Choice of Providers</b></p>  | <p>In-Network: Any contracted provider.</p> <p>Out-of-Network: Expenses paid will be based on actual charges or DDWA's maximum allowable fees for non-participating dentists, whichever is less. You will be responsible for any balance due.</p> | <p>In-Network: Any contracted provider in the DHS network.</p> <p>Out-of-Network: No out-of-network coverage available.</p>   |
| <p><b>Periodontics</b> (surgical and nonsurgical procedures for the treatment of the tissues supporting the teeth)</p>   | <p>Class II: Paid according to incentive payment levels shown above*</p>  | <p>Paid at 100% after a \$25 copay for periodontal scaling and maintenance at a general dentist. If referred to a periodontist, the member pays 20%. Up to 4 visits for specific situations.</p>  |
| <p><b>Endodontics</b> (procedures for pulpal and root canal treatment)</p>   | <p>Class II: Paid according to incentive payment levels shown above. Root canal treatment of the same tooth covered only once in 2 years.*</p>  | <p>Paid at 100% after applicable copay (\$50 for anterior, \$75 for bicuspid, or \$100 for molar root canal) If referred to an endodontist, member pays 20%.</p>  |
| <p><b>Oral Surgery</b> (routine and surgical extractions)</p>  | <p>Class II: Paid according to incentive payment levels shown above*</p>  | <p>Paid at 100% after a \$10 office visit copay for a general dentist. If referred to an oral surgeon, the member pays 20%</p>  |

| Plan Features                           | Delta Dental of Washington (DDWA)  | Dental Health Services (DHS)                                   |
|---|--|--|
| Temporomandibular Joint (TMJ) Disorders | Not covered  | \$1,000 annual maximum<br>\$5,000 lifetime maximum             |
| Dental Implants                         | Constant 50%   | Call DHS Office at 206-788-3444 for details – copayments apply |
| Other                                   | Class III: Occlusal (nightguard) covered at 50% if the patient has advanced gum disease. | Occlusal (nightguard) with \$350 copay                         |

Plan booklets are at <https://www.seattlehousing.org/work-sha/employee-benefits>.

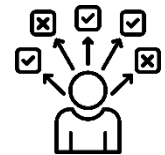
\*Incentive levels from other DDWA plans are not carried over to the City’s plan.

| Dental Plan                | SHA Premium Amount | 2025 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 | \$125.52           | \$0  | \$0   |
| Dental Health Services     | \$142.65           | \$0  | \$0   |

## OPTIONAL INSURANCE

The following is a list of optional insurance choices. SHA offers paid Basic Long-Term Disability Insurance and shares the cost of Supplemental Long-Term Disability and Basic Group Term Life Insurance with you. Accidental Death and Dismemberment, Legacy Long-Term Care, and Supplemental Group Term Life 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
- Basic Life insurance for yourself
- 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.

| AD&D Monthly Cost to Employee |               |                   |
|-------------------------------|---------------|-------------------|
| Principal Sum                 | Employee Only | Employee & Family |
| \$25,000                      | \$0.75        | \$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           |

| 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 may not be converted upon termination of employment.

## 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 due to a covered illness or injury. This benefit replaces a portion of your income, thus helping you meet your financial commitments in a time of need and providing you peace of mind in knowing that a step has been taken toward securing your income during a period of disability. Maximum monthly benefit is \$400.

SHA offers the opportunity to purchase Supplemental LTD coverage. The additional LTD protection will combine other income sources, if any, to provide you with a maximum monthly benefit of \$6,000. If you are not confident that you need Supplemental LTD coverage, consider if you will be able to meet your financial obligations if you become disabled.

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: Determine your base monthly salary (up to \$10,000) and subtract \$667 (which is the cost of basic LTD paid by SHA). Multiply the remaining amount by .00384. This is your monthly payroll deduction amount.

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.

The Benefit waiting period for both Basic and Supplemental LTD is 90 days.

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

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.

Note: since premiums for Basic LTD are paid by the City, and the employee's portion of the supplemental LTD premium share are deducted after-tax, paid LTD benefits are partially tax-free.

## OPTIONAL INSURANCE – LEGACY LONG-TERM CARE



Long-Term Care (LTC) is defined as the type of care received when someone needs assistance with what is known as Activities of Daily Living – basic activities like dressing, bathing, eating, or moving around. Accidents or unexpected illness can happen at any time and at any age. LTC coverage helps protect against the financial impact of extended care needs.

### Plan Status

SHA previously offered Long-Term Care insurance through Unum Insurance Company. **This benefit is no longer open to new enrollments.**

Employees who were already enrolled prior to the closure of the program will retain their existing coverage, as the plan remains voluntary, guaranteed renewable, and portable.

### WA CARES Payroll Tax

All SHA employees without an approved ESD exemption are subject to the WA State payroll tax that funds the WA CARES Program.

### Coverage for Existing Policyholders

Current Unum LTC policyholders may continue to maintain their coverage and may still insure eligible family members as allowed under the original plan provisions. Premiums for employees and spouses/domestic partners continue through payroll deduction; premiums for other eligible family members are paid directly to Unum.

Coverage amounts and underwriting requirements remain subject to Unum’s guidelines. Any coverage requiring medical review is not guaranteed and must be approved by Unum.

### Changes to Existing Coverage

Employees who currently hold Unum LTC coverage may make changes to their policy at any time during the year.

### Continuation of Coverage

If an enrolled employee leaves SHA, they may continue their LTC coverage directly with Unum under the plan’s portability provisions.

### Contact Information

For questions regarding coverage, claims, or premium payments, policyholders should contact Unum directly.

## OPTIONAL INSURANCE – BASIC GROUP TERM LIFE

SHA contributes 40% of the cost and you pay the remaining 60% of the cost. Choose one of the Basic Group Term Life options below, or you may waive coverage



1. 1.5 times your annual salary
2. 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.

If you do not enroll in life insurance when first eligible, you will be required to complete a Medical History Statement for the insurance carrier. Approval will be based on the insurance carriers underwriting.

If you have a qualified family status change during the year, you may newly elect or increase your basic group term life insurance 1.5 times your annual salary to \$50,000 without Evidence of Insurability. Any amount over \$50,000 would require EOI.

\*Cost is \$0.116 per \$1,000; rounded up to nearest \$1,000  
 Employee cost is 60% or \$0.070 per \$1,000  
 Employer cost is 40% or \$0.046 per \$1,000

Your coverage amount is equal to your annual salary, rounded up to the next \$1,000 increment, multiplied by 1.5. Your monthly premium equals \$0.045 times each \$1,000 of coverage. To calculate your Basic Life insurance, use the following table:

|   |          |
|---|----------|
| Line 1: Annual Salary   | \$ _____ |
| Line 2: Round Line 1 to nearest \$1,000                             | \$ _____ |
| Line 3: Multiply Line 2 by 1.5 = Coverage Amount                    | \$ _____ |
| Line 4: Divide Line 3 by \$1,000                                    | \$ _____ |
| Line 5: Multiply Line 4 by the plan rate of 0.070 = Monthly Premium | \$ _____ |

For example, if your salary is \$78,600 per year, round it up to \$79,000. To determine your coverage amount, multiply \$79,000 by 1.5 = \$118,500. \$118,500 is your coverage amount. Divide your coverage amount by \$1,000 ( $\$118,500 / \$1,000 = 118.50$ ). Multiply 118.50 by the plan rate of 0.070 and the premium is \$5.53/month.

For a complete table of life insurance rates, see addendum at the end of this Benefit Guide.

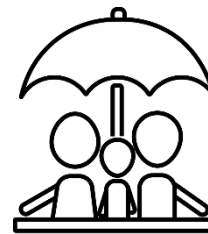
## SUPPLEMENTAL GROUP TERM LIFE

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:

- Employee is limited to a combined life insurance coverage of up to the lesser of 6 times their annual salary, rounded down to nearest \$5,000 or \$2,500,000 when combined with Basic Life insurance.
- Spouse guaranteed issuance for supplemental coverage is limited to \$50,000. Spouse supplemental coverage is limited to 100% of employee’s combined life insurance coverage up to a maximum of \$500,000.
- You may purchase \$2,000, \$5,000 or \$10,000 of coverage for 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. The death benefit is paid out for each enrolled child(ren).
- Any elected coverage amounts over the guaranteed 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.
- If you have a family status change during the year, you may newly elect or increase your Supplemental spouse/domestic partner life insurance by one increment of \$5,000 provided the resulting amount does not exceed the guaranteed issue amount of \$50,000

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. Use the How to Calculate Supplemental Life Insurance tool at <https://www.seattlehousing.org/work-sha/employee-benefits/optional-benefits/life-insurance>. (Select “Edit a copy” located in the upper right corner of the spreadsheet to change the information.)

| Supplemental GTL for Employee and Spouse/Domestic Partner |                                  |
|---|----------------------------------|
| Age   | Monthly Cost/\$1,000 of Coverage |
| 18-29   | \$0.032                          |
| 30-34   | \$0.047                          |
| 35-39   | \$0.063                          |
| 40-44   | \$0.088                          |
| 45-49   | \$0.149                          |
| 50-54   | \$0.227                          |
| 55-59   | \$0.354                          |
| 60-64   | \$0.541                          |
| 65+   | \$0.942                          |



| Supplemental GTL for Children |              |
|-------------------------------|--------------|
| Amount of Coverage            | Monthly Cost |
| \$2,000                       | \$0.36       |
| \$5,000                       | \$0.90       |
| \$10,000                      | \$1.80       |

## LIFESTYLE BENEFITS – SECURIAN



If you are enrolled in Basic Life insurance, you are eligible for lifestyle benefits from Securian:

- **Travel Assistance:** This service provides you and your dependents with access to appropriate medical care and other emergency services when you travel 100 miles or more from home. Travel Assistance also offers a range of professional, 24-hour medical, legal, and trip assistance information and coordination services to help your travel go smoothly.
- **Legal Advice**
- **Grief Counseling**
- **Financial Planning**
- **Beneficiary Financial Counseling:** Beneficiaries will have access to professional guidance to help them make sound financial decisions regarding policy proceeds. Securian Financial will invite beneficiaries receiving \$25,000 or more to take advantage of this program when the life insurance claim is paid.
- **Legacy Planning:** Get the support you need to ensure your family's affairs are in order, including end-of-life planning, creation of key directives, and final arrangements for funeral services.
- **Accelerated Benefit:** If you become terminally ill with a life expectancy of 24 months or less, you may be eligible to receive up to 100% percent of the face amount to a maximum of \$1 million (Basic and Supplemental Life combined).
- 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.

## OPTIONAL INSURANCE – HAIG FREE LIFE INSURANCE

Housing Authority Insurance Group (HAIG) offers a free \$5,000 life insurance policy to eligible full-time, regular 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 coverage ends 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, which occurs each January.

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 BENEFIT – FLEXIBLE SPENDING ACCOUNTS



SHA's Flexible Spending Account (FSA) Plans allow you to set aside pre-tax dollars from your paycheck (\$120 annual minimum, \$3,300 annual maximum for Health Care FSA plan or \$7,500 for Day Care FSA plan) to pay for eligible expenses not covered through other benefit programs. Pre-tax deductions reduce your taxable income and could lower your tax base.

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



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

### Health Care FSA

Allows you to set aside money (\$3,300 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/>. Mid-year changes are only allowed within 30 days of a qualified family status change.

You may carry over up to \$660 of unused 2026 Health Care FSA funds into your 2027 account, as long as you enroll in a 2027 Health Care FSA or have at least \$120 available to carry over for the 2027 plan year. Any unexpended amount above the \$660 carryover limit will be forfeited. If you do not enroll in a 2027 Health Care FSA, any remaining 2026 balance under \$120 will also be forfeited.

Eligible expenses must be incurred during the 2026 plan year, meaning the date of service must fall within the plan year. All claims for 2026 expenses must be submitted no later than March 31, 2027. Employees who terminate employment are not eligible to incur new expenses after their last day of employment, and their Health Care FSA account closes upon termination.

The Navia Benefits Card is a debit card that allows you to access your Health Care FSA funds directly instead of paying out-of-pocket and waiting for reimbursement. Navia will send you a Benefits Card automatically through U.S. Mail.

### Dependent 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 (\$7,500 annual family maximum). Enroll or change contributions at any time if your daycare rates or situation changes. Dependent Care FSA accounts remain open through the end of the plan year (December 31, 2026). All eligible expenses must be incurred by this date. Unexpended funds cannot be carried

over and will be forfeited at the end of the plan year. Claims for 2026 expenses must be submitted by March 31, 2027, to be eligible for reimbursement.

SHA has partnered with Navia to offer Kinside services to employees. Kinside is a trusted childcare network. Browse up-to-date openings at preschools, after-school programs, summer camps, and more. Pay providers online and take advantage of up to 20% on childcare discounts. Pay your provider online using your Daycare FSA dollars. No FSA? You may also pay online via ACH. No more clunky claims process. Visit [Kinside: Find childcare](#) for more information.

## COMMUTE TRIP REDUCTION PROGRAM



Visit the Our House Rideshare Program Page at [Multimodal Transportation Benefits](#) to learn more about Commute Trip Reduction benefits including ORCA Passport, Zipcar, and bike to work options.

SHA subsidizes the full cost of the ORCA passports. ORCA passports are accepted for fares by transit authorities from Pierce to Snohomish County, Link Rail, Sounder, Light Rail, Monorail, Metro Flex, 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 75% by ferry.

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

SHA employees can get a discounted membership to Zipcar. SHA will pay the application fee, six 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. For more details or to enroll, visit [Car-share](#).

SHA offers Alternative Work Arrangements (AWA): compressed workweek, flextime and telework opportunities. Review options with your manager. Not all positions are eligible. To request an AWA, complete the [AWA request form](#).

RideShare Online is a convenient and easy-to-use tool for free information on travel options and incentive programs for commute and non-commute trips. For more information, [RideshareOnline serving Washington and Oregon](#).

## EMPLOYEE ASSISTANCE PROGRAM

SHA offers you and your family the services of an Employee Assistance Program (EAP) through CompPsych at no out-of-pocket expense to you. An Employee Assistance Program provides short-term, confidential counseling and in the moment support. Simply call 1-888-416-1377 to schedule an EAP appointment or access resources at [www.guidanceresources.com](http://www.guidanceresources.com). Create an online account using the web ID **SHAEAP**.

The ComPsych website contains resources on health and lifestyles, daily features and news articles:



- Webpage portal available in English and Spanish
- 24/7 multilingual access to master’s and doctoral level clinicians
- Personalized well-being assessments and tailored care plans
- Well-being coaching for stress, burnout, lifestyle habits, and everyday challenges
- Computerized Cognitive Behavioral Therapy (CCBT) with self-guided digital mental health courses
- Work-Life Services: child/elder care, education, wellness, relocation, and more
- FinancialConnect and LegalConnect: budgeting, retirement, debt, and more
- GuidanceConnect for finding and scheduling therapy
- ComPsych Huddle: single session, online group experiences offered throughout the month
- GuidanceNow mobile application is available

You and your family members living in the same household are each entitled to eight face-to-face counseling visits, per issue, per calendar year at no cost to you. Personal information is confidential and 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.)*

## MECHANICS BANK – AFFINITY PROGRAM



As an SHA employee, you are eligible for exclusive banking and home loan benefits with the Mechanics Bank Affinity Program offered through Mechanics Bank. To learn more about your home buying benefits visit, [Seattle Housing Authority | HomeStreet Bank Affinity Client](#). Webinars are also available. Check Teams – Bulletin Board or visit the employee benefits website at [Employee Discounts | Seattle Housing Authority](#) to view previously recorded sessions. Home loan discounts are not available through Mechanics Bank Branches.

## RETIREMENT

Public Employees’ Retirement System (PERS) membership is defined by Washington State statutes and is mandatory if you are hired into an “eligible” position. 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 the Dept. of Retirement Systems (DRS). It is the employee’s responsibility to indicate prior membership in these 3 retirement plans on their Retirement Status form.

If you have elected a DRS PERS retirement plan through a previous employer, you will be automatically enrolled into that same PERS plan.

DRS offers two programs to help you prepare financially for retirement. Please be aware that plan choices are irrevocable.

### PERS Plan 2

2

Benefit is 2% x Service Credit Years x Highest Salary for 60 consecutive months. Contribution rate is set by DRS. *PERS Plan 2 is the place holder and default plan during the 90-day enrollment period for new hires/promotions.*

### PERS Plan 3

3

Benefit is 1% x Service Credit Years x 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](http://www.drs.wa.gov) through an online account.

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. DCP offers Roth and traditional retirement investment options. Non-payroll contributions are allowed for DCP Roth accounts. Remember, 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 800-547-6657, or check their website at <http://www.drs.wa.gov/>.


## LEAVE BENEFITS

### Annual Leave

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 eligible hours each bi-weekly pay period. Part time employee accruals are pro-rated based on eligible hours each pay period. Eligible hours include regular work hours or any type of paid time off (with the exception of PFML hours). Any overtime/compensatory hours worked are not factored towards leave accruals. Non-exempt staff and exempt staff on approved FMLA may take Annual Leave in ¼ hour increments. Exempt staff take Annual Leave in full-day 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. LWOP (including FMLA) or PFML hours are not used when calculating annual leave accruals.

### Annual Leave Accrual Rates

| During Service Year<br> | 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, vision, or dental appointments, preventative care or treatment, or when you or a family member (child, parent, spouse, domestic partner, grandparent, grandchild, sibling, or someone who resides in your household

with an expectation that you would take care of them during an illness) are sick or injured. You may also request sick leave for the non-medical care of a newborn or child recently placed for adoption, foster care or legal guardianship, and for reasons related to domestic violence, sexual assault or stalking. Sick leave may be used when SHA or your family member's school or place of care has been closed for health or safety related reasons, or when the SHA Director orders the employee's work location closed due to inclement weather, if no other SHA leave option is available. If you are a full-time employee, you will accrue 3.69 hours of sick leave based on eligible hours each bi-weekly pay period. If you are a part-time employee your accrual is prorated. You accrue 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 and exempt staff on approved FMLA may take Sick Leave in ¼ hour increments. Exempt staff take Sick Leave in full-day increments. Sick Leave is paid out at 25% upon termination. LWOP (including FMLA) or PFML hours are not used when calculating leave accruals.

## **Holidays**

SHA provides twelve (12) established holidays each year for regular employees. The established holidays are: New Year's Day; Martin Luther King's Birthday; Presidents' Day; Memorial Day; Juneteenth; Independence Day; Labor Day; Indigenous Peoples' Day, Veterans 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 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 for benefited, full-time employees and prorated for part-time employees. Employees on compressed work schedules must use annual leave to make up the difference, unless noted otherwise in union contract.

## **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. Personal holidays cannot be carried over from year to year nor can they be cashed out at the end of the year. **Use them or lose them!** Employees on compressed work schedules must use annual leave to make up the difference, unless noted otherwise in union contract.

## **Bereavement or Funeral Leave**

Unless noted under union contract, two days (8-hour increments) of SHA-paid bereavement leave may be taken, along with 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.

Or 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 their immediate supervisor as soon as possible and shall, if requested by the employee's supervisor, provide substantiation to support the request.

Employees on compressed work schedules must use annual leave to make up the difference, unless noted otherwise in union contract.

### **Federal Family Medical Leave (FML)**

The Family and Medical Leave Act (FML) allows you to take up to 12 workweeks of unpaid Family Medical Leave for your serious health condition, the birth, placement, or adoption of a child, or to care of your spouse or domestic partner, or parent or child who has a serious health condition. You must have 12 months of employment with SHA 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 workweeks 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 State Paid Family Medical Leave (PFML)**

SHA employees **do not apply** for PFML benefits through Employment Security Department, as SHA administers the program in-house. 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 (extended definition than under FML); 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 and 340 with SHA in a qualifying period. PFML is a 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 (LWOP) 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 applicable) 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**

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. 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. SHA will administer Military Leave in accordance with federal and state regulations. Types of Military Leave may include Paid Military Leave, Unpaid Military Leave of Absence, Military Spouse Leave of Absence, FML Military Exigency and/or FML Military Caregiver Leave.

## **Sabbatical Leave**

SHA provides unpaid Sabbatical Leave, not to exceed six weeks, 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.

## **Domestic Violence Leave**

An employee may take reasonable, unpaid intermittent leave or request a reduced schedule to ensure 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.

## **Voluntary Leave Share Program (VLSP)**

Employees who are experiencing a major medical emergency or the loss of their spouse, child or parent are eligible to request leave donations from the established leave bank. You must have 90 days of continuous employment with SHA and have exhausted all leave options to request leave hours. Employees wishing to donate leave hours to the leave bank must meet eligibility requirements. The decision to donate leave is irrevocable. Participation in the VLSP is strictly voluntary.



## 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                               | (800) 872-3862                   | www.aetn navigator.com<br>to find a doctor:<br>www.aetna.com/docfind/custom/cityofseattle/ |
| Kaiser Permanente Medical Insurance                   | (888) 901-4636                   | www.kp.org/wa  |
| Vision Service Plan                                   | (800) 877-7195                   | www.VSP.com  |
| Dental Health Services (DHS)                          | (206) 788-3444<br>(877) 495-4455 | www.dentalhealthservices.com/cityofseattle/  |
| Delta Dental of Washington (DDW)                      | (206) 522-2300<br>(800) 554-1907 | www.deltadentalwa.com  |
| WA State Retirement Systems (PERS)                    | (800) 547-6657                   | www.drs.wa.gov   |
| WA State Deferred Compensation Program (DCP)          | (800) 547-6657                   | www.drs.wa.gov/plan/dcp  |
| Employee Assistance Program (EAP)<br>ComPsych         | (888) 416-1377                   | www.guidanceresources.com<br>Web ID: SHAEAP  |
| Long-Term Care (Legacy Plan)<br>UNUM Provident        | (800) 421-0344                   | www.unum.com   |
| Life, AD&D, LTD                                       | (206) 615-3328                   | Optional Benefits page on<br>www.seattlehousing.org  |
| Flexible Spending Accounts<br>Navia Benefits Solution | (425) 452-3500<br>(800) 669-3539 | www.naviabenefits.com<br>Company Code: SHA   |

|  |  |
|--|--|
| HR Benefits<br>Benefit questions, Leave and Accommodation<br>Requests, Life Events, Resignations | <a href="mailto:HR-Benefits@seattlehousing.org">HR-Benefits@seattlehousing.org</a> |
|--|--|

Visit [Employee benefits | Seattle Housing Authority](#) for more information on benefits. Review the [Manual of Operations Benefits](#) located on Our House for policy and procedure details.

## HEALTHCARE GLOSSARY

|                             |  |
|-----------------------------|--|
| <b>Balance Billing</b>      | The amount over and above your co-insurance amount that you may be required to pay if you use a non-network provider.  |
| <b>Coinsurance</b>          | The arrangement by which both the Plan and the employee share a specific ratio of the covered expenses under the policy. For example, the Aetna Open Choice Traditional Plan pays 80% of most covered expenses while the employee pays the remaining 20% of covered expenses once the deductible has been met. |
| <b>Copay</b>                | A fee paid at the time a medical or dental service is provided. A copay may be a percentage of charges but is usually a flat fee. In general, copayments may not be applied toward the coinsurance or out-of-pocket deductibles.   |
| <b>Deductible</b>           | The amount of covered expenses that must be incurred before and Plan benefits are paid. The deductible is set on an annual basis and there are individual and family deductibles.  |
| <b>Eligible Expenses</b>    | Expenses as defined in the health plan as being eligible for coverage. This could involve specific health services fees or "reasonable and customary charges."   |
| <b>Formulary</b>            | A list of preferred brand-name and generic drugs. Drugs are selected for inclusion based on evaluation criteria developed by each Plan. Formularies are different depending on the Plan and may change to include new drugs or to drop brand-name drugs as generic equivalents become available.               |
| <b>Generic Drug</b>         | A drug which contains the same active ingredients in the same amounts as the brand-name product, although it may differ in color, shape or size from the brand-name product. It is produced after the brand name drug's patent has expired. It is also called a "generic equivalent."                          |
| <b>Network Provider</b>     | A medical provider, such as a physician, who has a signed contract to participate in a health plan. Also known as a preferred provider.  |
| <b>Non-Network Provider</b> | A provider who has not signed a contract with a health plan. Also known as a non-preferred provider.   |
| <b>Out-of-Pocket Cost</b>   | The amount not covered by the plan that the plan member pays. This includes such things as coinsurance, deductibles, etc.  |

|  |  |
|--|--|
| <b>Out-of-Pocket Limit (Out-of-Pocket Maximum)</b> | The amount of copays and/or coinsurance an individual will be required to pay within a calendar year before most covered expenses are covered in full.   |
| <b>Pre-Existing Condition</b>                      | A physical condition that existed prior to the effective date of a policy. In many health policies, these are not covered until after a stated period of time has elapsed. The City's medical plans cover all pre-existing conditions. |
| <b>Preferred Provider</b>                          | A medical provider, such as a physician, who has a signed contract to participate in a health plan. Also known as a network provider.  |
| <b>Preventive Care</b>                             | Care that consists of routine physical examinations and immunizations. The emphasis is on preventing illnesses before they occur.  |
| <b>Recognized Charge</b>                           | The charge determined by Aetna on a semiannual basis to be in the 70 <sup>th</sup> percentile of the charges made for a service or supply by providers in the geographic area where it is furnished.                                   |

Please note: We have made every attempt to ensure the accuracy of this information. If there is any discrepancy between this booklet, the insurance contracts, other legal documents or the terms of an authorized collective bargaining agreement, the contracts, legal documents, and applicable collective bargaining agreements will always govern. The City of Seattle intends to continue these plans indefinitely but reserves the right to amend or terminate them at any time in whole or part, for any reason, according to the amendment and termination procedures described in the legal documents. This booklet does not create a contract of employment with Seattle Housing Authority.

## ADDENDUM

### Optional Insurance – Group Term Life

#### Basic Group Life Insurance Costs\*

| Costs for Basic Life Insurance (based on employee's annual salary) | Employee's Annual Salary | Amount of Insurance | Employee Monthly Premium | City Monthly Premium | Total Monthly Premium |
|--|--------------------------|---------------------|--------------------------|----------------------|-----------------------|
|  | <b>GTL Limited</b>       | \$50,000            | \$3.50                   | \$2.30               | \$5.80                |
|  | \$33,000.01 – \$34,000   | \$51,000            | \$3.57                   | \$2.35               | \$5.92                |
|  | \$34,000.01 – \$35,000   | \$52,500            | \$3.68                   | \$2.42               | \$6.10                |
|  | \$35,000.01 – \$36,000   | \$54,000            | \$3.78                   | \$2.48               | \$6.26                |
|  | \$36,000.01 – \$37,000   | \$55,500            | \$3.89                   | \$2.55               | \$6.44                |
|  | \$37,000.01 – \$38,000   | \$57,000            | \$3.99                   | \$2.62               | \$6.61                |
|  | \$38,000.01 – \$39,000   | \$58,500            | \$4.10                   | \$2.69               | \$6.79                |
|  | \$39,000.01 – \$40,000   | \$60,000            | \$4.20                   | \$2.76               | \$6.96                |
|  | \$40,000.01 – \$41,000   | \$61,500            | \$4.31                   | \$2.83               | \$7.14                |
|  | \$41,000.01 – \$42,000   | \$63,000            | \$4.41                   | \$2.90               | \$ 7.31               |
|  | \$42,000.01 – \$43,000   | \$64,500            | \$4.52                   | \$ 2.97              | \$ 7.49               |
|  | \$43,000.01 - \$44,000   | \$66,000            | \$4.62                   | \$3.04               | \$7.66                |
|  | \$44,000.01 - \$45,000   | \$67,500            | \$4.73                   | \$3.11               | \$7.84                |
|  | \$45,000.01 - \$46,000   | \$69,000            | \$4.83                   | \$3.17               | \$8.00                |
|  | \$46,000.01 - \$47,000   | \$70,500            | \$4.94                   | \$3.24               | \$8.18                |
|  | \$47,000.01 - \$48,000   | \$72,000            | \$5.04                   | \$ 3.31              | \$8.35                |
|  | \$48,000.01 - \$49,000   | \$73,500            | \$5.15                   | \$3.38               | \$8.53                |
|  | \$49,000.01 – \$50,000   | \$75,000            | \$5.25                   | \$3.45               | \$8.70                |
|  | \$50,000.01 – \$51,000   | \$76,500            | \$5.36                   | \$3.52               | \$8.88                |
|  | \$51,000.01 – \$52,000   | \$78,000            | \$5.46                   | \$3.59               | \$9.05                |
|  | \$52,000.01 – \$53,000   | \$79,500            | \$5.57                   | \$3.66               | \$9.23                |
|  | \$53,000.01 – \$54,000   | \$81,000            | \$5.67                   | \$3.73               | \$9.40                |
|  | \$54,000.01 – \$55,000   | \$82,500            | \$5.78                   | \$3.80               | \$9.58                |
|  | \$55,000.01 – \$56,000   | \$84,000            | \$5.88                   | \$3.86               | \$9.74                |
|  | \$56,000.01 – \$57,000   | \$85,500            | \$5.99                   | \$3.93               | \$9.92                |
|  | \$57,000.01 – \$58,000   | \$87,000            | \$6.09                   | \$4.00               | \$10.09               |
|  | \$58,000.01 – \$59,000   | \$88,500            | \$6.20                   | \$4.07               | \$10.27               |
|  | \$59,000.01 – \$60,000   | \$90,000            | \$6.30                   | \$4.14               | \$10.44               |
|  | \$60,000.01 – \$61,000   | \$91,500            | \$6.41                   | \$4.21               | \$10.62               |
|  | \$61,000.01 – \$62,000   | \$93,000            | \$6.51                   | \$4.28               | \$10.79               |
|  | \$62,000.01 – \$63,000   | \$94,500            | \$6.62                   | \$4.35               | \$10.97               |
|  | \$63,000.01 – \$64,000   | \$96,000            | \$6.72                   | \$ 4.42              | \$11.14               |
|  | \$64,000.01 – \$65,000   | \$97,500            | \$6.83                   | \$4.49               | \$11.32               |
|  | \$65,000.01 – \$66,000   | \$99,000            | \$6.93                   | \$4.55               | \$11.48               |
|  | \$66,000.01 – \$67,000   | \$100,500           | \$7.04                   | \$4.62               | \$11.66               |

## Optional Insurance – Group Term Life

| Basic Group Life Insurance Costs* - <i>Continued</i> |                     |                          |                      |                       |
|--|---------------------|--------------------------|----------------------|-----------------------|
| Employee's Annual Salary                             | Amount of Insurance | Employee Monthly Premium | City Monthly Premium | Total Monthly Premium |
| \$67,000.01 – \$68,000                               | \$102,000           | \$7.14                   | \$ 4.69              | \$11.83               |
| \$68,000.01 – \$69,000                               | \$103,500           | \$7.25                   | \$4.76               | \$12.01               |
| \$69,000.01 – \$70,000                               | \$105,000           | \$7.35                   | \$4.83               | \$12.18               |
| \$70,000.01 – \$71,000                               | \$106,500           | \$7.46                   | \$4.90               | \$12.36               |
| \$71,000.01 – \$72,000                               | \$108,000           | \$7.56                   | \$4.97               | \$12.53               |
| \$72,000.01 - \$73,000                               | \$109,500           | \$7.67                   | \$5.04               | \$12.71               |
| \$73,000.01 - \$74,000                               | \$111,000           | \$7.77                   | \$5.11               | \$12.88               |
| \$74,000.01 - \$75,000                               | \$112,500           | \$7.88                   | \$5.18               | \$13.06               |
| \$75,000.01 - \$76,000                               | \$114,000           | \$7.98                   | \$5.24               | \$13.22               |
| \$76,000.01 - \$77,000                               | \$115,500           | \$8.09                   | \$5.31               | \$13.40               |
| \$77,000.01 - \$78,000                               | \$117,000           | \$8.19                   | \$5.38               | \$13.57               |
| \$78,000.01 - \$79,000                               | \$118,500           | \$8.30                   | \$5.45               | \$13.75               |
| \$79,000.01 - \$80,000                               | \$120,000           | \$8.40                   | \$5.52               | \$13.92               |
| \$80,000.01 - \$81,000                               | \$121,500           | \$8.51                   | \$5.59               | \$14.10               |
| \$81,000.01 - \$82,000                               | \$123,000           | \$8.61                   | \$5.66               | \$14.27               |
| \$82,000.01 - \$83,000                               | \$124,500           | \$8.72                   | \$5.73               | \$14.45               |
| \$83,000.01 - \$84,000                               | \$126,000           | \$ 8.82                  | \$5.80               | \$14.62               |
| \$84,000.01 - \$85,000                               | \$127,500           | \$ 8.93                  | \$5.87               | \$14.80               |
| \$85,000.01 - \$86,000                               | \$129,000           | \$9.03                   | \$5.93               | \$14.96               |
| \$86,000.01 - \$87,000                               | \$130,500           | \$9.14                   | \$6.00               | \$15.14               |
| \$87,000.01 - \$88,000                               | \$132,000           | \$9.24                   | \$6.07               | \$15.31               |
| \$88,000.01 - \$89,000                               | \$133,500           | \$9.35                   | \$6.14               | \$15.49               |
| \$89,000.01 - \$90,000                               | \$135,000           | \$9.45                   | \$6.21               | \$15.66               |
| \$90,000.01 - \$91,000                               | \$136,500           | \$9.56                   | \$6.28               | \$15.84               |
| \$91,000.01 - \$92,000                               | \$138,000           | \$9.66                   | \$6.35               | \$16.01               |
| \$92,000.01 - \$93,000                               | \$139,500           | \$9.77                   | \$6.42               | \$16.19               |
| \$93,000.01 - \$94,000                               | \$141,000           | \$9.87                   | \$6.48               | \$16.35               |
| \$94,000.01 - \$95,000                               | \$142,500           | \$9.98                   | \$6.56               | \$16.54               |
| \$95,000.01 - \$96,000                               | \$144,000           | \$10.08                  | \$6.62               | \$16.70               |
| \$96,000.01 - \$97,000                               | \$145,500           | \$10.19                  | \$6.69               | \$16.88               |
| \$97,000.01 - \$98,000                               | \$147,000           | \$10.29                  | \$6.76               | \$17.05               |
| \$98,000.01 - \$99,000                               | \$148,500           | \$10.40                  | \$6.83               | \$17.23               |
| \$99,000.01 - \$100,000                              | \$150,000           | \$10.50                  | \$6.90               | \$17.40               |
| \$100,000.01 – \$101,000                             | \$151,500           | \$10.61                  | \$6.97               | \$17.58               |
| \$101,000.01 – \$102,000                             | \$153,000           | \$10.71                  | \$7.04               | \$17.75               |
| \$102,000.01 – \$103,000                             | \$154,500           | \$10.82                  | \$7.11               | \$17.93               |

## Optional Insurance – Group Term Life

### Basic Group Life Insurance Costs\* - *Continued*

| Employee's Annual Salary | Amount of Insurance | Employee Monthly Premium | City Monthly Premium | Total Monthly Premium |
|--------------------------|---------------------|--------------------------|----------------------|-----------------------|
| \$103,000.01 – \$104,000 | \$156,000           | \$10.92                  | \$7.18               | \$18.10               |
| \$104,000.01 – \$105,000 | \$157,500           | \$11.03                  | \$7.25               | \$18.28               |
| \$105,000.01 – \$106,000 | \$159,000           | \$11.13                  | \$ 7.31              | \$18.44               |
| \$106,000.01 – \$107,000 | \$160,500           | \$11.24                  | \$ 7.38              | \$18.62               |
| \$107,000.01 – \$108,000 | \$162,000           | \$11.34                  | \$ 7.45              | \$18.79               |
| \$108,000.01 – \$109,000 | \$163,500           | \$11.45                  | \$7.52               | \$18.97               |
| \$109,000.01 – \$110,000 | \$165,000           | \$11.55                  | \$ 7.59              | \$19.14               |
| \$110,000.01 – \$111,000 | \$166,500           | \$11.66                  | \$7.66               | \$19.32               |
| \$111,000.01 – \$112,000 | \$168,000           | \$11.76                  | \$7.73               | \$19.49               |
| \$112,000.01 – 113,000   | \$169,500           | \$11.87                  | \$7.80               | \$19.67               |
| \$113,000.01 – \$114,000 | \$171,000           | \$11.97                  | \$7.87               | \$19.84               |
| \$114,000.01 – \$115,000 | \$172,500           | \$12.08                  | \$7.94               | \$20.02               |
| \$115,000.01 – \$116,000 | \$174,000           | \$ 12.18                 | \$8.00               | \$20.18               |
| \$116,000.01 – \$117,000 | \$175,500           | \$12.29                  | \$8.07               | \$20.36               |
| \$117,000.01 – \$118,000 | \$177,000           | \$12.39                  | \$8.14               | \$20.53               |
| \$118,000.01 – \$119,000 | \$178,500           | \$12.50                  | \$8.21               | \$20.71               |
| \$119,000.01 – \$120,000 | \$180,000           | \$12.60                  | \$8.28               | \$20.88               |
| \$120,000.01 – \$121,000 | \$181,500           | \$12.71                  | \$8.35               | \$21.06               |
| \$121,000.01 – \$122,000 | \$183,000           | \$12.81                  | \$8.42               | \$21.23               |
| \$122,000.01 – \$123,000 | \$184,500           | \$12.92                  | \$8.49               | \$21.41               |
| \$123,000.01 – \$124,000 | \$186,000           | \$13.02                  | \$8.56               | \$21.58               |
| \$124,000.01 – \$125,000 | \$187,500           | \$13.13                  | \$8.63               | \$21.76               |
| \$125,000.01 – \$126,000 | \$189,000           | \$13.23                  | \$8.69               | \$21.92               |
| \$126,000.01 – \$127,000 | \$190,500           | \$13.34                  | \$8.76               | \$22.10               |
| \$127,000.01 – \$128,000 | \$192,000           | \$13.44                  | \$8.83               | \$22.27               |
| \$128,000.01 – \$129,000 | \$193,500           | \$13.55                  | \$8.90               | \$22.45               |
| \$129,000.01 – \$130,000 | \$195,000           | \$13.65                  | \$8.97               | \$22.62               |
| \$130,000.01 – \$131,000 | \$196,500           | \$13.76                  | \$9.04               | \$22.80               |
| \$131,000.01 – \$132,000 | \$198,000           | \$13.86                  | \$9.11               | \$22.97               |
| \$132,000.01 – \$133,000 | \$199,500           | \$13.97                  | \$9.18               | \$23.15               |
| \$128,000.01 – \$129,000 | \$193,500           | \$13.55                  | \$8.90               | \$22.45               |
| \$129,000.01 – \$130,000 | \$195,000           | \$13.65                  | \$8.97               | \$22.62               |
| \$130,000.01 – \$131,000 | \$196,500           | \$13.76                  | \$9.04               | \$22.80               |
| \$131,000.01 – \$132,000 | \$198,000           | \$13.86                  | \$9.11               | \$22.97               |

| <b>Basic Group Life Insurance Costs* - Continued</b> |                            |                                 |                             |                              |
|--|----------------------------|---------------------------------|-----------------------------|------------------------------|
| <b>Employee's Annual Salary</b>                      | <b>Amount of Insurance</b> | <b>Employee Monthly Premium</b> | <b>City Monthly Premium</b> | <b>Total Monthly Premium</b> |
| \$132,000.01 – \$133,000                             | \$199,500                  | \$13.97                         | \$9.18                      | \$23.15                      |
| \$133,000.01 – \$134,000                             | \$201,000                  | \$14.07                         | \$9.25                      | \$ 23.32                     |
| \$134,000.01 – \$135,000                             | \$202,500                  | \$14.18                         | \$ 9.32                     | \$23.50                      |
| \$135,000.01 – \$136,000                             | \$204,000                  | \$14.28                         | \$9.38                      | \$23.66                      |
| \$136,000.01 – \$137,000                             | \$205,500                  | \$14.39                         | \$9.45                      | \$23.84                      |
| \$137,000.01 – \$138,000                             | \$207,000                  | \$14.49                         | \$9.52                      | \$24.01                      |
| \$138,000.01 – \$139,000                             | \$208,500                  | \$14.60                         | \$9.59                      | \$24.19                      |
| \$139,000.01 – \$140,000                             | \$210,000                  | \$14.70                         | \$9.66                      | \$24.36                      |
| \$140,000.01 – \$141,000                             | \$211,500                  | \$14.81                         | \$9.73                      | \$24.54                      |
| \$141,000.01 – \$142,000                             | \$213,000                  | \$14.91                         | \$9.80                      | \$24.71                      |
| \$142,000.01 – \$143,000                             | \$214,500                  | \$15.02                         | \$9.87                      | \$24.89                      |
| \$143,000.01 – \$144,000                             | \$216,000                  | \$15.12                         | \$9.94                      | \$25.06                      |
| \$144,000.01 – \$145,000                             | \$217,500                  | \$15.23                         | \$10.01                     | \$25.24                      |
| \$145,000.01 – \$146,000                             | \$219,000                  | \$15.33                         | \$10.07                     | \$25.40                      |
| \$146,000.01 – \$147,000                             | \$220,500                  | \$15.44                         | \$10.14                     | \$25.58                      |
| \$147,000.01 – 148,000                               | \$222,000                  | \$15.54                         | \$10.21                     | \$25.75                      |
| \$148,000.01 – 149,000                               | \$223,500                  | \$15.65                         | \$10.28                     | \$25.93                      |
| \$149,000.01 – 150,000                               | \$225,000                  | \$15.75                         | \$10.35                     | \$26.10                      |
| \$150,000.01 – 151,000                               | \$226,500                  | \$15.86                         | \$10.42                     | \$26.28                      |
| \$151,000.01 – 152,000                               | \$228,000                  | \$16.03                         | \$10.53                     | \$26.56                      |
| \$152,000.01 – 153,000                               | \$229,500                  | \$16.07                         | \$15.56                     | \$31.63                      |
| \$153,000.01 – 154,000                               | \$231,000                  | \$16.17                         | \$10.63                     | \$26.80                      |
| \$154,000.01 – 155,000                               | \$232,500                  | \$16.28                         | \$10.70                     | \$26.98                      |
| \$155,000.01 – 156,000                               | \$234,000                  | \$16.38                         | \$10.76                     | \$27.14                      |
| \$156,000.01 – 157,000                               | \$235,500                  | \$16.49                         | \$10.83                     | \$27.32                      |
| \$157,000.01 – 158,000                               | \$237,000                  | \$16.59                         | \$10.90                     | \$27.49                      |
| \$158,000.01 – 159,000                               | \$238,500                  | \$16.70                         | \$10.97                     | \$27.67                      |
| \$159,000.01 – 160,000                               | \$240,000                  | \$16.80                         | \$11.04                     | \$27.84                      |
| \$160,000.01 – 161,000                               | \$241,500                  | \$16.91                         | \$11.11                     | \$28.02                      |
| \$161,000.01 – 162,000                               | \$243,000                  | \$17.01                         | \$11.18                     | \$28.19                      |
| \$162,000.01 – 163,000                               | \$244,500                  | \$17.12                         | \$11.25                     | \$28.37                      |
| \$163,000.01 – 164,000                               | \$246,000                  | \$17.22                         | \$11.32                     | \$28.54                      |
| \$164,000.01 – 165,000                               | \$247,500                  | \$17.33                         | \$11.39                     | \$28.72                      |
| \$165,000.01 – 166,000                               | \$249,000                  | \$17.43                         | \$11.45                     | \$28.88                      |
| \$166,000.01 – 167,000                               | \$250,500                  | \$17.54                         | \$11.52                     | \$29.06                      |