
City of Lynnwood

Employee Benefit Booklet

2016



Table of Contents

Eligibility	Page 3
Medical Plan Overview	Page 4
Dental, Vision and Life Insurance Overview	Page 5
Long Term Disability, EAP, Department of Retirement, Domestic Partner Coverage and Waiver of Dual Coverage Information	Page 6
2016 Monthly Benefit Premiums - Medical and Vision	Page 7
2016 Monthly Benefit Premiums - Dental	Page 8
Voluntary Benefits ICMA-RC	Page 9
Flexible Spending Account	Page 10
Voluntary Long Term Care and Voluntary Supplemental Life	Page 11
Voluntary Short Term Disability, Voluntary Cancer and Voluntary Accident Insurance	Page 12
Women's Health and Cancer Rights Act Annual Notice	Page 13
Employee Rights and Responsibilities Under the Family and Medical Leave Act	Page 14
Benefit Provider Contact Information	Page 16

Eligibility

Employees in “regular” full or part time jobs as defined in the LMC, who also work a minimum of 20 hours per week are eligible to participate in the City of Lynnwood medical, dental and vision benefit plans. Regular part-time employees are employees who work 20 or more hours but less than 40 hours per week on a regular ongoing basis throughout the year. Regular full-time employees are employees who work 40 hours per week on a regular ongoing basis throughout the year.

Eligible Dependents include:

- Your spouse or domestic partner.
- Dependent children up to the age of 26. Dependent children include the employee’s natural child, adopted child and/or step-child or the natural child, adopted child and/or step-child of your domestic partner.

As a new hire, your benefits begin the first day of the month following your date of hire.

New dependents can be added during the year as follows:

- A new spouse and stepchildren must be enrolled within 30 days of the date of marriage. The effective date of coverage will be the first day of the month following marriage.
- A newborn child may be covered from the date of birth provided that the child is enrolled and an AWC enrollment form is completed within 60 days of the date of birth.
- A newly adopted child may be covered from the date of placement provided that the child is enrolled within 60 days of the date of placement and that a completed enrollment

Medical Benefits

Employees can choose between Regence HealthFirst Plan and the Group Health Cooperative \$10 Copay Plan.

Regence HealthFirst Plan Overview (Preferred Provider)

Annual Deductible	\$0
Maximum Out of Pocket	\$1,100 per person - \$2,200 per family annual maximum
Hospital Services	90%
Physician Services	100% after \$10 copay
Preventative Care	100% - no copay
Spinal Manipulation	100% -15 visits/year
Prescription Drugs	\$4 copay generic \$15 copay brand name on formulary \$35 copay brand name not on formulary

To find a Regence Preferred Provider, please go to www.wa.regence.com and click on the 'Find a Provider' link at the top right of the page.

Group Health Cooperative Overview

Annual Deductible	\$0
Maximum Out of Pocket	\$2,100 per person- \$4,200 per family annual maximum
Hospital Services	\$100 copay/day up to \$400- covered in full thereafter
Physician Services	100% after \$10 copay
Preventative Care	100% - no copay
Spinal Manipulation	\$10 copay -10 visits/year
Prescription Drugs:	\$10 copay

Additional plan details can be found at COLShare under the Human Resources/Benefit Information and Forms.

Dental Benefits

Washington Dental Service coverage is available to all benefitted employees. This is an incentive based plan with a maximum benefit of \$1,500 per enrollee per year. New enrollees begin at a 100% coverage level and as long as each participant visits the dentist at least once during the calendar year, the coverage level will remain at 100%. If you don't see a dentist in a calendar year, your coverage level will decrease by 10% annually but will never go below 70%. This incentive applies to each enrollee.

Willamette Dental Service is a second coverage option available to **non-represented employees, Council Members and AFSCME and Teamster union members only**. Willamette Dental has specific facilities and member dentists you must use to receive benefits from this plan.

Vision Benefits

Vision Service Plan (VSP) is our vision care provider and is available to all benefitted employees. The following benefits are available:

- One eye exam every 12 months (\$10 copay)
 - New lenses every 12 months. (\$25 copay)
 - New frames every 24 months. (\$25 copay)
- Copays/deductibles will no longer be reimbursed.

Additional Benefits

Life & AD&D Insurance Benefits are through Standard Insurance Company and are available to all **regular full-time** employees. The life insurance death benefit for the employee is equal to one times the employee's annual salary to a maximum of \$50,000. The death benefit for dependents is \$1,000. This plan has an accelerated death benefit feature.

Long Term Disability is available to all regular full-time employees **except** members of the Lynnwood Police and Police Management Guild and IAFF members. After 90 days of qualified disability, this benefit pays approximately 60% of the employees base wage at the time of disability.

Our **Employee Assistance Program (EAP)** is available to all benefitted employees and offers confidential counseling services to assist employees and family members dealing with personal issues. Financial and legal counseling services are also available. The EAP phone number is **1-800-570-9315**.

Department of Retirement Systems (DRS) All regular full-time and regular part-time employees are required to participate in a Washington State Department of Retirement Systems retirement plan. Employee plan contributions are set by DRS. For additional information regarding retirement benefits, go to **www.drs.wa.gov**.

Domestic Partner Coverage is available to benefitted City of Lynnwood employees. Employees will be required to sign a Domestic Partner Affidavit. With limited exception, the City is required to consider the value of benefits provided to an employee's domestic partner and the domestic partners eligible dependents, if any, as taxable income. In general, to determine your additional taxable income subtract the employee premium from the desired domestic partner coverage. For premium purposes, domestic partner and domestic partner child/children coverage costs the same as spouse and child/children.

Waiver of Dual Coverage If an employee has family members with dual insurance coverage (insurance coverage under the City's plan **and** insurance coverage under a spouse's insurance plan) **non-represented regular full-time employees** are able to waive this dual coverage for their spouse and/or dependents and receive a monthly financial incentive for doing so.

2016 Monthly Benefit Premiums

Employee and Employer Share of Benefit Cost
(Unless otherwise noted, Employer pays 100% of Employee premium and 90% of Dependent premium)

Regence HealthFirst

	Employee	Employer
Employee	0.00	705.88
Employee & Spouse	71.12	1345.97
Employee/Spouse/Child	106.11	1660.90
Employee/Spouse/Children	135.11	1921.85
Employee/Child	34.99	1020.81
Employee/Children	63.99	1281.76

Group Health \$10 Copay Plan

	Employee Premium	Employer Premium
Employee	0.00	591.02
Employee & Spouse	58.23	1115.12
Employee/Spouse/Child	87.92	1382.29
Employee/Spouse/Children	117.61	1649.47
Employee/Child	29.69	858.19
Employee/Children	59.37	1125.37

Vision Service Plan (VSP)

	Employee Premium	Employer Premium
Employee	0.00	8.21
Employee & Spouse	1.86	8.21
Employee/Spouse/Child	12.36	8.21
Employee/Spouse/Children	12.36	8.21
Employee/Child	1.86	8.21
Employee/Children	12.36	8.21

2016 Monthly Benefit Premiums (con't)

Employee and Employer Share of Benefit Cost

Washington Dental Service

NOTE: Washington Dental employee premiums apply to all City of Lynnwood employees and family members

	Employee Premium	Employer Premium
Employee	0.00	54.79
Employee & Spouse	4.88	98.75
Employee/Spouse/Child	10.74	151.47
Employee/Spouse/Children	10.74	151.47
Employee/Child	4.88	98.75
Employee/Children	10.74	151.47

Willamette Dental Service

NOTE: Available to Non-Represented Employees, AFSCME and Teamsters Union Members and Council Members

	Employee Premium	Employer Premium
Employee	0.00	60.79
Employee & Spouse	5.31	108.56
Employee/Spouse/Child	12.36	169.35
Employee/Spouse/Children	12.36	169.35
Employee/Child	5.31	108.56
Employee/Children	12.06	169.35

Voluntary Benefits

The following benefits are voluntary.

**Please note that not all voluntary benefits
are available to all employees.**

**Eligible employee groups will be listed
under each benefit heading.**

**Employees who are eligible and wish to
participate can do so on a self-pay basis.**

**Voluntary benefits are not available to
Council Members.**

ICMA-RC 457 Deferred Compensation Plan

**Available to all regular full-time and
regular part-time employees.**

ICMA-RC 457 Deferred Compensation Plan is a voluntary way for public employees to save money for retirement on a pre-tax basis. ICMA provides retirement savings solutions exclusively to local and state government employees and focuses solely on the needs of the public sector.

Eligible employees can begin participating in the plan anytime during the year and contributions can be adjusted throughout the year.

Flexible Spending Account (FSA)

Available to all regular full-time and regular part-time represented and non-represented employees.

A Flexible Spending Account enables participants to set aside money from your paycheck on a pre-tax basis to pay for qualifying out-of-pocket health and day care expenses.

The **Health Care FSA** reimburses qualified out-of-pocket health care expenses, including copays and coinsurance, for you and your dependents. Please be sure to review the list of eligible items as some over-the-counter medicines are no longer eligible under the FSA unless you have a prescription from your licensed health care provider. The City offers the 'Flex-Plan' Debit Card that participants can use to pay providers directly or participants can pay the provider directly and submit for reimbursement. The maximum annual contribution to an FSA is \$2,550. Our plan allows participants to carry over up to \$500 of unused monies remaining in a health care FSA at the end of one year into the following plan year. This carry over does not affect the maximum contribution amount for the following year. This provision does not apply to Day Care.

The **Day Care FSA** can be used to pay for qualified day care expenses with pre-tax dollars for children age 12 or younger.

If you enroll in a FSA plan and leave employment with the City of Lynnwood during the plan year, please be sure to contact your HR Analyst to discuss what your FSA termination options are.

Voluntary Long Term Care Insurance

Available to AFSCME, Police and regular full-time and regular part-time non-represented employees.

Long Term Care insurance provides financial protection for persons who become unable to care for themselves because of a chronic illness, disability, or cognitive impairment. Our plan provides for equal coverage for nursing home care, assisted living facility or home care. There are several plan designs to choose from to meet your needs and this coverage is portable which means that if you ever decide to leave the City, you can take this coverage with you.

Voluntary Supplemental Life Insurance

Available to AFSCME, Teamsters and regular full-time and regular part-time non-represented employees.

Our Voluntary Supplemental Life Insurance is a convenient way to carry additional life insurance coverage beyond what the City offers. Premiums are deducted from your paycheck and this benefit is also portable meaning that if you ever decide to leave the City, you can take this coverage with you.

Voluntary Short Term Disability Insurance

Available to AFSCME, Teamsters and regular full-time and regular part-time non-represented employees.

Voluntary Short Term Disability Insurance is designed to provide income coverage if you are disabled as a result of a covered accident or covered sickness based on the plan design you choose. Premiums are conveniently deducted from your paycheck.

Voluntary Cancer Insurance

Available to regular full-time and regular part-time non-represented and AFSCME employees.

Cancer insurance helps pay some of the direct and indirect costs related to cancer diagnosis and treatment. Cancer insurance benefits are paid directly to the participant.

Voluntary Accident Insurance

Available to regular full-time and regular part-time non-represented and AFSCME employees. Not available to Police.

Accident insurance helps you or a family member with the cost of care and treatment of a covered accidental injury. Benefits are paid regardless of any other coverage the participant may have.

Women's Health and Cancer Rights Act
Annual Notice

The Women's Health and Cancer Rights Act requires a group health plan which provides coverage for a mastectomy to include coverage as follows for a participant or beneficiary who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with such mastectomy. Coverage is to be provided for:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance and;
- Prostheses and physical complications (for) all stages of mastectomy including lymphedemas in a manner determined in consultation with the attending physician and the patient.

The law also requires that the deductible, coinsurance or copays (if any) must be consistent with those established for other benefits under the plan or coverage. Please refer to your specific medical plan booklet for information on deductibles and/or copays as well as any preexisting condition or other limitations or exclusions. Medical plan booklets can be found on LynnWeb under the Human Resources tab.

City of Lynnwood Employee Benefit Booklet

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

City of Lynnwood Employee Benefit Booklet

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations.

Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

For additional information: go to www.wagehour.dol.gov or call 1-866-4US-WAGE (1-866-487-9243)

Benefit Provider Contact Information

<u>Organization</u>	<u>Phone</u>	<u>Email/Website</u>
Association of Washington Cities Employee Benefit Trust	1-800-562-8981	www.AWCnet.org
Regence Blue Shield — Group Number 49400060/RX Bin #610624	1-800-544-4246	www.regence.com
Group Health Cooperative — Group Number 4441	1-888-901-4636	www.ghc.org
Washington Dental Service — Group Number 0177	1-800-554-1907	www.ddpwa.com
Vision Service Plan — Group Number 07103377	1-800-877-7195	www.vsp.com
Navia Benefit Solutions Lynnwood Company Code: CLN	1-800-669-3539	www.naviabenefits.com
ICMA Retirement Corporation	1-866-749-5172	www.icmarc.org
Department of Retirement Services	1-800-547-6657	www.drs.wa.gov
Employee Assistance Program	1-800-570-9315	

If you have questions regarding any of our benefit programs, please contact your Human Resources Analyst.

Not sure who your HR Analyst is?

If you work in Administrative Services, Community Development, Court, Fire or Parks, Recreation and Cultural Arts, or on the City Council, contact Tracy Sloan at 425-670-5083.

If you work in Executive, Economic Development, Human Resources, Police or Public Works, contact Samantha Hoppe at 425-670-5085.