



**LYNNWOOD**  
WASHINGTON

*A great deal more*



# City of Lynnwood **2020 Benefit Guide**

# COMMUNITY. CHOICE. CARE.

At the City of Lynnwood, we value your contributions to our success and want to provide you with a benefits package that protects your health and helps your financial security, now and in the future. We continually look for valuable benefits that support your needs, whether you are single, married, raising a family, or thinking ahead to retirement. We are committed to giving you the resources you need to understand your options and how your choices could affect you financially.

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or Summary Plan Descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

A list of plan contacts is included at the back of this guide.

**The benefits in this summary are effective:  
January 1, 2020 – December 31, 2020**

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# WHO CAN YOU COVER?

## WHO IS ELIGIBLE?

In general, 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.

In order to comply with the Affordable Care Act (ACA), the City of Lynnwood generally determines your eligibility for benefits using the Look-Back Measurement Method. Refer to the Look-Back Measurement Method section of this guide for additional information on how your eligibility is determined.

### **You can enroll the following family members in our medical, dental, and vision plans.**

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse.)
- Your domestic partner is eligible for coverage if you have completed a Domestic Partner Affidavit. Please review the affidavit guidelines. The Cost of Coverage section explains the tax treatment of domestic partner coverage.
- Your children (including your domestic partner’s children):
  - Under age 26 are eligible to enroll in coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
  - Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
  - Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined.

## WHO IS NOT ELIGIBLE?

### **Family members who are not eligible for coverage include (but are not limited to):**

- Parents, grandparents, grandchildren, and siblings.
- Employees who are not “regular” full or part-time employees working less than 20 hours per week

## 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) regular full-time and regular part-time employees are able to waive this dual coverage for their spouse and/or dependents and receive a monthly financial incentive for doing so.

## ENROLLMENT PERIODS

Coverage for newly eligible employees begins on the 1<sup>st</sup> of the month following date of hire.

After that, Open Enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event.

Notify Human Resources if you have a qualifying life event and need to add or drop dependents outside of Open Enrollment, within the time outlines below. Qualifying life events include (but are not limited to):

- Birth or adoption of a baby or child (60 Days)
- Loss of other healthcare coverage (30 Days)
- Eligibility for new healthcare coverage (30 Days)
- Marriage or divorce (30 Days)

### **Medicare Part D Notice**

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see your Annual Notice for more details.

# MEDICAL BENEFITS

Medical coverage provides you with benefits that help keep you healthy, like preventative care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition. Eligible employees can choose between three health plans: **Kaiser 200, Regence 250, and Regence HDHP.**

	Kaiser 200	Regence 250		Regence HDHP	
	In-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
<b>Annual Deductible</b>	\$200/individual \$400/family	\$250/individual \$750/family	\$250/individual (combined with in-network) \$750/family (combined with in-network)	\$1,500/individual \$3,000/family (aggregate)	\$1,500/individual (combined with in-network) \$3,000/family (aggregate, combined with in-network)
<b>Annual Out-of-Pocket Max</b>	\$2,500/individual \$5,000/family	\$3,000/individual \$6,000/family	\$3,000/individual (combined with in-network) \$6,000/family (combined with in-network)	\$5,000/individual \$10,000/family (aggregate)	\$5,000/individual (combined with in-network) \$10,000/family (aggregate, combined with in-network)
<b>Lifetime Max</b>	Unlimited	Unlimited		Unlimited	
<b>Office Visit</b> Primary Provider, Specialist	1st 4 visits: \$20 copay then 100% thereafter: \$20 copay then 90% after deductible	1st 4 visits: 90% thereafter 90% after deductible	1st 4 visits: 90% thereafter 90% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
<b>Preventive Services</b>	Plan pays 100%	Plan pays 100% (including some Lab & X-ray services)	Plan pays 70% after deductible	Plan pays 100%	Plan pays 60%
<b>Chiropractic Care</b>	\$20 copay then 90% (up to 10 visits/calendar year)	Plan pays 90% after deductible (up to 15 visits/ calendar year)	Plan pays 70% after deductible (in-network limitations apply)	Plan pays 80% after deductible (up to 10 visits/calendar year)	Plan pays 60% after deductible (in-network limitations apply)
<b>Lab and X-ray</b>	Outpatient: 1 <sup>st</sup> \$500, plan pays 100%, 90% after deductible Inpatient: 90% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Preventive: plan pays 100% Other: plan pays 80% after deductible	Plan pays 60% after deductible
<b>Inpatient Hospitalization</b>	Plan pays 90% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
<b>Outpatient Surgery</b>	\$20 copay then plan 90% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
<b>Urgent Care</b>	\$20 copay then plan 90% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
<b>Emergency Room</b>	\$75 copay then 90% (copay waived if admitted)	\$75 copay then 90% after deductible  (copay waived if admitted)	\$75 copay then 90% after deductible	Plan pays 80% after deductible	\$75 copay then 80% after deductible

# PRESCRIPTION DRUGS

Prescription drug coverage provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure.

Prescription Drug benefits are tied to your medical plan election. Here are the prescription drug benefits that are included with our medical plans:

	Kaiser 200	Regence 250		Regence HDHP	
	In-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
<b>Prescription Drug Deductible</b>	Not applicable	Not applicable	Not applicable	Subject to medical deductible	Subject to medical deductible
<b>Annual Out-of-Pocket Limit</b>	Out of Pocket Maximum	Out of Pocket Maximum	Out of Pocket Maximum	Out of Pocket Maximum	Out of Pocket Maximum
<b>Pharmacy</b>					
Supply Limit	30 days	30 days	30 days	30 days	30 days
Generic	\$10 copay then 100%	\$5 copay then 100%	\$5 copay then 100%	Plan pays 80% after medical deductible	Plan pays 80% after medical deductible
Preferred Brand	\$20 copay then 100%	\$25 copay then 100% of allowable cost	\$25 copay then 100% of allowable cost	Plan pays 80% after medical deductible	Plan pays 80% after medical deductible
Non-preferred Brand	\$40 copay then 100%	\$50 copay then 100% of allowable cost	\$50 copay then 100% of allowable cost	Plan pays 80% after medical deductible	Plan pays 80% after medical deductible
Specialty	Refer to Generic, Preferred Brand, & Non-Preferred Brand drugs above.	\$100 Copay	\$100 Copay	Refer to Generic, Preferred Brand, & Non-Preferred Brand drugs above	Refer to Generic, Preferred Brand, & Non-Preferred Brand drugs above
<b>Mail Order</b>					
Supply Limit	90 days	90 days	90 days	90 days	90 days
Generic	\$20 copay then 100%	\$5 copay then 100%	\$5 copay then 100%	Plan pays 80% after medical deductible	Plan pays 80% after medical deductible
Preferred Brand	\$40 copay then 100%	\$50 copay then 100% of allowable cost	\$50 copay then 100% of allowable cost	Plan pays 80% after medical deductible	Plan pays 80% after medical deductible
Non-preferred Brand	\$80 copay then 100%	\$100 copay then 100% of allowable cost	\$100 copay then 100% of allowable cost	Plan pays 80% after medical deductible	Plan pays 80% after medical deductible
Specialty	Refer to Generic, Preferred Brand, & Non-Preferred Brand drugs above	\$200 Copay	\$200 Copay	Refer to Generic, Preferred Brand, & Non-Preferred Brand drugs above	Refer to Generic, Preferred Brand, & Non-Preferred Brand drugs above

# GETTING CARE WHEN YOU NEED IT

## WHEN TO USE THE ER

The emergency room shouldn't be your first choice unless there is a true emergency – a serious life-threatening condition that requires immediate attention or treatment that is only available at a hospital.

## WHEN TO USE URGENT CARE

Urgent Care is for serious symptoms, pain, or conditions that require immediate medical attention but are not severe or life-threatening and do not require use of a hospital or ER.

Urgent Care conditions include, but are not limited to: earache, sore throat, rashes, sprains, flu, and fever (up to 104 degrees).

## PREVENTIVE OR DIAGNOSTIC?

Preventative care is intended to prevent or detect illness before you notice any symptoms. Diagnostic care treats or diagnoses a problem after you have had symptoms.

Be sure to ask your doctor why a test or service is ordered. Many preventative services are covered at no out-of-pocket cost to you. The same test or service can be preventative, diagnostic, or routine care for a chronic health condition. Depending on why it's done, your share of the cost may change.

Whatever the reason, it is important to keep up with recommended health screenings to avoid more serious and costly health problems down the road.

## WHEN YOU NEED CARE NOW

What do you do when you need care right away, but it is not an emergency?

### Regence Medical Plan Participants

- Call Regence Telehealth 24/7 at 1-888-725-3097 or 24 Hour Nurse Line at 1-800-267-6729
- 24/7 Online access to providers at [www.mdlive.com/regence-wa](http://www.mdlive.com/regence-wa). Registration in advance preferred.
- Find an Urgent Care facility by visiting [Regence.com](http://Regence.com)

### Kaiser Medical Plan Participants

- Call Kaiser's 24/7 Consulting Nurse Service at 206-901-2244 (Seattle Area) or 800-297-6877 (Washington state & North Idaho)
- Find an urgent care center by visiting [www.wa.kaiserpermanente.org](http://www.wa.kaiserpermanente.org)
- Use Kaiser's online visit service

# HEARING

As of 2020, both Regence and Kaiser are offering hearing benefits.

	Kaiser	Regence 250 & HDHP
Hearing Exam	Annual Routine Exam Covered	Annual Routine Exam Covered
Hearing Aid Allowance	Covers up to \$1,500 every three calendar years	Covers up to \$1,500 every three calendar years

# VISION

Routine vision exams can not only correct vision, but also detect more serious health conditions. We offer vision benefits through **Vision Service Plan**.

	Enhanced Plan B	
	In-Network	Out-Of-Network
<b>Examination</b>	1x every 12 months Plan pays 100%	In-network limitations apply Plan pays 100% up to \$71
<b>Materials</b>	\$25 copay	N/A (combined with contact allowance)
<b>Eyeglass Lenses</b> Single Vision Lens Bifocal Lens Trifocal Lens	1x every 12 months Plan pays 100% of basic lens Plan pays 100% of basic lens Plan pays 100% of basic lens	In-network limitations apply Up to \$31 Up to \$50 Up to \$65
<b>Frames</b>	1x every 24 months \$150 allowance \$80 Costco allowance	In-network limitations apply Up to \$77
<b>Contacts</b> (instead of glasses)	Plan pays 100% up to \$120 (\$25 copay waived, once every 12 months)	Up to \$135 (in-network limitations apply)
<b>Enhancements</b>	Anti-reflecting coating tints/photochromic adaptive lenses Scratch-resistant coating Polarized lenses Standard progressive lenses included	In-network limitations apply

# DENTAL

Regular visits to your dentist can protect more than your smile, they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease. City of Lynnwood provides you with a choice between two comprehensive policies, through **Delta Dental or Willamette Dental Group**.

	Delta Dental		Willamette Dental	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
<b>Calendar Year Deductible</b>	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
<b>Annual Plan Maximum</b>	\$1,500	\$1,500 (combined with in-network)	No Annual Maximum	Not Covered
<b>Waiting Period</b>	None	None	None	None
<b>Diagnostic and Preventive</b>	Plan pays 100%-70% (Incentive Based Plan)		\$10 copay then plan pays 100%	Not Covered
<b>Basic Services</b> Fillings, Root Canals, Crowns, Periodontics	Plan pays 100%-70% (Incentive Based Plan)		\$10 copay then plan pays 100%	Not Covered
<b>Major Services</b>	Plan pays 50%	Plan pays 50%	\$10 copay then plan pays 100%	Not Covered
<b>Orthodontic Services</b> Orthodontia Lifetime Maximum Dependent Children Full-time Students	Not covered N/A N/A N/A	Not covered N/A N/A N/A	\$150 Copay (Pre-Ortho Service) \$1,000 Copay for comprehensive services (includes \$150 credit) \$10 Copay/visit	Not Covered

# COST OF COVERAGE

City of Lynnwood pays 100% of the premium cost for medical, dental, vision, LTD, Basic Life, and AD&D for the employee. The City pays 90% of elected coverages (excluding vision) for spouses and dependents.

In general, you pay for health coverage before federal, state, and social security taxes are withheld, so you pay less in taxes. Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage must be made after-tax. Similarly, the City contribution toward coverage for your domestic partner and his/her dependents will be reported as taxable income on your W-2. Contact your tax advisor for more details on how this tax treatment applies to you. Notify City of Lynnwood if your domestic partner is your tax dependent.

**Costs are per month and rounded to the nearest whole dollar. Payroll deductions will be twice monthly.**

**For more information on Domestic Partnerships, please see Human Resources.**

	Kaiser 200	
	Your Monthly Cost	City of Lynwood Cost
Employee Only	\$0.00	\$631.98
Employee & Spouse	\$62.14	\$1,191.28
Employee & Child	\$31.71	\$917.37
Employee & Children	\$63.42	\$1,202.76
Employee, Spouse, & Child	\$93.85	\$1,476.67
Employee, Spouse, & Children	\$125.56	\$1,762.06

	Regence 250	
	Your Monthly Cost	City of Lynwood Cost
Employee Only	\$0.00	\$758.40
Employee & Spouse	\$76.48	\$1,446.68
Employee & Child	\$37.67	\$1,097.47
Employee & Children	\$68.82	\$1,377.78
Employee, Spouse, & Child	\$114.15	\$1,785.75
Employee, Spouse, & Children	\$145.30	\$2,066.06

	Regence HDHP	
	Your Monthly Cost	City of Lynwood Cost
Employee Only	\$0.00	\$527.38
Employee & Spouse	\$0.00	\$1,061.26
Employee & Child	\$0.00	\$795.08
Employee & Children	\$0.00	\$1,014.26
Employee, Spouse, & Child	\$0.00	\$1,328.96
Employee, Spouse, & Children	\$0.00	\$1,548.14

# COST OF COVERAGE

(Continued)

	VSP Vison	
	Your Monthly Cost	City of Lynwood Cost
Employee Only	\$0.00	\$7.72
Employee + one	\$7.72	\$7.72
Employee + two or more	\$15.44	\$7.72

	Delta Dental	
	Your Monthly Cost	City of Lynwood Cost
Employee Only	\$0.00	\$54.79
Employee + one	\$4.88	\$98.75
Employee + two or more	\$10.74	\$151.47

	Willamette Dental	
	Your Monthly Cost	City of Lynwood Cost
Employee Only	\$0.00	\$71.54
Employee + one	\$6.25	\$127.78
Employee + two or more	\$14.19	\$199.28



# FLEXIBLE SPENDING ACCOUNT (FSA)

A Flexible Spending Account (FSA) lets you set aside money – before it is taxed – through payroll deductions. The money can be used for eligible healthcare and dependent daycare expenses you and your family expect to have over the next year. The main benefit of using an FSA is that you reduce your taxable income, which means you have more money to spend. The catch is that you have to use the money in your account by December 31, 2020. Our plan allows up to \$500 to carry over into the next plan year. Otherwise, the money is lost, so plan carefully. You must re-enroll in this program each year. **Navia Benefit Solutions** administers this program.

## HEALTHCARE FSA ACCOUNT

This plan allows you to pay for eligible out-of-pocket healthcare expenses with pre-tax dollars. Eligible expenses include medical, dental, or vision costs including plan deductibles, copays, coinsurance amounts, and other non-covered healthcare costs for you and your tax dependents. You may access your entire annual election from the first day of the plan year and you can set aside up to \$2,700 per year. If you are enrolled in a Health Savings Account, you may **ONLY** participate in our Limited Purpose Healthcare FSA which covers out-of-pocket vision and dental expenses, but not medical expenses. To access your account, use account ID #**CLN**.

## DEPENDENT CARE FSA ACCOUNT

This plan allows you to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible expenses may include daycare centers, in-home child care, and before and after school care for your dependent children under age 13. Other individuals may qualify if they are considered your tax dependent and are incapable of self-care. It is important to note that you can access money only after it is placed into your dependent care FSA account.

All caregivers must have a tax ID or Social Security number. This information must be included on your federal tax return. If you use the dependent care reimbursement account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your tax advisor to determine whether you should enroll in this plan. You can set aside up to \$5,000 per household for eligible dependent care expenses for the year.

## IMPORTANT CONSIDERATIONS

- Expenses must be incurred between 01/01/20 and 12/31/20 and submitted for reimbursement no later than 03/31/21.
- Elections cannot be changed during the plan year, unless you have a qualified change in family status (and the election change must be consistent with the event).
- Our plan allows participants to carry over up to \$500 of unused monies remaining in a healthcare 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.
- FSA funds can be used for you, your spouse, and your tax dependents only.
- You can obtain reimbursement for eligible expenses incurred by your spouse or tax dependent children, even if they are not covered on the City of Lynnwood health plan.
- You cannot obtain reimbursement for eligible expenses for a domestic partner or their children, unless they qualify as your tax dependent (Important: questions about the tax status of your dependents should be addressed with your tax advisor).
- Keep your receipts. In most cases, you will need to provide proof that your expenses were considered eligible for IRS purposes.

# HEALTH SAVINGS ACCOUNT (HSA)

Do you want to save money on taxes? A Health Savings Account is a tax-advantaged, portable (you own it!) savings account that is offered only if you enroll in our **Regence HDHP**.

## ACCOUNT CONTRIBUTIONS

Both you and your employer can contribute to your Health Savings Account. The City of Lynnwood contributes an amount dependent on who you have enrolled on the HDHP Medical Plan. In addition, you can contribute your own tax free dollars up to the IRS annual maximums. \*Employer contributions vary by union contract. The below chart is for GSO – check your union contract for more information.

Any money that you don't spend grows year after year and can be used in the future, even after you retire. **Navia Benefit Solutions** administers this account. To access your account, use account ID #**CLN**.

	City Contributes	You Can Contribute
Employee Only	\$1,500	\$3,500 less employer contribution
Employee + one dependent	\$2,000	\$7,000 less employer contribution
Employee+ two dependents	\$2,500	\$7,000 less employer contribution
Employee + three dependents	\$3,000	\$7,000 less employer contribution
Catch Up Contributions	Not applicable	An additional \$1,000/year at age 55+

## USING YOUR MONEY

You can use your account to pay for qualified medical expenses that are not paid for by your high deductible health plan (HDHP). In general, your HSA can be used for these expenses:

- Medically necessary expenses that are not covered by your health plan including deductibles and coinsurance
- Dental care services
- Vision care services
- Prescription drugs
- Over-the-counter (OTC) medications prescribed by your doctor
- Certain medical equipment

When possible, use your HSA debit card to pay for expenses. If you need reimbursement, take your HSA debit card to any bank and request a cash advance. Make sure that you keep records of your receipts and any OTC prescriptions in case the IRS requests them.

## ELIGIBILITY

You are not eligible to open or contribute to an HSA account if you are:

- Covered by a non-high deductible health plan
- Enrolled in a regular healthcare flexible spending account (you or your spouse)
- Covered under Medicare (including Part A), Medicaid, or Tricare
- Someone else's tax dependent

## NON-QUALIFIED EXPENSES

If you use HSA funds for non-qualified expenses before age 65, you will owe a 20% penalty tax PLUS income tax on the withdrawal. After age 65, if you use HSA funds for non-qualified expenses, you will owe income tax only.

Visit [irs.gov/publications/p502](https://www.irs.gov/publications/p502) for details.

# LIFE INSURANCE

If you have loved ones who depend on your income for support, having life and accidental death and dismemberment insurance can help protect your family's financial security and pay for large expenses such as housing and education, as well as day-to-day living.

## LIFE AND AD&D

Basic life insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. The cost of coverage is paid in full by the company. Coverage is provided by **The Standard**.

<b>Basic Life Amount</b>	1x covered annual earnings up to a maximum of \$50,000
<b>Basic AD&amp;D Amount</b>	1x covered annual earnings up to a maximum of \$50,000

## VOLUNTARY LIFE/DEPENDENT LIFE, VOLUNTARY AD&D/SPOUSE AD&D, AND VOLUNTARY SHORT-TERM DISABILITY

You may purchase Voluntary Life and Voluntary Short-Term Disability insurance, in addition to the Basic Life and AD&D the City provides, through **Colonial Life Insurance**. Please reach out to Judy Bucholtz at 253-208-1752 for additional information.

# DISABILITY INSURANCE

If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind.

## LONG-TERM DISABILITY INSURANCE

Long-Term Disability (LTD) coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a long time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like workers' compensation and Social Security.

Coverage is provided by **The Standard**.

<b>Monthly Benefit Amount</b>	Plan pays 60% of covered monthly earnings up to \$12,000
<b>Maximum Monthly Benefit</b>	\$12,000
<b>Benefits Begin After:</b> Accident Sickness	90 days of disability 90 days of disability
<b>Maximum Payment Period*</b>	Social Security Normal Retirement Age (SSNRA)

*\*The age at which the disability begins may affect the duration of the benefits.*

LTD benefits are considered taxable income. The Standard will prepare appropriate tax forms for you to file with your tax returns. Speak with your tax advisor if you have additional tax related questions.

# OTHER PROGRAMS

## EMPLOYEE ASSISTANCE PROGRAM

There are times when everyone needs a little help or advice. The confidential Employee Assistance Program (EAP) through [Guidance Resources](#) can help you with things like stress, anxiety, depression, chemical dependency, relationship issues, legal issues, parenting questions, financial counseling, and dependent care resources. Best of all, its free!

Help is available 24/7, 365 days a year by telephone at 800-570-9315. Other resources are available online at [www.guidanceresources.com](http://www.guidanceresources.com). When you log in, enter `trusteap71` to register. In-person counseling may also be available, depending on the type of help you need. The program allows you and your family/household members up to three face-to-face visits at no cost. Additional benefits are available through your medical plan. Review your medical benefit summary for more information.

## 2020 PAID HOLIDAYS

City of Lynnwood provides 12 paid holidays per year for all full-time, benefit eligible employees.

<b>New Year's Day</b>	January 1
<b>Martin Luther King, Jr. Day</b>	January 20
<b>President's Day</b>	February 17
<b>Memorial Day</b>	May 25
<b>Independence Day (Observed)</b>	July 3
<b>Labor Day</b>	September 7
<b>Veterans' Day</b>	November 11
<b>Thanksgiving Day</b>	November 26
<b>Day after Thanksgiving</b>	November 27
<b>Christmas Eve</b>	December 24
<b>Christmas Day</b>	December 25
<b>One Floating Holiday</b>	Any time with approval

## 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](http://www.drs.wa.gov).



# LOOK-BACK MEASUREMENT METHOD

You and your dependents are eligible for the medical plan if you are a full-time employee. A full-time employee is generally an employee who works on average 130 hours per month, as defined by the ACA. Hours that count toward full-time status include each hour for which an employee is paid or entitled to payment for the performance of duties for the employer and each hour for which an employee is paid or entitled to payment for a period of time during which no duties are performed due to vacation, holiday, illness, incapacity (including disability), layoff, jury duty, military duty, or leave of absence. ACA full-time status can affect or determine medical benefits eligibility but is not a guarantee of benefits eligibility. City of Lynnwood uses the Look-Back Measurement Method to determine whether an employee meets this eligibility threshold.

## NEW EMPLOYEES

### New employees hired to work full-time

If you are hired as a new full-time employee (work on average 130 or more hours a month), you and your dependents are generally eligible for group health plan coverage as of the first of the month following your date of hire.

### New employees hired to work a variable hour or seasonal schedule

If you are hired into a part-time position, a position where your hours vary and City of Lynnwood is unable to determine — as of your date of hire — whether you will be a full-time employee (work on average 130 or more hours a month) or you are hired as a seasonal employee who will work for six (6) consecutive months or less (regardless of monthly hours worked), you will be placed in an initial measurement period (IMP) of 12 months to determine whether you are a full-time employee.

Your 12-month IMP will begin on the first of the month following your date of hire and will last for 12 months. If, during your IMP, you average 30 or more hours a week over that 12-month period, you will be full time and, if otherwise eligible for benefits, you will be offered coverage by the first of the second month after your IMP ends.

Your full-time status will remain in effect during an associated stability period that will last 12 months from the date that status is determined. If your employment is terminated during that stability period, and you were enrolled in benefits, you will be offered coverage under COBRA.

## ONGOING EMPLOYEES

City of Lynnwood uses the look-back measure method to determine group health plan eligibility for ongoing employees. An ongoing employee is an individual who has been employed for an entire standard measurement period. A standard measurement period is the 12-month period of time over which City of Lynnwood counts employee hours to determine which employees work full-time.

An employee is deemed full-time if he or she averages 130 or more hours a month over the 12-month standard measurement period. Those employees who average 130 or more hours a month over the 12-month standard measurement period will be full-time and, if otherwise eligible for benefits, offered coverage as of the first day of the stability period associated with the standard measurement period. Full-time status will be in effect for a 12-month stability period.

If your employment is terminated during a stability period, and you were enrolled in benefits, you will be offered continued coverage under COBRA.

City of Lynnwood uses the standard measurement period and associated stability period annual cycle set forth below.

Measurement Period: Time to determine if you work 130+ hours/month on average – used to establish if you are "full-time" or "part-time" for medical eligibility	November 1 – October 31
Stability Period: Time during which you will be considered "full-time" or "part-time" for medical plan eligibility - based on hours worked during preceding Measurement Period	January 1 – December 31

# PLAN NOTICES AND DOCUMENTS

## CURRENT HEALTH PLAN NOTICES

Notices must be provided to plan participants on an annual basis and are available on the Resources tab in ESS, which include:

- **Women's Health and Cancer Rights Act**  
Describes benefits available to those that will or have undergone a mastectomy.
- **Newborns' and Mothers' Health Protection Act**  
Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery.

## COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this Notice carefully to make sure you understand your rights and obligations.

## CURRENT PLAN DOCUMENTS

Important documents for our health plan and retirement plan are available on our benefits website and include:

### Summary of Benefits and Coverage

A Summary of Benefits and Coverage (SBC) is a document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. The following SBCs are available on the Resources tab in ESS:

- Kaiser 200
- Regence 250
- Regence HDHP

Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact Paisley Showalter at 425-670-5084.



## STATEMENT OF MATERIAL MODIFICATIONS

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the City of Lynnwood Group Health plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

# FOR ASSISTANCE

## CLAIMS ASSISTANCE & BENEFIT QUESTIONS

If you have any questions, reach out to our Support Team at AWC.

**E-mail: [benefitinfo@awcnet.org](mailto:benefitinfo@awcnet.org)**

**Phone: 800-562-8981**



## PLAN CONTACTS

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website	Policy/Group #
Medical	Regence	800-452-9985	regence.com	49400060
	Kaiser	888-901-4636	wa.kaiserpermanente.org	0983900
Dental	Delta Dental	800-554-1907	deltadentalwa.com	00177
	Willamette	855-433-6825	willamettedental.com	WA386
Health Savings Account	Navia Benefit Solutions	800-669-3539	naviabenefits.com	CLN
Flexible Spending Account	Navia Benefit Solutions	800-669-3539	naviabenefits.com	CLN
Vision	VSP	800-877-7195	VSP.com	07103822
Life/ AD&D & Voluntary Life	The Standard	800-628-8600	thestandard.com	610516-B
Long Term Disability & Voluntary Short Term Disability	The Standard	800-628-8600	thestandard.com	610516-A
Employee Assistance Program	ComPsych	800-570-9315	guidanceresources.com	trusteap71