



LYNNWOOD
WASHINGTON

A great deal more

City of Lynnwood **2022 Benefit Guide**

Community. Choice. Care.

The benefits in this summary are effective January 1, 2022 to December 31, 2022.

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 are continuously looking for valuable benefits that support your needs, whether you are single, married, raising a family, or thinking ahead toward retirement. We are committed to giving you the resources you need to understand your options and how these 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. 2022 SPDs can be found on the [Human Resources page in Lynnweb under Departmental Forms](#).

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For all questions regarding your City of Lynnwood employee benefit plans, your Human Resources Department should always be your first point of contact. We are ready to help and will provide you with accurate and timely information so please be sure to contact us with your questions!

hr@lynnwoodwa.gov or 425-670-5084

Eligibility and Dependents

Who is eligible for City benefits?

In general, employees in “Regular” Full or “Regular” Part-Time jobs as defined in the Lynnwood Municipal Code (LMC), who also work a minimum of 20 hours per week are eligible to participate in the City of Lynnwood’s 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 an employee’s eligibility for benefits using the Look-Back Measurement Method. Refer to the Look-Back Measurement Method section of this guide for additional information.

Who is an eligible dependent?

Eligible dependents you can enroll onto your City health benefit plans are:

- Your Spouse (the person you are legally married to under State law, including a same-sex spouse).
- Your Domestic Partner is eligible for coverage if you have completed the Domestic Partnership 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):
 - Children under the age of 26 are eligible. They do not need to live with you or be enrolled in school. They can be married, living on their own, and/or working on their own.
 - Children over the age of 26 are eligible if they are incapacitated due to a disability and are primarily dependent on you for support.
 - Individuals named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

Refer to your Summary Plan Description for complete details on how benefit eligibility is determined for your plan.



Who is not eligible for City benefits?

- 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-Time or “Regular” Part Time employees working less than 20 hours per week.

Waiver of Dual Coverage

It is common for family members to be covered by more than one health care plan. This happens, for example when a husband and wife both work and choose to have family benefit coverage through both employers. This is called dual coverage. The City of Lynnwood offers regular full-time and regular part-time employees the option to waive this dual coverage. If the employee chooses to remove currently covered eligible family members on their City benefit plan, they will receive a monthly financial incentive. Contact the Human Resources Department for additional program information.

Medicare Part D Notice

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

Enrollment

How to Complete Benefit Enrollments

All enrollments – New Hire, Life Event, and Open Enrollment – are completed through the City of Lynnwood’s Employee Self- Service (ESS) portal. Step-by-step instructions for each enrollment type can be found on the [Human Resources Employee Benefits page in Lynnweb](#).



Annual Open Enrollment

Open Enrollment is annually held in November and is the one time each year employees can make changes to their benefit elections without a qualifying life event.

Life Event Enrollment

We know things change and we want to help you prepare. If you experience a qualifying life event, you may be eligible to make changes to your benefit plans outside of the annual open enrollment period.

Before completing your life event benefit enrollment, you will first need to report your life event in ESS. Step-by-step instructions on how to report a life event can be found on the [Human Resources Employee Benefits page in Lynnweb](#).

The life event change must be requested within the established timelines and be consistent with the type of qualifying life event you have experienced. You have the following ESS life event types to choose from:



ESS Life Event Type	Deadline to Enroll/Remove Dependents from Coverage
Adoption	Report adoption or placement for adoption within 60 days.
Birth	Report birth of a child within 60 days.
Legal Custody	Report court-appointed legal guardianship within 60 days.
Death of a Dependent	Report death of a dependent within 30 days.
Dissolution of Domestic Partnership	Report dissolution of domestic partnership within 30 days.
Divorce or Legal Separation	Report divorce or legal separation within 30 days.
Domestic Partner	Report establishment of domestic partnership within 30 days.
Loss of Coverage	Report dependent’s loss of coverage within 30 days.
Marriage	Report marriage within 30 days.
Obtained Other Coverage	Report dependent’s obtaining of other coverage within 30 days.

Medical Benefits

Nothing is more important than the health of you and your family. The City of Lynnwood’s benefit plans promote coverages to help you live a healthier life. As an eligible employee, you may choose to enroll in one of the three medial plans offered: **Kaiser 200, Regence 250, or Regence High Deductible Health Plan (HDHP).**

	Kaiser 200	Regence 250		Regence HDHP	
	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$200/Individual \$400/Family	\$250/Individual \$750/Family	\$250/Individual \$750/Family (combined with in-network)	\$1,500/Individual \$3,000/Family (Aggregate)	\$1,500/Individual \$3,000/Family (Aggregate, combined with in-network)
Annual Out-of-Pocket Max	\$2,500/Individual \$5,000/Family	\$3,000/Individual \$6,000/Family		\$5,000/Individual \$10,000/Family (Aggregate)	\$5,000/Individual \$10,000/Family (Aggregate, combined with in-network)
Lifetime Max	Unlimited	Unlimited		Unlimited	
Office Visit Primary Care Specialists Urgent Care	First 4 visits: \$20 copay at 100% coverage After 4 visits: \$20 copay, Plan pays 90% after deductible	Plan pays 90% after deductible (Deductible does not apply to first 4 visits/year)	Plan pays 70% after deductible (Deductible does not apply to first 4 visits/year)	Plan pays 80% after deductible	Plan pays 60% after deductible
Preventative Care, Screenings, & Immunizations	Plan pays 100%	Plan pays 100%	Plan pays 70% after deductible	Plan pays 100%	
Testing & Imaging X-ray, Bloodwork, CT/PET Scan, MRI	Plan pays first \$500 then 90% after deductible	Plan pays 90% after deductible		Plan pays 80% after deductible	
Inpatient Hospitalization	Plan pays 90% after deductible	Plan pays 90% after deductible		Plan pays 80% after deductible	
Outpatient Surgery	\$20 copay then plan pays 90% after deductible	Plan pays 90% after deductible		Plan pays 80% after deductible	
Emergency Room	\$75 copay then 90% after deductible (copay waived if admitted)	\$75 copay then 90% after deductible (copay waived if admitted)		Plan pays 80% after deductible	
Ambulance Services	Plan pays 80% after deductible				

Medical Benefits continued

	Kaiser 200	Regence 250		Regence HDHP	
	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Spinal Manipulations & Acupuncture	<p>First 4 visits: \$20 copay at 100% coverage</p> <p>After 4 visits: \$20 copay, Plan pays 90% after deductible (20 visits/year)</p>	Plan pays 90% after deductible (*20 visits/year)	Plan pays 70% after deductible (*20 visits/year)	Plan pays 80% after deductible (*20 visits/year)	Plan pays 60% after deductible (*20 visits/year)
Rehabilitation Services: Physical Therapy Massage Therapy Occupational Therapy Speech Therapy	\$2,500/Individual \$5,000/Family	Plan pays 90% after deductible <u>Inpatient:</u> *15 days/year <u>Outpatient:</u> *99 visits/year	Plan pays 70% after deductible <u>Inpatient:</u> *15 days/year <u>Outpatient:</u> *99 visits/year	Plan pays 80% after deductible <u>Inpatient:</u> *30 days/year <u>Outpatient:</u> *60 visits/year	Plan pays 60% after deductible <u>Inpatient:</u> *30 days/year <u>Outpatient:</u> *60 visits/year
Mental Health Behavioral Health Substance Abuse Services	<u>Inpatient:</u> Plan pays 90% after deductible (Preauthorization required) <u>Outpatient:</u> \$20 copay, Plan pays 90% after deductible	Plan pays 90% after deductible (Deductible does not apply to first 4 visits/year)	Plan pays 70% after deductible (Deductible does not apply to first 4 visits/year)	Plan pays 80% after deductible	Plan pays 60% after deductible
Home Health Care	No charge, deductible does not apply (Preauthorization required)	Plan pays 90% after deductible (*130 visits/year)		Plan pays 80% after deductible (*130 visits/year)	
Skilled Nursing Care	Plan pays 90% after deductible (60 day limit/year) (Preauthorization required)	Plan pays 90% after deductible (*90 inpatient days/year)	Plan pays 70% after deductible (*90 inpatient days/year)	Plan pays 80% after deductible (*90 inpatient days/year)	Plan pays 60% after deductible (*90 inpatient days/year)
Durable Medical Equipment	No charge, deductible does not apply (Preauthorization required)	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible

*Note that total visit and day limits per year are the total number allowed for the service: in-network, out-of-network, or combined in and out-of-network.

Medical Benefits continued

Reproductive Health, Infertility, Pregnancy, and Childbirth

	Kaiser 200	Regence 250		Regence HDHP	
	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Reproductive Health Services Sterilization Surgery Contraceptive devices & injections	No Charge	No Charge	Plan pays 70% after deductible	No Charge	Plan pays 60% after deductible
Infertility	\$25,000 lifetime infertility benefit including treatments, procedures, and medications associated with infertility (Medical diagnosis of infertility required)				
Pregnancy & Childbirth Office Visits Professional & Facility Childbirth/Delivery Services	Plan pays 90% after deductible <i>*Must notify Kaiser within 24 hours of admission, newborn services cost shares are separate from the mother.</i>	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible

Hearing

	Kaiser 200	Regence 250		Regence HDHP	
	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Hearing Exams (Routine)	Annual Routine Exam Covered	Annual Routine Exam Covered	Plan pays 70% after deductible	Annual Routine Exam Covered	Plan pays 60% after deductible
Hearings Aids & Evaluations	\$1,500 hearing aid allowance (Every 36 months)	\$1,500 hearing aid allowance (Every 3 years)		\$1,500 hearing aid allowance (Every 3 years)	

Prescription Drugs

All City medical plans also provide prescription drug coverage. Whether you need a prescription for a short-term health issue or a long-term health issue, this benefit is here to help you and your dependents.

	Kaiser 200	Regence 250		Regence HDHP	
	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drug Deductible	Not Applicable	Not Applicable		Subject to medical deductible	

Prescription Medications from a Pharmacy

	Kaiser 200	Regence 250		Regence HDHP	
	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Supply Limit	90 Days	30 Days		30 Days	
Generic	\$10 Copay	\$5 Copay		Plan pays 80% after medical deductible	
Preferred Brand	\$20 Copay	\$25 Copay			
Non-Preferred Brand	\$40 Copay	\$50 Copay			
Specialty	Refer to Generic, Preferred Brand, and Non-Preferred Brand (30 day supply)	\$100 Copay		Refer to Generic, Preferred Brand, and Non-Preferred Brand	

Prescription Medications from a Mail-Order Supplier

	Kaiser 200	Regence 250		Regence HDHP	
	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Supply Limit	90 Days				
Generic	\$20 Copay	\$10 Copay		Plan pays 80% after medical deductible	
Preferred Brand	\$40 Copay	\$50 Copay			
Non-Preferred Brand	\$80 Copay	\$100 Copay			
Specialty	Not available through mail order				

*Not all medications are available in a 90-day supply. Contact AWC for a list of covered prescriptions.

Getting Care When You Need It

Telehealth

Telehealth under all City medical plans are a great resource for meeting with your doctor from the comfort and safety of your home. Telehealth is best used for checking the following symptoms: common cold, allergies, constipation, cough, ear problems, fever, insect bites, nausea/vomiting, pink eye, rash, sore throat, flu, UTI, headache, and more!

	Kaiser 200	Regence 250	Regence HDHP
Telehealth Phone/ Video Consultations	Virtual Care (online, phone, & secure messages), Virtual Visit, & Care Chat Typically no cost to member	\$10 Copay not subject to deductible (MDLive Network Only) *Includes behavioral health visits	\$42 until deductible is satisfied, then 100% (MDLive Network Only) *Includes behavioral health visits

Preventative 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 is done, your share of the cost may change.

It is important to keep up with recommended health screenings to avoid more serious and costly health issues down the road.



When to use the Emergency Room

The emergency room should not be your first choice unless there is a true emergency. A true emergency is 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/require use of hospital or emergency room.

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

When you need non-emergent care now

Both Regence and Kaiser offer resources for getting your non-emergent medical needs met through telehealth and 24/7 nurse lines. For more information, visit the Plan Resources and Contacts page for details.

Dental and Vision

Regular visits to your dentist can protect your smile and your overall health. Benefits eligible employees, can choose to enroll in one of the two dental plans offered: **Delta Dental of Washington or Willamette Dental Group.**

	Delta Dental		Willamette Dental	
	In-Network	Out-of Network	In-Network	Out-of-Network
Calendar Year Deductible	\$0			
Annual Plan Maximum	\$1,500	\$1,500 (Combined with in-network)	No Annual Maximum	Not Covered
Waiting Period	None			
Diagnostic & Preventative	Plan pays 100% - 70% (Incentive Based Plan)		\$10 Copay/visit then plan pays 100%	Not Covered
Basic Services Fillings, Root Canals, Crowns, Periodontics				
Major Services	Plan pays 50%			
Orthodontic Services Orthodontia Lifetime Maximum Dependent Children Full-Time Students	Not Covered		\$150 Copay for Pre-Ortho \$1,000 Copay for comprehensive ortho services (\$150 copay is credited)	Not Covered
TMJ Benefit Implant Surgery			\$1,000 annual/\$5,000 lifetime max \$1,500 annual max One implant/year	

Routine vision exams can not only correct vision, they can also detect more serious health conditions. The City offers benefits eligible employee vision coverage through **Vision Service Plan (VSP).**

	Vision Service Plan (VSP)	
	In-Network	Out-of Network
Examination	One exam every 12 months Plan pays 100%	In-Network limitations apply Plan pays 100% up to \$71
Materials	\$25 Copay	Not Applicable (Combined with contract allowance)
Eyeglass Lenses 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
Frames	1x Every 24 months \$150 Allowance/\$80 Costco Allowance	In-Network limitations apply Up to \$77
Contacts (instead of glasses)	1x Every 12 months \$200 Allowance	In-Network limitations apply Up to \$135
Enhancements	Standard progressive lenses, Anti-glare coating, Tints/Light-reactive lenses, & Scratch- resistant coating	In-Network limitations apply

Cost of Coverage

City of Lynnwood pays 100% of the premium cost for Medical, Dental, Vision, Long-Term Disability (LTD), Basic Life, and Accidental Death & Dismemberment (AD&D) for the employee. The City pays 90% of elected coverages (excluding vision) for spouse and dependents.

Employees pay for health coverage before federal, state, and social security taxes are withheld to help save you from paying more in taxes. Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions toward coverage for your domestic partner and their 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 the City of Lynnwood Payroll Department 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 or rates for Domestic Partnerships, please contact Human Resources.

	Kaiser 200	
	Your Monthly Cost	City of Lynnwood Cost
Employee Only	\$0.00	\$697.96
Employee & Spouse	\$68.63	\$1,315.67
Employee & Child	\$35.02	\$1,013.16
Employee & Children	\$70.04	\$1,328.34
Employee, Spouse, & Child	\$103.66	\$1,630.84
Employee, Spouse, & Children	\$138.68	\$1,946.04

	Regence 250	
	Your Monthly Cost	City of Lynnwood Cost
Employee Only	\$0.00	\$817.82
Employee & Spouse	\$82.46	\$1,560.00
Employee & Child	\$40.62	\$1,183.42
Employee & Children	\$74.21	\$1,485.69
Employee, Spouse, & Child	\$123.09	\$1,925.59
Employee, Spouse, & Children	\$156.67	\$2,227.87

	Regence HDHP	
	Your Monthly Cost	City of Lynnwood Cost
Employee Only	\$0.00	\$568.70
Employee & Spouse	\$0.00	\$1,144.38
Employee & Child	\$0.00	\$857.36
Employee & Children	\$0.00	\$1,093.70
Employee, Spouse, & Child	\$0.00	\$1,433.02
Employee, Spouse, & Children	\$0.00	\$1,669.38

Cost of Coverage continued

	Delta Dental	
	Your Monthly Cost	City of Lynnwood Cost
Employee Only	\$0.00	\$55.88
Employee + One	\$4.98	\$100.70
Employee + Two or More	\$10.95	\$154.47

	Willamette Dental	
	Your Monthly Cost	City of Lynnwood Cost
Employee Only	\$0.00	\$64.32
Employee + One	\$5.62	\$114.88
Employee + Two or More	\$12.76	\$179.16

	Vision Service Plan (VSP)	
	Your Monthly Cost	City of Lynnwood Cost
Employee Only	\$0.00	\$7.72
Employee + One	\$7.72	\$7.72
Employee + Two or More	\$15.44	\$7.72



Flexible Spending Account (FSA)

A Flexible Spending Account (FSA) lets you set aside pre-tax money through payroll deductions for eligible health care and daycare expenses you and your dependents expect to have over the year. Funds put into the plan avoid Federal Income Tax and FICA, creating a tax savings for you! **Navia Benefit Solutions** administers this benefit.

How does it work?

Health Care FSA	Limited Health Care FSA	Day Care FSA
<p>Employees determine an annual election amount to set aside into their Health Care FSA. This annual election amount will be deducted evenly out of each paycheck on a pre-tax basis. Employees then use the pre-tax dollars in their FSA to pay for eligible expenses. Your entire annual contribution is available to you from the beginning of the plan year.</p>	<p>Paired with a Health Savings Account (HSA), a Limited Health Care FSA allows employees to use pre-tax dollars to pay eligible health care expenses. <u>The funds in your account can only be used to pay eligible dental, vision, and out-of-network preventative care expenses.</u> This annual election amount will be deducted evenly out of each paycheck on a pre-tax basis. Your entire annual contribution is available to you from the beginning of the plan year.</p>	<p>Employees determine an annual election amount to set aside into their Day Care FSA. This annual election amount will be deducted evenly out of each paycheck on a pre-tax basis. Participants then use the pre-tax dollars in their FSA to pay for day care or dependent care eligible expenses. Your entire annual contribution is NOT available to you from the beginning of the plan year. Employees will only receive reimbursement for the amount contributed to the account as of the reimbursement date.</p>

What expenses are eligible?

Health Care FSA	Limited Health Care FSA	Day Care FSA
<ul style="list-style-type: none"> Copays Coinsurance Deductibles Prescriptions Dental Expenses & Orthodontia Vision Expenses <p>For a more extensive list, visit Navia's Eligible Expense List.</p>	<ul style="list-style-type: none"> Bridges Crowns Glasses/Contacts Lasik Eye Surgery Orthodontia Payments Tobacco Cessation Programs <p>For a more extensive list, visit Navia's Eligible Expense List.</p>	<ul style="list-style-type: none"> Before and After School Care Day Care Preschool Day Camps Elder Care <p>For a more extensive list, visit Navia's Eligible Expense List. Expense eligibility rules apply:</p> <ul style="list-style-type: none"> The expense must enable you and your spouse to work, actively look for work, or be a full-time student. Your dependent must live with you and 12 years old or younger. A dependent age 13 or older may be eligible if they cannot physically or mentally care for themselves.

Plan Annual Limits

Health Care FSA	Limited Health Care FSA	Day Care FSA
<p>Annual Maximum: \$2,850 Carryover Maximum: \$570</p>	<p>Annual Maximum: \$2,850 Carryover Maximum: \$570</p>	<p>Self/Married: \$5,000 Married filing separately: \$2,500</p>

Important Considerations

- Expenses must be incurred between 01/01/2022 – 12/31/2022 and submitted for reimbursement no later than 03/31/2023.
- Elections cannot be changed during the plan year unless you have a qualifying life event.
- Keep your receipts! In most cases, you will need to provide proof that your expenses were considered eligible for IRS purposes.
- You can obtain reimbursement for eligible expenses incurred by your spouse or tax dependent children even if they are not covered on your City medical plan.
- You cannot obtain reimbursement for eligible expenses for a domestic partner or their children unless they qualify as your tax dependent. Questions about the tax status of your dependents should be addressed with a tax advisor.

Health Savings Account (HSA)

A Health Savings Account is a tax-advantaged, portable (you own it!) savings account that is offered only if you enroll in the City’s Regence High Deductible Health Plan (HDHP). **Navia Benefit Solutions** administers this program.

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 Regence 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.

	City Contributes	You Can Contribute
Employee Only	\$1,500	\$3,650 less employer contribution
Employee + one dependent	\$2,000	\$7,300 less employer contribution
Employee + two dependents	\$2,500	\$7,300 less employer contribution
Employee + three dependents	\$3,000	\$7,300 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 & Disability Insurances

If you have loved ones who depend on your income for support, having Life and Accidental Death & Dismemberment (AD&D) 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 a loss of a limb, speech, sight, hearing, or if you die in an accident.

To be eligible for this plan offering, you must be a Regular Full-Time employee working 40 hours per week. The City provides this coverage at no cost to the employee. Coverage is provided by **The Standard**.

Basic Life Amount	1x covered annual earnings up to a maximum of \$50,000
Basic AD&D Amount	1x covered annual earnings up to a maximum of \$50,000

Long-Term Disability Insurance

Long-Term Disability (LTD) Insurance coverage pays you a certain percentage of income if you cannot work due to an injury or illness preventing you from performing any of your job functions over a long period of time. It is important to know that benefits are reduced by income from other benefits you might receive while disabled, like Workers' Compensation and Social Security.

To be eligible for this plan offering, you must be a Regular Full-Time employee working 40 hours per week. The City provides this coverage at no cost to the employee. Coverage is provided by **The Standard**.

Monthly Benefit Amount	Plan pays 60% of covered monthly earnings up to \$12,000
Maximum Monthly Benefit	\$12,000
Benefits Begin After: Accident Sickness	90 Days of disability 90 Days of disability
Maximum Payment Period*	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.

Voluntary Life & Disability Insurance Coverage

On a self-pay basis, you may purchase Voluntary Life and Voluntary Short-Term Disability insurance from **Colonial Life Insurance** in addition to the Basic Life and AD&D coverage the City provides. Visit [Colonial Life's City of Lynnwood Benefits Overview](#) page for information on plan offerings. You can also schedule a one-on-one with the City's Colonial rep, Judy Bucholtz. Contact information is on the last page of this Benefit Booklet.

Long-Term Care

Long-Term Care insurance is designed to pay for support and services once you are in need of assistance for two or more activities of daily living or have a cognitive impairment like dementia or Alzheimer's. Long-Term Care insurance will pay for care received at home, in a nursing home, or assisted living facility.

WA Cares Fund

In 2019, Governor Inslee approved the Washington State Long-Term Services and Supports Trust Act, renamed the WA Cares Fund. The purpose of this program is to provide long-term care benefits for all working Washingtonians. The WA Cares fund is supported by premiums paid by employees.

Beginning January 1, 2022, Washington State will begin collecting premiums on all employee wages. Unlike other payroll taxes, there is no cap on the wages subject to the tax. In 2022, the rate will be \$0.58 per \$100 of earnings.

If you have filed for an application for exemption from the WA Cares Fund through WA Employment Security Department and have received a WA Cares Fund Exemption Approval letter, please submit a copy to Payroll. If you fail to provide a copy of your exemption approval letter to Payroll, the City must continue to collect premiums from the employee until an exemption approval letter has been provided. Employees will not be entitled to a refund of any premiums collected before the employee provides this required exemption approval letter to the City's Payroll team.

Voluntary Long-Term Care Coverage Options

The City of Lynnwood offers three Long-Term Care Coverage options through the following vendors. All these plans are self-pay, meaning they will not be payroll deducted. You own your plan and carry it with you after employment with the City.

Below is a comparison of the City's three Long-Term Care coverage options through **UNUM LTC Solutions**, **AWC with Trustmark**, and **Gallagher with Allstate**.

	UNUM LTC Solutions	AWC with Trustmark	Gallagher with Allstate
Total Benefit Maximum	Dependent on Enrollment Choices	3x Death Benefit \$75,000 - \$450,000	\$50,000 or \$75,000
Monthly Benefit	\$1,000 - \$8,000	4% of Death Benefit/Month \$1,000 - \$6,000	4% of Death Benefit/Month
Portability	No State Restrictions		
How costs are determined	Based on Age & Plan Design		
Vesting	Eligible Immediately (90-Day elimination period applies)		
Who else can I cover?	Eligible Family Members (Age 18 – 80)	Spouse/Domestic Partner	Working Spouse (Guaranteed Issue \$50,000)
Inflation	No inflation option or 5% compound option	Locked an initial enrollment age	Locked at initial enrollment age

More Benefit Programs

MissionSquare Retirement (Previously named ICMA-RC)

A 457 Deferred Compensation Plan is a voluntary retirement plan offered by the City of Lynnwood, created to allow you to put aside money from each paycheck toward retirement. Contributions are made to the account in your name via payroll deduction for the exclusive benefit of you and your beneficiaries. The value of the account is based on your contributions made and the investment performance over time.

A Deferred Compensation Plan can help bridge the gap between what you have in your pension and Social Security, and how much you will need in retirement. Depending on what plan you choose, your contributions may be pre-tax or post-tax.

Pre-tax contributions you make reduce your taxable income for the year. These contributions and all associated earnings are then not subject to Federal tax until you withdraw them. You also may be able to make after-tax Roth contributions which allow for potentially tax-free earnings.

The annual contribution limit for the Traditional 457 (pre-tax) and Roth 457 (post-tax) combined must adhere to the annual maximum limits.

VEBA (GSO Employees Only)

General Salary Ordinance employees voted to receive two VEBA benefits. **Gallagher** administers this benefit for GSO employees.

Sick Leave Cash Out

Upon separation from the City of Lynnwood, 25% of your sick leave will be placed into your VEBA account for your to use on qualified medical expenses after you leave employment with the City.

Health Reimbursement Arrangement (HSA VEBA)

GSO employees voted on a \$25 monthly contribution toward their HRA VEBA account. This monthly contribution is payroll deducted and available to participants to be used on qualified medical expenses and can be used while still actively employed with the City.

Department of Retirement Services (DRS)

All Regular Full-Time and Regular Part-Time employees are required to participate in and make contributions to a retirement plan administered by the Washington State Department of Retirement Services (DRS). Employee plan contributions are set by DRS.

Charitable Giving Program

The City of Lynnwood offers employees a chance to give back to their community. Employees can elect to make payroll deducted contributions toward United Way.

Homestreet Bank

With the [Hometown Home Loan Program](#), City of Lynnwood employees have access to a unique program of mortgage discounts.

- Save \$1,000 on purchases & refinances
- Free homeownership education
- Access to down payment assistance

More Benefit Programs continued

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. Other resources are available online. 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.

Health Central, powered by Castlight

The City of Lynnwood's employer-sponsored health benefits include a health and benefits app called Health Central powered by Castlight. Health Central offers a fun way to continue, or jumpstart, your wellbeing journey. With your free Health Central account, you will enjoy:

- A personalized, simple app designed to make engaging in healthy habits easy, whether you are at home, at work, or on the go.
- Easy ways to earn a \$35 gift card of your choice annually! Whether it is watching a series of short, health-related videos, filling out your health assessment, or logging your sleep, how you earn (and which e-card you choose) is up to you. Enter quarterly drawings for great prizes too!
- Access to your health and wellness benefits – including contact information for your medical provider and quick links to the Employee Assistance Program – all from one place.

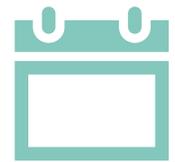
Get started with three easy steps:

1. Access Health Central through the Castlight app on your Apple or Android device. Don't have a smartphone? Access Castlight on your computer at www.awctrust.org.
2. Register by entering the necessary information to verify your eligibility.
3. Follow the prompts to personalize your experience.

Help ensure the City continues to offer great low rates for our health benefits by registering for Health Central today!

2022 Paid Holidays

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



New Year's Day	January 3
Martin Luther King, Jr. Day	January 17
President's Day	February 21
Memorial Day	May 30
Independence Day	July 4
Labor Day	September 6
Veterans' Day	November 11
Thanksgiving Day	November 24
Day after Thanksgiving	November 25
Christmas Eve (Observed)	December 23
Christmas Day (Observed)	December 26
One Floating Holiday	Any time with approval

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

Federally Mandated Mailings

AWC mails the following federally mandated notices to employees on an annual basis:

- COBRA Notification of Rights Letter
- CHIP Notification
- Creditable Coverage Letter
- HIPAA Notification

COBRA Continuation Coverage

You and/or your dependents may have the right to continue medical, dental, and vision coverage after you lose coverage eligibility with the City of Lynnwood. 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 the City's health plans and retirement plans 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 Stenerson in Human Resources.

Plan Resources and Contacts

Please send all immediate benefit questions or concerns to your HR Team at hr@lynnwoodwa.gov or 425-670-5084.

Plan Type/Service	Provider/Rep	Phone Number	Website/E-mail	Policy/Group #
Claims Assistance & Benefit Questions	Association of Washington Cities (AWC)	800-562-8981	benefitinfo@awcnet.org	N/A
Medical	Regence	800-452-9985	www.regence.com	49400060
	Kaiser	888-901-4636	www.wa.kaiserpermanente.org	0983900
Dental	Delta Dental	800-554-1907	www.deltadentalwa.com	00177
	Willamette Dental	855-433-6825	www.willamettedental.com	WA386
Vision	VSP	800-877-7195	www.VSP.com	07103822
Flexible Spending Account (FSA)	Navia Benefit Solutions	800-669-3539	www.naviabenefits.com	CLN
Health Savings Account (HSA)				
Life/AD&D & Voluntary Life	The Standard	800-628-8600	www.thestandard.com	610516-B
Long-Term Disability & Voluntary Short-Term Disability				610516-A
Employee Assistance Program	ComPsych	800-570-9315	www.guidanceresources.com	trusteap71
HRA VEBA (GSO Employees Only)	Gallagher	1-888-659-8828	www.hraveba.org	N/A
Voluntary Life Insurance	Colonial Life – Judy Bucholtz	253-208-1752	Judy.Bucholtz@coloniallife.com	N/A
Voluntary Deferred Compensation	MissionSquare Retirement (previously ICMA-RC) – David Goren	1-877-651-7263	dgoren@missionsq.org	N/A
Voluntary Long-Term Care	AWC with Trustmark	877-201-9373	ClaimContactVB@trustmarkbenefits.com	N/A
	Gallagher with Allstate	1-800-521-3535	www.allstatebenefits.com	N/A
	UNUM LTC Solutions	877-286-2852	LTCiBenefitsTeam@ltc-solutions.com	N/A