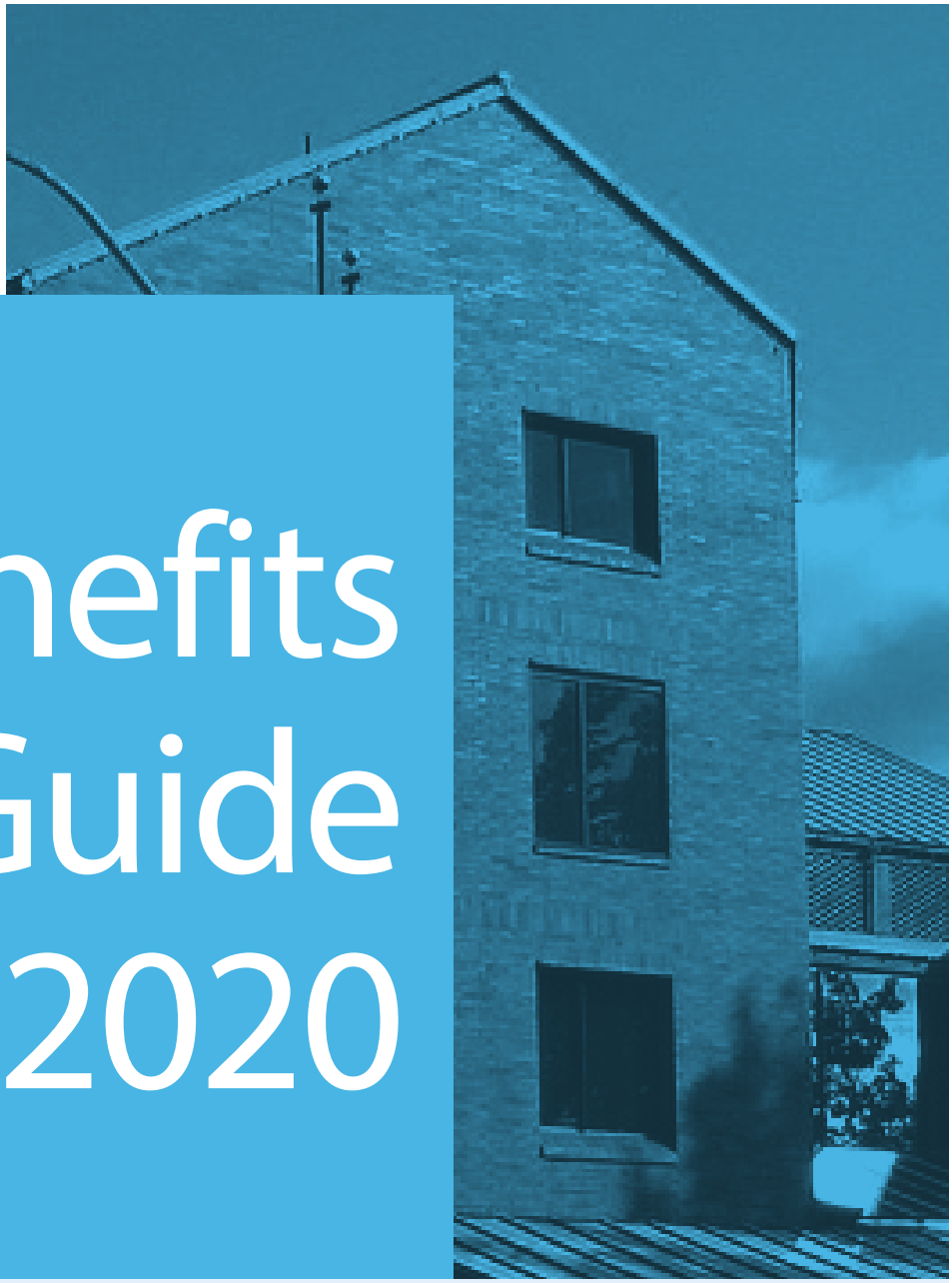
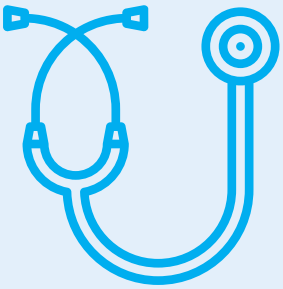
KENT
WASHINGTON



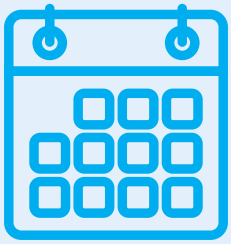
Benefits Guide 2020



Medical

Dental

Vision



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WELCOME

to your City of Kent employee benefits program. We're excited to offer you and your family comprehensive benefit options designed to help you grow personally, financially and professionally. We continually evaluate our employee benefits to enhance the quality of your work life and provide support wherever it is needed.

This guide provides you with updates for your 2020 benefits program and has been specifically designed to help you better understand your plans. Each section contains important information, so please read carefully while keeping you and your family's needs in mind.

If you have questions about your benefits, contact your Human Resources department. We're here to help!

This communication highlights some of your City of Kent benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication, collective bargaining agreement (CBA), other official City/Union agreements and the official plan documents, the plan documents, CBAs and other official City/Union agreements will prevail.

What's New for the 2020 Plan Year

- We are adding coverage for orthotics on our Premera plans which will include a $300 benefit per year.
- We are adding coverage for hearing aids on our Premera plans which includes one exam per year plus a $1,000 hardware benefit every 3 years.
- The City HSA contribution will be $1,500.
- The Kaiser rates are increasing 7.02%.
- We are increasing the frame allowance on our VSP vision plan from $130 to $150.
- We are increasing the annual benefit maximum on our Delta Dental plan from $1,800 to $2,000.
- We are adding the HomeStreet Bank Inside Edge Program.

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Important Terms

The terms defined below will help you better understand the contents of this guide.

- **COBRA –** A federal law that allows workers and dependents who lose their Medical, Dental, Vision or FSA coverage to continue any group coverage for a specified length of time.
- **Coinsurance –** The portion of covered expenses that you must pay for care, after first meeting a deductible amount, if any.
- **Copayment –** A flat fee that you pay for health care services at the time they're received, regardless of the actual amount charged by your doctor. This generally applies to office visits and prescription drugs.
- **Deductible –** The amount you need to pay each year before your plan starts paying benefits.
- **Network –** A group of doctors and hospitals who offer discounts on services based on their relationship with your medical provider.
- **Out-of-Pocket Maximum –** The most you'll pay in a given year for all covered expenses. After you pay this amount, your benefit plan will pay all covered expenses for the rest of the year.

Eligibility

Employees

If you are a regular benefited employee as defined by Policy 1.01 – Employee and Independent Contractor Definitions, you are eligible to enroll in the benefits described in this benefits guide, unless otherwise indicated. If you are a new hire, you can elect benefits within 31 days from your date of hire.

You are eligible to participate as of your date of hire.

Coverage ends at the end of the month in which you terminate employment.

City of Kent complies with the provisions of the ACA. The City utilizes a 12 month look back safe harbor measurement period to determine eligibility for health coverage under the ACA. Employees will be eligible for Medical coverage during the following calendar year. Employees in non-benefited positions who become eligible for health coverage under the ACA will be notified by Human Resources.

Dependents

Some plan benefits offer coverage for your dependents. Eligible dependents include:

- Your spouse or registered domestic partner (over age 62)
- Your children, up to age 26 (see SPD or contracts for additional information)
- Your disabled children of any age (see SPD or contracts for further information)

Open Enrollment

November 1 – November 15, 2019

Now is your opportunity to make changes to your benefit elections without the requirement of a qualifying event. Please read carefully through this Benefit Guide prior to enrollment.

All benefit changes will become effective January 1, 2020. Please make your 2020 benefits selection no later than November 15, 2019. Requests received after this date will not be processed until next year's open enrollment unless you have a qualifying event. Premiums are deducted for the current month. You will see the first 2020 rate change in your January 3, 2020 paycheck.

Benefit changes must be made during Open Enrollment unless a Qualifying Life Event occurs and you provide timely notification to City of Kent – Human Resources.

Enrollment through JDE Employee Self Service

The Employee Self Service portal provides you direct access to:

- View your employee records and City information
- View benefits summaries, pay statements, W2
- Update benefits elections, enrollments, personal information

Open Enrollment elections and changes have to be submitted online through the Employee Self Service portal starting November 1, 2019 and no later than November 15, 2019.

Voluntary life changes must be submitted on a paper form to Human Resources - Benefits.

If you do not make changes during open enrollment, your current program elections, excluding the FSA and HSA, will automatically continue for the 2020 plan year. Please note that you must re-enroll each year in the FSA and HSA plans. Your Management Benefits will default to cash out at the end of 2020. Employee Self Service instructions, Insurance Rates, Plan documents are available online on City Space/Human Resources/ Benefits/Open Enrollment.

Premera & Kaiser MEDICAL BENEFITS

We understand the importance of good health as the foundation for a productive life at home and at work. That is why we offer medical plan choices through Premera and Kaiser Permanente (HMO). To help you decide which plan is best for you and your family, a description of each plan option and summaries of the medical plans are provided in the guide. Medical plans are bundled with Dental and Vision.

PPO Options

With the choice of PPO options through Premera Blue Cross, you are able to select the plan that best fits you and your family's health care needs. Your benefits will be based on the amount that is considered allowable, and you are responsible for any amount above the allowed charges. Out-of-network providers may also ask you to file your own claims.

Once you reach the annual out-of-pocket maximum in qualified out-of-pocket expenses, the plan will pay 100% of those expenses for the remainder of the plan year. This limit does not include all out-of-pocket expenses such as charges that exceed the plan's usual and customary limits..

Preventive Care

Your Premera plan covers many in-network preventive screenings and immunizations, so take advantage of these benefits to prevent illness and disease. Check your benefits online at premera.com to see what is covered. You can also go to premera.com/immunizations to get up to date immunization recommendations.

Health care reform requires medical plans to provide participants with a Summary of Benefits and Coverage (SBC), a document that summarizes, in an easy-to-read uniform format, important information about medical plans for which you may be eligible, including any deductibles, out-of-pocket maximums and covered services. The SBCs also provide examples to help you understand the out-of- pocket costs when having a baby and how to manage diabetes. A copy of the SBC for your medical plan is available on City Space/ Human Resources/Benefits/Open Enrollment.

HMO Options

As a benefit eligible City of Kent employee, you may also select the HMO option through Kaiser Permanente. Under an HMO, you are responsible for copayments for office visits and other medical services. Services provided by out-of-network providers are not covered except in an emergency.

City of Kent's HMO generally requires the designation of a Primary Care Physician to coordinate your care. You have the right to designate any Primary Care Physician who participates in our network and who is available to accept you or your family members. For information on how to select a Primary Care Physician, and for a list of participating Primary Care Physicians, contact the HMO at the number listed at the end of the Guide.

For children, you may designate a pediatrician as the Primary Care Physician. You do not need prior authorization from a City of Kent HMO or from any other person (including a Primary Care Physician) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the HMO at the number listed at the end of the Guide.

Please note that this guide is a summary of benefits. Please refer to your summary plan description (SPD) or contracts for a complete description of the benefit provisions. In the event of a discrepancy between this guide and the SPD and contracts, the SPD and contracts will govern the plan..

Medical Benefits

Which Medical Plan is Best for You?

When trying to decide which Medical plan will work best for you and your family, be sure to:

- **Shop around.** Talk with others. Work with someone you trust— just like you would when planning other major purchases. It pays to become a more engaged health care consumer.
- **Be selective.** Use the appropriate network facilities whenever possible. ER visits for non-critical situations such as sinus infections, colds and headaches are very costly. Make use of the Teladoc benefit (1-855-332-4059), Premera's 24-hour nurse line (1-800-841-8343), or local urgent care facilities before going to the emergency room.
- **Remember your preventive care benefits.** Staying healthy includes getting a regular physical or check- up. Doctors can provide treatment or suggest lifestyle changes that can help you avoid future conditions that will be more costly to you— both physically and financially.
- **Talk to your doctor.** Always ask about less-costly generic or over-the-counter prescriptions. It is up to you to talk to your doctor about which prescriptions would work best for you.

Copayment vs. Coinsurance– What's the Difference?

A copayment (or copay) is a fixed-dollar amount that you pay each time for certain services (e.g., doctor's visits and prescription medications).

Coinsurance is a percent of the cost of your care that you are responsible for paying (e.g., if the eligible cost of a doctor's visit is $100, 20% coinsurance would equal $20 and your health plan would pay $80).

Avoid Extra Costs. Make sure your health care provider requests prior authorization before you have a planned medical service.

2020 Medical Plan Summaries

In Network Medical Plan Features	Premera Consumer's Choice Plan (Linked with HSA)	Premera 80/20 Plan	Kaiser Permanente (HMO)	Premera $15 Copay Plan CLOSED (Available only to employees currently enrolled in this plan and KPOA new hires)
Annual Deductible	$2,000 Individual* $4,000 Family*	$200 Individual** $600 Family**	$0 Individual $0 Family	$0 Individual $0 Family
Annual Out-of-Pocket Limit (including deductible)	$2,000 Individual* $4,000 Family*	$1,200 Individual** $3,600 Family**	$2,000 Individual $4,000 Family	$6,350 Individual** $12,700 Family**
HSA Employer Contribution	$1,500	N/A	N/A	N/A
Coinsurance	Network: 0%	Network: 20%	Network: 0%	Network: 0%
Physician Office Visit	Deductible then 0%	First 6 Visits: $20 Copay. Additional visits: $200 deductible, then 20%	$10 Copay	$15 copay
Preventive Services Physicals, Immunizations, , Mammograms, Lab & X-Ray	No charge; Deductible waived; unlimited annual maximum	No charge; Deductible waived; unlimited annual maximum	No charge; unlimited annual maximum	No charge; unlimited annual maximum
Diagnostic X-Ray & Lab Tests	Preventive: Covered in full Non-Preventive: 0% after deductible	Preventive: Covered in full Non-Preventive: 20% after Deductible	Covered in full	0%
Hospital Care	Deductible then 0%	Deductible then 20%	No Charge	0%
Emergency Room (copay waived if admitted)	Deductible then 0%	$75 copay then Deductible + 20%	$75 copay	$50 copay then 0%
Mental Health Benefits Inpatient Care Outpatient Care - Professional Office visit	Deductible then 0% Deductible then 0%	Deductible then 20% First 6 Visits: $20 Copay. Additional visits: $200 deductible., then 20%	Covered in Full $10 copay	0% $15 copay
Acupuncture	Deductible then 0% (10 visits PCY)	Waive deductible then 20% (10 visits PCY)	$10 copay (8 visits PCY)	20% (10 visits PCY)
Chiropractic Care	Deductible then 0% (20 visits PCY)	Waive deductible then 20% (20 visits PCY)	$10 copay (10 visits PCY)	20% (20 visits PCY)
Chemical Dependency Hospital Based Outpatient	Deductible then 0% Deductible then 0%	Deductible then 20% First 6 Visits: $20 Copay. Additional visits: $200 deductible., then 20%	Covered in full $10 copay	0% $15 copay
Allergy Injections	Deductible then 0%	Deductible then 20%	$10 copay	Covered in Full
Hearing Exam	1 exam per year	1 exam per year	$10 copay (1 visit every 12 months)	1 exam per year
Home HealthCare	Deductible then 0% (130 visits PCY)	Waive deductible then 20% (130 visits PCY)	Covered in full. No limit PCY	20% (130 visits PCY)
Medical Supplies, Equipment, Prosthetics	Deductible then 0%	Waive deductible then 20%	20%	20%
Rehabilitation Therapy Inpatient Outpatient	Deductible then 0% (30 days PCY) Deductible then 0% (45 visits PCY)	Deductible then 0% (30 days PCY) Deductible then 0% (45 visits PCY)	Covered in full (60 days PCY) $10 copay (60 visits PCY)	20% (30 days PCY) 20% (45 visits PCY)
Behavioral Telehealth	Talkspace (same as in-network mental health care)	Talkspace (same as in-network mental health care)	Not covered	Talkspace (same as in-network mental health care)
Virtual Care	Teladoc: Deductible then 0% Approximately $45 per visit	Teladoc: $20 copay	Online Visits: $0 copay	Teladoc: $15 copay

*Premera CCP has the family aggregate deductible and out-of-pocket maximum. This means that if you cover dependents on your plan, the individual deductible and out-of-pocket maximum does not apply. One or any combination of family members can meet the deductible and out-of-pocket maximum.

**Embedded family deductible and out-of-pocket maximum.

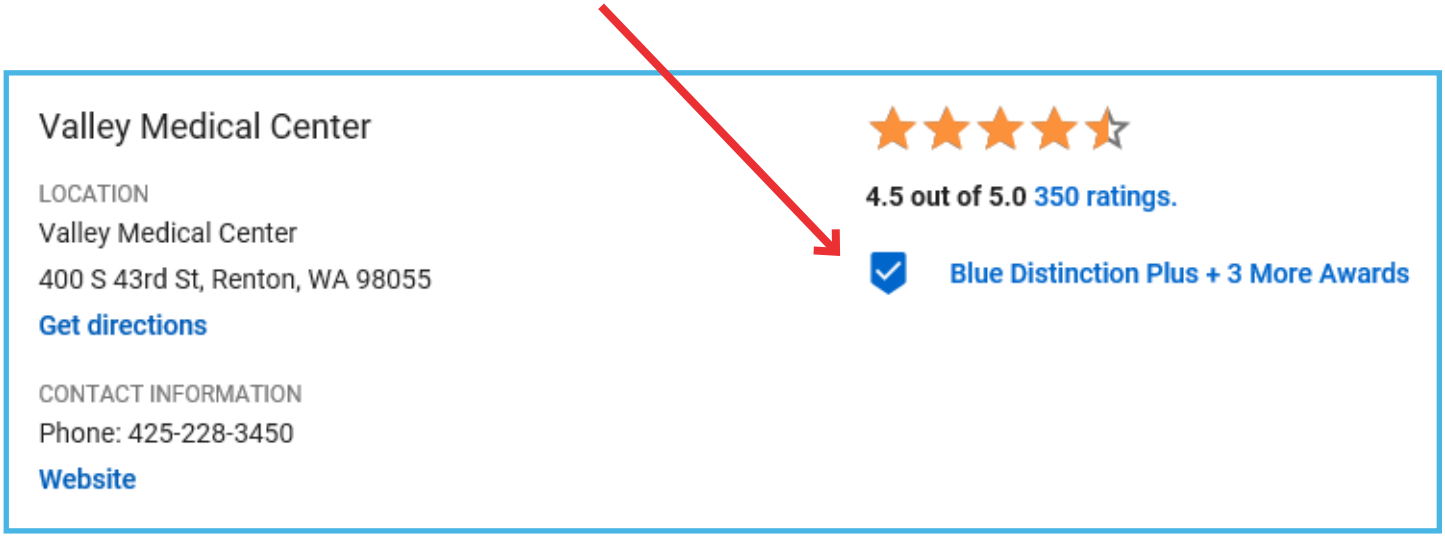
Quality Specialty Care

As a Premera member, you have access to specialty care centers across the country which have been recognized for quality care and positive results. Blue Cross Blue Shield Association evaluates thousands of hospitals and surgical centers around the country. Facilities that provide the highest expertise and best outcomes are designated as a Blue Distinction or Blue Distinction Plus center. A Blue Distinction center is a healthcare facility with providers who are recognized for their expertise in delivering specialty care. A Blue Distinction Plus center is not only recognized for their expertise, but also for providing the greatest value. These centers of excellence provide specialty care in the following fields:

- Bariatric (weight loss) surgery
- Cancer care
- Cardiac care
- Cellular immunotherapy (CAR-T therapy)
- Fertility care
- Knee and hip replacement
- Maternity care
- Spine surgery
- Transplants

Finding A Faciltiy

1. Go to premera.com
2. From the 'Find a Doctor' drop down menu, click 'Find a Doctor, Dentist and More'
3. You can either sign into your account or search as a visitor. If searching as a visitor, click 'Heritage & Heritage Plus 1'
4. Enter your city, state and zip code
5. Under the 'Browse by Category' drop down menu, click 'Hospitals'
6. A list of facilities in your area will appear. To narrow your search by specialty treatments, click the 'Blue Distinction Program' drop down menu and select a treatment
7. A list of facilities will appear with the Blue Distinction or Blue Distinction Plus designation



Empowered decision-making starts with informed decision-making. For more information regarding specialty care, visit Premera's website or call the number listed on the back of your ID card.

PREMERA

Manage Your Care and Your Account

Log in at premera.com or your Premera Mobile to:

- Track your care and your spending, including your deductible
- Find in-network doctors, hospitals, and pharmacies
- Refill prescriptions and get dose reminders
- Find the forms you need
- Learn more about your benefits
- Sign up for paperless Explanations of Benefits (EOB)

24-Hour NurseLine 1-800-841-8343

Help is a phone call away. Whether it's pain, an injury, or a fever that won't go down, call the 24 - Hour NurseLine. A registered nurse will help you decide how to treat your symptoms - 24 hours a day, 7 days a week, 365 days a year.

- Your call is answered quickly.
- The nurse asks you questions and helps you decide what to do.
- The nurse stays on the line as long as it takes to decide.
- Your call is free and confidential.

Case Management

Integrated Case Management is a free, voluntary service offered by Premera, available when you need extensive support and services because of a complex medical condition, a recent surgery or admission to a hospital. A case manager works with you to identify resources and plan for support to promote recovery and healing, and to reduce the need for hospital readmission. A case manager can:

- Develop care plans that support your unique situation and promote the care recommended by your doctor
- Locate additional health resources in your community
- Encourage, guide and support you and your family while you navigate the health care system

To request help from a case manager, contact Premera at 1-888-742-1479 or case.management@premera.com.

Talkspace

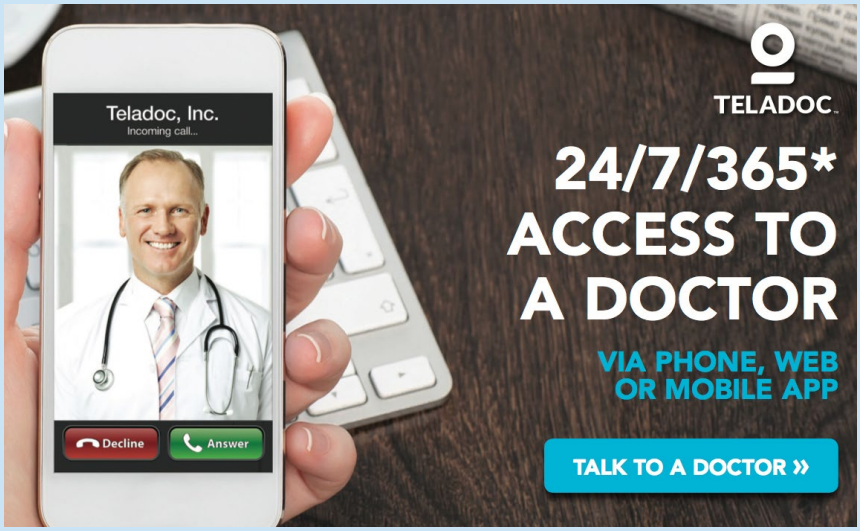
Premera has established a partnership with Talkspace, an in-network behavioral telehealth provider which allows you to access comprehensive behavioral health solutions including outpatient therapy, psychiatry, couples therapy, adolescent therapy and more. Talkspace provides a national network of approximately 4,000 behavioral health providers across all 50 states allowing you to find a personalized provider match. You can schedule live video appointments with in-app scheduling or even text with your provider – anytime, anywhere.

Visit talkspace.com/premera to get started!

Teladoc

Teladoc gives you 24/7/365 access to a doctor through the convenience of phone or video consults. This means you will have access to providers who will be able to recommend treatment and write prescriptions, without having to leave home or work! It's an affordable option for quality medical care available to Premera Plan participants To set up your account online visit teladoc.com/premera, click "Set up account" and provide the required information.

Call Teladoc at 855-332-4059



Prescription Benefits

Premera prescription drug coverage, through Express Scripts, is an important part of your benefits package. Using a participating pharmacy will save you money – if you use a nonparticipating pharmacy, you may pay more than the allowed charges.

The mail order option allows you to buy qualified prescriptions in larger 90-day quantities for less than you would pay at the pharmacy. Mail order is convenient because it saves you trips to the pharmacy since the prescriptions are delivered right to your door.

If you use a non-participating pharmacy, please be aware that you will be reimbursed up to the allowed amount.

Please note: For the CCP Plan linked with HSA, go to premera.com and "Pharmacy Benefit Guide/Preventive Drug Benefit" for the prescription online tool. Some preventive generic drugs do not require a deductible or cost share.

Did You Know...

If you choose a generic equivalent drug instead of the brand-name drug, you'll save money. Generic drugs are just as safe as brand-name, but they cost about 40% less.

	Premera Consumer's Choice Plan (Linked with HSA)	Premera 80/20 Plan	Kaiser Permanente (HMO)	Premera $15 Copay Plan CLOSED (Available only to employees currently enrolled in this plan and KPOA new hires)
Prescription Drugs Generic Preferred Non- Preferred	Deductible Deductible Deductible	$5 copay $20 copay $40 copay	$10 copay $10 copay Not covered	$5 copay $10 copay $20 copay
Mail-Order Prescription Drugs (90 day supply) Generic Preferred Non- Preferred	Deductible Deductible Deductible	$10 copay $40 copay $80 copay	$30 copay $30 copay Not covered	$5 copay $10 copay $20 copay
Specialty Prescription Drugs (30-day supply), Must order from Specialty Pharmacy	Deductible	$5/$20/$40 copay	$10 copay	$5/$10/$20 copay

Mail Order Pharmacy

The mail-order option allows you to purchase qualified prescriptions in 90-day quantities for less than you would pay at the pharmacy. Ordering medications by mail offers convenience of home delivery while maximizing your ability to choose the most cost-effective medication.

To obtain medicines via mail order, you will need your provider to write a special prescription that authorizes a 90-day supply of your prescriptions with three refills. Prescription envelopes for mail-order prescriptions can be downloaded from premera.com. Once established, your prescription can be ordered over the phone, through the web, by mail or fax.

For more information, visit premera.com and click on "Pharmacy/ About Pharmacy."

Manage your Premera prescriptions

To manage your prescriptions online, visit premera.com/wa/visitor/pharmacy/pharmacy-services/mail-order-prescriptions/

- Find drug costs and copays
- Review benefits and drug history
- Get detailed drug information
- Refill prescriptions online, or call 1-800-391-9701

Find a Premera Blue Cross Provider

1. Go to premera.com
2. Click on the FIND A DOCTOR tab in the upper, middle portion of the website
3. Under Visitor, click Search Heritage Plus 1
4. Make your criteria choices for the type of doctor
5. Search by name or specialty
6. Click on SEARCH
7. A provider directory will populate
8. Any provider directory can be viewed online or a PDF version can be created and then printed. Click on Print/Save to PDF

Delta Dental of WA
DENTAL BENEFITS

We are offering you a dental plan through Delta Dental. The dental plan is bundled with the medical and vision plans. You may seek services through a provider in the Delta Dental network, or from any other licensed dental provider. A list of dental providers can be found at deltadentalwa.com. You will be responsible for any charges that exceed the plan's usual and customary limits when services are received from a non-network provider.

Please note: Before beginning extensive dental work, it is strongly recommended that you have your dentist obtain a pre-treatment estimate from the insurance company. A pretreatment estimate ensures that you are aware of expected out of pocket costs before beginning treatment.

	Dental Plan Features
Annual Deductible	Preventive - Waived $50/Individual $150/Family
Diagnostic and Preventive	100%
Restorative	80%
Major	80%
Annual Maximum	$2,000
Annual Maximum per Child to age 19	Unlimited
Orthodontia-Children Only Lifetime Maximum per child	50% $1,800
Orthodontia Unlimited Maximum for child to age 19 when Medically Necessary	Unlimited

VSP VISION BENEFITS

Your voluntary vision program through VSP includes benefits for routine eye exams and vision hardware. Routine eye exams not only help you see better, but can also detect a number of other serious health conditions. If you visit an out- of-network provider, you may be required to pay your provider up front and submit a claim requesting reimbursement from VSP. VSP does not issue ID cards; your social security number is considered your member ID number.

Out-of-network providers: you may be required to pay your provider up front and submit a claim form for reimbursement from VSP.

Vision Plan Features	VSP	
	VSP Provider	Out-of-Network Provider
Annual Exam (Every calendar year)	$0 copay	Up to $45 plan allowance
Prescription Glasses	$25 copay	N/A
Frames (Every other calendar year)	100% after $25 copay; frames covered up to $150	Frames: Up to $45
Prescription Lenses (Every calendar year)	100% after $25 copay	Single vision - Up to $42 Bifocal – Up to $72 Trifocal – Up to $82
Contact Lenses instead of glasses (Every calendar year)	Limited to $200 for contacts and contact lens exam (fitting and evaluation) 15% off exam and fitting	Limited to $125
Diabetic Eyecare Plus Program (As needed)	$20 Copay	N/A

To find a VSP doctor or retail chain affiliate, visit vsp.com or call 1-800-877-7195

2020 Cost of Coverage

Non Represented

Medical/ Dental/ Vision	Total Plan Cost Per Month	City of Kent Monthly Cost	Employee Monthly Cost	Employee Cost Per Pay Period (24 pay periods)
Premera – CCP linked with HSA				
Employee Only	$726.00	$726.00	$0.00	$0.00
Employee + Spouse	$1,452.00	$1,452.00	$0.00	$0.00
Employee + Child(ren)	$1,379.00	$1,379.00	$0.00	$0.00
Employee + Family	$2,107.00	$2,107.00	$0.00	$0.00
Premera – 80/20				
Employee Only	$810.00	$810.00	$0.00	$0.00
Employee + Spouse	$1,650.00	$1,633.00	$17.00	$8.50
Employee + Child(ren)	$1,559.00	$1,544.00	$15.00	$7.50
Employee + Family	$2,387.00	$2,355.00	$32.00	$16.00
Kaiser Permanente (HMO)				
Employee Only	$807.72	$759.72	$48.00	$24.00
Employee + Spouse	$1,791.62	$1,605.62	$186.00	$93.00
Employee + Child(ren)	$1,620.59	$1,458.59	$162.00	$81.00
Employee + Family	$2,568.74	$2,273.74	$295.00	$147.50
Premera $15 Copay - Plan Closed	Available only to employees currently enrolled in the plan.			
Employee Only	$915.00	$860.00	$55.00	$27.50
Employee + Spouse	$1,859.00	$1,672.00	$187.00	$93.50
Employee + Child(ren)	$1,756.00	$1,583.00	$173.00	$86.50
Employee + Family	$2,687.00	$2,384.00	$303.00	$151.50

2020 Cost of Coverage

Teamsters

Medical/ Dental/ Vision	Total Plan Cost Per Month	City of Kent Monthly Cost	Employee Monthly Cost	Employee Cost Per Pay Period (24 pay periods)
Premera – CCP linked with HSA				
Employee Only	$726.00	$726.00	$0.00	$0.00
Employee + Spouse	$1,452.00	$1,452.00	$0.00	$0.00
Employee + Child(ren)	$1,379.00	$1,379.00	$0.00	$0.00
Employee + Family	$2,107.00	$2,107.00	$0.00	$0.00
Premera – 80/20				
Employee Only	$810.00	$810.00	$0.00	$0.00
Employee + Spouse	$1,650.00	$1,633.00	$17.00	$8.50
Employee + Child(ren)	$1,559.00	$1,544.00	$15.00	$7.50
Employee + Family	$2,387.00	$2,355.00	$32.00	$16.00
Kaiser Permanente (HMO)				
Employee Only	$807.72	$759.72	$48.00	$24.00
Employee + Spouse	$1,791.62	$1,605.62	$186.00	$93.00
Employee + Child(ren)	$1,620.59	$1,458.59	$162.00	$81.00
Employee + Family	$2,568.74	$2,273.74	$295.00	$147.50
Premera $15 Copay - Plan Closed	Available only to employees currently enrolled in the plan.			
Employee Only	$915.00	$860.00	$55.00	$27.50
Employee + Spouse	$1,859.00	$1,672.00	$187.00	$93.50
Employee + Child(ren)	$1,756.00	$1,583.00	$173.00	$86.50
Employee + Family	$2,687.00	$2,384.00	$303.00	$151.50

2020 Cost of Coverage
AFSCME

Medical/ Dental/ Vision	Total Plan Cost Per Month	City of Kent Monthly Cost	Employee Monthly Cost	Employee Cost Per Pay Period (24 pay periods)
Premera – CCP linked with HSA				
Employee Only	$726.00	$726.00	$0.00	$0.00
Employee + Spouse	$1,452.00	$1,452.00	$0.00	$0.00
Employee + Child(ren)	$1,379.00	$1,379.00	$0.00	$0.00
Employee + Family	$2,107.00	$2,107.00	$0.00	$0.00
Premera – 80/20				
Employee Only	$810.00	$810.00	$0.00	$0.00
Employee + Spouse	$1,650.00	$1,633.00	$17.00	$8.50
Employee + Child(ren)	$1,559.00	$1,544.00	$15.00	$7.50
Employee + Family	$2,387.00	$2,355.00	$32.00	$16.00
Kaiser Permanente (HMO)				
Employee Only	$807.72	$759.72	$48.00	$24.00
Employee + Spouse	$1,791.62	$1,605.62	$186.00	$93.00
Employee + Child(ren)	$1,620.59	$1,458.59	$162.00	$81.00
Employee + Family	$2,568.74	$2,273.74	$295.00	$147.50
Premera $15 Copay - Plan Closed	Available only to employees currently enrolled in the plan.			
Employee Only	$915.00	$860.00	$55.00	$27.50
Employee + Spouse	$1,859.00	$1,672.00	$187.00	$93.50
Employee + Child(ren)	$1,756.00	$1,583.00	$173.00	$86.50
Employee + Family	$2,687.00	$2,384.00	$303.00	$151.50

2020 Cost of Coverage

Police Assistant Chiefs and Commanders

Medical/ Dental/ Vision	Total Plan Cost Per Month	City of Kent Monthly Cost	Employee Monthly Cost	Employee Cost Per Pay Period (24 pay periods)
Premera – CCP linked with HSA				
Employee Only	$726.00	$726.00	$0.00	$0.00
Employee + Spouse	$1,452.00	$1,452.00	$0.00	$0.00
Employee + Child(ren)	$1,379.00	$1,379.00	$0.00	$0.00
Employee + Family	$2,107.00	$2,107.00	$0.00	$0.00
Premera – 80/20				
Employee Only	$810.00	$810.00	$0.00	$0.00
Employee + Spouse	$1,650.00	$1,633.00	$17.00	$8.50
Employee + Child(ren)	$1,559.00	$1,544.00	$15.00	$7.50
Employee + Family	$2,387.00	$2,355.00	$32.00	$16.00
Kaiser Permanente (HMO)				
Employee Only	$807.72	$807.72	$0.00	$0.00
Employee + Spouse	$1,791.62	$1,643.62	$148.00	$74.00
Employee + Child(ren)	$1,620.59	$1,498.59	$122.00	$61.00
Employee + Family	$2,568.74	$2,366.74	$202.00	$101.00
Premera $15 Copay - Plan Closed	Available only to new KPOA hires and employees currently enrolled in the plan.			
Employee Only	$915.00	$915.00	$0.00	$0.00
Employee + Spouse	$1,859.00	$1,717.00	$142.00	$71.00
Employee + Child(ren)	$1,756.00	$1,630.00	$126.00	$63.00
Employee + Family	$2,687.00	$2,485.00	$202.00	$101.00

2020 Cost of Coverage

Police Officers and Sergeants

Medical/ Dental/ Vision	Total Plan Cost Per Month	City of Kent Monthly Cost	Employee Monthly Cost	Employee Cost Per Pay Period (24 pay periods)
Premera – CCP linked with HSA				
Employee Only	$726.00	$726.00	$0.00	$0.00
Employee + Spouse	$1,452.00	$1,452.00	$0.00	$0.00
Employee + Child(ren)	$1,379.00	$1,379.00	$0.00	$0.00
Employee + Family	$2,107.00	$2,107.00	$0.00	$0.00
Premera – 80/20				
Employee Only	$810.00	$810.00	$0.00	$0.00
Employee + Spouse	$1,650.00	$1,633.00	$17.00	$8.50
Employee + Child(ren)	$1,559.00	$1,544.00	$15.00	$7.50
Employee + Family	$2,387.00	$2,355.00	$32.00	$16.00
Kaiser Permanente (HMO)				
Employee Only	$807.72	$807.72	$0.00	$0.00
Employee + Spouse	$1,791.62	$1,643.62	$148.00	$74.00
Employee + Child(ren)	$1,620.59	$1,498.59	$122.00	$61.00
Employee + Family	$2,568.74	$2,408.74	$160.00	$80.00
Premera $15 Copay - Plan Closed	Available only to new KPOA hires and employees currently enrolled in the plan.			
Employee Only	$915.00	$915.00	$0.00	$0.00
Employee + Spouse	$1,859.00	$1,717.00	$142.00	$71.00
Employee + Child(ren)	$1,756.00	$1,630.00	$126.00	$63.00
Employee + Family	$2,687.00	$2,527.00	$160.00	$80.00

2020 Plan Maximums

Plan	Maximum
Flexible Spending Accounts	
Health Care Flexible Spending Account	$2,750 per plan year
Dependent Care Flexible Spending Account	$5,000 per plan year ($2,500 if married filing separately)
Health Savings Account Employee Only	$3,550 (includes employer and employee contributions)
Health Savings Account Family	$7,100 (includes employer and employee contributions)
Health Savings Account Catch up Contribution (age 55 or older)	$1,000
Health Savings Account Employer Contribution	$1,500
Retirement Plans	
457 Plan (Pre tax and/or Roth)	$19,500
457(b) Catch up (age 50 or older)	$6,500
457(b) Special Catch up (3 years prior to normal retirement age)	Twice the annual limit or the basic annual limit plus the amount of basic limit not used in prior years
Roth IRA	$6,000
Roth IRA Catch up (age 50 or older)	$1,000
Management Benefits	
A+	$3,078.96
A	$2,312.16
B	$1,925.52
C	$1,542.72

Domestic Partner Premiums

If your domestic partner is not a dependent under IRS regulations, deductions for his or her coverage are taken after taxes and the amount the City of Kent contributes is imputed income to you.

Wellness

The City has partnered with Vitality, a leading wellness program provider to provide benefited employees the opportunity to participate in a free and confidential wellness program.

Once you become a registered member of Vitality on PowerofVitality.com, we encourage you to begin your Personal Pathway toward better health by taking the Vitality Health Review (VHR) a quick, confidential questionnaire on your current health and lifestyle. Based on your answers, Vitality calculates your Vitality Age and offers ways to help you maintain or improve your health. After you take the VHR, you'll be ready to begin earning Vitality Points, raise your Vitality Status and be rewarded by achieving your healthiest life. Here's how it works:

Vitality Points

Vitality rewards your efforts to improve or maintain a healthy lifestyle. When you engage in health-related activities that Vitality can track and measure, you will earn Vitality Points. There are a wide variety of Vitality activities designed to empower you with the tools necessary to reach your optimal health. Take some online nutrition courses, set your own health goal, exercise at a gym, use a fitness device linked to Vitality, or have regular medical screenings. There are many options, and we recommend that you each engage in as many as you can.

Vitality Status

Vitality Status is a great way to track your progress and stay motivated. It's simple: As you earn more Vitality Points, you increase your Vitality Status. You begin at Bronze Vitality Status by taking the VHR. As you accrue Vitality Points, you can increase your Vitality Status from Bronze to Silver to Gold to Platinum.

BRONZE	SILVER	GOLD	PLATINUM
0 pts	2,500 pts	6,000 pts	10,000 pts

Mobile App

Staying active, earning Vitality Points and remaining connected to Vitality is as easy as linking the Vitality Today app. Use the app to view your points or check in on your goals while you're riding the train. When you're at the gym, use GPS to log a workout. Or, while you're taking a breather after a 5K, take a photo of your supporting document and tap the "Log an Event" button to submit. You can also submit many other activities. Wherever you are, stay motivated and engaged with Vitality Today.

Incentives

In addition to increasing your Vitality Status with Vitality Points, you may also use those same points to reward yourself. Every Vitality Point you earn equates to one Vitality Buck, and when you increase your status, Vitality rewards you with Bonus Bucks! All of the fitness devices and gift cards for which you can redeem your Vitality Bucks are on the Rewards page on PowerofVitality.com.

1,000 Vitality Points/Bucks	$10 incentive towards the Vitality Mall
Vitality Gold Status	One Paid Day Off

Registration is easy. If you haven't registered yet, go to PowerofVitality.com and click "First time logging in? Register now." Complete all of the required fields and agree to the Terms and Conditions in order to start improving and maintaining your health.

Note: Per IRS regulations, wellness incentives are considered taxable income CCA 201622031. Imputed income for incentives redeemed will be reflected on your paycheck as listed below:

- Incentives redeemed by November 30th - imputed income reflected on your December 20th paycheck
- Incentives redeemed in December – imputed income reflected on your January 20th paycheck

Optum Health Savings Account

If you choose to enroll in the Premera Consumer's Choice Plan (CCP), you should be eligible to open and contribute pre-tax dollars into a Health Savings Account (HSA). You may use your HSA to pay for IRS approved healthcare expenses. City of Kent will make a contribution of $1,500 to your 2020 HSA.

Any funds you don't use accumulate for the next year and will grow the account for future IRS qualified medical expenses. There is no "use it or lose it" rule. HSA contribution limits for 2020 are as follows:

- **Individual coverage - $3,550**
- **Family coverage - $7,100**
- **If age 55 or older you can set aside a maximum of $1,000 per calendar year in addition to the above limits.**

As you consider your plan options, remember the consumer's choice plan (CCP) is linked to an HSA account that can help you:

- **Save money on health insurance premiums.** By switching from a low-deductible health plan to an HSA-qualified high-deductible plan, you'll cut the cost of your health plan substantially. You can then deposit the savings into an HSA.
- **Save money on your income taxes.** Deposits made to your HSA are 100% tax deductible. Interest that accrues on the money in the account is tax-deferred.
- **Save money tax-free for health expenses.** Withdrawals from your HSA for qualified medical expenses can be made at any time without penalties. Withdrawals used to pay for qualified medical expenses are always tax-free.
- **Save money tax-deferred for retirement.** Whatever money you don't use in your HSA rolls over from year to year. Any money left in your HSA account when you turn age 65 is yours to use for any purpose. You'll just pay normal income taxes on the money you withdraw for non-medical expenses. Withdrawals for qualified medical expenses are NEVER taxed.

Once you have determined that the CCP option is the right choice, you will need to determine if you are eligible to contribute to an HSA account. You are eligible to open an HSA if you meet the requirements defined by the IRS below:

- You are enrolled in a qualified HDHP plan such as the City's Consumer's Choice Plan (CCP) that meets IRS requirements
- You are not enrolled in a spouse's plan (non-HDHP)
- You are not enrolled in a retiree health plan (non-HDHP)
- You are not enrolled in Government subsidized benefits (including Indian Health Services)
- You are not enrolled in Veteran's Benefits (unless you have not used them in the prior 3 months)
- You are not Medicare eligible (whether elected or not)

Managing Your HSA

You can manage your Optum HSA with one debit card, one website, and one mobile app. You can open your HSA, file claims, manage investments and more on cdhaccount.optum.com. You can also download the free app in the iTunes App Store™ or on Google Play™ and manage your account from your smartphone.

For more information, contact Optum at mycdh@healthaccountservices.com or (877) 470 1771, Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time.

Account holders will incur the following fees:

- HSA Set up fee: $15.00
- Monthly Maintenance fee: $3.25
- Printed Summary fee: $1.50

The maintenance fee is waived for accounts with a blance higher than $2,500.

2020 New Hires enrolling in the Consumer's Choice Plan will receive a $1,500 employer HSA contribution. Under the IRS last-month rule, you are considered to be an eligible individual for the entire year if you are an eligible individual on the first day of the last month of your tax year (December 1 for most taxpayers). For additional information and tax implications visit **irs.gov/publications/p969** or consult with your tax advisor.

First Choice Health EMPLOYEE ASSISTANCE PROGRAM

Take care of yourself so you can take care of everything else

Each person's life includes its own unique set of challenges. To help you cope with these challenges, we offer an Employee Assistance Program (EAP). This program is available to you, your spouse or domestic partner, and children up to age 26. Enrollment is automatic and the City of Kent pays the full cost for your coverage. All employees are eligible. Benefits include confidential access to:

Trained counselors via telephone for assistance with issues including the following:

- Depression, stress, or grief
- Marital and parenting problems
- Alcohol and substance abuse
- Conflicts

Work Life Resources online or with a consultant:

- Child Care and Elder Care Consultations
- Legal Services
- Financial Services
- Counseling
- ID Theft and Fraud Resolution
- Home Ownership Consultation

First Choice Contact Information:
FirstChoiceEAP.com
(800) 777-4114

24/7 TELEHEALTH

First Choice Health EAP offers an innovative telehealth technology. This service greatly improves behavioral health access, increases speed to care, and provides flexibility to you and your family, especially when you have scheduling, distance, transportation or mobility issues. Through FCH EAP, you now have access to a global network of over 4,000 licensed behavioral health providers, and you can be connected virtually to care via text, chat, phone or video within 24 hours.

Convenient, private virtual therapy. Anytime, anywhere.

Talk with a licensed, professional therapist online to get advice, guidance, and counseling for depression, anxiety, relationships, self-esteem, stress, grief, eating disorders, and more.

It's professional; it's convenient; and it's free to get started:

How It Works:

1. Call FCH EAP at (800) 777-4114 or go online to firstchoiceEAP.com to request services
2. FCH EAP provides your unique registration access to the BetterHelp platform
3. Complete a brief matching questionnaire
4. Match with a counselor and get started (may take up to 24 hours to receive match)

You and your eligible dependents have access to 3 employer paid sessions. Once you have exhausted your sessions covered by the EAP plan, you have the option to switch over to Talkspace if you're enrolled on Premera. If you're enrolled on Kaiser, visit their website to find another in-network provider.

Cigna
LIFE, AD&D, LONG TERM DISABILITY

Basic Life and AD&D

For your peace of mind, all regular benefited employees are automatically enrolled in Basic Life and AD&D (Accidental Death & Dismemberment) coverage through Cigna. This benefit is provided at no cost to you. Imputed income applies to benefits above $50,000 per IRS Publication 15-B (Group Term Life Insurance section) irs.gov/pub/irs-pdf/p15b.pdf

- **Employee Basic Life Plan** offers a benefit of 1 time basic salary up to a maximum of $150,000
- **Employee Basic AD&D Plan** offers a benefit of 1 time basic salary up to a maximum of $150,000
- **Spouse Basic Life Plan** offers a benefit of $5,000
- **Child(ren) Basic Life Plan** offers a benefit of $2,000

Long-Term Disability

Regular benefited employees are automatically enrolled in Long-Term Disability (LTD) coverage at no cost to you. **(KPOA members are offered LTD benefits through KPOA)**. Long- Term Disability offers you a benefit if you become disabled and are unable to work. LTD begins on the 90th calendar day after an accident or illness that prohibits you from returning to work and brings a benefit of 66.67% of your monthly earnings, reduced by deductible income, to a maximum monthly benefit of $7,000 before reduction by deductible income. Long-Term benefits are paid until a) you are no longer disabled, or b) you reach age 65 (for disabilities beginning before age 62).

LTD Benefit Amount

66.67% of monthly earnings reduced by deductible income. Maximum monthly benefit $7,000 before reduction by deductible income.

Voluntary Life

If you need additional life insurance to meet your financial needs, you can purchase voluntary life coverage through after tax deductions for yourself and your dependents. All amounts of additional life insurance coverage are based on the insured employee or spouse's age on last January 1. Guarantee Issue coverage of $300,000 for employees, $50,000 for spouses, and $10,000 for children who enroll when first eligible. Amounts above guarantee issue, or if electing to enroll after first eligible, are subject to the health questionnaire/evaluation.

*Coverage amounts for ages 65 and over reduce due to age reduction (see contract for details).

Employee Voluntary Life Benefit	Employee maximum benefit is the lesser of $500,000 or 6 times annual basic salary
Spouse Voluntary Life Benefit	Spouse maximum benefit not to exceed 100% of employee's benefit or $300,000 in increments of $10,000
Child(ren) Voluntary Life Benefit	Children benefit of $2,000, $5,000, or $10,000

You must elect Voluntary Employee Term Life to be eligible for the Voluntary Spouse Term Life and Voluntary Child Term Life insurance coverages. The amount of insurance on any dependents may not exceed 100% of your Voluntary Term Life coverage amount. **Please note: You may not be enrolled as both a dependent and an employee.**

Employee Voluntary Life

Monthly Cost per Coverage Amount

Age	$10K	$20K	$30K	$40K	$50K	$60K	$70K	$80K	$90K
< 25	$0.60	$1.20	$1.80	$2.40	$3.00	$3.60	$4.20	$4.80	$5.40
25-29	$0.60	$1.20	$1.80	$2.40	$3.00	$3.60	$4.20	$4.80	$5.40
30-34	$0.80	$1.60	$2.40	$3.20	$4.00	$4.80	$5.60	$6.40	$7.20
35-39	$0.90	$1.80	$2.70	$3.60	$4.50	$5.40	$6.30	$7.20	$8.10
40-44	$1.30	$2.60	$3.90	$4.50	$6.50	$7.80	$9.10	$10.40	$11.70
45-49	$2.30	$4.60	$6.90	$9.20	$11.50	$13.80	$16.10	$18.40	$20.70
50-54	$3.50	$7.00	$10.50	$14.00	$17.50	$21.00	$24.50	$28.00	$31.50
55-59	$6.10	$12.20	$18.30	$24.40	$30.50	$36.60	$42.70	$48.80	$54.90
60-64	$7.30	$14.60	$21.90	$29.20	$36.50	$43.80	$51.10	$58.40	$65.70
65-69	$14.00	$28.00	$42.00	$56.00	$70.00	$84.00	$98.00	$112.00	$126.00
70-74	$25.00	$50.00	$75.00	$100.00	$125.00	$150.00	$175.00	$200.00	$225.00
75+	$37.00	$74.00	$111.00	$148.00	$185.00	$222.00	$259.00	$296.00	$333.00

Age	$100K	$110K	$120K	$130K	$140K	$150K	$160K	$170K	$180K
< 25	$6.00	$6.60	$7.20	$7.80	$8.40	$9.00	$9.60	$10.20	$10.80
25-29	$6.00	$6.60	$7.20	$7.80	$8.40	$9.00	$9.60	$10.20	$10.80
30-34	$8.00	$8.80	$9.60	$10.40	$11.20	$12.00	$12.80	$13.60	$14.40
35-39	$9.00	$9.90	$10.80	$11.70	$12.60	$13.50	$14.40	$15.30	$16.20
40-44	$13.00	$14.30	$15.60	$16.90	$18.20	$19.50	$20.80	$22.10	$23.40
45-49	$23.00	$25.30	$27.60	$29.90	$32.20	$34.50	$36.80	$39.10	$41.40
50-54	$35.00	$38.50	$42.00	$45.50	$49.00	$52.50	$56.00	$59.50	$63.00
55-59	$61.00	$67.10	$73.20	$79.30	$85.40	$91.50	$97.60	$103.70	$109.80
60-64	$73.00	$80.30	$87.60	$94.90	$102.20	$109.50	$116.80	$124.10	$131.40
65-69	$140.00	$154.00	$168.00	$182.00	$196.00	$210.00	$224.00	$238.00	$252.00
70-74	$250.00	$275.00	$300.00	$325.00	$350.00	$375.00	$400.00	$425.00	$450.00
75+	$370.00	$407.00	$444.00	$481.00	$518.00	$555.00	$592.00	$629.00	$666.00

Age	$190K	$200K	$220K	$250K	$300K	$350K	$400K	$450K	$500K
< 25	$11.40	$12.00	$13.20	$15.00	$18.00	$21.00	$24.00	$27.00	$30.00
25-29	$11.40	$12.00	$13.20	$15.00	$18.00	$21.00	$24.00	$27.00	$30.00
30-34	$15.20	$16.00	$17.60	$20.00	$24.00	$28.00	$32.00	$36.00	$40.00
35-39	$17.10	$18.00	$19.80	$22.50	$27.00	$31.50	$36.00	$40.50	$45.00
40-44	$24.70	$26.00	$28.60	$32.50	$39.00	$45.50	$52.00	$58.50	$65.00
45-49	$43.70	$46.00	$50.60	$57.50	$69.00	$80.50	$92.00	$103.50	$115.00
50-54	$66.50	$70.00	$77.00	$87.50	$105.00	$122.50	$140.00	$157.50	$175.00
55-59	$115.90	$122.00	$134.20	$152.50	$183.00	$213.50	$244.00	$274.50	$305.00
60-64	$138.70	$146.00	$160.60	$182.50	$219.00	$255.50	$292.00	$328.50	$365.00
65-69	$266.00	$280.00	$308.00	$350.00	$420.00	$490.00	$560.00	$630.00	$700.00
70-74	$475.00	$500.00	$550.00	$625.00	$750.00	$875.00	$1,000.00	$1,125.00	$1,250.00
75+	$703.00	$740.00	$814.00	$925.00	$1,110.00	$1,295.00	$1,480.00	$1,665.00	$1,850.00

Spouse Voluntary Life

Monthly Cost per Coverage Amount Life Spouse rate is based on spouse's age

Age	$10K	$20K	$30K	$40K	$50K	$60K	$70K	$80K	$90K
< 25	$0.60	$1.20	$1.80	$2.40	$3.00	$3.60	$4.20	$4.80	$5.40
25-29	$0.60	$1.20	$1.80	$2.40	$3.00	$3.60	$4.20	$4.80	$5.40
30-34	$0.80	$1.60	$2.40	$3.20	$4.00	$4.80	$5.60	$6.40	$7.20
35-39	$0.90	$1.80	$2.70	$3.60	$4.50	$5.40	$6.30	$7.20	$8.10
40-44	$1.30	$2.60	$3.90	$5.20	$6.50	$7.80	$9.10	$10.40	$11.70
45-49	$2.30	$4.60	$6.90	$9.20	$11.50	$13.80	$16.10	$18.40	$20.70
50-54	$3.50	$7.00	$10.50	$14.00	$17.50	$21.00	$24.50	$28.00	$31.50
55-59	$6.10	$12.20	$18.30	$24.40	$30.50	$36.60	$42.70	$48.80	$54.90
60-64	$7.30	$14.60	$27.90	$29.20	$36.50	$43.80	$51.10	$58.40	$65.70
65-69	$14.00	$28.00	$42.00	$56.00	$70.00	$84.00	$98.00	$112.00	$126.00
70-74	$25.00	$50.00	$75.00	$100.00	$125.00	$150.00	$175.00	$200.00	$225.00
75+	$37.00	$74.00	$111.00	$148.00	$185.00	$222.00	$259.00	$296.00	$333.00

Age	$100K	$150K	$200K	$250K	$300K
< 25	$6.00	$9.00	$12.00	$15.00	$18.00
25-29	$6.00	$9.00	$12.00	$15.00	$18.00
30-34	$8.00	$12.00	$16.00	$20.00	$24.00
35-39	$9.00	$13.50	$18.00	$22.50	$27.00
40-44	$13.00	$19.50	$26.00	$32.50	$39.00
45-49	$23.00	$34.50	$46.00	$57.50	$69.00
50-54	$35.00	$52.50	$70.00	$87.50	$105.00
55-59	$61.00	$91.50	$122.00	$152.50	$183.00
60-64	$73.00	$109.50	$146.00	$182.50	$219.00
65-69	$140.00	$210.00	$280.00	$350.00	$420.00
70-74	$250.00	$375.00	$500.00	$625.00	$750.00
75+	$370.00	$555.00	$740.00	$925.00	$1,110.00

Rates change as the insured enters a higher age category. Spouse coverage ends at age 70.

Child(ren) Voluntary Life

Monthly Cost per Coverage Amount One premium rate covers all eligible children

$2,000	$5,000	$10,000
$0.40	$1.00	$2.00

Rates may change if plan experience requires a change for all insureds.

Name Your Beneficiaries

It's important to remember to name a beneficiary for your Basic and Voluntary Life Insurance. If you don't, your benefit will be paid according to insurance company guidelines. You are automatically listed as the beneficiary for any Dependent Life Insurance you may select.

RETIREMENT PLANS

457(b): ICMA - RC

The City of Kent's deferred compensation plan is intended to help you save for you and your family's future.

Contribution changes can be made through ESS any time during the year.

2020 contribution limits:

Retirement Plans	Maximums
457 Plan (Pre-tax and/or Roth)	$19,500
457(b) Catch up (age 50 or older)	$6,500
457(b) Special Catch up (3 years prior to normal retirement age)	Twice the annual limit or the basic annual limit plus the amount of basic limit not used in prior years
Roth IRA	$6,000
Roth IRA Catch up (age 50 or older)	$1,000

Washington State Department of Retirement Systems

City of Kent participates in the Washington State Department of Retirement Systems program. Participation is mandatory and it is dependent on your position and eligibility for one of the following programs:

- Public Employees' Retirement System (PERS)
- Law Enforcement Officers' and Fire Fighters' Retirement System (LEOFF)
- Public Safety Employees' Retirement System (PSERS)

For more details, visit drs.wa.gov **or contact Human Resources.**

Navia Benefit Solutions
Flexible Spending Accounts

This account, which is subject to IRS regulations, allows you to save money by setting money aside pre-tax to pay for approved expenses.

Enrollment occurs before the beginning of each plan year, or for new employees, during your initial enrollment period. You must enroll each year in order to participate in the Health Care and Dependent Care Reimbursement Accounts. The amount you designate will be taken from your paycheck in equal amounts throughout the plan year. Once you incur expenses, you can request reimbursement from your account with tax-free dollars or use your Healthcare card (Medical FSA only) to pay for eligible expenses. All new enrollees will receive a debit card that can be used for eligible expenses for 2020.

Health Care FSA

This plan allows you to pay for eligible out-of-pocket expenses with pre-tax dollars. Eligible expenses include plan deductibles, copays, coinsurance and other non- covered medical, dental and vision health care expenses, including over the counter drugs that have been prescribed by your doctor, for you and your dependents. Refer to naviabenefits.com for a complete list.

Healthcare Spending Account Maximum $2,750

Health Care Limited FSA

This plan covers only eligible dental and vision expenses and can be selected by participants in the HSA account.

Important! Don't forfeit your money!

Save Your Receipts! Because of the special tax status of your FSA contribution, IRS regulations will often require you to submit the receipt for your purchase to the plan administrator after the purchase as proof of the eligibility of the expense.

FSA contributions not used for expenses incurred between January 1 and December 31 will be forfeited. Claims must be submitted by March 31.

Dependent Care FSA

This plan allows you to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible expenses may include day care centers, in-home child care and before or after school care for your dependent children under age 13 (other individuals may qualify if they are incapable of self-care and are considered your tax dependent).

Dependent Care Spending Account Maximum

- $5,000 (married, filing jointly);
- $2,500 (married, filing separately)

Please note: 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 professional tax advisor to determine whether you should enroll in this plan. Any amounts remaining in the FSA that are not used for eligible expenses incurred during the current calendar year will be forfeited per IRS regulations. **You have until March 31st of the following year to request reimbursement for expenses incurred in the previous year.** 2019 bills received after January 1, 2020, should be paid with out-of-pocket money and a claim should be submitted for reimbursement. Once an FSA is elected, you must re-enroll for this benefit each year if you want to continue to utilize this benefit.

What happens to my FSA if I leave City of Kent?

If your employment ends and you participate in the FSA Dependent Care Account, your last contribution will be from your final paycheck, but you will be able to submit claims for the remainder of the Plan year to close out your account balance. The last contribution for participants in the FSA Health Care Account will be from your final paycheck. You then have until March 31 of the following year to submit claims that were incurred prior to your employment separation date. Be sure to estimate your expenses carefully because you'll forfeit any unused funds at the end of the plan year. Keep in mind, money can't be transferred between accounts for reimbursement. Plus, you must re-enroll in any FSAs each year during the open enrollment period. An FSA is strictly governed by IRS regulations. For more details and a list of eligible expenses, you can refer to IRS Publications 502 and 503 available at irs.gov or call 1-800-TAX-FORM. Visit naviabenefits.com to access information regarding your claims status, available balance, eligible expenses and more.

Additional Benefits

Commute Trip Reduction

To encourage alternative methods of transportation to driving alone, the City contributes up to $50 per month to an ORCA card for benefit eligible employees. For more details see policy 4.0 – Commute Trip Reduction.

Weight Watchers at Work

Weight Watchers® At Work makes losing weight convenient, right at your workplace. Their clinically proven approach helps members achieve their goals to become healthier. We know that success is more than just a number on the scale. Success is about eating, feeling and thinking better. All benefited employees are eligible to participate in the Weight Watchers® At Work program. City of Kent pays approximately 80% of the enrollment cost allowing employees to pick up the difference through payroll deductions. Enrollment includes free access to the Weight Watcher E-Tools for the duration of the series. Meetings are held every Tuesday in the Centennial Building. To join or learn more, contact Michelle Walker at mwalker@kentwa.gov.

Tickets at Work

Tickets at Work is a leading Corporate Entertainment Benefits provider, offering exclusive discounts, special offers and access to preferred seating and tickets to top attractions, theme parks, shows, sporting events, movie tickets, hotels and much more.

Register at www.ticketsatwork.com using your work email address.

Kent Commons

$60 Wellness credit at Kent Commons!

Benefited employees have a $60 annual Wellness discount to use toward fun runs, adult classes in health & fitness, dance, martial arts, outdoor sports and team sports leagues at Kent Commons.

Wait...there's more!

You can use the Kent Commons weight room, play racquetball, wallyball or open hoops - ALL FOR FREE. Drop in on an aerobics class for just $1.00 - and you can use your $60 benefit to pay.

Call the Kent Commons at 253-856-5000 or stop by for more information and to register.

Management Benefits

City of Kent employees in the Administrators/Department Directors, Mayors, Judges, Managers and Professional Staff classifications are eligible for management/professional benefits as of the date of hire. See policy 5.06 – Management/Professional Benefits Program for more details.

Management Benefits Levels for 2020:

- A+ $3,078.96
- A $2,312.16
- B $1,925.52
- C $1,542.72

Program Options:

- Purchase leave hours at ½ hourly rate – 160 hours maximum leave balance
- Cash out each payroll cycle
- Cash out each year on December 5th (default option if no selection is made during Open Enrollment)

Alliant Benefit Advocates

Should you have a benefit or claims question, please contact the Alliant Benefit Advocates. Benefit Advocates are available to provide confidential assistance to you and your covered family members Monday through Friday, 8:00am to 5:00pm PT. They will:

- Assist you in understanding your benefits
- Contact the insurance carriers on your behalf to obtain info
- Assist in resolving claims problems
- Assist with claims appeals, if necessary

Contact the Benefit Advocates by calling 833-252-8055 or emailing mybenefits@alliant.com.

Ben-IQ

Ben-IQ is a free app that includes much of the information that's included in this overview, but in a place that's always at your fingertips — your smartphone. Ben-IQ is available for Android and iPhone.

Getting Started With Ben-IQ

1. Download and launch the app.
2. Enter your assigned key: KENT

Additional Benefits

HomeStreet Bank Inside Edge Program

The City of Kent is pleased to offer an exclusive benefit for all employees and their immediate family members. We have teamed up with HomeStreet Bank, a Northwest-based bank and one of the largest community banks headquartered in Washington State to offer the Inside Edge Program.

Inside Edge Program Highlights Include:

- Financial Wellness Education
- Significant savings on mortgage loan closing costs
- Homeownership Seminars
- Special Home Loan Programs Including Down Payment Assistance
- Discounts on Real Estate Commissions
- Free checking that includes unlimited ATM refunds with minimum $500 per month direct deposit
- .25% rate reduction on consumer loans and lines of credit excluding Holiday Loan Programs, Home Equity Loans and Home Equity Lines of Credit

For more information, visit homestreetbank.com/cityofkent

Washington Paid Family and Medical Leave

As a Washington worker, you may be able to use Paid Family and Medical Leave benefits to care for yourself or your family starting in 2020. Benefits will generally allow up to 12 weeks of paid leave for:

- Bonding after the birth or placement of a child
- Your serious health condition
- A serious health condition of a qualifying family member
- Certain activities related to a family member's military duty

This statewide insurance program is funded by premiums paid by workers and employers through payroll withholding.

To receive benefits under the Paid Family and Medical Leave program, you must have worked a total of at least 820 hours for any Washington employers during the previous 12 months. Benefits will provide a percentage of your gross wages – between $100-1,000 per week – while you are on approved leave.

To learn more about the program, including additional eligibility criteria, benefits information, and application instructions, visit paidleave.wa.gov/workers

Sick Leave

City of Kent provides eligible employees with paid sick leave as financial protection against illness or injury. For details regarding accrual rates and maximums see policy 3.03 – Sick Leave. All bargaining unit employees should review their respective collective bargaining agreement for their sick leave schedules

Annual Leave

City of Kent provides annual leave benefits to benefited employees after six months of employment. For details regarding accrual rates and maximums see policy 3.2 – Annual Leave. All bargaining unit employees should review their respective collective bargaining agreement for their annual leave schedules.

Holidays

Regular benefited employees are eligible for the following 2020 Paid Holidays based on the schedule listed below. See policy 3.01 – Holidays for more details. All bargaining unit employees should review their respective collective bargaining agreement for their holiday schedules.

Holiday	Day of Week	Date
New Year's Day	Wednesday	January 1
Martin Luther King Day	Monday	January 20
President's Day	Monday	February 17
Memorial Day	Monday	May 25
Independence Day	Friday	July 3
Labor Day	Monday	September 7
Veteran's Day	Wednesday	November 11
Thanksgiving Day	Thursday	November 26
Native American Heritage Day	Friday	November 27
Christmas Day	Friday	December 25
Personal Floating Holiday	Employee Designated	
Personal Floating Holiday	Employee Designated	

Frequently Asked Questions

Here are some answers to commonly asked questions that may help you better understand how your benefits work.

What is an annual Open Enrollment period?
It's the time of year when you may add, drop or change your level of coverage for certain pretax benefit options. Open Enrollment occurs annually.

What if I miss the deadline to enroll in City of Kent's benefits?
If you don't make your benefit elections during the Open Enrollment period, you won't be able to enroll until the next Open Enrollment period unless you have a Qualified Life Event.

What is the out-of-pocket maximum?
The amount each member could pay each calendar year toward the calendar year deductible and coinsurance for certain services under the Medical plan. This total is the "out-of-pocket" maximum. Once this maximum has been satisfied, the benefits of the plan that are subject to the out-of-pocket maximum will be provided at 100% of allowable charges for the remainder of that calendar year. All copayments count toward the out-of-pocket maximum.

What is a deductible?
The amount you pay toward medical and dental expenses each calendar year before the plan begins paying benefits. Remember, some services are not subject to the calendar year deductible.

How do I know if my provider is in the network?
Check the website or call the provider directly.

What is a copayment (copay)?
It is a flat fee you pay for medical services, regardless of the actual charges by your doctor or another provider. This generally applies to physicians' office visits and prescription drugs.

What is AD&D Insurance?
Accidental Death and Dismemberment (AD&D) is similar to regular Life Insurance. If you die in an accident, your beneficiary will receive the amount of your AD&D coverage in addition to your Life Insurance benefits. AD&D also pays a benefit if you're seriously injured in an accident, such as losing a limb or eyesight, or if you become physically disabled. To learn more, refer to your Summary Plan Description.

How do I obtain detailed information about the plans offered by City of Kent?
Refer to your Summary Plan Description available on City Space under Benefits.

How can I receive additional or replacement ID cards?
Call the benefit providers directly. You can also enroll into provider sites to request cards.

What if I get married, divorced or have a new child in my family during the plan year?
You must notify the HR department within 30 days of any Qualifying Life Event. Otherwise, you will have to wait until the next enrollment period to change your benefit options or coverage levels. You will also be required to show official documentation as proof of the change such as a marriage license, birth certificate, or court papers.

If I leave the City, when will my benefits coverage end?
All coverage ends the last day of the month in which your termination occurs. However, you may elect COBRA to extend your Medical, Dental, Vision, and Health FSA benefits. After your termination, you will be sent COBRA information. You have 60 days to make the election. If you prefer, you can also shop for health care at healthcare.gov, via the state's marketplace wahbexchange.org/, or on GetInsured —an easy-to-use comparison shopping website for healthcare products and services (visit getinsured.com for more information).

How long does COBRA last?
COBRA is only a temporary continuation of coverage. It can last from 18 to 36 months depending on why you lost benefits coverage.

Where can I obtain affordable health care coverage?
You have several options:

- Information about the plan options being offered through City of Kent is available on City Space/Human Resources/ Benefits.
- Everyone is free to shop the online exchange to compare medical plan options and costs. Depending on several factors, such as your income, family size and coverage available through City of Kent, you may even be eligible for a tax credit. Find out more at wahealthplanfinder.org.
- If you think you may qualify for Medicaid or Medicare, you should further investigate this option. Go to medicaid.gov or medicare.gov to learn more.

Frequently Asked Questions

Here are some answers to commonly asked questions that may help you better understand how your benefits work.

Which of these options is the least expensive for me?
The amount you pay depends upon the option you choose and your family's income.

1. The cost of medical coverage under City of Kent's plan options is available on City Space/Human Resources/Benefits/ Open Enrollment.
2. If you decide to purchase coverage through the Health Insurance Exchange, you may qualify for subsidies to help pay for coverage. The availability of subsidies depends on several factors, including family size, income and the availability of coverage through City of Kent.
3. If you qualify for Medicare or Medicaid, part of the cost of your coverage would be subsidized by the government. Go to hca.wa.gov/free-or-low-cost-health-care/ apple-health-medicaid-coverage/eligibility to find out the rules for Medicaid eligibility.

Do I have to wait until the City of Kent Open Enrollment period to enroll through the Health Insurance Exchange?
You can choose to enroll for coverage through the Exchange during the Exchange's Open Enrollment period or if you have an eligible life event. You then must waive coverage with City of Kent during our Open Enrollment period.

How do I enroll through the Health Insurance Exchange?
You can complete an application online, by mail or in-person. Once this application is completed, you will be able to see all health plans available.

How will I know if I qualify for lower premiums through the Exchange?
Once your application is completed, you will find out if you qualify for lower premiums or coverage through Medicaid or CHIP (Children's Health Insurance Program).

What kind of plans will the Health Insurance Exchange offer?
In general, there will be three or four different levels of medical coverage to choose from — each with different levels of costs sharing. You can compare plans based on price, benefits and other features important to you.

Are the plans offered through the Exchange fundamentally different than those offered by City of Kent?
No. Insurance plans offered through the Exchange cover the same core set of benefits, also known as "essential health benefits." While plan design and cost structure may be different, they are fundamentally the same.

Who administers the plans offered through the Exchange?
Private companies offer and administer these plans.

I have a chronic illness, will I have trouble getting coverage through the Exchange?
No plan can turn you away or charge you more because you have an illness or health condition. They must cover treatments for these conditions. Eliminating discrimination because of preexisting conditions was a fundamental aspect of health care reform.

Can I save money on my health insurance premiums in the Exchange?
Some people will qualify to save money and lower their monthly premium, but only if their employer does not offer coverage, or offers coverage that doesn't meet certain minimum standards. City of Kent benefits meet the minimum value standard, which means that the plan's share of the total allowed covered benefit costs is no less than 60 percent of such costs. A City of Kent benefits-eligible employee would generally not save money on premiums in the Exchange.

What happens if I purchase coverage through the Exchange rather than through City of Kent?
If you purchase a health plan through the Exchange instead of accepting health coverage offered by the City of Kent you may lose the employer contribution to the City of Kent offered coverage. In addition, you would also lose your tax-free contributions for coverage. Payments for coverage through the Exchange are made on an after-tax basis.

How can I find out more about the Health Insurance Exchange?
The Exchange can help you evaluate your coverage options, including eligibility for coverage and cost. You can find out more by going to healthcare.gov or wahealthplanfinder.org.

What is the Look Back Period?
A Look Back period is the timeframe used to determine an employee's eligible status. If an employee has worked an average of 30 hours per week during the "look back period" (12 months), the employee is eligible for coverage. Employees that become eligible for medical coverage will be notified by Human Resources.

Special Notices

Newborns' and Mothers' Health Protection Act of 1996 (NMHPA)

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

The Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act ("WHCRA") requires City of Kent to notify participants and beneficiaries of the City of Kent Group Health Plan (the "Plan"), of their rights to mastectomy benefits under the Plan. Participants and beneficiaries have rights to coverage to be provided in a manner determined in consultation with the attending Physician for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits are subject to the same deductible and copayments applicable to other medical and surgical benefits provided under this Plan. For further details, please refer to the Plan's Summary Plan Description. For more information on WHCRA benefits, call City of Kent at 253-856-5270.

COBRA Benefits

In the event you lose your current health coverage you may be eligible to receive insurance through COBRA. COBRA is a federal law that allows you and your eligible dependents to continue your health benefits in the event you lose your coverage for any of the following reasons:

- Termination or a reduction in hours (18 months of continuation available)
- Disability (29 months of continuation available)
- Employee death or divorce (36 months of continuation available)
- Employee's Medicare entitlement after COBRA is elected (36 months of continuation available)
- Dependent child loses dependent status (36 months of continuation available)

You are responsible for all premiums.

HIPAA Special Enrollment Notice

Notice of Special Enrollment Rights for Medical Plan Coverage

If you decline enrollment in a City of Kent medical plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in a City of Kent medical plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request medical plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30-day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your qualifying event. In addition, you may enroll in City of Kent's medical plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following the date of the qualifying event. Specific restrictions may apply, depending on federal and state law.

Special Notices

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in Washington, you may be eligible for assistance paying your employer health plan premiums. The following information is current as of October 15, 2019. Contact your State for more information on eligibility.

WASHINGTON - Medicaid

Website:
https://www.hca.wa.gov/
Phone: 1-800-562-3022 ext. 15473

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Important Notice from City of Kent About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Kent and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. City of Kent has determined that the prescription drug coverage offered by the City of Kent is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Special Notices

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your City of Kent coverage will be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under City of Kent is creditable (e.g. as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with City of Kent and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…Please contact Human Resources for further information at 253-856-5270.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Kent changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users: 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at socialsecurity.gov, or call them at 1-800- 772-1213 (TTY 1-800- 325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	October 3, 2019
Name of Entity/Sender:	City of Kent
Contact–Position/Office:	Laura Horea, Human Resources Manager
Address:	400 West Gowe Street, Kent WA, 98032
Phone Number:	253-856-5270

Important Contacts

Coverage	Carrier	Plan name/Group #	Address	Contact/ Website
Medical	Premera Blue Cross	City of Kent, 1018212 Heritage Plus Network	P.O. Box 91059 Seattle, WA 98111	(800) 722 1471 premera.com
Pharmacy Benefits Manager Mail order (with Premera coverage)	Express Scripts	City of Kent		(800) 391 9701 express-scripts.com
Medical	Kaiser Permanente	City of Kent 036900	P.O. Box 34585 Seattle, WA 98124-1585	(888) 901 4636 kaiserpermanente.org
Dental	Delta Dental of Washington	City of Kent 00611	P.O. Box 75983 Seattle, WA 98175	(800) 554 1907 deltadentalwa.com
Vision	Vision Service Plan (VSP)	City of Kent 12229020	4380 SW Macadam Ave #310 Portland, OR 97239	(800) 877 7195 vsp.com
Health FSA, Dependent Care FSA	Navia Benefit Solutions	Code: COK	P.O. Box 53250 Bellevue, WA 98015	(800) 669 3539 naviabenefits.com
Health Savings Account	Optum	City of Kent	P.O. Box 6122 Fargo, ND 58108-6122	(877) 470 1771 mycdh@healthaccountservices.com cdhaccount.optum.com
Basic Life, Voluntary Life, AD&D, Long Term Disability	Cigna	Basic Life – FLX968145 Vol Life – FLX 968146 Basic AD&D – OK 969625 LTD – LK 965532	Medical Underwriting P.O. Box 20310 Lehigh Valley, PA 18003-9924	1-800-362-4462 cigna.com Email: BethlehemMail@cigna.com
PERS, PSERS, LEOF	WA State Department of Retirement Systems (DRS)	PERS 5022, PSERS N5022, LEOFF B079	PO Box 48380 Olympia, WA 98504-8380	(800) 547 6657 drs.wa.gov
457, Roth IRA	ICMA - RC	City of Kent 457–Plan # 301655 Roth IRA - Plan # 705115	Workflow Management Team PO Box 96220 Washington, DC 20090-6220	(800) 669 8216 icmarc.org
Employee Assistance Program	First Choice EAP	City of Kent Username: kent Password: EAP	600 University St, Suite 1400 Seattle, WA 98101	(800) 777-4114 FirstChoiceEAP.com
Individual Medical Insurance (public exchange)	Washington Health Plan Finder			(855) 923 4633 wahealthplanfinder.org
Telemedicine	Premera Talkspace	City of Kent, 1018212 Heritage Plus Network		(800) 722 1471 talkspace.com/premera
Telemedicine (with Premera medical coverage)	Teladoc	City of Kent		(855) 332 4059 teladoc.com/premera

Important Contacts

Coverage	Carrier	Plan name/Group #	Address	Contact/ Website
Wellness Program	Vitality	City of Kent		(877) 224-7117 powerofvitality.com
COBRA Administration	Navia Benefit Solutions	City of Kent	P.O. Box 53250 Bellevue, WA 98015	(877) 920-9675 cobra@naviabenefits.com naviabenefits.com
Employee Self Service	JDE – Employee Self Service (ESS)	City of Kent Use network password (must be 8-10 characters)		
Inside Edge Program	HomeStreet Bank	City of Kent		(206) 628-0207 homestreetbank.com/cityofkent
Benefit Advocates, Ben-IQ-Benefits App	Alliant Employee Benefits	City of Kent Key: KENT		(833) 252-8055 mybenefits@alliant.com Download in the App Store: "Ben-IQ"

City of Kent Human Resources / Benefits Contacts

For more information regarding City benefits please contact HR Benefits at 253-856-5270, hrbenefits@KentWA.gov, or visit the HR Benefits page online at http://cityspace/ES/Benefits/default.aspx

Laura Horea, Human Resources Manager
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